# 26:2MM-5 to 26:2MM-11; 26:2S-40
# LEGISLATIVE HISTORY CHECKLIST

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**LAWS OF**: 2022 **CHAPTER:** 35

**NJSA:** 26:2MM-5 to 26:2MM-11; 26:2S-40
(Establishes Statewide behavioral health crisis system of care. )

**BILL NO**: S311 (Substituted for A2036 (ACS/1R))

**SPONSOR(S)** Joseph F. Vitale and others

**DATE INTRODUCED:** 1/11/2022

**COMMITTEE:** **ASSEMBLY:** ---

**SENATE:** Health, Human Services and Senior Citizens
Budget and Appropriations

**AMENDED DURING PASSAGE:** Yes

**DATE OF PASSAGE:** **ASSEMBLY:** 6/29/2022

**SENATE:** 6/29/2022

**DATE OF APPROVAL:** 6/30/2022

**FOLLOWING ARE ATTACHED IF AVAILABLE:**

**FINAL TEXT OF BILL**
(Senate Committee Substitute (First Reprint) enacted) Yes

**S311**

**INTRODUCED BILL:** (Includes sponsor(s) statement) Yes

**COMMITTEE STATEMENT:** **ASSEMBLY**: No

**SENATE:** Yes Health, Human Services and Senior Citizens
Budget & Appropriations

(Audio archived recordings of the committee meetings, corresponding to the date of the committee statement, ***may possibly*** be found at www.njleg.state.nj.us)

**FLOOR AMENDMENT STATEMENT:** Yes

**LEGISLATIVE FISCAL ESTIMATE:** Yes 3/9/2022
6/14/2022

**A2036 (ACS/1R)**

**INTRODUCED BILL:** (Includes sponsor(s) statement) Yes

**COMMITTEE STATEMENT:** **ASSEMBLY**: Yes Health
Appropriations

**SENATE:** No

(Audio archived recordings of the committee meetings, corresponding to the date of the committee statement, ***may possibly*** be found at www.njleg.state.nj.us)

**FLOOR AMENDMENT STATEMENT:** No

**LEGISLATIVE FISCAL ESTIMATE:** Yes 6/21/2022

**VETO MESSAGE:** No

**GOVERNOR'S PRESS RELEASE ON SIGNING:** Yes

**FOLLOWING WERE PRINTED:**

To check for circulating copies, contact New Jersey State Government Publications at the State Library (609) 278-2640 ext.103 or mailto:refdesk@njstatelib.org

**REPORTS:** No

**HEARINGS:** No

**NEWSPAPER ARTICLES:** Yes

Gene Myers, NorthJersey.com, 'NJ residents in mental health crisis can get help by dialing 988 starting July 16', northjersey.com (online), 30 Jun 2022

end

Title 26.
Chapter 2MM.
(Rename)
Behavioral
Health Issues.
Article 1. (New)
Elderly Person
Suicide
Prevention.
C.26:2MM-1 to
26:2MM-4
Article 2. (New)
Statewide
Behavioral
Health Care
Response
System.
§§1-7
C.26:2MM-5
to 26:2MM-11
§8
C.26:2S-40

P.L. 2022, CHAPTER 35, ***approved June 30, 2022***
Senate Committee Substitute ***(Second Reprint)*** for
Senate, No. 311

**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:*

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

**EXPLANATION – Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.**

**Matter underlined <u>thus</u> is new matter.**
**Matter enclosed in superscript numerals has been adopted as follows:**
**[1]Senate SBA committee amendments adopted June 6, 2022.**
**[2]Assembly floor amendments adopted June 29, 2022.**

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 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.

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. [1]To the extent possible, [2]and when it would not interfere with responding to an emergency,[2] a contracted crisis hotline center shall [2][be responsible for ascertaining] attempt to ascertain[2] 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 [2][the Children's System of Care in the Department of Child and Families] services offered by the Department of Children and

Families such as the Children's System of Care or any other referral agency, as appropriate[2] .

e.[1] A contracted crisis hotline center shall comply with all standards, operational and equipment requirements, training and qualification requirements for crisis hotline center staff, [1][requirements concerning interoperability with other emergency contact lines,][1] 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 [1], as applicable,[1] and by any other federal authority having jurisdiction, and as are established under rules and regulations promulgated by the Commissioner of Human Services.

[1][e. A contracted crisis hotline center shall seek to utilize technology that is interoperable with crisis and emergency response systems used in New Jersey and in neighboring states, to the extent that the use of such systems is reasonable, technologically feasible, and consistent with the requirements of subsection d. of this section.][1]

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.

[1]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.[1]

[1][g.] h.[1] 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.

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 [1][one] two[1] public [1][hearing in each of the northern, central, and southern regions of the State] hearings [2][and] ,[2] at least one of [2][the public hearings] which[2] shall be conducted virtually via videoconferencing[1].

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.

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; [1]the number of calls that did not result in a referral, [2]**[**follow up**]** follow-up service[2] , 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, [2]**[**follow up**]** follow-up service[2] , or dispatch of a mobile crisis response team[1] ; 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; [1]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

[2]⟦follow up⟧ follow-up service[2] ; to the extent possible, information regarding the nature of the mobile crisis responses that did and did not result in [2]⟦referrals⟧ a referral[2] or [2]⟦follow-ups⟧ follow-up service[2] ;[1] 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; [1]⟦deposits into, and expenditures from, the 9-8-8 trust fund established pursuant to section 5 of this act⟧ program operating costs of the Statewide behavioral health crisis system of care[1] ; 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.

[1]⟦5. a. There is established in the Department of the Treasury within the General Fund a special account to be known as the "9-8-8 System and Response Trust Fund Account." Funds credited to the account shall include:

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

(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:

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

(2) shall not be subject to transfer to any other fund or account, or to transfer, assignment, or reassignment for any use or purpose 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 well as establishing, administering, maintaining, and evaluating the Statewide behavioral health crisis system of care.**]**[1]

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

b. The fee imposed under subsection a. of this section shall be collected by the mobile telecommunications company or the telecommunications company providing the applicable service to its

customers upon payment of any periodic bill for such service. This section shall not be deemed as extending to a mobile telecommunications company or a telecommunications company that provides IP-enabled services any obligation or authority otherwise not provided pursuant to law, to take legal action to enforce the collection of the fee imposed upon the customer. Any such action shall be brought by the State against the customer with any cooperation requested by the State of the mobile telecommunications company or the telecommunications company that provides IP-enabled services as the State deems necessary.

