

988 Model Bill Template for 2024 Core State Behavioral Health Crisis Services Systems

AMENDMENTS HAVE BEEN MADE TO THE 2023 MODEL BILL TO:

**UPDATE 988 SUICIDE & CRISIS LIFELINE LANGUAGE, ADD NEW DEFINITIONS
AND DESCRIPTIONS REGARDING 988- 911 COLLABORATION, AND PARITY
PROVISIONS**

@1-4-24

The 2023 988 Model Bill Template for Core State Behavioral Health Crisis Services Systems (dated 12-13-22) has been updated/edited for 2024 using Track Changes.

AN ACT concerning a Core State Behavioral Health Crisis Services System

For the purpose of improving the quality and access to behavioral health crisis services; reducing stigma surrounding suicide, mental health and substance use conditions; providing a behavioral health crisis response that is substantially equivalent to the response already provided to individuals who require emergency physical health care in the State; furthering equity in addressing mental health and substance use conditions, requiring parity in insurers' and health plans' coverage of mental health and substance use disorder benefits; strengthening the crisis response for children, youth, young people, and families: requiring protocols and collaboration for 988 crisis counselors, 911 responders, and law enforcement involvement; updating the name of the 988 Suicide Hotline; ensuring a culturally and linguistically competent response to behavioral health crises and saving lives; requiring the State to pursue sustainable sources of funding; building a new system of equitable and linguistically appropriate behavioral crisis services in which all individuals are treated with respect, dignity, cultural competence, and humility; 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 988 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) “211” is the telephone number used to provide information and referrals to health and human services and other social assistance programs.

(2) “911” [USE EXISTING STATE DEFINITION OR IF NONE USE] ... is the three-digit telephone number to facilitate the reporting of an emergency requiring response by a public safety agency.

(3) “988” means the universal telephone number designated as the universal telephone number within the United States for the purpose of the national suicide prevention and mental health crisis hotline system operating through the 988 Suicide and Crisis Lifeline, or its successor maintained by the Assistant Secretary for Mental Health and Substance Use under section 520E–3 of the Public Health Service Act (42 U.S.C. 290bb-36c).

(4) “988/911 collaboration” is the partnership of 988 Suicide and Crisis Lifeline Centers and 911 Emergency Communication Centers (ECC) to effectively address caller needs by providing call and information sharing solutions, identifying the processes and training needed to properly handle behavioral health crises, determining each stakeholder’s role and responsibility, and defining how the 988 system can interconnect with the public safety systems for accurate 988 call routing and support for 988 chats and 988 text messaging with a result of an enhanced emergency response for individuals in in suicidal, behavioral health crisis, or emotional distress.

(1)(5) “988 Suicide and Crisis Lifeline Centers (988 Lifeline)” are a national network of local crisis centers that provide free and confidential emotional support to people in suicidal crisis, ~~mental~~-behavioral health crisis, or emotional distress 24 hours a day, 7 days a week in the United States. It ~~is~~ means the national suicide prevention and mental health crisis hotline system maintained by the Assistant Secretary for Mental Health and Substance Use under section 520E-3 of the Public Health Service Act (42 U.S.C. 290bb-36c).

(2)(6) “988 Administrator” means the Administrator of the national 988 Suicide & Crisis Lifeline system maintained by the Assistant Secretary for Mental Health and Substance Use under section 520E–3 of the Public Health Service Act.

~~(3)~~(7) “988 Contact” means a communication with the 988 Suicide & Crisis Lifeline system within the United States or its successor via modalities offered, including call, chat, or text.

~~(4)~~(8) ~~“988 Crisis Center” means a state-designated center participating in the 988 Suicide & Crisis Lifeline program to respond to statewide or regional 988 contacts.~~

~~(5)~~(9) “988 Fee” means the surcharge assessed on commercial landline, mobile service, prepaid wireless voice service, and interconnected voice over internet protocol service lines created under Section 5 authority for communication law, regulation, and technological innovation.

~~(6)~~(10) “988 Trust Fund” means the 988 Suicide & Crisis Lifeline program fund created under Section 4.

