## ASSEMBLY, No. 2036

# STATE OF NEW JERSEY

### 220th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2022 SESSION

#### **Sponsored by:**

Assemblyman DANIEL R. BENSON
District 14 (Mercer and Middlesex)
Assemblyman ANTHONY S. VERRELLI
District 15 (Hunterdon and Mercer)
Assemblyman HERB CONAWAY, JR.
District 7 (Burlington)

#### **Co-Sponsored by:**

Assemblymen Mukherji, Calabrese, Greenwald, Assemblywomen Haider, Reynolds-Jackson and Assemblyman Danielsen

#### **SYNOPSIS**

Establishes Core Behavioral Health Crisis Services System.

#### **CURRENT VERSION OF TEXT**

Introduced Pending Technical Review by Legislative Counsel.



(Sponsorship Updated As Of: 2/28/2022)

AN ACT preventing suicidality and addressing mental health and substance use disorder crises and supplementing Title 26 of the Revised Statutes.

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**BE IT ENACTED** by the Senate and General Assembly of the State of New Jersey:

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- 1. The Legislature finds and declares that the purpose of this act
- a. improve the quality of and access to behavioral health crisis services;
- b. reduce the stigma surrounding suicide and mental health and substance use conditions;
  - c. further equity in addressing mental health and substance use conditions;
- d. ensure a culturally and linguistically competent response to behavioral health crises;
  - e. save lives;
  - f. build a new system of equitable behavioral crisis services;
  - g. recognize that historically, crisis response placed marginalized communities, including those experiencing mental health crises, at disproportionate risk of poor outcomes; and
  - h. comply with the National Suicide Hotline Designation Act of 2020 and the Federal Communication Commission's rules adopted on July 16, 2020 to assure that all citizens and visitors of the State of New Jersey receive a consistent level of 9-8-8 and crisis behavioral health services regardless of where such person live, work, or travel in the State.

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- 2. As used in this act:
- "9-8-8 Crisis Hotline Center" or "hotline center" means a Stateidentified and funded center participating in the National Suicide Prevention Lifeline Network to respond to Statewide or regional 9-8-8 calls.
- "9-8-8 Suicide Prevention and Mental Health Crisis Hotline" means the National Suicide Prevention Lifeline (NSPL) or its successor maintained by the Assistant Secretary for Mental Health and Substance Use under section 520E–3 of the federal Public Health Service Act.
- "Crisis receiving and stabilization services" means facilities providing short-term observation and crisis stabilization services to all referrals in a home-like environment for no longer than 24 hours.
- "Mobile crisis teams" means a team providing professional onsite community-based intervention for individuals who are experiencing a behavioral health crisis.
- 46 "National Suicide Prevention Lifeline" or "NSPL" means a 47 national network of local crisis centers that provide free and

1 confidential emotional support to people in suicidal crisis or 2 emotional distress 24 hours a day, 7 days a week.

"Peers" means individuals employed on the basis of their personal experience of mental illness, addiction, or both, and recovery therefrom, and who meet the State's peer certification requirements. "Veterans Crisis Line" or "VCL" means the Veterans Crisis Line maintained by the Secretary of Veterans Affairs pursuant to section 1720F(h) of Title 38 of the United States Code.

- 3. The Commissioner of Human Services shall, on or before July 16, 2022, designate a crisis hotline center or centers to provide crisis intervention services and crisis care coordination to individuals accessing the 9-8-8 suicide prevention and behavioral health crisis hotline from anywhere within the State 24 hours a day, seven days a week.
- a. A designated hotline center shall have an active agreement with the administrator of the National Suicide Prevention Lifeline for participation within the network.
- b. A designated hotline center shall meet NSPL requirements and best practices guidelines for operational and clinical standards.
- c. To ensure cohesive and coordinated crisis care, a designated hotline center shall utilize technology that is interoperable between and across crisis and emergency response systems used throughout the State and with the Administrator of the National Suicide Prevention Lifeline.
- (1) Departments within the executive branch shall promulgate rules and regulations in accordance with the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), as are necessary to allow appropriate information sharing and communication between and across crisis and emergency response systems for the purpose of real-time crisis care coordination including, but not limited to, deployment of crisis and outgoing services and linked, flexible services specific to crisis response.
- d. A designated hotline center shall have the authority to deploy crisis and outgoing services, including mobile crisis teams, and coordinate access to crisis receiving and stabilization services as appropriate and according to guidelines and best practices established by the NSPL.
- e. A designated hotline center shall coordinate access to crisis receiving and stabilization services for individuals accessing the 9-8-8 suicide prevention and behavioral health crisis hotline through appropriate information sharing regarding availability of services.
- f. The Commissioner of Human Services shall have primary oversight of suicide prevention and crisis service activities and essential coordination with a designated 9-8-8 hotline center, and shall work in concert with NSPL and VCL networks for the purposes of ensuring consistency of public messaging about 9-8-8 services.

