

DRAFT 4-16-21**Model Bill for Core State Behavioral Health Crisis Services Systems****AN ACT concerning a Core Behavioral Health Crisis Services System**

For the purpose of improving the quality and access to behavioral health crisis services; reducing stigma surrounding suicide and mental health and substance use conditions; furthering equity in addressing mental health and substance use conditions; ensuring a culturally and linguistically competent response to behavioral health crises; and saving lives; for the purpose of building a new system of equitable behavioral crisis services, recognizing that historically, crisis response placed marginalized communities, including those experiencing mental health crises, at disproportionate risk of poor outcomes; and for the purpose of complying with the National Suicide Hotline Designation Act of 2020 and the Federal Communication Commission's rules adopted July 16, 2020 to assure that all citizens and visitors of the State of XXXXX receive a consistent level of 9-8-8 and crisis behavioral health services no matter where they live, work, or travel in the state.

BY adding to/repealing/reenacting, with amendments, Article XX, Section XX, Annotated Code of XXXXX

(A) In this title the following words have the meanings indicated.

- (1) "9-8-8 Administrator" means the Administrator of the 9-8-8 Suicide Prevention and Mental Health Crisis Hotline.
- (2) "9-8-8 Crisis Hotline Center" (hotline center) means a state-identified center participating in the National Suicide Prevention Lifeline Network to respond to statewide or regional 9-8-8 contacts.
- (3) "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 Public Health Service Act.
- (4) "Community Mental Health Centers, and Certified Community Behavioral Health Centers" means facilities as defined under Sec. 1913(c) of the Public Health Services Act and/or Section 223(d) of the Protecting Access to Medicare Act of 2014 (), and Community Behavioral Health Organizations as licensed and certified by relevance state agencies.
- (5) "Crisis receiving and stabilization services" are facilities providing short-term (under 24 hours) with capacity for diagnosis, initial management, observation, crisis stabilization and follow up referral services to all persons in a home-like environment.

- (6) “Federal Communications Commission” regulates interstate and international communications by radio, television, wire, satellite, and cable in all 50 states, the District of Columbia and U.S. territories. An independent U.S. government agency overseen by Congress, the Commission is the United States' primary authority for communications law, regulation, and technological innovation.
- (7) “Mobile Crisis Teams” include behavioral health professionals and peers that provide professional onsite community-based intervention such as de-escalation, stabilization, etc. for individuals who are experiencing a behavioral health crisis.
- (8) “National Suicide Prevention Lifeline” (NSPL) is a national network of local crisis centers providing free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week. Membership as an NSPL center requires nationally recognized certification which includes evidence-based training for all staff and volunteers in the management of calls.
- (9) “Peers” are individuals employed on the basis of their personal lived experience of mental illness and/or addiction and recovery who meet the State’s peer certification requirements where applicable.
- (10) “Substance Abuse and Mental Health Services Administration” is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation.
- (11) “Veterans Crisis Line” (VCL) means Veterans Crisis Line maintained by the Secretary of Veterans Affairs under section 1720F(h) of title 38, United States Code.

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF XXXXX that the State of XXXXX must, prior to 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 any jurisdiction within [State] twenty-four hours a day, seven days a week:

- (A) The designated hotline center(s) must have an active agreement with the administrator of the National Suicide Prevention Lifeline (NSPL) for participation within the network.
- (B) The designated hotline center(s) must meet NSPL requirements and best practices guidelines for operational and clinical standards.
- (C) The designated hotline center(s) must provide data, report, and participate in evaluations and related quality improvement activities as required by the 9-8-8 system administrator.
- (D) To ensure cohesive, coordinated crisis care, the designated hotline center(s) must utilize technology including chat and text that is interoperable between and across crisis and emergency response systems used throughout the State (911, EMS, other non-behavioral health crisis services, and others as necessary) and with the administrator of the National Suicide Prevention Lifeline.

(1) The State shall use its authority to promulgate rules and regulations 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.

(E) The designated hotline center(s) shall have the authority to deploy crisis and outgoing services, including mobile crisis teams, and coordinate access to crisis receiving and stabilization services or other local resources as appropriate and according to guidelines and best practices established by the NSPL. The designated center(s) shall also actively collaborate with mental health and substance use disorder treatment providers including hospital emergency departments and inpatient psychiatric settings, local Community Mental Health Centers, including Certified Community Behavioral Health Clinics and Community Behavioral Health Centers, crisis receiving and stabilization centers, and mobile crisis teams throughout the state to coordinate linkages for persons contacting 988 with ongoing care needs, establishing formal agreements where appropriate.

(F) The designated hotline center(s) 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.

(G) The [State mental health, public health or behavioral health agency], having primary oversight of suicide prevention and crisis service activities and essential coordination with designated 988 hotline center(s), shall work in concert with the NSPL and VCL networks for the purposes of ensuring consistency of public messaging about 988 services.

(H) The designated hotline center(s) 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 external to the NSPL network. This shall include, but not be limited to, LGBTQ youth, minorities, rural individuals, and other high-risk populations well as those with co-occurring substance use, and for providing linguistically and culturally competent care.