~~(7)~~(11) “Behavioral Health Crisis Services” means the continuum of services needed by an individual experiencing a mental health or substance use crisis including, but not limited to, crisis intervention, crisis stabilization, and crisis residential treatment needs and include but are not limited to services provided by 988 contact centers, mobile crisis teams, and crisis receiving and stabilization service providers.

(12) “Community Mental Health Centers, and Certified Community Behavioral Health Clinics” are 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 (PAMA), and Community Behavioral Health Organizations as licensed and certified by relevant state agencies.

~~(8)~~(13) ~~“Co-responders” are first responders partnered with behavioral health professionals as an effective way to respond to behavioral health crises and other situations involving unmet behavioral health needs.~~

(14) “Crisis Receiving and Stabilization Centers” are facilities providing short-term services (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.

~~(15) “Emergency Communications Centers (ECCs)”, also known as Public Safety Answering Points (PSAPs), are facilities designated to receive calls and process requests for emergency assistance, which may include 911 calls, determine the appropriate emergency response based on available resources, and coordinate the emergency response according to a specific operational procedure.~~

~~(9)~~(16) ~~“Emergency Medical Service (EMS)” is a type of emergency service dedicated to providing out-of-hospital acute medical care, transport to definitive~~

care, and other medical transport to patients with illnesses and injuries preventing the patient from transporting themselves.

~~(10)~~(17) “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 federal agency responsible for implementing and enforcing America’s communications law and regulations.

~~(18)~~ “[Health Insurer]” means [use definition in State’s insurance code.]

~~(19)~~ “Law Enforcement” describes a type of first responder agency and employee responsible for enforcing laws, maintaining public order, and managing public safety.

~~(11)~~(20) “Mental Health and Substance Use Disorders” means mental health conditions or substance use disorders that fall under any of the diagnostic categories listed in the mental health and behavioral disorders chapter of the most recent editions of the World Health Organization’s International Statistical Classification of Diseases and Related Health Problems, or that is listed in the most recent version of the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders. Changes in terminology, organization, or classification of mental health and substance use disorders in future version of the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders or the World Health Organization’s International Statistical Classification of Disease and Related Problems shall not affect the conditions covered by this section as long as a condition is commonly understood to be a mental health or substance use disorder by health care providers practicing in relevant clinical specialties.

~~(12)~~(21) “Mobile Crisis Team” means a multidisciplinary behavioral health team that includes at least one behavioral health care professional who is capable of conducting an assessment of the individual, in accordance with the professional’s permitted scope of practice under State law, and other professionals or paraprofessionals with appropriate expertise in behavioral health or mental health crisis response, including nurses, social workers, peer support specialists, and others, as designated by the State through a State plan amendment (or waiver of such plan); whose members are trained in trauma-informed care, de-escalation strategies, and harm reduction; that is able to respond in a timely manner and, where appropriate, provide screening and assessment; stabilization and de-escalation; and coordination with, and referrals to, health, social, and other services and supports as needed, and health services as needed; that maintains

relationships with relevant community partners, including medical and behavioral. A law-enforcement officer shall not be a member of a mobile crisis team, but law enforcement may provide backup support as needed to a mobile crisis team in accordance with the protocols and best practices developed.

(22) “National Association of State EMS Officials (NASEMO)” is the lead national organization for EMS, a voice for national EMS policy with comprehensive concern and commitment for the development of effective, integrated, community-based, universal, and consistent EMS systems.

(23) “National Emergency Medical Services Information System (NEMSIS)” is the national database that is used to store Emergency Medical Services (EMS) data from states and territories and serves as a universal standard for how patient care information resulting from an emergency 911 call for assistance is collected.

~~(13)~~(24) “National Emergency Number Association (NENA)” is the national 9-1-1 association which empowers its members and the greater 9-1-1 community to provide the best possible emergency response through standards development, training, thought leadership, outreach, and advocacy.

(25) “Peers”, also referred to as “individuals with lived experience,” are individuals employed on the basis of their personal lived experience of a mental health condition and/or substance use disorder and recovery who have successfully completed a state-recognized peer support training program.

~~(14)~~(26) “Public Safety Answering Point (PSAP)” means a facility that has been designated by 47 USC § 222(h)(4) to receive emergency calls and route them to emergency service personnel.