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- g. A designated hotline center shall meet the requirements set forth by NSPL for serving high risk and specialized populations as identified by the Substance Abuse and Mental Health Services Administration, including training requirements and policies for transferring such callers to an appropriate specialized center or subnetworks within or outside the NSPL network and for providing linguistically and culturally competent care.
  - h. A designated hotline center shall provide follow-up services to individuals accessing the 9-8-8 suicide prevention and behavioral health crisis hotline consistent with guidance and policies established by the NSPL.
  - i. An annual report of the 9-8-8 suicide prevention and behavioral health crisis hotline's usage and services provided shall be transmitted to the Legislature and the Substance Abuse and Mental Health Services Administration.

- 4. The Commissioner of Human Services shall provide onsite response services for crisis calls utilizing State or local mobile crisis teams.
- a. A mobile crisis team shall include a behavioral health team, licensed behavioral health professionals, and peers, or a behavioral health team and peers embedded within an emergency medical services entity.
- b. A mobile crisis team shall collaborate on data and crisis response protocols with local law enforcement agencies and include police as co-responders in behavioral health teams, and licensed behavioral health professionals and peers, only as needed to respond to high-risk situations that are unmanageable without law enforcement.
- c. A mobile crisis team shall be designed in partnership with community members, including people with experience utilizing crisis services.

5. Crisis receiving and stabilization services as related to crisis calls shall be funded by the Commissioner of Human Services with available funds if the individual that is the subject of the crisis call lacks health insurance or if the crisis stabilization service is not a covered service under the individual's health coverage, as determined by the commissioner.

- 6. The Commissioner of Human Services shall establish and maintain a 9-8-8 trust fund for the purposes of creating and maintaining a Statewide 9-8-8 suicide prevention and mental health crisis system pursuant to the National Suicide Hotline Designation Act of 2020 and the Federal Communication Commission's rules adopted July 16, 2020, and national guidelines for crisis care.
  - a. The fund shall consist of:

- 1 (1) monies from a Statewide 9-8-8 fee assessed on users 2 pursuant to section 8 of this act;
  - (2) appropriations, if any;
  - (3) grants and gifts intended for deposit in the fund;
  - (4) interest, premiums, gains, or other earnings on the fund; and
- 6 (5) any other monies that are deposited in or transferred to the fund.
  - b. Monies in the fund:
  - (1) do not revert at the end of any fiscal year and remain available for the purposes of the fund in subsequent fiscal years;
  - (2) are not subject to transfer to any other fund or to transfer, assignment, or reassignment for any other use or purpose outside of those specified in section 7 of this act; and
    - (3) are continuously dedicated for the purposes of the fund.
  - c. An annual report of fund deposits and expenditures shall be to the transmitted to the Legislature and the Federal Communications Commission.

- 7. The Commissioner of Human Services, consistent with the National Suicide Hotline Designation Act of 2020, shall establish a monthly Statewide 9-8-8 fee on each resident that is a subscriber of commercial mobile services or IP-enabled voice services at a fixed rate that provides for the creation, operation, and maintenance of a Statewide 9-8-8 suicide prevention and behavioral health crisis system and the continuum of services provided pursuant to federal guidelines for crisis services. The 9-8-8 fee shall not be applied to mobile service users who receive benefits under the federal Lifeline program as defined in 47 CFR 54.401.
- a. Revenue generated by the 9-8-8 fee shall be expended only in support of 9-8-8 services or enhancements of such services.
- b. The revenue generated by a 9-8-8 fee shall only be used to offset costs that are reasonably attributed to:
- (1) ensuring efficient and effective routing of calls made to the 9-8-8 suicide prevention and behavioral health crisis hotline to a designated hotline center, including staffing and technological infrastructure enhancements necessary to achieve operational and clinical standards and best practices set forth by NSPL;
- (2) personnel; specialized training of staff to serve at-risk communities, including culturally and linguistically competent services for LGBTQ+, racially, ethnically, and linguistically diverse communities; and the provision of acute behavioral health, crisis outreach and stabilization services by directly responding to the 9–8–8 national suicide prevention and behavioral health crisis hotline; and
  - (3) administration, oversight, and evaluation of the fund.