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

(2) Each mobile telecommunications company and telecommunications company that provides IP-enabled services shall be liable for the fee imposed, collected, or required to be paid, collected, or remitted under the provisions of subsection a. of this section. Any such company shall have the same right in respect to collecting the fee from that company's customer or in respect to non-payment of the fee by the customer as if the fee were a part of the purchase price of the applicable telecommunications service and payable at the same time; provided however, that the director shall be joined as a party in any action or proceeding brought to collect 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:

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

(b) staffing and other personnel costs, including specialized training for staff to serve at-risk communities with culturally and linguistically competent services designed to meet the needs of diverse communities, including racial and ethnic minorities, diverse 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.

(2) Revenue from the 9-8-8 fee shall not be utilized for any purpose other than those provided in paragraph (1) of this 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).**]**[1]

[1]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, [2]the[2] Assistant Commissioner for the Division of Mental Health and Addiction Services in the Department of Human Services, and the Attorney General, shall [2]conduct a[2] study [2]concerning the implementation of the 9-8-8 suicide prevention and behavioral health crisis hotline[2] and [2]shall[2] 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.[1]

[1]**[**7.**]** 6.[1] The Commissioner of Human Services shall [1]:

a.[1] 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 [1]; [2]and[2]

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[1] .

[1][8.] 7.[1] 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.

[1][9.] 8.[1] 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. , c. (C. ) (pending before the Legislature as this bill) 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).

[1][10.] 9.[1] This act shall take effect immediately.

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Establishes Statewide behavioral health crisis system of care.

# SENATE, No. 311

# STATE OF NEW JERSEY

## 220th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2022 SESSION

**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**

Introduced Pending Technical Review by Legislative Counsel.

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

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

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

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

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

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

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

e. save lives;

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

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

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

2. As used in this act:

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

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

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

"Mobile crisis teams" means a team providing professional onsite community-based intervention for individuals who are experiencing a behavioral health crisis.

"National Suicide Prevention Lifeline" or "NSPL" means a national network of local crisis centers that provide free and

confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a. The fund shall consist of:

(1) monies from a Statewide 9-8-8 fee assessed on users pursuant to section 8 of this act;

(2) appropriations, if any;

(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. Monies in the fund:

(1) do not revert at the end of any fiscal year and remain available for the purposes of the fund in subsequent fiscal years;

(2) are not subject to transfer to any other fund or to transfer, assignment, or reassignment for any other use or purpose outside of those specified in section 7 of this act; and

(3) are continuously dedicated for the purposes of the fund.

c. An annual report of fund deposits and expenditures shall be to the transmitted to the Legislature and the Federal Communications Commission.

7. The Commissioner of Human Services, consistent with the National Suicide Hotline Designation Act of 2020, shall establish a monthly Statewide 9-8-8 fee on each resident that is a subscriber of commercial mobile services or IP-enabled voice services at a fixed rate that provides for the creation, operation, and maintenance of a Statewide 9-8-8 suicide prevention and behavioral health crisis system and the continuum of services provided pursuant to federal guidelines for crisis services. The 9-8-8 fee shall not be applied to mobile service users who receive benefits under the federal Lifeline program as defined in 47 CFR 54.401.

a. Revenue generated by the 9-8-8 fee shall be expended only in support of 9–8–8 services or enhancements of such services.

b. The revenue generated by a 9-8-8 fee shall only be used to offset costs that are reasonably attributed to:

(1) ensuring efficient and effective routing of calls made to the 9-8-8 suicide prevention and behavioral health crisis hotline to a designated hotline center, including staffing and technological infrastructure enhancements necessary to achieve operational and clinical standards and best practices set forth by NSPL;

(2) personnel; specialized training of staff to serve at-risk communities, including culturally and linguistically competent services for LGBTQ+, racially, ethnically, and linguistically diverse communities; and the provision of acute behavioral health, crisis outreach and stabilization services by directly responding to the 9–8–8 national suicide prevention and behavioral health crisis hotline; and

(3) administration, oversight, and evaluation of the fund.

8. 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 and the Federal Communication Commission's rules adopted on July 16, 2020.

9. This act shall take effect immediately.

STATEMENT

This bill establishes a Core Behavioral Health Crisis Services System.

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

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

Under the bill, the commissioner is to provide onsite response services for crisis calls utilizing State or local mobile crisis teams. A mobile crisis team is to include a behavioral health team, licensed

behavioral health professionals, and peers, or a behavioral health team and peers embedded within an emergency medical services entity. A mobile crisis team is to collaborate on data and crisis response protocols with local law enforcement agencies and include police as co-responders in behavioral health teams, and licensed behavioral health professionals and peers, only as needed to respond to high-risk situations that are unmanageable without law enforcement. A mobile crisis team is to be designed in partnership with community members, including people with experience utilizing crisis services.

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

(1) monies from a Statewide 9-8-8 fee assessed on users pursuant to the bills provisions;

(2) appropriations, if any;

(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.

Under the bill, monies in the fund:

(1) do not revert at the end of any fiscal year and remain available for the purposes of the fund in subsequent fiscal years;

(2) are not subject to transfer to any other fund or to transfer, assignment, or reassignment for any other use or purpose outside of those specified in the bill; and

(3) are continuously dedicated for the purposes of the fund.

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

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

SENATE HEALTH, HUMAN SERVICES AND SENIOR CITIZENS COMMITTEE

STATEMENT TO

SENATE COMMITTEE SUBSTITUTE FOR

**SENATE, No. 311**

# STATE OF NEW JERSEY

DATED: FEBRUARY 3, 2022

The Senate Health, Human Services and Senior Citizens Committee reports favorably a Senate committee substitute for Senate Bill No. 311.

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 is: 1) 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 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 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.

# LEGISLATIVE FISCAL ESTIMATE
# SENATE COMMITTEE SUBSTITUTE FOR SENATE, No. 311
# STATE OF NEW JERSEY
# 220th LEGISLATURE

DATED: MARCH 9, 2022

## SUMMARY

**Synopsis:** Establishes Statewide behavioral health crisis system of care.

**Type of Impact:** Annual increases in State and local expenditures and revenue.

**Agencies Affected:** Department of Human Services; local governments.

**Office of Legislative Services Estimate**

| Fiscal Impact | Annual |
|---|---|
| **State Expenditure Increase** | Indeterminate |
| **State Revenue Increase** | Indeterminate |
| **Local Expenditure Increase** | Indeterminate |
| **Local Revenue Increase** | Indeterminate |

- 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.

- Annual State revenues will increase by an indeterminate amount from the imposition of a monthly fee on mobile phone service subscribers. The department is to establish the fee on an annual basis and set the rate in a manner that will fully offset the operational costs of the crisis hotline centers. The fee is to be collected on a monthly basis by the mobile telecommunications companies and remitted on a quarterly basis to the Department of the Treasury for deposit in a separate account.

- 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

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.