~~(15)~~(27) “Substance Abuse and Mental Health Services Administration (“SAMHSA”) 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.

~~(16)~~(28) “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 ~~shall must, prior to July 16, 2022,~~ designate a ~~crisis hotline~~ 988 Lifeline center or centers to provide crisis intervention services and crisis care coordination to individuals accessing the ~~9-8-8 suicide and prevention and behavioral health crisis hotline~~ 988 Suicide & Crisis Lifeline program from any jurisdiction within [State] twenty-four hours a day, seven days a week:

- A. The designated ~~988 Lifeline hotline~~ center(s) must have an active agreement with the ~~National Suicide Prevention Lifeline (NSPL)~~ 988 Suicide & Crisis Lifeline program for participation within the Lifeline network.

- B. The designated 988 ~~Lifeline hotline~~ center(s) must meet ~~NSPL~~ 988 Lifeline program requirements and best practices guidelines for operational, performance and clinical standards.
- C. The designated 988 Lifeline~~hotline~~ center(s) must provide data, report, and participate in evaluations and related quality improvement activities as required by the ~~9-8-8~~ 988 Administrator.
- D. 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 988 Lifeline ~~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 consistent with any guidelines and best practices that may be established by the 988 Lifeline.
- F. To facilitate the ongoing care needs of persons contacting 988, the State or related public health authority shall assure active collaborations and coordination of service linkages between the designated center(s), mental health and substance use disorder treatment providers, local Community Mental Health Centers (including Certified Community Behavioral Health Clinics and Community Behavioral Health Centers), mobile crisis teams, and community-based as well as hospital emergency departments and inpatient psychiatric settings, establishing formal agreements and appropriate information sharing procedures where appropriate.
- G. The State or related public health authority shall assure active collaborations and coordination of service linkages between the designated center(s) and crisis receiving and stabilization services for individuals accessing the ~~988 suicide prevention and behavioral health crisis hotline~~ 988 Suicide & Crisis Lifeline through appropriate information sharing regarding availability of services.
- G-H. ~~The State of XXXXX related public behavioral health authority shall assure active shall work to build collaboration between and among the designated center(s) and key community stakeholders (residents, community groups, peer organizations, faith organizations,~~ business owners, neighborhood leaders, and commission members).
- H-I. The [State mental health, public health, disability services, or behavioral health agency], having primary oversight of suicide prevention and crisis service activities and essential coordination with designated 988 ~~Lifeline hotline~~ center(s), shall work in concert with the ~~NSPL~~ 988 Lifeline, ~~and~~ ~~VCL~~, and other SAMHSA-approved networks for the purposes of ensuring consistency of public messaging about 988 services.

- ~~J.~~ The designated 988 Lifeline ~~hotline~~ center(s) shall meet the requirements set forth by ~~NSPL~~988 Lifeline program for serving at-risk and specialized populations as identified by the ~~Substance Abuse and Mental Health Services Administration~~SAMHSA including, but not be limited to, LGBTQIA+ individuals, children, youth and young people, minorities, racially, ethnically, and linguistically diverse populations, rural individuals, veterans, American Indians, Alaskan Natives, and other high-risk populations as well as those with co-occurring substance use; provide culturally and linguistically competent care; and include training requirements and policies for transferring a 988 contact to an appropriate specialized center or subnetworks within the ~~NSPL~~988 Lifeline network.
- ~~J.K.~~ The designated hotline center(s) must provide follow-up services to individuals accessing the ~~9-8-8 suicide prevention and behavioral health crisis services hotline~~988 Suicide & Crisis Lifeline consistent with guidance and policies established by the ~~NSPL~~988 Lifeline program.
- ~~K.L.~~ The [State mental health, public health, disability services, or behavioral health agency], having primary oversight of suicide prevention and crisis service activities and essential coordination shall provide an annual report of the ~~9-8-8 suicide prevention and mental health crisis hotline~~988 Suicide & Crisis Lifeline's usage and the services provided to the [state legislature/general assembly] and to ~~the Substance Abuse and Mental Health Services Administration~~SAMHSA.

