

ASSEMBLY HEALTH COMMITTEE

STATEMENT TO

ASSEMBLY COMMITTEE SUBSTITUTE FOR

ASSEMBLY, No. 2036

STATE OF NEW JERSEY

DATED: MARCH 7, 2022

The Assembly Health Committee reports favorably an Assembly committee substitute for Assembly Bill No. 2036.

This substitute bill would require the Department of Human Services (DHS) to establish a comprehensive Statewide behavioral health crisis system of care, including implementation of a new 9-8-8 behavioral health crisis hotline and the establishment of mobile crisis response teams to provide services specific to individuals experiencing a behavioral health crisis. This bill is in response to several actions taken at the federal level to establish a new 9-8-8 national suicide prevention hotline, which will replace the longer suicide hotline numbers currently in use. Specifically, the federal “National Suicide Hotline Designation Act of 2020,” Pub.L.166-172 designated 9-8-8 as the new national suicide prevention hotline number and authorizes states to establish an additional fee on mobile services users to support the operations of 9-8-8 call centers. The Federal Communication Commission issued rules on July 16, 2020, requiring mobile services providers to update their systems to receive and route 9-8-8 calls starting in July 2022. Although these actions build off of existing suicide prevention hotlines, each state will need to take individual action in order to establish a behavioral health crisis response system in that state, including establishing a system of 9-8-8 call centers and ensuring an appropriate response is available 24 hours per day, seven days per week, for people contacting the number to request help with a behavioral health crisis.

The substitute bill provides that, no later than six months after the effective date of the bill, the Commissioner of Human Services will be required to conduct a public solicitation and procurement process to contract for the services of one or more crisis hotline centers to provide crisis intervention services and crisis care coordination to individuals accessing the 9-8-8 suicide prevention and behavioral health crisis hotline. In contracting with crisis hotline centers, the commissioner is to ensure that the centers provide a comprehensive, Statewide network of access 24 hours per day, seven days per week.

Contracted crisis hotline centers will be responsible for receiving 9-8-8 calls and providing crisis intervention services to 9-8-8 callers, including, as appropriate: 1) requesting the dispatch of mobile crisis

teams; 2) coordinating crisis care responses and interventions; 3) referring callers to crisis stabilization services; and 4) providing, or facilitating and coordinating, the provision of appropriate follow-up services.

Contracted crisis hotline centers will be required to meet the standards of the National Suicide Prevention Lifeline, participate in or demonstrate the ability to obtain an agreement with the National Suicide Prevention Hotline network, and comply with all State and federal standards and requirements with regard to operations, equipment, training, staff qualifications, best practices, and interoperability with other emergency contact lines, including other lines in use in New Jersey and in neighboring states.

The DHS will be required to collaborate with other State executive branch departments and agencies to ensure full communication, information sharing, and coordination among crisis and emergency response systems throughout the State for the purpose of ensuring real-time crisis care coordination including, but not limited to, the deployment of linked, flexible services specific to each crisis response. Executive branch departments and agencies will be authorized to issue waivers, and will be required to adopt rules and regulations, as are needed to implement these requirements.

The DHS will be required to develop an informational campaign to promote awareness of the nature and availability of the 9-8-8 hotline, and consult with the National Suicide Prevention Lifeline and the Veterans Crisis Line networks to foster consistency in public messaging concerning 9-8-8 services.

The DHS will be required to establish a comprehensive Statewide mobile behavioral health crisis response system that: 1) is capable of providing behavioral health crisis response services throughout the State 24 hours per day, seven days per week; 2) responds to behavioral health crisis dispatch requests using mobile crisis response teams and other appropriate resources and services; 3) provides behavioral health crisis stabilization services, including, but not limited to, referrals to appropriate behavioral health services providers for additional care following resolution of the immediate behavioral health crisis; and 4) provides follow-up services for people who contact a crisis response center to ensure continuity of care and provide additional referrals and services as may be appropriate to the person's ongoing treatment needs.

In establishing the Statewide mobile crisis response system, the DHS will be required to hold at least one public hearing in each of the northern, central, and southern regions of the State.