## BILL DESCRIPTION

This bill requires the DHS to establish a comprehensive Statewide behavioral health crisis system of care, including implementation of a new 9-8-8 behavioral health crisis hotline, the development of an informational campaign to promote awareness of the hotline, and the establishment of community-based mobile crisis response teams to provide services specific to individuals experiencing a behavioral health crisis.

The department is 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 suicide prevention and behavioral health crisis hotline.

The costs of the hotline centers will be supported by a monthly Statewide service fee imposed on each resident of New Jersey who is a subscriber of commercial mobile services or IP-enabled voice services to be deposited into a new 9-8-8 System and Response Trust Fund Account. The amount of the fee will be established by the department on an annual basis in an amount that is commensurate with cost.

The DHS is required to establish a comprehensive Statewide mobile behavioral health crisis response system that is: 1) 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 using mobile crisis response teams and other appropriate resources and services; 3) provide behavioral health crisis stabilization services, such as referrals; and 4) provide follow-up services for people who contact a crisis response center.

The 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.

# FISCAL ANALYSIS

***EXECUTIVE BRANCH***

None received.

***OFFICE OF LEGISLATIVE SERVICES***

The OLS estimates that the 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. Certain costs related to the operation of the crisis hotline centers will be offset by revenue collected from the new 9-8-8 fee established under the bill.

The following provisions of the bill will result in the majority of the department's expenditures: contracting with one or more crisis hotline centers; expansion of existing center infrastructure and capacity to comply with the provisions of the bill; and support of the mobile crisis response teams to facilitate the response to dispatch requests from the crisis hotline centers. Other more marginal costs under the bill include: the provision of regulations outlining the qualifications and training for mobile crisis response team staff, as well as the composition, operation protocols, and equipment and vehicle requirements of mobile crisis response teams; the development of an informational campaign regarding the 9-8-8 hotline; reporting requirements imposed upon the department, crisis hotline centers, and mobile crisis response teams; and the organization of public hearings in each of the northern, central, and southern regions of the State

<u>Crisis Hotline Centers</u>

This estimate assumes that revenues collected from the 9-8-8 fee, along with additional federal funds anticipated in federal FY 2022, will sufficiently support the operations of the contracted crisis hotline centers. As the amount of the fee is to be established by the Department of Human Services, the OLS cannot determine the amount of revenue collected under the bill; however, the department is required to set the fee at an amount that the revenues collected fully offset the costs of the contracted centers. Currently, there are five crisis hotline centers in the State operated by the following entities: National Health Association of New Jersey; Caring Contact; Rutgers University Behavioral Health Care; CONTACT of Mercer County; and CONTACT of Burlington County. These centers are a part of the larger federal network known as the Suicide Prevention Lifeline network. The OLS assumes that the State will likely contract with these existing centers, and possibly others, to operate the 9-8-8 hotline.

According to the Federal Communications Commission, the most recent data (June 2019) indicates that there are approximately 12 million mobile service and IP-enabled voice service subscriptions in the State that would be subject to the 9-8-8 fee under the bill. If the department sets the 9-8-8 fee to raise revenue comparable to the cost of the State's 9-1-1 system, then the monthly fee imposed on each mobile phone user would equal $.19 per subscription and raise approximately $27 million annually. Every cent increase or decrease in the rate would result in a $1.4 million differential in the State's revenue.

In New Jersey, the 9-1-1 system is supported by a $.90 monthly fee per line on every resident's phone bill, both mobile and landline. The estimated FY 2022 revenue from this fee is $127.1 million, with $26.8 million directly supporting the Statewide 9-1-1 Emergency Telecommunication System.

The OLS notes the revenue raised from the 9-8-8 fee would be supplemented by enhanced federal FY 2022 funding for the Suicide Prevention Lifeline network. Total available funding

across all states for federal FY 2022 includes: $177 million to strengthen and expand the existing Lifeline network operations and telephone infrastructure; and $105 million to build up staffing across states' local crisis call centers. This marks a year-over-year increase of $258 million from federal FY 2021 level of $24 million. These funds will largely be provided to states via a grant process administered by Vibrant Emotional Health, the entity that administers the Suicide Prevention Lifeline network under a cooperative agreement with the United States Department of Health and Human Services.

The 9-8-8 fee revenue, combined with federal funds, will support a variety of functions in the new 9-8-8 system, including: 1) the development and implementation of formalized referral and follow up services, as required under the bill and are not currently implemented at State call centers; and 2) the availability of response services 24 hours per day, seven days per week, which is a provision that is unmet by the existing call centers. For example, during the last quarter of 2021, 586 of the 11,610 in State calls, or five percent, were answered out-of-State due to no availability at the in-State call centers. In addition, projections indicate that the new 9-8-8 system will increase call volume to crisis centers as it diverts calls from the 9-1-1 system and generally will reach a larger population through new sources of contact, such as texting and online chat options. The OLS concludes that the department will require both the 9-8-8 fee revenues and the federal funds to expand capacity of the Suicide Prevention Lifeline in the State, both by increasing staffing levels and potentially the number of centers operating in the State, as well as to upgrade each center's technological supports to meet the demands and new requirements of the system.

Mobile Crisis Response Teams

Under the bill, mobile crisis response teams are to be community based and may include emergency medical technicians, other health care providers, and law enforcement personnel. Local governments will incur indeterminate annual costs under the bill to the extent they do not currently operate a mobile crisis response team system or that the bill increases services provided by a local government's existing mobile crisis response team system.

For context regarding potential local government costs, the Department of Children and Families contracts with community agencies to provide Statewide Mobile Response and Stabilization Services to children in the State. These services provide face-to-face crisis intervention within one hour of notification and operates 24-hours a day, 7-days a week. In FY 2022, the Executive anticipated that this system would cost $48.7 million to operate. These funds are to support approximately 29,245 dispatches, or $1,664 per dispatch.

By contrast, in 2020, according to the Suicide Prevention Resource Center, approximately 41,922 calls were made to crisis hotline centers within the State. Assuming a 15 percent increase in call volume under the 9-8-8 hotline results in 48,210 calls annually. Data from the crisis system in Tucson, Arizona indicates that 20 percent of crisis line calls required the dispatch of a mobile response team. Assuming the same rate of dispatch for the above 48,210 calls, and that each dispatch cost $1,664 as it does for the Department of Children and Families, the total annual cost for local governments would be $16 million. The OLS notes that this illustration only reflects costs for services, and does not include start-up costs incurred under the bill to establish and train mobile crisis response 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 for providing these services will represent a revenue increase for these governmental units. It is noted that a portion of the financial support provided to the local governments under the bill's insurance mandate will be provided by the State through existing coverage requirements under the SHBP, the 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.