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

- A. Mobile Crisis Teams shall be (1) jurisdiction-based behavioral health teams including licensed or credentialed behavioral health professionals, paraprofessionals, and including ~~peers~~individuals with lived experience, and/or (2) behavioral health teams embedded in Emergency Medical Services (EMS) and including individuals with lived experience.
- B. Mobile Crisis Teams shall (1) collaborate with local first responder and behavioral health agencies and (2) include licensed or credentialed behavioral health professionals and individuals with lived experience, and (3) may include police as co-responders with behavioral health teams only as needed to respond in high-risk situations that cannot be managed without law enforcement as defined in protocols by the 988/911 committee.
- 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 demographic customer service data from individuals served, 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 related to the contact:

- A. For the purposes of this Act, crisis receiving and stabilization services facilities with greater than 16 beds should not be considered Institutions for Mental Disease under the Social Security Act 1905(i).
- B. Crisis receiving and stabilization services shall be funded by the State if the individual meets the State's definition of uninsured, the services are not otherwise covered by another entity including, but not limited to, municipal or county programs or funding, or the crisis stabilization service is not a covered benefit by the individual's health coverage.
- C. For Medicaid recipients, the State Medicaid office shall work with the entities responsible for the development of crisis receiving and stabilization center services and mobile crisis services, to explore options for appropriate coding of and payment for crisis management services.
- D. 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 988 trust fund for the following purposes:

- A. To create and maintain a statewide 988 Suicide & Crisis Lifeline 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 Behavioral Health Crisis Care; and
- B. To support or enhance 988 services, including state designated 988 Lifeline centers, mobile crisis teams, and crisis receiving and stabilization services.
 - (1) The fund consists of:
 - (a) The statewide 988 fee revenue assessed on users under Section 5 of this chapter;
 - (b) Appropriations made by the state [legislature/general assembly];
 - (c) Available federal funding that has been allocated by the state for the purposes of 988 implementation;
 - (d) Grants and gifts intended for deposit in the fund;
 - (e) Interest, premiums, gains, or other earnings on the fund; and
 - (f) Monies from any other source that are deposited in or transferred to the fund.
- C. The fund shall be administered by [state mental health, public health, disability services, or behavioral health agency] and money in the fund shall be expended to offset costs that are or can be reasonably attributed to:

- (1) Implementing, maintaining, and improving the 988 Suicide & Crisis Lifeline including staffing and technological infrastructure enhancements necessary to achieve operational and clinical standards and best practices set forth by the 988 Lifeline;
 - (2) Provision of acute behavioral health, crisis outreach, and receiving and stabilization services by directly responding to the 988 Suicide & Crisis Lifeline;
 - (3) Personnel for the 988 Suicide & Crisis Lifeline centers and acute mental health, crisis outreach, and stabilization services, include individuals that reflect the demographics of the community served and have specialized training to serve at-risk communities, including culturally and linguistically competent services for LGBTQ+ individuals, children, youth, and young people, and racially, ethnically, and linguistically diverse communities;
 - (4) Provision of data, reporting, participation in evaluations and related quality improvement activities as required by the 988 Administrator; and
 - (5) Administration, oversight, and evaluation of the fund.
- D. 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.
- E. 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 988 fee to support and sustain the 988 Suicide & Crisis Lifeline and crisis services continuum. The fee shall be imposed on each resident that is a subscriber of a [commercial landline telephone, mobile telephone and/or IP-enabled voice services, and a point-of-sale 988 fee on each purchaser of a prepaid telephone service], at a rate that provides for the robust creation, operation, and maintenance of a statewide 988 Suicide & Crisis Lifeline program and the continuum of crisis services provided pursuant to national guidelines for crisis services.

- A. The revenue generated by a 988 fee should be sequestered in trust as specified in Section 4 to be obligated or expended only in support of 988 services, or enhancements of such services.
- B. Consistent with 47 U.S.C. § 251a, the revenue generated by a 988 fee must only be used to offset costs that are or will be reasonably attributed to:
 - (1) ensuring the efficient and effective routing and answering/handling of calls, chats and texts made to the 988 Suicide & Crisis Lifeline and to the designated 988 Lifeline center(s) including staffing and technological infrastructure

enhancements necessary to achieve operational, performance and clinical standards and best practices set forth by the 988 Lifeline; and

