# ASSEMBLY COMMITTEE SUBSTITUTE FOR **ASSEMBLY, No. 2036**

# STATE OF NEW JERSEY 220th LEGISLATURE

ADOPTED MARCH 7, 2022

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, Assemblymen Danielsen, Stanley, Assemblywomen Speight and Chaparro

# SYNOPSIS

Establishes Statewide behavioral health crisis system of care.

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# **CURRENT VERSION OF TEXT**

Substitute as adopted by the Assembly Health Committee.



(Sponsorship Updated As Of: 5/2/2022)

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 AN ACT concerning behavioral health crises and supplementing
 Title 26 of the Revised Statutes and P.L.1997, c.192 (C.26:2S-1 et seq.).

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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:

9 a. The current health care system in New Jersey does not 10 always fully address the specific needs of people with behavioral 11 health issues, including mental health conditions and substance use 12 disorders.

b. Frequently, people with behavioral health issues are compelled to access care through primary care providers or hospital emergency departments, neither of which are typically equipped to handle the specialized care needed by people with behavioral health issues. Often, people are discharged from these treatment settings without receiving the care or referrals to services needed to treat the individual's particular behavioral health condition.

c. Similarly, law enforcement are frequently called upon to respond to acute behavioral health crises. In many cases, the responding law enforcement officers do not possess the specialized training needed to respond to an acute behavioral health crisis, and so are not equipped to adequately assess the situation, de-escalate and resolve the immediate crisis, and access appropriate behavioral health care services.

d. Historically, the lack of a comprehensive behavioral health
crisis response system has placed marginalized communities,
including those experiencing mental health crises, at
disproportionate risk of poor outcomes.

31 e. When a behavioral health condition is not appropriately 32 treated by a qualified behavioral health specialist, the condition may 33 worsen over time. In some cases, such as with an individual who 34 has a substance use disorder, the longer the person goes without appropriate treatment, the greater the risk the person will experience 35 36 a fatal overdose, contract a bloodborne virus and other 37 communicable diseases, or experience other adverse health 38 consequences resulting from the person's continuing substance use. 39 In cases involving a person experiencing suicide ideation, the longer the person goes without treatment, the greater the risk the 40 person will engage in self-harm. 41

f. Additionally, untreated behavioral health conditions can
significantly detract from the quality of life of the person with the
behavioral health condition and the person's family and friends,
who frequently feel helpless watching a loved one struggle with the
burdens of an untreated mental health condition or substance use
disorder.

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g. Steps have been taken at both the State and federal level to 1 2 better meet the needs of people with behavioral health conditions. 3 At the federal level, the "National Suicide Hotline Designation Act 4 of 2020," Pub.L.116-172, and rules adopted by the Federal 5 Communication Commission's on July 16, 2020 take steps to 6 improve access to crisis resources through a dedicated hotline, similar to 9-1-1, specific to behavioral health crises. At the State 7 8 level, New Jersey has taken steps to improve access to behavioral 9 health care by streamlining the process for dual licensure for 10 primary and behavioral health care providers, issuing licenses for 11 additional treatment beds, promoting measures to improve access to 12 substance use disorder treatment and support services, and working 13 to expand ready access to behavioral health treatment providers for 14 all New Jerseyans.

h. It is now necessary for New Jersey to take the steps required
to implement the new national behavioral health crisis hotline in
this State.

18 i. It is the intent of the Legislature to support the operations of 19 the national behavioral health crisis hotline in the State, and foster improved behavioral health treatment resources, through the 20 establishment a comprehensive Statewide mobile behavioral health 21 22 crisis response system, the goals of which will be: improving 23 access to, and the quality of, behavioral health crisis services 24 through, among other measures, a "no wrong door" model of 25 access; reducing the stigma associated with suicide, mental health 26 conditions, and substance use disorders; improving equity in 27 diagnosing and treating mental health conditions and substance use 28 disorders; promoting equity in services for all individuals, 29 regardless of cultural background, race, age, ethnicity, gender, 30 socioeconomic status, or sexual orientation; promoting full access 31 to behavioral health care services across rural, urban, and tribal 32 communities; and ensuring a culturally and linguistically competent 33 response to behavioral health crises.