The extent of this revenue increase for local entities will vary across municipalities, but 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 and will require additional funding sources. This assumption is based on a variety of factors. First, insurance mandates, such as the bill's mandate, are estimated to affect about only 22.5 percent of the health insurance market in the State (approval of the necessary federal Medicaid waivers would increase this figure to 43.5 percent) as the federal Employee Retirement Income Security Act preempts states from imposing benefit mandates on self-insured employer plans. Therefore, there may be a large portion of the State's health insurance market that will not cover the services provided under this bill. Second, based upon experiences in other States with insurance mandates, a hybrid funding model for a mobile crisis team system involving other sources of funds is standard, as insurance reimbursements do not cover 100 percent of the cost of the system. This is particularly the case in the context of Medicaid, which historically provides lower reimbursement rates than private insurers. Furthermore, for certain local entities, mobile crisis team services will have to be established, staffed, and trained, and these start-up costs are often not billable to Medicaid, and rarely to private insurance, because they do not define them as services.

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 initial establishment and the operational expenses of mobile crisis response teams. Such sources may include federal grants dollars from the Mental Health Block Grant administered by the Substance Abuse and Mental Health Services Administration and State General Fund appropriations. Additional funding sources may include Tricare, self-pay, and private grants.

| | |
|---|---|
| *Section:* | *Human Services* |
| *Analyst:* | *Sarah Schmidt*<br>*Senior Research Analyst* |
| *Approved:* | *Thomas Koenig*<br>*Legislative Budget and Finance Officer* |

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

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 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.

# LEGISLATIVE FISCAL ESTIMATE

[First Reprint]

# SENATE COMMITTEE SUBSTITUTE FOR SENATE, No. 311

# STATE OF NEW JERSEY
# 220th LEGISLATURE

DATED: JUNE 14, 2022

## SUMMARY

**Synopsis:** Establishes Statewide behavioral health crisis system of care.

**Type of Impact:** Annual increases in State and local expenditures and revenue.

**Agencies Affected:** Department of Human Services; Department of Children and Families; local governments.

**Office of Legislative Services Estimate**

| Fiscal Impact | Annual |
|---|---|
| **State Expenditure Increase** | Indeterminate |
| **State Revenue Increase** | Indeterminate |
| **Local Expenditure Increase** | Indeterminate |
| **Local Revenue Increase** | Indeterminate |

- 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 (DCF) will also incur an indeterminate amount of costs to manage an increased number of cases for referrals made to the department's Children's System of Care (CSOC).

- Expenditures under the bill could be offset to a certain extent by an increase in annual State revenues. 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 federal Medicaid funds. The bill also requires that a study be conducted 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 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.

## BILL DESCRIPTION

This bill requires the DHS to establish a comprehensive Statewide behavioral health crisis system of care, including implementation of a new 9-8-8 behavioral health crisis hotline, the development of an informational campaign to promote awareness of the hotline, and the establishment of community-based mobile crisis response teams to provide services specific to individuals experiencing a behavioral health crisis. The bill also directs the DHS, in consultation with other State entities, to study and prepare a report, no later than April 1, 2023: 1) detailing the resources necessary to make the 9-8-8 suicide prevention and behavioral health crisis hotline available, operational, and effective Statewide; and 2) assessing if the implementation of a fee, as permitted pursuant federal law, is necessary to support the hotline. The bill requires the DHS 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.

The department is 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, 24 hours per day, seven days per week, to individuals accessing the suicide prevention and behavioral health crisis hotline. Contracted crisis hotline centers will be responsible for receiving 9-8-8 calls and providing crisis intervention services to these callers. Moreover, if the caller has children and the center deems it appropriate, the center will be responsible for making a referral to the Children's System of Care in the DCF.

The DHS is required to collaborate with: 1) 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; and 2) 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.

The DHS is required to establish a comprehensive Statewide mobile behavioral health crisis response system that is: 1) 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 using mobile crisis response teams and other appropriate resources and services; 3) provide behavioral health crisis stabilization services, such as referrals; and 4) provide follow-up services for people who contact a crisis response center.

The 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.

## FISCAL ANALYSIS

### *EXECUTIVE BRANCH*

None received.

### *OFFICE OF LEGISLATIVE SERVICES*

The OLS estimates that the 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. Moreover, the DCF will experience an increase in costs to manage a larger number of cases for referrals made to the department's CSOC, as required under the bill, if deemed appropriate by the hotline center. CSOC is the State's single, comprehensive system of behavioral health services for children, youth, and young adults with emotional and behavioral health care challenges, substance abuse challenges, and intellectual and developmental disabilities.

The following provisions of the bill will result in the majority of the DHS expenditures: contracting with one or more crisis hotline centers; expansion of existing center infrastructure and capacity to comply with the provisions of the bill; and support of the mobile crisis response teams to facilitate the response to dispatch requests from the crisis hotline centers. Other more marginal costs under the bill include: the provision of regulations outlining the qualifications and training for mobile crisis response team staff, as well as the composition, operation protocols, and equipment and vehicle requirements of mobile crisis response teams; the development of an informational campaign regarding the 9-8-8 hotline; reporting requirements imposed upon the department, crisis hotline centers, and mobile crisis response teams; the organization of public hearings; and collaborating with other State entities and behavioral health care providers to implement the provisions of the bill.

Expenditures under the bill could be offset to a certain extent by an increase in annual State revenues. 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 federal Medicaid funds. The bill also requires that a study be conducted 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.

Crisis Hotline Centers

This OLS is unable to determine the amount of funds needed to sufficiently support the operations of the contracted crisis hotline centers. Currently, there are five crisis hotline centers in the State operated by the following entities: National Health Association of New Jersey; Caring Contact; Rutgers University Behavioral Health Care; CONTACT of Mercer County; and CONTACT of Burlington County. These centers are a part of the larger federal network known as the Suicide Prevention Lifeline network. The OLS assumes that the State will likely contract with these existing centers, and possibly others, to operate the 9-8-8 hotline.

The OLS notes that the State will receive enhanced federal FY 2022 funding for the Suicide Prevention Lifeline network. Total available funding across all states for federal FY 2022 includes: $177 million to strengthen and expand the existing Lifeline network operations and telephone infrastructure; and $105 million to build up staffing across states' local crisis call centers. This marks a year-over-year increase of $258 million from federal FY 2021 level of $24 million. These funds will largely be provided to states via a grant process administered by Vibrant Emotional Health, the entity that administers the Suicide Prevention Lifeline network under a cooperative agreement with the United States Department of Health and Human Services.

Under the bill, the State will incur costs to support a variety of functions in the new 9-8-8 system, including: 1) the development and implementation of formalized referral and follow up services, as required under the bill and not currently implemented at State call centers; and 2) the availability of response services 24 hours per day, seven days per week, which is a provision that is unmet by the existing call centers. For example, during the last quarter of 2021, 586 of the 11,610 in State calls, or five percent, were answered out-of-State due to no availability at the in-State call centers. In addition, projections indicate that the new 9-8-8 system will increase call volume to crisis centers as it diverts calls from the 9-1-1 system and generally will reach a larger population through new sources of contact, such as texting and online chat options.