- (2) personnel and the provision of acute mental health, crisis outreach and stabilization services by directly responding to the 988 Suicide & Crisis Lifeline.
- C. The revenue generated by 988 fees may only be used for expenses that are not:
- (1) reimbursed through Medicaid, Medicare, federal or state-regulated health insurance plans, disability insurers, and including, but not limited to, municipal or county programs or funding, not otherwise covered by another entity including but not limited to, municipal or county programs;
 - (2) a covered service by the individual's health coverage; and
 - (3) covered because the service recipient's name and health coverage information cannot be obtained or billed.
- D. 988 fee revenue shall be used to supplement, not supplant, any federal, state or local funding for suicide prevention or behavioral health crisis services.
- E. The 988 fee amount shall be adjusted as needed to provide for continuous operation, volume increases and maintenance.
- F. An annual report on the revenue generated by the 988 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 require [State mental health, public health, disability services, or behavioral health agency] to provide primary oversight and direction on the state's implementation and operation of the 988 Suicide & Crisis Lifeline. [The Governor, State mental health, public health, disability services, or behavioral health agency] shall create an advisory body or require an existing advisory body to provide guidance to the [State mental health, public health, disability services, or behavioral health agency], gather feedback, and make recommendations regarding the planning and implementation of the 988 Suicide & Crisis Lifeline. The advisory body must include, but is not limited to, representatives of the designated 988 Suicide and Crisis Lifeline(s), 9-1-1 call centers, the state mental health authority, state substance use agency, law enforcement, hospital emergency departments, state courts appointed by the Chief Justice, individuals with lived experience with suicide prevention or behavioral health crisis services usage and family members and caregivers, and behavioral health crisis services providers.

SECTION 7. BE IT ALSO ENACTED BY THE GENERAL ASSEMBLY OF XXXXX that the State of XXXX shall act in the public interest to enhance the public emergency response system to ensure individuals in a behavioral health crisis are connected to the appropriate behavioral health response by coordinating 988 and 911 services, including the development of policies and protocols to allow for dispatch of mobile crisis services from 988 Lifeline contact centers. [A](#)

behavioral health crisis service system that provides the right response at the right time requires strong collaboration between and among stakeholders such as local, state, and federal 988 and 911 systems; the 988 Administrator, the 988 Suicide & Crisis Lifeline policymakers and centers, SAMHSA, 911 Public Safety Answering Points (PSAPs); Emergency Communications Centers (ECCs), emergency medical services (EMS); law enforcement (LE); mobile crisis teams (MCTs); 211 systems; related national, state, and local associations; and federal, state, and local government agencies.

Therefore,

A. The State of XXXXX will work with these and other relevant stakeholders to:

- (1) create or enhance mobile emergency response for individuals in behavioral health crises and reduce burdens on emergency response services, fire departments, and law enforcement.
- (2) examine 988/911 collaboration models such as collaboration at call centers for diversion from 911 to 988; first responders' calls for behavioral health clinical support; law enforcements' calls for trained citizen support; teleconference and virtual technology; co-location within dispatch centers as a means of triaging and coordination; mobile crisis teams using law enforcement as backup; traditional "co-responders" for mobile responses; fire department and/or law enforcement joint response with EMS clinicians; peer support workers joint response with law enforcement; multi-professional teams for substance use and other specialized interventions; and multidisciplinary teams within Certified Community Behavioral Health Clinics (CCBHCs).
- (3) determine, plan for, and implement the most suitable option(s) for jurisdictions such as the regions, municipalities, counties, cities, or the State that is (are) consistent with the SAMHSA's vision of coordination and alignment among 988, 911, and other stakeholders.
- (4) ensure a "no wrong door" approach for the community through collaboration of these and related stakeholders' systems in order to build crisis response services that are culturally and linguistically responsive; build and restore the trust of at-risk populations; use data for performance improvement and quality assurance; develop shared language and understanding in their dialogue; implement code standardization; share incident information and aggregated data; offer training and response protocols for all stakeholders; include assessments of risk versus safety; maintain confidentiality as required by program standards and state and federal laws; provide technologically competent services by investigating integration of platforms, improving precise location technologies, call tracking