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35 2. a. No later than six months after the effective date of this 36 act, the Commissioner of Human Services shall conduct a public 37 solicitation and procurement process to contract for the services of 38 one or more crisis hotline centers to provide crisis intervention 39 services and crisis care coordination to individuals accessing the 9-40 8-8 suicide prevention and behavioral health crisis hotline. In 41 contracting for the services of crisis hotline centers pursuant to this 42 subsection, the commissioner shall ensure that the selected centers will provide a comprehensive, Statewide network of access 24 43 44 hours per day, seven days per week.

b. The commissioner shall not contract with a crisis hotline
center pursuant to subsection a. of this section unless the center
meets the standards of the National Suicide Prevention Lifeline and

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participates in, or has the demonstrated ability to obtain an
 agreement with, the National Suicide Prevention Hotline network.

c. A contracted crisis hotline center shall be responsible for
receiving 9-8-8 calls and providing crisis intervention services to 98-8 callers, including, as appropriate:

6 (1) requesting the dispatch of mobile crisis teams;

(2) coordinating crisis care responses and interventions;

(3) referring callers to crisis stabilization services; and

9 (4) providing, or facilitating and coordinating, the provision of 10 appropriate follow-up services.

d. A contracted crisis hotline center shall comply with all 11 12 standards, operational and equipment requirements, training and qualification requirements for crisis hotline center staff, 13 14 requirements concerning interoperability with other emergency 15 contact lines, requirements concerning geolocation capacity, best practices, and other standards and requirements as are established 16 17 under the "National Suicide Hotline Designation Act of 2020," 18 Pub.L.116-172, as are established under rules and regulations 19 adopted by the Federal Communications Commission and by any 20 other federal authority having jurisdiction, and as are established under rules and regulations promulgated by the Commissioner of 21 22 Human Services.

23 e. A contracted crisis hotline center shall seek to utilize 24 technology that is interoperable with crisis and emergency response 25 systems used in New Jersey and in neighboring states, to the extent 26 that the use of such systems is reasonable, technologically feasible, 27 and consistent with the requirements of subsection d. of this section. 28 The commissioner shall collaborate with other State f. 29 executive branch departments, offices, and agencies to ensure full 30 communication, information sharing, and coordination among crisis 31 and emergency response systems throughout the State for the 32 purpose of ensuring real-time crisis care coordination including, but 33 not limited to, the deployment of linked, flexible services specific 34 to each crisis response. Executive branch departments, offices, and 35 agencies shall issue any waivers as shall be necessary to implement 36 the provisions of this subsection.

g. The commissioner shall develop an informational campaign
to promote awareness of the nature and availability of the 9-8-8
hotline to respond to behavioral health crises. The commissioner
shall consult with the National Suicide Prevention Lifeline and the
Veterans Crisis Line networks to foster consistency in public
messaging concerning 9-8-8 services.

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44 3. a. The Commissioner of Human Services shall establish a
45 comprehensive Statewide mobile behavioral health crisis response
46 system, which shall, at a minimum:

(1) be capable of providing behavioral health crisis response
 services throughout the State 24 hours per day, seven days per
 week;

4 (2) respond to behavioral health crisis dispatch requests made
5 by crisis hotline centers that have contracted with the Department of
6 Human Services pursuant to subsection a. of section 2 of this act
7 and other dispatch centers using mobile crisis response teams and
8 other appropriate resources and services;

9 (3) provide behavioral health crisis stabilization services, 10 including, but not limited to, referrals to appropriate behavioral 11 health services providers for additional care following resolution of 12 the immediate behavioral health crisis; and

(4) provide follow-up services for people who contact a crisis
response center to ensure continuity of care and provide additional
referrals or other services as may be appropriate to the person's
ongoing treatment needs.

b. In establishing the Statewide mobile behavioral health crisis
response system pursuant to this section, the commissioner shall
hold at least one public hearing in each of the northern, central, and
southern regions of the State.

c. The Commissioner of Human Services shall adopt rules and
regulations, pursuant to the "Administrative Procedure Act,"
P.L.1968, c.410 (C.52:14B-1 et seq.), establishing:

(1) qualification, training, and experience requirements for crisishotline center and mobile crisis response team staff;

(2) composition requirements for mobile crisis response teams,
which, at a minimum, shall include at least one licensed or certified
behavioral health care professional and at least one certified peer;
and

(3) 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.

35 d. Mobile crisis response teams shall be community based and 36 may incorporate the use of: emergency medical technicians and 37 other health care providers, to the extent a medical response is 38 needed; law enforcement personnel, to the extent that the crisis 39 cannot be resolved without the presence of law enforcement, 40 provided that, whenever possible, the mobile crisis response team shall seek to engage the services of law enforcement personnel who 41 42 have completed training in behavioral health crisis response; and 43 other professionals as may be necessary and appropriate to provide 44 a comprehensive response to a behavioral health crisis.

e. Notwithstanding the requirement that mobile crisis response
teams be community based, nothing in this section shall be
construed to prohibit the provision of crisis intervention services via
telephone, video chat, or other appropriate communications media,

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if the use of these media are necessary to provide access to a needed
service in response to a particular behavioral health crisis, and the
provision of services using telephone, video chat, or other media is
consistent with the needs of the person experiencing the behavioral
health crisis.

