

# SENATE BUDGET AND APPROPRIATIONS COMMITTEE

## STATEMENT TO

### SENATE COMMITTEE SUBSTITUTE FOR **SENATE, No. 311**

with committee amendments

# **STATE OF NEW JERSEY**

DATED: JUNE 6, 2022

The Senate Budget and Appropriations Committee reports favorably and with committee amendments Senate Bill No. 311 SCS.

As amended by the committee, the bill requires the Department of Human Services (DHS) to establish a comprehensive Statewide behavioral health crisis system of care, including the 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.

The bill provides that, no later than six months after the effective date of the bill, the Commissioner of Human Services (commissioner) 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. Under the amended bill, to the extent possible, a contracted crisis hotline center will be responsible for ascertaining whether a 9-8-8 caller has children. If the caller has children and the center deems it appropriate, the center will make a referral to the Children's System of Care in the Department of Child and Families.

As amended, the bill provides that 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 applicable State and federal standards and

requirements with regard to operations, equipment, training, staff qualifications, and best practices.

Under the bill, the commissioner is 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. Under the bill, executive branch departments and agencies are authorized to issue waivers, and are required to adopt rules and regulations, as are needed to implement these requirements.

The bill also requires the commissioner to collaborate with appropriate behavioral health care providers in the State to ensure the coordination of service linkages with contracted hotline centers and mobile crisis response teams and the provision of appropriate crisis stabilization services and follow-up services following the crisis response for a 9-8-8 caller. Under the bill, the commissioner is required to establish agreements and information sharing procedures, as appropriate, with behavioral health care providers to implement the provisions of the bill.

The bill requires the DHS to develop an informational campaign to promote awareness of the nature and availability of the 9-8-8 hotline, and to 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 bill requires the DHS 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.

As amended, the bill requires the DHS, in establishing the Statewide mobile crisis response system, to hold at least two public hearings, at least one of which to be conducted virtually via videoconferencing.

Under the bill, 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.

Under the bill, 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.

As amended, the 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, including the operating costs of the Statewide behavioral health crisis system of care, along with the DHS' findings and recommendations with regard to the Statewide behavioral health crisis system of care.

As amended, the bill requires the commissioner, in consultation with the State Treasurer, the Director of the Division of Taxation in the Department of the Treasury, Assistant Commissioner for the Division of Mental Health and Addiction Services in the Department of Human Services, and the Attorney General, to study and 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 the bill; and

- 2) assessing if the implementation of a fee, as permitted pursuant to the "National Suicide Hotline Designation Act of 2020, is necessary to support the 9-8-8 suicide prevention and behavioral health crisis hotline. If a fee is determined to be necessary, the commissioner is to

make recommendations concerning 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.

In conducting the study and preparing the report, the commissioner will solicit public comments and may hold public hearings at such times and places as the commissioner deems appropriate. Under the bill, the commissioner is required to submit the report to the Governor and the Legislature no later than April 1, 2023.

As amended, the bill requires the commissioner to implement the provisions of the 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 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.

The bill provides 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.

#### COMMITTEE AMENDMENTS:

The committee amendments remove provisions from the bill, and any references to those provisions, that would have established a fee for each resident of New Jersey who is a subscriber of commercial mobile services or IP-enabled voice services and a trust fund that would have been credited with the monies generated from the fee.

The committee amendments requires contracted crisis hotline centers, to the extent possible, to ascertain whether a caller has children. If the caller has children and the center deems it appropriate, the center will make a referral to the Children’s System of Care in the Department of Child and Families.

The committee amendments remove provisions from the bill concerning interoperability requirements for contracted crisis hotline centers. The committee amendments clarify that crisis hotline centers will required to comply with all standards and requirements pursuant to applicable rules and regulations adopted by the Federal Communications Commission.

The committee amendments require the Commissioner of Human Services (commissioner) to collaborate with appropriate behavioral health care providers in the State to ensure the coordination of service linkages with contracted hotline centers and mobile crisis response

teams and the provision of appropriate crisis stabilization services and follow-up services following the crisis response for a 9-8-8 caller.