8. The Commissioner of Human Services shall implement the provisions of this act in a manner that is consistent with timeframes

required by the National Suicide Hotline Designation Act of 2020 2 and the Federal Communication Commission's rules adopted on July 16, 2020.

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9. This act shall take effect immediately.

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#### **STATEMENT**

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This bill establishes a Core Behavioral Health Crisis Services System.

Under the bill, the Commissioner of Human Services (commissioner) is to, on or before July 16, 2022, designate a crisis hotline center or centers to provide crisis intervention services and crisis care coordination to individuals accessing the 9-8-8 suicide prevention and behavioral health crisis hotline from anywhere within the State 24 hours a day, seven days a week. A designated hotline center is to have an active agreement with the administrator of the National Suicide Prevention Lifeline (NSPL) for participation within the network. To ensure cohesive and coordinated crisis care, a designated hotline center is to utilize technology that is interoperable between and across crisis and emergency response systems used throughout the State and with the Administrator of the National Suicide Prevention Lifeline.

The bill provides that a designated hotline center is to have the authority to deploy crisis and outgoing services, including mobile crisis teams, and coordinate access to crisis receiving and stabilization services as appropriate and according to guidelines and best practices established by the NSPL. A designated hotline center is to coordinate access to crisis receiving and stabilization services for individuals accessing the 9-8-8 suicide prevention and behavioral health crisis hotline through appropriate information sharing regarding availability of services. The commissioner is to have primary oversight of suicide prevention and crisis service activities and essential coordination with a designated 9-8-8 hotline center. A designated hotline center is to meet the requirements set forth by NSPL for serving high risk and specialized populations as identified by the Substance Abuse and Mental Health Services Administration, including training requirements and policies for transferring such callers to an appropriate specialized center or subnetworks within or outside the NSPL network and for providing linguistically and culturally competent care. A designated hotline center is to provide follow-up services to individuals accessing the 9-8-8 suicide prevention and behavioral health crisis hotline consistent with guidance and policies established by the NSPL.

Under the bill, the commissioner is to provide onsite response services for crisis calls utilizing State or local mobile crisis teams. A mobile crisis team is to include a behavioral health team, licensed

- 1 behavioral health professionals, and peers, or a behavioral health
- 2 team and peers embedded within an emergency medical services
- 3 entity. A mobile crisis team is to collaborate on data and crisis
- 4 response protocols with local law enforcement agencies and include
- 5 police as co-responders in behavioral health teams, and licensed
- 6 behavioral health professionals and peers, only as needed to
- 7 respond to high-risk situations that are unmanageable without law
- 8 enforcement. A mobile crisis team is to be designed in partnership
- 9 with community members, including people with experience
- 10 utilizing crisis services.

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- The commissioner is to establish and maintain a 9-8-8 trust fund for the purposes of creating and maintaining a Statewide 9-8-8 suicide prevention and mental health crisis system pursuant to the National Suicide Hotline Designation Act of 2020 and the Federal Communication Commission's rules adopted July 16, 2020, and national guidelines for crisis care. The fund is to consist of:
- (1) monies from a Statewide 9-8-8 fee assessed on users pursuant to the bills provisions;
  - (2) appropriations, if any;
  - (3) grants and gifts intended for deposit in the fund;
- (4) interest, premiums, gains, or other earnings on the fund; and
- 22 (5) any other monies that are deposited in or transferred to the 23 fund.

Under the bill, monies in the fund:

- (1) do not revert at the end of any fiscal year and remain available for the purposes of the fund in subsequent fiscal years;
- (2) are not subject to transfer to any other fund or to transfer, assignment, or reassignment for any other use or purpose outside of those specified in the bill; and
  - (3) are continuously dedicated for the purposes of the fund.
- The bill provides that the commissioner, consistent with the National Suicide Hotline Designation Act of 2020, shall establish a monthly Statewide 9-8-8 fee on each resident that is a subscriber of commercial mobile services or IP-enabled voice services at a fixed rate that provides for the creation, operation, and maintenance of a Statewide 9-8-8 suicide prevention and behavioral health crisis system and the continuum of services provided pursuant to federal guidelines for crisis services.
- Under the bill, the 9-8-8 fee is not to be applied to mobile service users who receive benefits under the federal Lifeline program as
- 41 defined in 47 CFR 54.401.