(I) The designated hotline center(s) must 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.

(J) An annual report of the 9-8-8 suicide prevention and behavioral health crisis hotline's usage and the services provided shall be made to the [state legislature/general assembly] and the Substance Abuse and Mental Health Services Administration.

SECTION 2. BE IT ALSO ENACTED BY THE GENERAL ASSEMBLY OF XXXXX that the State of XXXXX shall provide onsite response services to crisis calls utilizing State and/or locally funded Mobile Crisis Teams (MCTs):

- (A) The Mobile Crisis Teams shall be (1) jurisdiction-based behavioral health teams including licensed behavioral health professionals and including peers, and/or (2) behavioral health teams embedded in Emergency Medical Services (EMS) and including peers.
- (B) Mobile Crisis Teams shall (1) collaborate with local law enforcement agencies and (2) include police as co-responders in behavioral health teams, including police, licensed behavioral health professionals and peers, only as needed to respond in high-risk situations that cannot be managed without law enforcement.
- (C) Mobile Crisis Teams and crisis stabilization services provided shall (1) be designed in partnership with community members, including people with lived experience utilizing crisis services and (2) be staffed by personnel that reflect the demographics of the community served and (3) collect customer service data from individuals served by demographic requirements, including race and ethnicity, set forth by SAMHSA and consistent with the state block grant requirements for continuous evaluation and quality improvement

SECTION 3. BE IT ALSO ENACTED BY THE GENERAL ASSEMBLY OF XXXXX that the State of XXXXX shall fund treatment for crisis receiving and stabilization services as related to the call:

- (A) Crisis receiving and stabilization services as related to the call shall be funded by the State if the individual meets the State's definition of uninsured or if the crisis stabilization service is not a covered service by the individual's health coverage.
- (B) For Medicaid recipients, the state Medicaid office shall work with the entity responsible for the development of crisis receiving and stabilization services to explore options for appropriate coding of and payment for crisis management services.
- (C) The State shall determine how payment will be made to the provider of service.

SECTION 4. BE IT ALSO ENACTED BY THE GENERAL ASSEMBLY OF XXXXX that the State of XXXXX shall establish a statewide 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, the Federal Communication Commission's rules adopted July 16, 2020, and national guidelines for crisis care.

- (A) The fund consists of:
 - (1) The statewide 9-8-8 fee assessed on users under section 5 this chapter;
 - (2) Appropriations made by the state [legislature/general assembly];
 - (3) Grants and gifts intended for deposit in the fund;
 - (4) Interest, premiums, gains, or other earnings on the fund; and
 - (5) Money from any other source that is deposited in or transferred to the fund.

- (B) Money in the fund:
 - (1) Does not revert at the end of any state fiscal year but remains available for the purposes of the fund in subsequent state fiscal years;
 - (2) Is 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 5; and
 - (3) Is continuously appropriated for the purposes of the fund.
- (C) An annual report of fund deposits and expenditures shall be made to the [state legislature/general assembly] and the Federal Communications Commission.

SECTION 5. BE IT ALSO ENACTED BY THE GENERAL ASSEMBLY OF XXXXX that the State of XXXXX, in compliance 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 landline telephone, mobile telephone and/or IP-enabled voice services at a rate that provides for the robust 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 national guidelines for crisis services.

- (A) The revenue generated by a 9-8-8 fee should be sequestered in trust as specified in Section 4 to be obligated or expended only in support of 9-8-8 services, or enhancements of such services.
- (B) The revenue generated by a 9-8-8 fee must only be used to offset costs that are or will be reasonably attributed to:
 - (1) Primarily ensuring the efficient and effective routing of calls made to the 9-8-8 suicide prevention and behavioral health crisis hotline to the designated hotline center(s) including staffing and technological infrastructure enhancements necessary to achieve operational and clinical standards and best practices set forth by NSPL;
 - (2) Personnel, including recruitment of personnel that reflect the demographics of the community served; 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;
 - (3) Provision of data, reporting, participation in evaluations and related quality improvement activities as required by the 9-8-8 administrator; and
 - (4) Administration, oversight and evaluation of the fund.
- (C) The 9-8-8 fee may be adjusted as needed to provide for continuous operation, volume increases and maintenance.
- (D) An annual report on the revenue generated by the 9-8-8 fee shall be made to the [state legislature/general assembly] and the Federal Communications Commission.

SECTION 6. BE IT ALSO ENACTED BY THE GENERAL ASSEMBLY OF XXXXX that the State of XXXXX shall create boards or committees or assign tasks to existing agencies, boards or committees to accomplish the planning required for implementation or ongoing oversight of this ACT in coordination with designated hotline center(s), 9-1-1 centers, the state mental health authority, state substance abuse agency, law enforcement, hospital emergency departments and the National Suicide Prevention Lifeline.

SECTION 7. BE IT ALSO ENACTED BY THE GENERAL ASSEMBLY OF XXXXX that the State of XXXXX shall establish timeframes to accomplish the provisions of this ACT that are consistent with the timeframes required by the National Suicide Hotline Designation Act of 2020 and the Federal Communication Commission's rules adopted on July 16, 2020.