

**HOUSE . . . . . No. 2081**

**The Commonwealth of Massachusetts**

PRESENTED BY:

***Marjorie C. Decker***

*To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:*

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act to better coordinate suicide prevention services, behavioral health crisis care and emergency services through 988 implementation.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Marjorie C. Decker</i>	<i>25th Middlesex</i>	<i>2/18/2021</i>
<i>Susannah M. Whipps</i>	<i>2nd Franklin</i>	<i>2/18/2021</i>
<i>Sally P. Kerans</i>	<i>13th Essex</i>	<i>2/19/2021</i>
<i>Sheila C. Harrington</i>	<i>1st Middlesex</i>	<i>2/24/2021</i>
<i>William C. Galvin</i>	<i>6th Norfolk</i>	<i>2/26/2021</i>
<i>Jack Patrick Lewis</i>	<i>7th Middlesex</i>	<i>3/4/2021</i>
<i>Joan B. Lovely</i>	<i>Second Essex</i>	<i>3/1/2021</i>
<i>Lindsay N. Sabadosa</i>	<i>1st Hampshire</i>	<i>3/9/2021</i>
<i>Tram T. Nguyen</i>	<i>18th Essex</i>	<i>3/10/2021</i>
<i>Tommy Vitolo</i>	<i>15th Norfolk</i>	<i>3/25/2021</i>
<i>Mary S. Keefe</i>	<i>15th Worcester</i>	<i>4/5/2021</i>
<i>Mathew J. Muratore</i>	<i>1st Plymouth</i>	<i>4/14/2021</i>
<i>Carmine Lawrence Gentile</i>	<i>13th Middlesex</i>	<i>4/14/2021</i>
<i>Peter Capano</i>	<i>11th Essex</i>	<i>4/14/2021</i>
<i>Ruth B. Balsler</i>	<i>12th Middlesex</i>	<i>4/14/2021</i>
<i>Steven C. Owens</i>	<i>29th Middlesex</i>	<i>4/14/2021</i>
<i>Jason M. Lewis</i>	<i>Fifth Middlesex</i>	<i>4/15/2021</i>

<i>David Paul Linsky</i>	<i>5th Middlesex</i>	<i>4/15/2021</i>
<i>James Arciero</i>	<i>2nd Middlesex</i>	<i>4/21/2021</i>
<i>James B. Eldridge</i>	<i>Middlesex and Worcester</i>	<i>4/21/2021</i>
<i>Danillo A. Sena</i>	<i>37th Middlesex</i>	<i>5/7/2021</i>
<i>Michael P. Kushmerek</i>	<i>3rd Worcester</i>	<i>6/7/2021</i>
<i>Erika Uytterhoeven</i>	<i>27th Middlesex</i>	<i>6/30/2021</i>
<i>Tami L. Gouveia</i>	<i>14th Middlesex</i>	<i>7/1/2021</i>
<i>Kay Khan</i>	<i>11th Middlesex</i>	<i>7/1/2021</i>
<i>Natalie M. Higgins</i>	<i>4th Worcester</i>	<i>7/22/2021</i>
<i>Michelle L. Ciccolo</i>	<i>15th Middlesex</i>	<i>9/2/2021</i>
<i>Edward R. Philips</i>	<i>8th Norfolk</i>	<i>4/6/2022</i>
<i>Nika C. Elugardo</i>	<i>15th Suffolk</i>	<i>4/6/2022</i>
<i>Mike Connolly</i>	<i>26th Middlesex</i>	<i>4/6/2022</i>
<i>William J. Driscoll, Jr.</i>	<i>7th Norfolk</i>	<i>4/14/2022</i>

**HOUSE . . . . . No. 2081**

By Ms. Decker of Cambridge, a petition (accompanied by bill, House, No. 2081) of Marjorie C. Decker and others for legislation to establish the behavioral health crisis and suicide prevention trust fund. Mental Health, Substance Use and Recovery.

**The Commonwealth of Massachusetts**

**In the One Hundred and Ninety-Second General Court  
(2021-2022)**

An Act to better coordinate suicide prevention services, behavioral health crisis care and emergency services through 988 implementation.

*Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:*

1 SECTION 1. Chapter 6A of the General Laws is amended by adding the following  
2 section after Section 16BB:

3 Section 16CC: 988 suicide prevention and behavioral health crisis hotline, mobile  
4 behavioral health crisis responders

5 (a) As used in this section, the following words shall have the following meanings:—

6 "Community services", services that are available to the general population.