The committee amendments revise the requirements for the commissioner to hold at least one in-person public hearing in each of the northern, central, and southern regions of the State to instead require the commissioner to hold at least two public hearings with at least one of the hearings will be conducted virtually via videoconferencing.

The committee amendments require the commissioner to establish agreements and information sharing procedures, as appropriate, with behavioral health care providers to implement the provisions of the bill. Such information sharing procedures will include, but not be limited to, the sharing of information concerning the availability of services provided by a behavioral health care provider.

The committee amendments require crisis hotline centers to include in their monthly reports to the Department of Human Services: the number of calls that did not result in a referral, follow up, or dispatch of a mobile crisis response team; and to the extent possible, information regarding the nature of the calls that did not result in a referral, follow up, or dispatch of a mobile crisis response team.

The committee amendments require mobile crisis response teams to include in their monthly reports to the Department of Human Services: 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; and to the extent possible, information regarding the nature of the mobile crisis responses that did and did not result in referrals or follow-ups.

The committee amendments revise the Commissioner of Human Services' annual reporting requirements concerning the Statewide behavioral health crisis system of care to include information on the program operating costs in the report.

The committee amendments require the commissioner to study and prepare a report detailing the resources necessary to support the 9-8-8 suicide prevention and behavioral health crisis hotline, as well as assessing if it is necessary to establish a fee, as permitted pursuant to the National Suicide Hotline Designation Act of 2020, to support the hotline and making recommendations concerning certain considerations attendant to establishing a fee. In conducting the study and preparing the report, the commissioner is to solicit public comments and may hold public hearings. The commissioner will be required to submit the report to the Governor and the Legislature no later than April 1, 2023.

The committee amendments retain a requirement for the commissioner 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 by moving the requirement from a section being deleted by these amendments to another section of the bill.

FISCAL IMPACT:

The Office of Legislative Services (OLS) estimates that the Department of Human Services (DHS) will incur an indeterminate amount of additional annual expenditures to establish a Statewide behavioral health crisis system of care, which includes contracting with crisis hotline centers and establishing a Statewide mobile behavioral health crisis response system. The Department of Children and Families will also manage an increased number of cases for referrals made to the department's mobile response unit.

Annual State revenues will increase by an indeterminate amount. The bill requires the DHS to seek out and apply for all federal aid that could be utilized to support the behavioral health crisis system of care, including matching funds under the federal Medicaid program. A study is also required to determine the amount of resources that would be needed to support the system, including whether the implementation of a fee is necessary to support the hotline system.

To the extent that a local government does not currently operate a mobile response team system or that the bill increases the amount of services provided by a local government's existing mobile response team system, local government expenditures will increase by annual indeterminate amounts for the operations of the community-based mobile crisis response FE to SCS for S311 2 teams. The bill mandates that health insurers in the State provide comprehensive coverage for behavioral health crisis intervention services.

The reimbursements paid to local governments by the health insurers for providing these services will represent a revenue increase for these governmental units. A portion of this revenue will be provided by the State through existing coverage requirements under the State Health Benefits Program (SHBP), the School Employees' Health Benefits Program (SEHBP), and Medicaid. To the extent the bill increases access to mobile behavioral health crisis response services and other behavioral health services, the State will experience increased costs through the SHBP, SEHBP, and Medicaid. Any increased State costs under Medicaid would also result in an increase in federal Medicaid matching funds to the State.

The OLS assumes that insurance reimbursements for services from health insurers will not be sufficient to support a Statewide network of mobile crisis response teams. Therefore, the OLS concludes that local governments will require additional revenue streams, which may be provided from local, federal, and State sources, to support the operational expenses of mobile crisis teams, particularly in regard to start-up costs involving training and infrastructure which are often not billable to Medicaid, and rarely to private insurance, because they do not define them as services.