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7 a. Each crisis hotline center that has contracted with the 4 8 Department of Human Services pursuant to subsection a. of section 9 2 of this act shall submit a monthly report to the Department of 10 Human Services identifying, for the preceding month: the number 11 of 9-8-8 calls received; the number of calls made directly to the 9-8-12 8 number and the number of calls that were transferred or referred 13 from a 9-1-1 call center; the number of mobile crisis response teams 14 dispatched; the number of referrals made to services and the types 15 of services for which referrals were made; the number and type of 16 follow-up services provided or facilitated and coordinated by the 17 crisis hotline center; and any other information as shall be required 18 by the Commissioner of Human Services.

19 b. Each mobile crisis response team shall submit a monthly report to the Department of Human Services identifying, for the 20 preceding month: the number of dispatch calls the team received; 21 22 the number of dispatch calls the team responded to; the number of 23 dispatch calls that included a response by emergency medical 24 services providers, law enforcement, or both; the proportion of total 25 services that were provided in person, via telephone, via video call, 26 and via other means; and any other information as shall be required 27 by the Commissioner of Human Services.

c. The Commissioner of Human Services shall designate the
form and manner by which the reports required under subsections a.
and b. of this section shall be submitted.

31 d. Commencing 24 months after the effective date of this act, 32 and annually thereafter, the Commissioner of Human Services shall 33 prepare and submit to the Governor and, pursuant to section 2 of 34 P.L.1991, c.164 (C.52:14-19.1), to the Legislature, a report 35 concerning the Statewide behavioral health crisis system of care, 36 including, for the preceding year: the total number of calls received 37 by crisis hotline centers that have contracted with the Department of 38 Human Services pursuant to subsection a. of section 2 of this act, 39 including the number of direct 9-8-8 calls and the number of calls 40 referred from a 9-1-1 call center; the total number of mobile crisis 41 response teams dispatched; the number of crisis interventions that 42 involved emergency medical services, law enforcement, or both; the 43 proportion of total mobile crisis response services that were 44 provided in person, via telephone, via video call, and via other 45 means; the number of referrals made to services, including the 46 number of referrals made to each type of service; the nature of behavioral health crisis stabilization services provided and an 47 48 analysis of the effects of providing behavioral health crisis

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stabilization services in lieu of a response by law enforcement or 1 2 services provided through a hospital emergency department or other 3 medical care provider; the nature of follow-up services provided 4 and an analysis of the effects of providing follow-up services; 5 deposits into, and expenditures from, the 9-8-8 trust fund established pursuant to section 5 of this act; the commissioner's 6 7 assessment of the benefits and limitations of the Statewide 8 behavioral health crisis system of care and the commissioner's 9 recommendations for legislative or administrative action to support 10 and improve the Statewide behavioral health crisis system of care; 11 and any other information the commissioner deems necessary and 12 appropriate.

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5. a. There is established in the Department of the Treasury
within the General Fund a special account to be known as the "9-88 System and Response Trust Fund Account." Funds credited to the
account shall include:

18 (1) monies from a Statewide 9-8-8 fee assessed pursuant to19 subsection a. of section 6 of this act;

20 (2) monies appropriated to the fund;

(3) grants and gifts intended for deposit in the fund;

(4) interest, premiums, gains, or other earnings on the fund; and
(5) any other monies that are deposited in or transferred to the

fund.

b. The Commissioner of Human Services shall 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.

c. Monies in the trust fund account shall be dedicated to the
costs incurred in establishing, administering, and maintaining the
Statewide behavioral health crisis system of care pursuant to this
act. Monies in the trust fund account:

36 (1) shall not revert to the General Fund at the end of any fiscal
37 year, and shall remain available for the purposes of the trust fund
38 account in subsequent fiscal years;

39 (2) shall not be subject to transfer to any other fund or account,
40 or to transfer, assignment, or reassignment for any use or purpose
41 other than those described in paragraph (3) of this subsection; and

(3) subject to the provisions of paragraph (2) of subsection d. of
section 6 of this act, shall be continuously appropriated to the
Department of Human Services 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

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well as establishing, administering, maintaining, and evaluating the
 Statewide behavioral health crisis system of care.

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4 6. a. Consistent with the provisions of the "National Suicide 5 Hotline Designation Act of 2020," Pub.L.116-172, there shall be 6 imposed on each resident of New Jersey who is a subscriber of 7 commercial mobile services or IP-enabled voice services, a monthly 8 Statewide 9-8-8 fee on any periodic bill received by the customer 9 for the commercial mobile service or IP-enabled voice service. The 10 amount of the fee shall be established by the Commissioner of 11 Human Services on an annual basis in an amount that is 12 commensurate with the costs of supporting the operations of crisis 13 hotline centers that have contracted with the Department of Human 14 Services pursuant to subsection a. of section 2 of this act, including 15 personnel, equipment, maintenance, and related costs. The fee 16 established pursuant to this subsection shall not be applied to 17 mobile service users who receive benefits under the federal Lifeline 18 program as defined in 47 CFR 54.401.