- systems and feedback loops to all stakeholders; examine other technological options; and provide compassionate and effective responses.
- (5) assess existing gaps and identify necessary services, data requirements, and technology for call transfer capabilities.
- (6) examine risk of potential liability or other liability issues of concern, and laws and policies that regulate these concerns, to develop agreements to mitigate risk and liability to any entity and to be written into a Memorandums of Understanding (MOU) among all stakeholders to manage the risk of potential liability or other joint issues.
- (7) build upon existing resources to foster sustainability and interconnectedness of a strong emergency response system that incorporates 988, 911, and behavioral health emergency services.
- (8) engage members from relevant organizations related to state and local 988 and 911 systems, emergency medical and behavioral health services, fire departments, law enforcement, and state and/or local PSAPs/ECCs, mobile crisis teams, representatives of state and local behavioral health agencies, offices of the Attorney General, individuals with lived experience, relevant federal agencies and their local entities such as the National Highway and Traffic Safety Administration (NHTSA), Emergency Medical Services, and the Health Resources and Services Administration (HRSA), and including local members and/or affiliate organizations of national organizations such as the National Association of State 911 Administrators (NASNA), Association of Public-Safety Communications Officials (APCO), the National Emergency Services Information System (NEMSIS), the National Association of State Emergency Medical Services Officials (NASEMO), the National Emergency Number Association (NENA), the National Highway and Traffic Safety Administration (NHTSA) Emergency Medical Services, the American Association of Poison Control Centers (AAPCC), the American Academy of Pediatrics and the federal EMS-C for Children, and their local affiliates and other stakeholders as defined by the State.
- (9) plan for training, coordination, ongoing system quality improvement, data collection and sharing, including State Behavioral Health Authorities (SBHA), while ensuring protections regarding data access and usage.
- (10) examine and establish effective procedures and protocols to enhance 988/911 collaborations that are practical for individuals involved, acceptable and useful for stakeholders to provide for successful connections and the NENA Interactions Standard and the NENA Suicide/Crisis Line Interoperability Standard to provide guidance for a handoff between 911 to 988, coding, etc.

- (11) examine model EMS clinical guidelines that communicate expectations for behavioral emergencies and the ECC/PSAP protocol-driven series of questions that dispatch services ask to determine urgency.
- (12) obtain input from all stakeholders to develop education campaigns regarding the cohesive 988/911 collaborative system for the general public, including campaigns that are relevant to and developed with the input of at-risk populations, regarding what 988 is, when to call 988 versus 911, the collaborative nature of the two systems, how all the components of the response and any follow-up will transpire, track effectiveness, and anticipate questions that may emerge about differences; include the statewide chapters of national associations that specialize in communications such as the Association of Public-Safety Communications Officials (APCO) early in the process to facilitate spreading information quickly and effectively.
- (13) obtain funding for the necessary systems changes and long-term systems maintenance while continuing to pursue the financial sustainability through multiple funding sources—federal, state, and local government appropriations; federal, state, and private grants, matching funds, cooperative agreements, private insurers including pursuing compliance with state and federal insurance parity laws, and other sources such as 988 fees on telecommunications lines.
- (14) use data to analyze savings realized by reductions in costs for unnecessary emergency department utilization, unnecessary law enforcement utilization, unnecessary detention in custody, and inpatient admissions, and to
- (15) take any other actions deemed necessary to create collaborative 988 and 911 systems in the State of XXXXX.

Therefore,

B. A statewide and/or jurisdiction-based committee(s) (“committee”) shall be established to develop protocols and procedures for collaborations between 911 and 988 across [State], focused on ensuring that individuals contacting either number, who are experiencing a behavioral health crisis, are provided with the most therapeutic and least restrictive response. Members of the committee shall include, but not be limited to, representatives from the 911 and 988 centers (including emergency communication center leadership and workforce), law enforcement, fire, emergency medical services, state or local mental health authorities, and members of the community. Protocols and procedures shall be developed pursuant to available national standards and guidelines. The committee shall also include:

- (1) Processes for prioritizing the dispatch of mobile crisis or other behavioral health specific response.

