

SENATE, No. 3500

STATE OF NEW JERSEY 219th LEGISLATURE

INTRODUCED MARCH 9, 2021

Sponsored by:

Senator JOSEPH F. VITALE

District 19 (Middlesex)

Senator VIN GOPAL

District 11 (Monmouth)

Co-Sponsored by:

Senator Cryan

SYNOPSIS

Establishes Core Behavioral Health Crisis Services System.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 11/8/2021)

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

4
5 **BE IT ENACTED** *by the Senate and General Assembly of the State*
6 *of New Jersey:*

7
8 1. The Legislature finds and declares that the purpose of this
9 act shall be to:

10 a. improve the quality of and access to behavioral health crisis
11 services;

12 b. reduce the stigma surrounding suicide and mental health and
13 substance use conditions;

14 c. further equity in addressing mental health and substance use
15 conditions;

16 d. ensure a culturally and linguistically competent response to
17 behavioral health crises;

18 e. save lives;

19 f. build a new system of equitable behavioral crisis services;

20 g. recognize that historically, crisis response placed
21 marginalized communities, including those experiencing mental
22 health crises, at disproportionate risk of poor outcomes; and

23 h. comply with the National Suicide Hotline Designation Act
24 of 2020 and the Federal Communication Commission's rules
25 adopted on July 16, 2020 to assure that all citizens and visitors of
26 the State of New Jersey receive a consistent level of 9-8-8 and crisis
27 behavioral health services regardless of where such person live,
28 work, or travel in the State.

29
30 2. As used in this act:

31 "9-8-8 Crisis Hotline Center" or "hotline center" means a State-
32 identified and funded center participating in the National Suicide
33 Prevention Lifeline Network to respond to Statewide or regional 9-
34 8-8 calls.

35 "9-8-8 Suicide Prevention and Mental Health Crisis Hotline"
36 means the National Suicide Prevention Lifeline (NSPL) or its
37 successor maintained by the Assistant Secretary for Mental Health
38 and Substance Use under section 520E-3 of the federal Public
39 Health Service Act.

40 "Crisis receiving and stabilization services" means facilities
41 providing short-term observation and crisis stabilization services to
42 all referrals in a home-like environment for no longer than 24 hours.

43 "Mobile crisis teams" means a team providing professional
44 onsite community-based intervention for individuals who are
45 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.

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

9
10 3. The Commissioner of Human Services shall, on or before
11 July 16, 2022, designate a crisis hotline center or centers to provide
12 crisis intervention services and crisis care coordination to
13 individuals accessing the 9-8-8 suicide prevention and behavioral
14 health crisis hotline from anywhere within the State 24 hours a day,
15 seven days a week.

16 a. A designated hotline center shall have an active agreement
17 with the administrator of the National Suicide Prevention Lifeline
18 for participation within the network.

19 b. A designated hotline center shall meet NSPL requirements
20 and best practices guidelines for operational and clinical standards.

21 c. To ensure cohesive and coordinated crisis care, a designated
22 hotline center shall utilize technology that is interoperable between
23 and across crisis and emergency response systems used throughout
24 the State and with the Administrator of the National Suicide
25 Prevention Lifeline.

26 (1) Departments within the executive branch shall promulgate
27 rules and regulations in accordance with the “Administrative
28 Procedure Act,” P.L.1968, c.410 (C.52:14B-1 et seq.), as are
29 necessary to allow appropriate information sharing and
30 communication between and across crisis and emergency response
31 systems for the purpose of real-time crisis care coordination
32 including, but not limited to, deployment of crisis and outgoing
33 services and linked, flexible services specific to crisis response.

34 d. A designated hotline center shall have the authority to
35 deploy crisis and outgoing services, including mobile crisis teams,
36 and coordinate access to crisis receiving and stabilization services
37 as appropriate and according to guidelines and best practices
38 established by the NSPL.