19 b. The fee imposed under subsection a. of this section shall be collected by the mobile telecommunications company or the 20 telecommunications company providing the applicable service to its 21 22 customers upon payment of any periodic bill for such service. This 23 section shall not be deemed as extending to a mobile 24 telecommunications company or a telecommunications company 25 that provides IP-enabled services any obligation or authority otherwise not provided pursuant to law, to take legal action to 26 27 enforce the collection of the fee imposed upon the customer. Any 28 such action shall be brought by the State against the customer with 29 any cooperation requested by the State of the mobile 30 telecommunications company or the telecommunications company 31 that provides IP-enabled services as the State deems necessary.

32 (1) The fees collected pursuant to subsection a. of this с. 33 section shall be collected monthly and reported and paid to the 34 Director of the Division of Taxation in the Department of the 35 Treasury on a quarterly basis in a manner prescribed by the director, 36 which, notwithstanding the provisions of subsection b. of section 1 37 of P.L.1992, c.140 (C.54:48-4.1) if any, to the contrary, shall be 38 subject to the provisions of section 1 of P.L.1992, c.140 (C.54:48-39 4.1) as the director shall prescribe, and the State Treasurer shall 40 credit the fee revenue to the "9-8-8 System and Response Trust 41 Fund Account" established pursuant to section 5 of this act.

42 (2) Each mobile telecommunications company and 43 telecommunications company that provides IP-enabled services 44 shall be liable for the fee imposed, collected, or required to be paid, 45 collected, or remitted under the provisions of subsection a. of this 46 section. Any such company shall have the same right in respect to 47 collecting the fee from that company's customer or in respect to 48 non-payment of the fee by the customer as if the fee were a part of

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1 the purchase price of the applicable telecommunications service and

2 payable at the same time; provided however, that the director shall

3 be joined as a party in any action or proceeding brought to collect4 the fee.

d. (1) Revenue from the 9-8-8 fee shall be dedicated to
supporting the implementation of the provisions of section 2 of this
act, including offsetting costs that are reasonably attributed to:

8 (a) ensuring efficient and effective routing of calls made to the 9 9-8-8 suicide prevention and behavioral health crisis hotline to a 10 crisis hotline center that has contracted with the Department of 11 Human Services pursuant to subsection a. of section 2 of this act;

12 (b) staffing and other personnel costs, including specialized 13 training for staff to serve at-risk communities with culturally and 14 linguistically competent services designed to meet the needs of 15 diverse communities, including racial and ethnic minorities, diverse 16 socioeconomic populations, and the LGBTQ+ community; and

(c) supporting technological infrastructure enhancements
necessary to achieve operational and clinical standards and best
practices set forth by the National Suicide Prevention Lifeline.

20 (2) Revenue from the 9-8-8 fee shall not be utilized for any
21 purpose other than those provided in paragraph (1) of this
22 subsection.

(3) To assist the Commissioner of Human Services in
implementing the provisions of this subsection, the State Treasurer
shall annually certify to the Commissioner of Human Services the
total revenue generated from the 9-8-8 fee as opposed to other
sources of revenue deposited in the "9-8-8 System and Response
Trust Fund Account" established pursuant to section 5 of this act.

e. As used in this section, "commercial mobile services" and
"IP-enabled voice services" mean the same as those terms are
defined in section 4 of the "National Suicide Hotline Designation
Act of 2020," Pub.L.116-172 (47 U.S.C. s.251a).

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7. 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," Pub.L.166-172, and the Federal Communication
Commission's rules adopted on July 16, 2020.

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40 8. Each executive branch department, office, and agency 41 having authority over a crisis and emergency response system shall, in consultation with the Commissioner of Human Services, 42 43 promulgate rules and regulations, pursuant to the "Administrative 44 Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), as shall be 45 necessary to implement the provisions of this act, including as are 46 necessary to ensure full communication, information sharing, and 47 coordination among crisis and emergency response systems

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throughout the State for the purpose of ensuring real-time crisis care
 coordination as provided in subsection f. of section 2 of this act.

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4 9. A carrier that offers a health benefits plan in this State shall 5 ensure that the plan provides comprehensive coverage for behavioral health crisis intervention services provided pursuant to 6 7 section 3 of P.L., c. (C. ) (pending before the Legislature 8 as this bill) under the same terms and conditions as provided for any 9 other sickness under the plan and shall meet the requirements of the federal Paul Wellstone and Pete Domenici Mental Health Parity and 10 Addiction Equity Act of 2008, 42 U.S.C. s.18031(j), and any 11 12 amendments to, and federal guidance or regulations issued under 13 that act, including 45 C.F.R. Parts 146 and 147 and 14 45 C.F.R. s.156.115(a)(3).

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- 16 10. This act shall take effect immediately.