CHAPTER 35

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.).

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

C.26:2MM-5 Findings, declarations.

1. The Legislature finds and declares that:

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

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

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.

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

i. It is the intent of the Legislature to support the operations of the national behavioral health crisis hotline in the State, and foster improved behavioral health treatment resources,

through the establishment of a comprehensive Statewide mobile behavioral health crisis response system, the goals of which will be: improving access to, and the quality of, behavioral health crisis services through, among other measures, a "no wrong door" model of access; reducing the stigma associated with suicide, mental health conditions, and substance use disorders; improving equity in diagnosing and treating mental health conditions and substance use disorders; promoting equity in services for all individuals, regardless of cultural background, race, age, ethnicity, gender, socioeconomic status, or sexual orientation; promoting full access to behavioral health care services across rural, urban, and tribal communities; and ensuring a culturally and linguistically competent response to behavioral health crises.

C.26:2MM-6 Public solicitation, procurement process, contract services, crisis hotline centers.

2. a. No later than six months after the effective date of this act, the Commissioner of Human Services shall 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 for the services of crisis hotline centers pursuant to this subsection, the commissioner shall ensure that the selected centers will provide a comprehensive, Statewide network of access 24 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 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 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.

d. To the extent possible, and when it would not interfere with responding to an emergency, a contracted crisis hotline center shall attempt to ascertain whether a 9-8-8 caller has children. If the caller has children and the center deems it appropriate, the center shall make a referral to services offered by the Department of Children and Families such as the Children's System of Care or any other referral agency, as appropriate.

e. A contracted crisis hotline center shall comply with all standards, operational and equipment requirements, training and qualification requirements for crisis hotline center staff, requirements concerning geolocation capacity, best practices, and other standards and requirements as are established under the "National Suicide Hotline Designation Act of 2020," Pub.L.116-172, as are established under rules and regulations adopted by the Federal Communications Commission, as applicable, and by any other federal authority having jurisdiction, and as are established under rules and regulations promulgated by the Commissioner of Human Services.

f. The commissioner shall collaborate with other State executive branch departments, offices, 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, offices, and

agencies shall issue any waivers as shall be necessary to implement the provisions of this subsection.

g. (1) The commissioner shall collaborate with appropriate behavioral health care providers in the State, including, but not limited to, mental health and substance use disorder treatment providers, local community mental health centers, community-based and hospital emergency departments, and inpatient psychiatric settings, to ensure the coordination of service linkages with contracted hotline centers and mobile crisis response teams and the provision of crisis stabilization services and follow-up services, as appropriate, following the crisis response for a 9-8-8 caller.

(2) The commissioner shall establish agreements and information sharing procedures, as appropriate, with behavioral health care providers as shall be necessary to implement the provisions of this subsection. Such information sharing procedures shall include, but not be limited to, the sharing of information concerning the availability of services provided by a behavioral health care provider.

h. 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.

C.26:2MM-7 Statewide mobile behavioral health crisis response team, established.

3. a. The Commissioner of Human Services shall establish a comprehensive Statewide mobile behavioral health crisis response 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;

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

(3) provide 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) 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 two public hearings, at least one of which shall be conducted virtually via videoconferencing.

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 crisis hotline 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.

d. Mobile crisis response teams shall 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 mobile crisis response team shall seek to engage the services of 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.

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, 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.

C.26:2MM-8 Report to Department of Human Services, Governor, Legislature.

4. a. Each crisis hotline center that has contracted with the Department of Human Services pursuant to subsection a. of section 2 of this act shall submit a monthly report to the Department of Human Services identifying, for the preceding month: the number of 9-8-8 calls received; the number of calls made directly to the 9-8-8 number and the number of calls that were transferred or referred from a 9-1-1 call center; the number of mobile crisis response teams dispatched; the number of referrals made to services and the types of services for which referrals were made; the number and type of follow-up services provided or facilitated and coordinated by the crisis hotline center; the number of calls that did not result in a referral, follow-up service, or dispatch of a mobile crisis response team; to the extent possible, information regarding the nature of the calls that did not result in a referral, follow-up service, or dispatch of a mobile crisis response team; and any other information as shall be required by the Commissioner of Human Services.