7 "988 crisis hotline center", a center designated by the commissioner of the department of  
8 public health to respond to statewide or regional 988 calls.

9 "Community behavioral health centers", organizations that are designated by the  
10 executive office of health and human services, licensed clinics as determined by the department

11 of public health, and/or hold a contract with the department of mental health to provide  
12 community-based mental health services.

13 “Community crisis stabilization programs”, programs providing short-term (under 24  
14 hours) crisis stabilization services with capacity for diagnosis, initial management, observation,  
15 crisis stabilization, and follow-up referral services to all persons in a home-like environment.  
16 These can include Emergency Service Providers and restoration centers.

17 “Mobile behavioral health crisis responders”, teams of behavioral health professionals,  
18 which may include peers, which provide professional onsite community-based intervention such  
19 as evaluation, de-escalation, stabilization, diversion, and triage to acute intervention or  
20 community-based settings for individuals who are experiencing a behavioral health crisis.  
21 Mobile Behavioral Health Crisis Responders may include: (1) Emergency Service  
22 Provider/Mobile Crisis Intervention teams; (2) local or regional behavioral health teams  
23 including licensed behavioral health professionals and peers that may include crisis co-  
24 responders; and (3) licensed behavioral health professionals and peers embedded in Emergency  
25 Medical Services (EMS).

26 “Peers”, individuals employed on the basis of their personal lived experience of mental  
27 illness and/or addiction and recovery who meet peer certification requirements where applicable.  
28 Peers may include Family Partners that meet Community Health Worker certification standards.

29 (b) Prior to July 16, 2022, the Secretary of the Executive Office of Health and Human  
30 Services, hereafter the “Secretary”, shall designate a crisis hotline center or centers to provide  
31 crisis intervention services and crisis care coordination to individuals accessing the 988 suicide  
32 prevention and behavioral health crisis hotline twenty-four hours a day, seven days a week:

33 (1) The designated hotline center(s) must meet Secretary's Ambulatory Behavioral  
34 Health System standards and the National Suicide Prevention Lifeline requirements and best  
35 practices guidelines for operational and clinical standards.

36 (2) The designated hotline center(s) must provide data, report, and participate in  
37 evaluations and related quality improvement activities as required by the Secretary.

38 (3) The designated hotline center(s) shall utilize technology including chat and text that is  
39 interoperable between and across crisis and emergency response systems other non-behavioral  
40 health crisis services, and others, as necessary.

41 (4) The Secretary, in consultation with the Executive Office of Public Safety and  
42 Security, shall promulgate regulations to allow appropriate information sharing and  
43 communication among crisis and emergency response systems for the purpose of real-time crisis  
44 care coordination. Such regulations shall include:

45 (i) a preference for resolving behavioral health crises over the phone where possible;

46 (ii) if physical intervention is needed, a preference for dispatching Emergency  
47 Service Provider/Mobile Crisis Intervention where appropriate;

48 (iii) if safety is a concern, to provide for dispatching law enforcement to support  
49 mobile behavioral health crisis responders;

50 (iv) coordination of services during and post-crisis.

51 (5) The designated hotline center(s) shall have the authority to deploy crisis and outgoing  
52 services, including mobile behavioral health crisis responders, and coordinate access to crisis

53 triage, evaluation, and counseling, and to community crisis stabilization programs or other local  
54 resources as appropriate.

55 (6) The designated hotline center(s) shall maintain standing partnership agreements with  
56 community behavioral health centers and other behavioral health programs and facilities.

57 (7) The designated hotline center(s) shall coordinate access to crisis evaluation,  
58 counselling, receiving and stabilization services for individuals accessing the 988 suicide  
59 prevention and behavioral health crisis hotline through appropriate information sharing regarding  
60 availability of services.

61 (8) The designated hotline center(s) shall have the capability to serve high risk and  
62 specialized populations including LGBTQ individuals, those with co-occurring substance use  
63 and mental health conditions, those with autism spectrum disorders or intellectual and  
64 developmental disabilities, Native American, and special populations and capacity for providing  
65 linguistically and culturally competent care.

66 (9) The designated hotline center(s) shall provide follow-up services to individuals  
67 accessing the 988 suicide prevention and behavioral health crisis hotline.

68 (10) The Secretary shall issue a report not more than 1 year following enactment of this  
69 Act. Reports shall be issued annually thereafter. Said report shall include the 988 suicide  
70 prevention and behavioral health crisis hotline's usage and the services provided, performance  
71 and quality metrics, including law enforcement diversions and hospital diversions, and caller  
72 demographics. Said report shall be filed with the clerks of the senate and the house of  
73 representatives, and the joint committee on mental health, substance use and recovery.