As a result, the OLS concludes that the department will require both federal and State funds to expand capacity of the Suicide Prevention Lifeline in the State, both by increasing staffing levels and potentially the number of centers operating in the State, as well as to upgrade each center's technological supports to meet the demands and new requirements of the system. The OLS notes that the Governor's FY 2023 Budget Recommendation proposes a $12.8 million appropriation for the implementation of the new 9-8-8 National Suicide hotline

Mobile Crisis Response Teams

Under the bill, mobile crisis response teams are to be community based and may include emergency medical technicians, other health care providers, and law enforcement personnel. Local governments will incur indeterminate annual costs under the bill to the extent they do not currently operate a mobile crisis response team system or that the bill increases services provided by a local government's existing mobile crisis response team system.

For context regarding potential local government costs, the Department of Children and Families contracts with community agencies to provide Statewide Mobile Response and Stabilization Services to children in the State. These services provide face-to-face crisis intervention within one hour of notification and operates 24-hours a day, 7-days a week. In FY 2023, the Executive anticipates that this system would cost $59.1 million to operate. These funds are to support approximately 29,245 dispatches, or $2,022 per dispatch.

By contrast, in 2020, according to the Suicide Prevention Resource Center, approximately 41,922 calls were made to crisis hotline centers within the State. Assuming a 15 percent increase in call volume under the 9-8-8 hotline results in 48,210 calls annually. Data from the crisis system in Tucson, Arizona indicates that 20 percent of crisis line calls required the dispatch of a mobile response team. Assuming the same rate of dispatch for the above 48,210 calls, and that each

dispatch cost $2,022 as it does for the DCF, the total annual cost for local governments would be $19.5 million. The OLS notes that this illustration only reflects costs for services, and does not include start-up costs incurred under the bill to establish and train mobile crisis response 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 for providing these services will represent a revenue increase for these governmental units. It is noted that a portion of the financial support provided to the local governments under the bill's insurance mandate will be provided by the State through existing coverage requirements under the SHBP, the 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.

The extent of this revenue increase for local entities will vary across municipalities, but 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 and will require additional funding sources. This assumption is based on a variety of factors. First, insurance mandates, such as the bill's mandate, are estimated to affect about only 22.5 percent of the health insurance market in the State (approval of the necessary federal Medicaid waivers would increase this figure to 43.5 percent) as the federal Employee Retirement Income Security Act preempts states from imposing benefit mandates on self-insured employer plans. Therefore, there may be a large portion of the State's health insurance market that will not cover the services provided under this bill. Second, based upon experiences in other States with insurance mandates, a hybrid funding model for a mobile crisis team system involving other sources of funds is standard, as insurance reimbursements do not cover 100 percent of the cost of the system. This is particularly the case in the context of Medicaid, which historically provides lower reimbursement rates than private insurers. Furthermore, for certain local entities, mobile crisis team services will have to be established, staffed, and trained, and these start-up costs are often not billable to Medicaid, and rarely to private insurance, because they do not define them as services.

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 initial establishment and the operational expenses of mobile crisis response teams. Such sources may include federal grant dollars from the Mental Health Block Grant administered by the Substance Abuse and Mental Health Services Administration and State General Fund appropriations. Additional funding sources may include Tricare, self-pay, and private grants.

*Section:* *Human Services*

*Analyst:* *Sarah Schmidt*
*Lead Research Analyst*

*Approved:* *Thomas Koenig*
*Legislative Budget and Finance Officer*

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

STATEMENT TO

[First Reprint]
SENATE COMMITTEE SUBSTITUTE FOR

# SENATE, No. 311

with Assembly Floor Amendments
(Proposed by Assemblyman BENSON)

ADOPTED: JUNE 29, 2022

The Assembly amendments revise a provision making contracted crisis hotline centers responsible for ascertaining whether a 9-8-8 caller has children to instead provide that contracted crisis hotline centers are to attempt to ascertain whether a 9-8-8 caller has children. The amendments additionally provide that the crisis hotline centers are to make this inquiry only when it would not interfere with responding to an emergency.

The Assembly amendments clarify that, when a crisis hotline center determines a 9-8-8 caller has children, the center will make a referral to appropriate services offered by the Department of Children and Families (DCF) or any other referral agency, which may include the Children's System of Care in the DCF. Prior to amendment, the provision required all such referrals be made to the Children's System of Care.

The Assembly amendments make various technical changes to clarify certain provisions of the bill, harmonize terminology, and address certain grammatical issues.

# ASSEMBLY, No. 2036

# STATE OF NEW JERSEY

## 220th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2022 SESSION

**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 and Assemblyman Danielsen**

**SYNOPSIS**
Establishes Core Behavioral Health Crisis Services System.

**CURRENT VERSION OF TEXT**
Introduced Pending Technical Review by Legislative Counsel.

**(Sponsorship Updated As Of: 2/28/2022)**

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

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

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

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

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

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

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

e. save lives;

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

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

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

2. As used in this act:

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

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

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

"Mobile crisis teams" means a team providing professional onsite community-based intervention for individuals who are experiencing a behavioral health crisis.

"National Suicide Prevention Lifeline" or "NSPL" means a national network of local crisis centers that provide free and

confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a. The fund shall consist of:

(1) monies from a Statewide 9-8-8 fee assessed on users pursuant to section 8 of this act;

(2) appropriations, if any;

(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. Monies in the fund:

(1) do not revert at the end of any fiscal year and remain available for the purposes of the fund in subsequent fiscal years;

(2) are not subject to transfer to any other fund or to transfer, assignment, or reassignment for any other use or purpose outside of those specified in section 7 of this act; and

(3) are continuously dedicated for the purposes of the fund.

c. An annual report of fund deposits and expenditures shall be to the transmitted to the Legislature and the Federal Communications Commission.