- (2) Protocols for information sharing between 911 and 988 to improve contact transfers and communication across emergency response systems.
- (3) Protocols to support coordinated responses to appropriate community intervention services, diversion from hospitals and incarceration as appropriate, and utilization of law enforcement only in high-risk situations as defined by the committee.
- (4) In addition to the development of protocols and procedures, the committee shall submit a report to the Governor's office and state legislature about policy needs to support the deployment of mobile crisis teams and behavioral health crisis responses from both 988 contact centers and 911 ECCS/public safety answering points (PSAP) within the state.
- (5) Within one year of the development of the protocols and procedures, the State or jurisdiction shall initiate a process to train all 988 counselors and 911 dispatchers, and incorporate the developed policies, protocols, and procedures into all ECCS/PSAPs and 988 contact centers in the state.
- (6) Training provided to 988 counselors and 911 dispatchers may include information on the developed statewide policies and procedures, de-escalation, behavioral health, and techniques for identifying behavioral health crises.
- (7) The committee may establish regional advisory committees to address and advise on regional issues related to the deployment of behavioral health crisis services from ECCs/PSAPs and 988.
- (8) The care provided for a behavioral health crisis constitutes an emergency and shall be provided in a manner that is substantially equivalent to the care provided for a physical health crisis.
- (9) This section applies to every unit of local government that provides or coordinates any type of emergency medical and/or behavioral health crisis response.

SECTION 8. BE IT ALSO ENACTED BY THE GENERAL ASSEMBLY OF XXXX that the State of XXXX ensure financial sustainability for crisis services by:

- A. Submitting as soon as practicable a State Medicaid program application through the [Medicaid Department] to the Centers for Medicare and Medicaid Services, a State Medicaid program application for the Federal Medical Assistance Percentage (FMAP) of 85 percent applicable to amounts expended by the State for medical assistance for qualifying community-based mobile crisis intervention services furnished.
- B. Requiring the Medicaid managed care and Children's Health Insurance Program plans to cover mobile crisis teams, and crisis receiving and stabilization services provided to beneficiaries pursuant to the coverage requirements of Section 9.

SECTION 9. BE IT ALSO ENACTED BY THE GENERAL ASSEMBLY OF XXXXX that the State of XXXXX shall require [health insurers] to cover behavioral health crisis services.

- A. [A health insurer] shall cover mobile crisis teams and crisis receiving and stabilization services. provided to [an insured] experiencing, or believed to be experiencing, a behavioral health crisis. Coverage of such services shall be without the need for any prior authorization determination and whether the health care provider furnishing such services is a participating provider.
- B. [An insured] shall only be responsible for in-network cost sharing. If behavioral health crisis services are provided by a non-participating provider the health insurer shall ensure that [the insured] pays no more in cost sharing than [the insured] would pay if the same services were provided by a contracted provider.
- C. The [Commissioner] shall enforce federal emergency services coverage requirements, including for behavioral health services provided in independent freestanding emergency departments, pursuant to the No Surprises Act (including 26 U.S. Code § 9816, 29 U.S. Code § 1185e, and 42 U.S. Code § 300gg-111) and its implementing regulations.
- D. The [Commissioner] shall verify that each treatment limitation placed on behavioral health crisis services is fully compliant with the federal Mental Health Parity and Addiction Equity Act and its implementing regulations. For each non-quantitative treatment limitation placed on mental health or substance use disorder services within the emergency classification of care, the [Commissioner] shall request each [insurer's] parity compliance analysis prepared pursuant to 42 U.S. Code § 300gg-26(a)(8) and verify that each analysis demonstrates compliance. Behavioral health emergency services shall be placed within the crisis response classification of care in the same manner as physical health emergency services.
- E. If the [Commissioner] determines that an [insurer] has violated this section, the [Commissioner] may, after appropriate notice and opportunity for hearing in accordance with [relevant section of Code], by order, assess a civil penalty not to exceed [twenty-five thousand (\$25,000)] for each violation, or, if a violation was willfully, a civil penalty not to exceed [fifty thousand (\$50,000)] for each violation. The civil penalties available to the [Commissioner] pursuant to this section are not exclusive and may be sought and employed in combination with any other remedies available to the [Commissioner] under this code.
- D-F. An [insurer] shall not adopt, impose, or enforce terms in its policies or provider agreements, in writing or in operation, that undermine, alter, or conflict with the requirements of this section.
- E-G. The [Commissioner] shall adopt rules, under [insert relevant section of state law], as may be necessary to effectuate any provisions of this Section.