b. Each mobile crisis response team shall submit a monthly report to the Department of Human Services identifying, for the preceding month: the number of dispatch calls the team received; the number of dispatch calls the team responded to; the number of dispatch calls that included a response by emergency medical services providers, law enforcement, or both; the proportion of total services that were provided in person, via telephone, via video call, and via other means; the number of mobile crisis responses that resulted in referrals for services and the types of services that were referred; the number of responses that did not result in a referral or follow-up service; to the extent possible, information regarding the nature of the mobile crisis responses that did and did not result in a referral or follow-up service; and any other information as shall be required 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.

d. Commencing 24 months after the effective date of this act, and annually thereafter, the Commissioner of Human Services shall prepare and submit to the Governor and, pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), to the Legislature, a report concerning the Statewide behavioral health crisis system of care, including, for the preceding year: the total number of calls received by crisis hotline centers that have contracted with the Department of Human Services pursuant to subsection a. of section 2 of this act, including the number of direct 9-8-8 calls and the number of calls referred from a 9-1-1 call center; the total number of mobile crisis response teams dispatched; the number of crisis interventions that involved emergency medical services, law enforcement, or both; the proportion of total mobile crisis

response services that were provided in person, via telephone, via video call, and via other means; the number of referrals made to services, including the number of referrals made to each type of service; the nature of behavioral health crisis stabilization services provided and an analysis of the effects of providing behavioral health crisis stabilization services in lieu of a response by law enforcement or services provided through a hospital emergency department or other medical care provider; the nature of follow-up services provided and an analysis of the effects of providing follow-up services; program operating costs of the Statewide behavioral health crisis system of care; the commissioner's assessment of the benefits and limitations of the Statewide behavioral health crisis system of care and the commissioner's recommendations for legislative or administrative action to support and improve the Statewide behavioral health crisis system of care; and any other information the commissioner deems necessary and appropriate.

C.26:2MM-9 Implementation of 9-8-8 suicide prevention, behavioral health crisis hotline; study conducted, report to Governor, Legislature.

5. a. The Commissioner of Human Services, in consultation with the State Treasurer, the Director of the Division of Taxation in the Department of the Treasury, the Assistant Commissioner for the Division of Mental Health and Addiction Services in the Department of Human Services, and the Attorney General, shall conduct a study concerning the implementation of the 9-8-8 suicide prevention and behavioral health crisis hotline and shall prepare a report:

(1) detailing the resources necessary to make the 9-8-8 suicide prevention and behavioral health crisis hotline available, operational, and effective Statewide, including an evaluation of available and new revenue sources to support the implementation, staffing, and ongoing activities of 9-8-8 services that are reasonably attributed to implementing the provisions of section 2 of this act; and

(2) assessing if the implementation of a fee, as permitted pursuant to the "National Suicide Hotline Designation Act of 2020," Pub.L.116-172, is necessary to support the 9-8-8 suicide prevention and behavioral health crisis hotline and, if the fee is determined to be necessary, making recommendations on the amount of the fee, the manner in which the fee will be collected, and the establishment of a special account to serve as a repository for monies dedicated to the implementation of the hotline system.

b. In conducting the study and preparing the report required pursuant to subsection a. of this section, the Commissioner of Human Services shall solicit public comments and may hold public hearings at such times and places as the commissioner deems appropriate. The Commissioner of Human Services shall submit the report required under this section to the Governor and, pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), to the Legislature, no later than April 1, 2023.

C.26:2MM-10 Commissioner of Human services, obligations.

6. The Commissioner of Human Services shall:

a. 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; and

b. 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.26:2MM-11 Rules, regulations.

7. Each executive branch department, office, and agency having authority over a crisis and emergency response system shall, in consultation with the Commissioner of Human Services, promulgate rules and regulations, pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), as shall be necessary to implement the provisions of this act, including as are necessary 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 as provided in subsection f. of section 2 of this act.

C.26:2S-40 Carrier to ensure provision of comprehensive behavioral health crisis intervention services coverage.

8. A carrier that offers a health benefits plan in this State shall ensure that the plan provides comprehensive coverage for behavioral health crisis intervention services provided pursuant to section 3 of P.L.2022, c.35 (C.26:2MM7) under the same terms and conditions as provided for any other sickness under the plan and shall meet the requirements of the federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, 42 U.S.C. s.18031(j), and any amendments to, and federal guidance or regulations issued under that act, including 45 C.F.R. Parts 146 and 147 and 45 C.F.R. s.156.115(a)(3).

9. This act shall take effect immediately.

Approved June 30, 2022.