The DHS is to promulgate regulations concerning the requirements for the qualification, training, and experience requirements for crisis hotline center and mobile crisis response team staff; composition requirements for mobile crisis response teams, which, at a minimum, will include one licensed or certified behavioral health professional

and one certified peer; and the scope of practice, operational protocols, and vehicle and equipment requirements for mobile crisis response teams, which requirements may provide for the establishment of crisis response teams capable of providing specialized responses to behavioral health crises involving particular types of mental health conditions.

Mobile crisis response teams are to be community based and may incorporate the use of: emergency medical technicians and other health care providers, to the extent a medical response is needed; law enforcement personnel, to the extent that the crisis cannot be resolved without the presence of law enforcement, provided that, whenever possible, the response should be limited to law enforcement personnel who have completed training in behavioral health crisis response; and other professionals as may be necessary and appropriate to provide a comprehensive response to a behavioral health crisis. Crisis response teams will be permitted to provide crisis intervention services via telephone, video chat, or other appropriate communications media, if the use of these media are necessary to provide a needed service in response to a particular behavioral health crisis, and the use of the media is consistent with the needs of the person experiencing the behavioral health crisis.

The substitute bill requires contracted crisis hotline centers and mobile crisis response teams to submit monthly reports to the DHS outlining the volume and nature of the entity's behavioral health crisis response activities over the preceding month. The DHS will use these data to evaluate the Statewide behavioral health crisis system of care and to submit annual reports to the Governor and the Legislature providing an overview of services provided, along with the DHS' findings and recommendations with regard to the Statewide behavioral health crisis system of care.

The Commissioner of Human Services will be required to establish and maintain a "9-8-8 System and Response Trust Fund Account" for the purposes of establishing, administering, and maintaining the Statewide behavioral health crisis system of care. The trust fund account will include revenue from the 9-8-8 fee established under the bill, appropriations, grants and gifts, interests and premiums deriving from the fund, and any other monies deposited in or transferred to the fund. The commissioner will be required to seek out and apply for all sources of federal funding as may be available to support the Statewide behavioral health crisis system of care, including, but not limited to, applying for such State plan amendments or waivers as may be necessary to secure federal financial participation for State Medicaid expenditures under the federal Medicaid program. Monies in the fund will not revert to the General Fund at the end of any fiscal year and will remain available for the purposes of the fund in subsequent fiscal years; will not be subject to transfer to any other fund or to transfer, assignment, or reassignment for any use or purpose

other than those authorized under the bill; and will be continuously dedicated for the purposes of supporting the provision of acute behavioral health care, crisis outreach, and stabilization services in response to calls received by the 9–8–8 national suicide prevention and behavioral health crisis hotline, as well as establishing, administering, maintaining, and evaluating the Statewide behavioral health crisis system of care. Any funds deriving from the 9-8-8 fee are to be used for the limited purpose of supporting the implementation of the Statewide 9-8-8 behavioral health crisis hotline system

Consistent with the provisions of the “National Suicide Hotline Designation Act of 2020,” Pub.L.116-172, each resident of New Jersey who is a subscriber of commercial mobile services or IP-enabled voice services will be assessed a monthly Statewide 9-8-8 fee on their service bills. The amount of the fee will be established by the Commissioner of Human Services on an annual basis in an amount that is commensurate with the costs of supporting the operations of contracted crisis hotline centers, including personnel, equipment, maintenance, and related costs. The fee will not be applied to mobile service users who receive benefits under the federal Lifeline program.

The Commissioner of Human Services will be required to implement the provisions of the substitute bill in a manner that is consistent with the timeframes established by the “National Suicide Hotline Designation Act of 2020” and the rules issued by the Federal Communication Commission in July 2020.

The substitute bill requires that all health benefits plan carriers will be required to provide comprehensive coverage for behavioral health crisis intervention services provided under the bill under the same terms and conditions as are provided for any other sickness under the plan, and to comply with applicable federal laws concerning parity in behavioral health coverage.