39 e. A designated hotline center shall coordinate access to crisis
40 receiving and stabilization services for individuals accessing the 9-
41 8-8 suicide prevention and behavioral health crisis hotline through
42 appropriate information sharing regarding availability of services.

43 f. The Commissioner of Human Services shall have primary
44 oversight of suicide prevention and crisis service activities and
45 essential coordination with a designated 9-8-8 hotline center, and
46 shall work in concert with NSPL and VCL networks for the
47 purposes of ensuring consistency of public messaging about 9-8-8
48 services.

1 g. A designated hotline center shall meet the requirements set
2 forth by NSPL for serving high risk and specialized populations as
3 identified by the Substance Abuse and Mental Health Services
4 Administration, including training requirements and policies for
5 transferring such callers to an appropriate specialized center or
6 subnetworks within or outside the NSPL network and for providing
7 linguistically and culturally competent care.

8 h. A designated hotline center shall provide follow-up services
9 to individuals accessing the 9-8-8 suicide prevention and behavioral
10 health crisis hotline consistent with guidance and policies
11 established by the NSPL.

12 i. An annual report of the 9-8-8 suicide prevention and
13 behavioral health crisis hotline's usage and services provided shall
14 be transmitted to the Legislature and the Substance Abuse and
15 Mental Health Services Administration.

16

17 4. The Commissioner of Human Services shall provide onsite
18 response services for crisis calls utilizing State or local mobile
19 crisis teams.

20 a. A mobile crisis team shall include a behavioral health team,
21 licensed behavioral health professionals, and peers, or a behavioral
22 health team and peers embedded within an emergency medical
23 services entity.

24 b. A mobile crisis team shall collaborate on data and crisis
25 response protocols with local law enforcement agencies and include
26 police as co-responders in behavioral health teams, and licensed
27 behavioral health professionals and peers, only as needed to
28 respond to high-risk situations that are unmanageable without law
29 enforcement.

30 c. A mobile crisis team shall be designed in partnership with
31 community members, including people with experience utilizing
32 crisis services.

33

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

40

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

47 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;
- 3 (2) appropriations, if any;
- 4 (3) grants and gifts intended for deposit in the fund;
- 5 (4) interest, premiums, gains, or other earnings on the fund; and
- 6 (5) any other monies that are deposited in or transferred to the
- 7 fund.
- 8 b. Monies in the fund:
 - 9 (1) do not revert at the end of any fiscal year and remain
 - 10 available for the purposes of the fund in subsequent fiscal years;
 - 11 (2) are not subject to transfer to any other fund or to transfer,
 - 12 assignment, or reassignment for any other use or purpose outside of
 - 13 those specified in section 7 of this act; and
 - 14 (3) are continuously dedicated for the purposes of the fund.
- 15 c. An annual report of fund deposits and expenditures shall be
- 16 to the transmitted to the Legislature and the Federal
- 17 Communications Commission.
- 18
- 19 7. The Commissioner of Human Services, consistent with the
- 20 National Suicide Hotline Designation Act of 2020, shall establish a
- 21 monthly Statewide 9-8-8 fee on each resident that is a subscriber of
- 22 commercial mobile services or IP-enabled voice services at a fixed
- 23 rate that provides for the creation, operation, and maintenance of a
- 24 Statewide 9-8-8 suicide prevention and behavioral health crisis
- 25 system and the continuum of services provided pursuant to federal
- 26 guidelines for crisis services. The 9-8-8 fee shall not be applied to
- 27 mobile service users who receive benefits under the federal Lifeline
- 28 program as defined in 47 CFR 54.401.
- 29 a. Revenue generated by the 9-8-8 fee shall be expended only
- 30 in support of 9-8-8 services or enhancements of such services.
- 31 b. The revenue generated by a 9-8-8 fee shall only be used to
- 32 offset costs that are reasonably attributed to:
 - 33 (1) ensuring efficient and effective routing of calls made to the
 - 34 9-8-8 suicide prevention and behavioral health crisis hotline to a
 - 35 designated hotline center, including staffing and technological
 - 36 infrastructure enhancements necessary to achieve operational and
 - 37 clinical standards and best practices set forth by NSPL;
 - 38 (2) personnel; specialized training of staff to serve at-risk
 - 39 communities, including culturally and linguistically competent
 - 40 services for LGBTQ+, racially, ethnically, and linguistically diverse
 - 41 communities; and the provision of acute behavioral health, crisis
 - 42 outreach and stabilization services by directly responding to the 9-
 - 43 8-8 national suicide prevention and behavioral health crisis hotline;
 - 44 and
 - 45 (3) administration, oversight, and evaluation of the fund.
 - 46
- 47 8. The Commissioner of Human Services shall implement the
- 48 provisions of this act in a manner that is consistent with timeframes