7. The Commissioner of Human Services, consistent with the National Suicide Hotline Designation Act of 2020, shall establish a monthly Statewide 9-8-8 fee on each resident that is a subscriber of commercial mobile services or IP-enabled voice services at a fixed rate that provides for the creation, operation, and maintenance of a Statewide 9-8-8 suicide prevention and behavioral health crisis system and the continuum of services provided pursuant to federal guidelines for crisis services. The 9-8-8 fee shall not be applied to mobile service users who receive benefits under the federal Lifeline program as defined in 47 CFR 54.401.

a. Revenue generated by the 9-8-8 fee shall be expended only in support of 9–8–8 services or enhancements of such services.

b. The revenue generated by a 9-8-8 fee shall only be used to offset costs that are reasonably attributed to:

(1) ensuring efficient and effective routing of calls made to the 9-8-8 suicide prevention and behavioral health crisis hotline to a designated hotline center, including staffing and technological infrastructure enhancements necessary to achieve operational and clinical standards and best practices set forth by NSPL;

(2) personnel; specialized training of staff to serve at-risk communities, including culturally and linguistically competent services for LGBTQ+, racially, ethnically, and linguistically diverse communities; and the provision of acute behavioral health, crisis outreach and stabilization services by directly responding to the 9–8–8 national suicide prevention and behavioral health crisis hotline; and

(3) administration, oversight, and evaluation of the fund.

8. 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 and the Federal Communication Commission's rules adopted on July 16, 2020.

9. This act shall take effect immediately.

STATEMENT

This bill establishes a Core Behavioral Health Crisis Services System.

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

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

Under the bill, the commissioner is to provide onsite response services for crisis calls utilizing State or local mobile crisis teams. A mobile crisis team is to include a behavioral health team, licensed

behavioral health professionals, and peers, or a behavioral health team and peers embedded within an emergency medical services entity. A mobile crisis team is to collaborate on data and crisis response protocols with local law enforcement agencies and include police as co-responders in behavioral health teams, and licensed behavioral health professionals and peers, only as needed to respond to high-risk situations that are unmanageable without law enforcement. A mobile crisis team is to be designed in partnership with community members, including people with experience utilizing crisis services.

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

(1) monies from a Statewide 9-8-8 fee assessed on users pursuant to the bills provisions;

(2) appropriations, if any;

(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.

Under the bill, monies in the fund:

(1) do not revert at the end of any fiscal year and remain available for the purposes of the fund in subsequent fiscal years;

(2) are not subject to transfer to any other fund or to transfer, assignment, or reassignment for any other use or purpose outside of those specified in the bill; and

(3) are continuously dedicated for the purposes of the fund.

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

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

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.

ASSEMBLY APPROPRIATIONS COMMITTEE

STATEMENT TO

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

with committee amendments

# STATE OF NEW JERSEY

DATED: JUNE 14, 2022

The Assembly Appropriations Committee reports favorably an Assembly committee substitute for Assembly Bill No. 2036, with committee amendments.

As amended by the committee, the substitute 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 substitute 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. As amended, to the extent possible and when it would not interfere with responding to an emergency, a contracted crisis hotline center will attempt to ascertain 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 services offered by the Department of Children and Families such as the Children's System of Care or any other referral agency, as appropriate.

As amended, 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.

The commissioner 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 commissioner will also be required 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 commissioner will be required to establish agreements and information sharing procedures, as appropriate, with behavioral health care providers to implement the provisions of the bill.

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 two public hearings, at least one of which is to be conducted virtually via videoconferencing.

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.

As amended, 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, 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 substitute bill requires the commissioner, 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, to conduct a study concerning the implementation of the 9-8-8 suicide prevention and behavioral health crisis hotline 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. The commissioner will be required to submit the report to the Governor and the Legislature no later than April 1, 2023.

As amended, the substitute bill requires the commissioner 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 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 substitute 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 and when it would not interfere with responding to an emergency, to attempt to ascertain 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 services offered by the Department of Children and Families such as the Children's System of Care or any other referral agency, as appropriate.

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, at least one of which 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.

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 service, 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 service, 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 service; and 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.

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 the implementation of the 9-8-8 suicide prevention and crisis hotline 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 to support the hotline and making recommendations concerning certain considerations attendant to establishing a fee.

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:

Fiscal information for this bill is currently unavailable.

# LEGISLATIVE FISCAL ESTIMATE

[First Reprint]

# ASSEMBLY COMMITTEE SUBSTITUTE FOR ASSEMBLY, No. 2036

# STATE OF NEW JERSEY
# 220th LEGISLATURE

DATED: JUNE 21, 2022

## SUMMARY

**Synopsis:** Establishes Statewide behavioral health crisis system of care.

**Type of Impact:** Annual increases in State and local expenditures and revenue.

**Agencies Affected:** Department of Human Services; Department of Children and Families; local governments.

**Office of Legislative Services Estimate**

| Fiscal Impact | Annual |
|---|---|
| **State Expenditure Increase** | Indeterminate |
| **State Revenue Increase** | Indeterminate |
| **Local Expenditure Increase** | Indeterminate |
| **Local Revenue Increase** | Indeterminate |

- 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 (DCF) will also incur an indeterminate amount of costs to manage an increased number of cases for referrals made to the department's Children's System of Care (CSOC).

- Expenditures under the bill could be offset to a certain extent by an increase in annual State revenues. 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 federal Medicaid funds. The bill also requires that a study be conducted 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 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.

## BILL DESCRIPTION

This bill requires the DHS to establish a comprehensive Statewide behavioral health crisis system of care, including implementation of a new 9-8-8 behavioral health crisis hotline, the development of an informational campaign to promote awareness of the hotline, and the establishment of community-based mobile crisis response teams to provide services specific to individuals experiencing a behavioral health crisis. The bill also directs the DHS, in consultation with other State entities, to study the implementation of the 9-8-8 hotline and prepare a report, no later than April 1, 2023: 1) detailing the resources necessary to make the 9-8-8 suicide prevention and behavioral health crisis hotline available, operational, and effective Statewide; and 2) assessing if the implementation of a fee, as permitted pursuant federal law, is necessary to support the hotline. The bill requires the DHS 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.

The department is 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, 24 hours per day, seven days per week, to individuals accessing the suicide prevention and behavioral health crisis hotline. Contracted crisis hotline centers will be responsible for receiving 9-8-8 calls and providing crisis intervention services to these callers. Moreover, if the center can ascertain that a caller has children and the center deems it appropriate, the center will be responsible for making a referral to the Children's System of Care in the DCF, or any other referral agency, as appropriate.

The DHS is required to collaborate with: 1) 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; and 2) 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.

The DHS is required to establish a comprehensive Statewide mobile behavioral health crisis response system that is: 1) 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 using mobile crisis response teams and other appropriate resources and services; 3) provide behavioral health crisis stabilization services, such as referrals; and 4) provide follow-up services for people who contact a crisis response center.

The 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.

## FISCAL ANALYSIS

### *EXECUTIVE BRANCH*

None received.

### *OFFICE OF LEGISLATIVE SERVICES*

The OLS estimates that the 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. Moreover, the DCF will experience an increase in costs to manage a larger number of cases for referrals made to the department's CSOC, as required under the bill, if deemed appropriate by the hotline center. CSOC is the State's single, comprehensive system of behavioral health services for children, youth, and young adults with emotional and behavioral health care challenges, substance abuse challenges, and intellectual and developmental disabilities.