SECTION 10. BE IT ALSO ENACTED BY THE GENERAL ASSEMBLY OF XXXX that the State of XXXX shall require employment of necessary tools to ensure quality and equity are embedded into the 988 Suicide and Crisis services system through:

- A. The completion of a local assessments covering the entire state to determine system needs to ensure equity in access, experience, and outcomes for historically underserved and marginalized groups.
- B. Development of a strategic plan, based on each local assessment in Section A, to establish:
 - (1) appropriate trauma-informed, culturally, and linguistically competent services and service options that are responsive to the unique needs of populations who have been historically underserved, marginalized and/or experienced inequitable experiences or outcomes, and
 - (2) short and long-term goals to achieve equity.
- C. The State of [state] shall regularly collect and analyze the data at a local level, including experience of care data, for quality improvements to services, and to determine progress towards meeting the goals outlined in the State's strategic plan.
- D. To achieve the goals within this section, the State shall:
 - (1) Engage partners and stakeholders across the continuum of care, including representatives of historically underserved or marginalized communities, schools, community organizations, child welfare and foster care, juvenile and criminal justice, and housing specialists;
 - (2) Initiate specialized training; and
 - (3) Enhance protocols and resources to:
 - (a) Provide rapid access to translation services, TTY and other resources to match the language needs of the community;
 - (b) Minimize the role of law enforcement;
 - (c) Develop linkages with culturally specific community-based services and supports; and
 - (d) Regularly engage with communities to ensure responsiveness to local needs.

SECTION 11. BE IT ALSO ENACTED BY THE GENERAL ASSEMBLY OF XXXX that the State of XXXX shall develop and maintain behavioral health crisis services and supports that provide a comprehensive, trauma-informed, recovery-oriented, and customized 988 suicide and crisis services system meeting the needs of children, youth, young people, and families through:

- A. The completion of a statewide assessment, to determine system needs to provide safe, and culturally and developmentally appropriate crisis services for children, youth, young

people, and their families. The assessment may be conducted using the Implementation Strategies from the *National Guidelines for Child and Youth Behavioral Health Crisis Care* developed by SAMHSA and other relevant national guidelines on child and adolescent behavioral health. The State shall regularly collect and analyze data for quality improvements to services and determine progress towards meeting the goals outlined in the State's strategic plan.

- B. Development of a strategic plan, based on the assessment in Section A, to establish appropriate services statewide, based on the *National Guidelines for Child and Youth Behavioral Health Crisis Care*, and emphasize:
- (1) Early intervention services
 - (2) Safety for children and youth
 - (3) Culturally, linguistically, and developmentally-appropriate services and responses
 - (4) Peer support and family inclusion in responses and services
 - (5) A focus on reaching underserved and at-risk communities
 - (6) No rejection policies, or medical clearance policies
 - (7) Service options for prioritizing family unification and connections to current living environment.
- C. To achieve the goals within this Section, the State shall:
- (1) Engage partners and stakeholders across the continuum of care, including schools, community organizations, child welfare and foster care, juvenile justice, pediatricians, and other primary care providers.
 - (2) Initiate specialized age-appropriate training, implement standardized screening and assessment tools, and leverage Zero Suicide/Suicide Safer Care.
 - (3) Enhance protocols and resources to allow for quick access to translation services, TTY, and other resources to match the language needs of the community by equipping crisis contact centers, mobile crisis teams and crisis stabilization centers in the state with the resources to:
 - (a) Consider in-home stabilization
 - (b) Minimize the role of law enforcement in response to children in crisis
 - (c) Implement technology for caller ID, capacity for text, chat, video, and real time regional bed registries
 - (d) Utilize tools to screen for self-harm, suicide, and violence risk
 - (e) Create age-appropriate receiving and support areas; and
 - (4) Provide short-term individual and family therapies as well as intensive support beds that utilize standard evidence-based programs, community-defined evidence-based programs, cultural adaptations of evidence-based interventions, and warm handoffs to home, community-based, and youth-serving systems.