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

4

5 9. This act shall take effect immediately.

6

7

8

STATEMENT

9

10 This bill establishes a Core Behavioral Health Crisis Services
11 System.

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

25 The bill provides that a designated hotline center is to have the
26 authority to deploy crisis and outgoing services, including mobile
27 crisis teams, and coordinate access to crisis receiving and
28 stabilization services as appropriate and according to guidelines and
29 best practices established by the NSPL. A designated hotline center
30 is to coordinate access to crisis receiving and stabilization services
31 for individuals accessing the 9-8-8 suicide prevention and
32 behavioral health crisis hotline through appropriate information
33 sharing regarding availability of services. The commissioner is to
34 have primary oversight of suicide prevention and crisis service
35 activities and essential coordination with a designated 9-8-8 hotline
36 center. A designated hotline center is to meet the requirements set
37 forth by NSPL for serving high risk and specialized populations as
38 identified by the Substance Abuse and Mental Health Services
39 Administration, including training requirements and policies for
40 transferring such callers to an appropriate specialized center or
41 subnetworks within or outside the NSPL network and for providing
42 linguistically and culturally competent care. A designated hotline
43 center is to provide follow-up services to individuals accessing the
44 9-8-8 suicide prevention and behavioral health crisis hotline
45 consistent with guidance and policies established by the NSPL.

46 Under the bill, the commissioner is to provide onsite response
47 services for crisis calls utilizing State or local mobile crisis teams.
48 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.

11 The commissioner is to establish and maintain a 9-8-8 trust fund
12 for the purposes of creating and maintaining a Statewide 9-8-8
13 suicide prevention and mental health crisis system pursuant to the
14 National Suicide Hotline Designation Act of 2020 and the Federal
15 Communication Commission's rules adopted July 16, 2020, and
16 national guidelines for crisis care. The fund is to consist of:

- 17 (1) monies from a Statewide 9-8-8 fee assessed on users
18 pursuant to the bills provisions;
19 (2) appropriations, if any;
20 (3) grants and gifts intended for deposit in the fund;
21 (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.

24 Under the bill, monies in the fund:

- 25 (1) do not revert at the end of any fiscal year and remain
26 available for the purposes of the fund in subsequent fiscal years;
27 (2) are not subject to transfer to any other fund or to transfer,
28 assignment, or reassignment for any other use or purpose outside of
29 those specified in the bill; and
30 (3) are continuously dedicated for the purposes of the fund.

31 The bill provides that the commissioner, consistent with the
32 National Suicide Hotline Designation Act of 2020, shall establish a
33 monthly Statewide 9-8-8 fee on each resident that is a subscriber of
34 commercial mobile services or IP-enabled voice services at a fixed
35 rate that provides for the creation, operation, and maintenance of a
36 Statewide 9-8-8 suicide prevention and behavioral health crisis
37 system and the continuum of services provided pursuant to federal
38 guidelines for crisis services.

39 Under the bill, the 9-8-8 fee is not to be applied to mobile service
40 users who receive benefits under the federal Lifeline program as
41 defined in 47 CFR 54.401.