The following provisions of the bill will result in the majority of the DHS expenditures: contracting with one or more crisis hotline centers; expansion of existing center infrastructure and capacity to comply with the provisions of the bill; and support of the mobile crisis response teams to facilitate the response to dispatch requests from the crisis hotline centers. Other more marginal costs under the bill include: the provision of regulations outlining the qualifications and training for mobile crisis response team staff, as well as the composition, operation protocols, and equipment and vehicle requirements of mobile crisis response teams; the development of an informational campaign regarding the 9-8-8 hotline; reporting requirements imposed upon the department, crisis hotline centers, and mobile crisis response teams; the organization of public hearings; and collaborating with other State entities and behavioral health care providers to implement the provisions of the bill.

Expenditures under the bill could be offset to a certain extent by an increase in annual State revenues. 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 federal Medicaid funds. The bill also requires that a study be conducted 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.

Crisis Hotline Centers

This OLS is unable to determine the amount of funds needed to sufficiently support the operations of the contracted crisis hotline centers. Currently, there are five crisis hotline centers in the State operated by the following entities: National Health Association of New Jersey; Caring Contact; Rutgers University Behavioral Health Care; CONTACT of Mercer County; and CONTACT of Burlington County. These centers are a part of the larger federal network known as the Suicide Prevention Lifeline network. The OLS assumes that the State will likely contract with these existing centers, and possibly others, to operate the 9-8-8 hotline.

The OLS notes that the State will receive enhanced federal FY 2022 funding for the Suicide Prevention Lifeline network. Total available funding across all states for federal FY 2022 includes: $177 million to strengthen and expand the existing Lifeline network operations and telephone infrastructure; and $105 million to build up staffing across states' local crisis call centers. This marks a year-over-year increase of $258 million from federal FY 2021 level of $24 million. These funds will largely be provided to states via a grant process administered by Vibrant Emotional Health, the entity that administers the Suicide Prevention Lifeline network under a cooperative agreement with the United States Department of Health and Human Services.

Under the bill, the State will incur costs to support a variety of functions in the new 9-8-8 system, including: 1) the development and implementation of formalized referral and follow up services, as required under the bill and not currently implemented at State call centers; and 2) the availability of response services 24 hours per day, seven days per week, which is a provision that is unmet by the existing call centers. For example, during the last quarter of 2021, 586 of the 11,610 in State calls, or five percent, were answered out-of-State due to no availability at the in-State call centers. In addition, projections indicate that the new 9-8-8 system will increase call volume to crisis centers as it diverts calls from the 9-1-1 system and generally will reach a larger population through new sources of contact, such as texting and online chat options.

As a result, the OLS concludes that the department will require both federal and State funds to expand capacity of the Suicide Prevention Lifeline in the State, both by increasing staffing levels and potentially the number of centers operating in the State, as well as to upgrade each center's technological supports to meet the demands and new requirements of the system. The OLS notes that the Governor's FY 2023 Budget Recommendation proposes a $12.8 million appropriation for the implementation of the new 9-8-8 National Suicide hotline

Mobile Crisis Response Teams

Under the bill, mobile crisis response teams are to be community based and may include emergency medical technicians, other health care providers, and law enforcement personnel. Local governments will incur indeterminate annual costs under the bill to the extent they do not currently operate a mobile crisis response team system or that the bill increases services provided by a local government's existing mobile crisis response team system.

For context regarding potential local government costs, the Department of Children and Families contracts with community agencies to provide Statewide Mobile Response and Stabilization Services to children in the State. These services provide face-to-face crisis intervention within one hour of notification and operates 24-hours a day, 7-days a week. In FY 2023, the Executive anticipates that this system would cost $59.1 million to operate. These funds are to support approximately 29,245 dispatches, or $2,022 per dispatch.

By contrast, in 2020, according to the Suicide Prevention Resource Center, approximately 41,922 calls were made to crisis hotline centers within the State. Assuming a 15 percent increase in call volume under the 9-8-8 hotline results in 48,210 calls annually. Data from the crisis system in Tucson, Arizona indicates that 20 percent of crisis line calls required the dispatch of a mobile response team. Assuming the same rate of dispatch for the above 48,210 calls, and that each

dispatch cost $2,022 as it does for the DCF, the total annual cost for local governments would be $19.5 million. The OLS notes that this illustration only reflects costs for services, and does not include start-up costs incurred under the bill to establish and train mobile crisis response 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 for providing these services will represent a revenue increase for these governmental units. It is noted that a portion of the financial support provided to the local governments under the bill's insurance mandate will be provided by the State through existing coverage requirements under the SHBP, the 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.

The extent of this revenue increase for local entities will vary across municipalities, but 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 and will require additional funding sources. This assumption is based on a variety of factors. First, insurance mandates, such as the bill's mandate, are estimated to affect about only 22.5 percent of the health insurance market in the State (approval of the necessary federal Medicaid waivers would increase this figure to 43.5 percent) as the federal Employee Retirement Income Security Act preempts states from imposing benefit mandates on self-insured employer plans. Therefore, there may be a large portion of the State's health insurance market that will not cover the services provided under this bill. Second, based upon experiences in other States with insurance mandates, a hybrid funding model for a mobile crisis team system involving other sources of funds is standard, as insurance reimbursements do not cover 100 percent of the cost of the system. This is particularly the case in the context of Medicaid, which historically provides lower reimbursement rates than private insurers. Furthermore, for certain local entities, mobile crisis team services will have to be established, staffed, and trained, and these start-up costs are often not billable to Medicaid, and rarely to private insurance, because they do not define them as services.

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 initial establishment and the operational expenses of mobile crisis response teams. Such sources may include federal grant dollars from the Mental Health Block Grant administered by the Substance Abuse and Mental Health Services Administration and State General Fund appropriations. Additional funding sources may include Tricare, self-pay, and private grants.

*Section:* *Human Services*

*Analyst:* *Sarah Schmidt*
*Lead Research Analyst*

*Approved:* *Thomas Koenig*
*Legislative Budget and Finance Officer*

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

# Governor Murphy Takes Action on Legislation

06/30/2022

**TRENTON –** Today, Governor Phil Murphy signed the following bills into law:

**2944/A-4162 (Sarlo, Ruiz/Freiman, Mosquera, Jaffer, Moriarty, Tully, Swain)** - Credits $5.2 billion to "New Jersey Debt Defeasance and Prevention Fund"; appropriates $2.9 billion to NJ Schools Development Authority, NJ DOT, and NJT; and establishes process for authorizing future appropriations for debt defeasance and capital projects

**S-1929/A-3668 (Gopal, Pennacchio/McKeon, Tully, Conaway)** - Makes FY 2022 supplemental appropriation to provide State military impact aid to certain school districts

**A-4403/S-2915 (Pintor Marin, Wimberly/Sarlo, Cunningham)** - Makes FY 2022 supplemental appropriations of $71,786,000

**ACS for A-1522/S-2914 (Moriarty, Mosquera, Jaffer, Freiman, Lampitt, Greenwald/Madden, Gopal)** - Establishes annual sales tax holiday for certain retail sales of computers, school computer supplies, school supplies, school art supplies, school instructional materials and sport or recreational equipment.

**A-4401/S-2860 (Jaffer, Moriarty, Tully/Gopal, Pou)** - Provides one-year waiver of certain MVC fees imposed for driver's licenses and non-driver identification cards.

**S-2861/A-4400 (Madden, Pou/Mosquera, Swain, Wimberly)** - Waives fees for marriage and civil union licenses in Fiscal Year 2023; appropriates $2 million

**S-2523/ACS for A-3852 (Ruiz, Cunningham/Reynolds-Jackson, Freiman, Jaffer, Moriarty, Mosquera, Wimberly)** - Provides child tax credit under gross income tax

**S-2476wGR/A-4179 (Ruiz, Vitale/Coughlin, Jasey, Sumter, Quijano)** - Establishes Thriving By Three Act to award competitive grants for infant and toddler child care programs; appropriates $28 million

**A-2359/S-2034 (Tucker, Moen, Haider/Cruz-Perez, Pou)** - Provides for streamlining of SNAP application process and establishes SNAP application call center; appropriates $750,000

**A-2360/S-2035 (Reynolds-Jackson, Mukherji, Speight/Cunningham, Ruiz)** - Eliminates requirement that participation in NJ SNAP Employment and Training Program is mandatory for certain recipients

**A-2361/S-2016 (Jimenez, Sumter, Timberlake/Zwicker, Ruiz)** - Requires DHS to maintain SNAP outreach plan and to conduct additional outreach programs

**A-2362/S-2036 (Freiman, Mosquera, Quijano/Johnson, Ruiz)** - Requires DHS to submit federal waiver request regarding time limits for certain SNAP recipients under certain circumstances

**A-2363/S-2033 (Stanley, Mejia, Lopez/Pou, Ruiz)** - Concerns SNAP services provided at county boards of social services and county welfare agencies; appropriates $250,000

**A-2364/S-2017 (Spearman, Pintor Marin, Atkins/Greenstein, Ruiz)** - Appropriates $813,000 to DHS to implement use of electronic benefit transfer cards in Senior Farmers' Market Nutrition Program

**A-2366/SCS for S-2156 (McKnight, Carter, Verrelli/Lagana, Pou)** - Establishes State SNAP Minimum Benefit Program; appropriates $18 million to DHS

**A-2008/S-352 (Conaway, Verrelli, Benson/Gopal, Madden)** - Requires health insurance carriers to provide coverage for treatment of mental health conditions and substance use disorders through collaborative care

**S-2872/A-4399 (Scutari, Ruiz/Carter, Reynolds-Jackson, Murphy, Wimberly)** - Establishes Behavioral Healthcare Provider Loan Redemption Program within Higher Education Student Assistance Authority; appropriates $5 million

**SCS for S-311/ACS for A-2036 (Vitale, Gopal/Benson, Verrelli, Conaway) -** Establishes Statewide behavioral health crisis system of care

**SCS for S-722 and 785/ACS for A-998 (Codey, Singleton/Reynolds-Jackson, Stanley, Jaffer)** - Codifies and expands ARRIVE Together Pilot Program to make certain mental health services available to police responding to certain emergencies; appropriates $2 million

**S-2909/ACS for A-4374 (Diegnan/Benson, Pintor Marin, McKnight)** - Authorizes DOT to compensate contractors and subcontractors affected by supply chain shortages; appropriates $10 million

**A-4405/S-2943 (Benson, Wimberly, Moen/Diegnan)** - Concerns New Jersey Transportation Trust Fund Authority; increases Transportation Trust Fund spending limit by $600 million

**A-674/S-1646 (Verrelli, McKnight, McKeon/Ruiz, Pou)** - Establishes New Jersey Easy Enrollment Health Insurance Program

**A-3733/S-488 (Haider, Stanley, Benson/Scutari, Beach)** - Authorizes student attending institution of higher education to earn credit towards graduation for serving as poll worker

**ACS for A-3990/SCS for S-2593 (Stanley, Tully, Karabinchak/Diegnan, Corrado)** - Provides temporary one-year extension of service life of school buses for 2022-2023 school year; authorizes chief administrator to allow one-year extension in subsequent two school years

**A-4208/S-2791 (Pintor Marin, Quijano, Speight/Ruiz, Cruz-Perez)** - Provides sales and use tax exemption for certain purchases made by all supermarkets and grocery stores located within urban enterprise zones

**A2426/S513 (Wimberly, Reynolds-Jackson, Schaer/Cryan, Turner)** - Establishes rebuttable presumption of pretrial detention for defendants who commit certain firearm offenses under Graves Act

**A-4385/S-2933 (Conaway/Cryan)** - Makes various revisions to law pertaining to electronic medical records and recording patients' demographic information

**S-2807/A-246 (Stack, Sacco, Cunningham/McKnight, Sampson, Chaparro)** - Establishes Liberty State Park Design Task Force

**S-2917/A-4395 (Cruz-Perez, Stack/Pintor Marin, Freiman, Reynolds-Jackson)** - Expands allowance for developers to carry forward unused tax credits under New Jersey Aspire Program

**S-2921/A-4365 (Zwicker, Pou/Coughlin, Verrelli, Spearman)** - Revises various provisions of Food Desert Relief Program

**S-2945/ACS for A-4392 (Scutari/Pintor Marin, Sumter, Quijano, McKnight)** - Concerns economic incentives for certain cannabis businesses

**S-2023/A-4402 (Sarlo, Cunningham/Pintor Marin, Wimberly)** - **LINE ITEM** - Appropriates $50,638,729,000 in State funds and $24,082,639,850 in federal funds for the State budget for fiscal year 2022-2023

Copy of Statement

Governor Murphy signed the following bills today, which were sent to his desk yesterday, conditionally vetoed, and then passed in concurrence with the Governor's recommendations:

**S-2476/A-4179 (Ruiz, Vitale/Coughlin, Jasey, Sumter, Quijano) – CONDITIONAL -** Establishes Thriving By Three Act to award competitive grants for infant and toddler child care programs; appropriates $28 million
Copy of Statement

**A-4403/S-2915 (Pintor Marin, Wimberly/Sarlo, Cunningham) – CONDITIONAL** - Makes FY 2022 supplemental appropriations of $71,786,000
Copy of Statement