74 (c) Mobile behavioral health crisis responders shall collaborate with local law  
75 enforcement agencies and include police as co-responders in behavioral health teams only as  
76 needed to respond in high-risk situations that cannot be managed without the assistance of law  
77 enforcement personnel.

78 Mobile behavioral health crisis responders and community crisis stabilization programs  
79 shall: (i) be designed in partnership with community members, including people with lived  
80 experience utilizing crisis services; (ii) be staffed by personnel that reflect the demographics of  
81 the community served; and (iii) collect customer service data from individuals served by  
82 demographic requirements, including race and ethnicity and performance and quality metrics.

83 SECTION 2. Chapter 10 of the General Laws is amended by adding the following section  
84 after Section 35LLL:

85 Section 35MMM: Behavioral Health Crisis and Suicide Prevention Trust Fund, 988 fee,  
86 988 Commission

87 (a) There shall be a Behavioral Health Crisis and Suicide Prevention Trust Fund,  
88 hereinafter the “Fund”, established and managed by the Secretary of the Executive Office of  
89 Health and Human Services, hereinafter the “Secretary”, for the purposes of creating and  
90 maintaining a statewide 988 suicide prevention and mental health crisis system.

91 (1) The Fund shall consist of:

92 (i) The statewide 988 fee assessed on users under section (b) below;

93 (ii) Appropriations made by the General Court;

94 (iii) Grants and gifts intended for deposit in the fund;

95 (iv) Interest, premiums, gains, or other earnings on the fund; and

96 (v) Money from any other source that is deposited in or transferred to the fund.

97 (2) Money in the Fund:

98 (i) Shall not revert at the end of any state fiscal year but remain available for the

99 purposes of the fund in subsequent state fiscal years;

100 (ii) Is not subject to transfer to any other fund or to transfer, assignment, or reassignment

101 for any other use or purpose outside of those specified in section (b) below; and

102 (iii) Is continuously appropriated for the purposes of the fund.

103 (3) The Secretary shall file an annual report on Fund deposits and expenditures with the

104 clerks of the senate and the house of representatives, and the joint committee on mental health,

105 substance use and recovery.

106 (b) The Secretary shall establish a monthly statewide 988 fee on each resident that is a

107 subscriber of commercial mobile and/or IP-enabled voice services at a rate that provides for the

108 robust creation, operation, and maintenance of a statewide 988 suicide prevention and behavioral

109 health crisis system and the continuum of services provided pursuant to national guidelines for

110 crisis services.

111 (1) The revenue generated by a 988 fee should be sequestered in trust as specified in

112 section (a) above to be obligated or expended only in support of 9-8-8 services, or

113 enhancements of such services.



114           (2) The revenue generated by a 988 fee must only be used to offset costs that are or will  
115 be reasonably attributed to: ensuring the efficient and effective routing of calls made to the 988  
116 suicide prevention and behavioral health crisis hotline to the designated hotline center(s) and  
117 community behavioral health centers including staffing and technological infrastructure  
118 enhancements necessary to achieve operational and clinical standards and best practices set forth  
119 by the Secretary’s Ambulatory Behavioral Health System standards and the National Suicide  
120 Prevention Lifeline; recruitment of personnel that reflect the demographics of the community  
121 served; specialized training of staff to assess and serve people experiencing mental health,  
122 substance use, and suicidal crises, including specialized training to serve at-risk communities,  
123 including culturally and linguistically competent services for LGBTQ+, racially, ethnically, and  
124 linguistically diverse communities; the provision of acute behavioral health, crisis outreach and  
125 stabilization services that are in response to the 9–8–8 national suicide prevention and behavioral  
126 health crisis hotline; provision of data, reporting, participation in evaluations and related quality  
127 improvement activities as required by the Secretary; administration, oversight and evaluation of  
128 the fund; coordination with 911, Emergency Service Providers, crisis co-responders, and other  
129 system partners, including service providers; and development of service enhancements or  
130 targeted responses to improve outcomes and address gaps and needs.

131           (3) The 988 fee may be adjusted as needed to provide for continuous operation, volume  
132 increases and maintenance.

133           (4) The Secretary shall file an annual report on Fund deposits and expenditures with the  
134 clerks of the senate and the house of representatives, and the joint committee on mental health,  
135 substance use and recovery.

136 (5) The Secretary shall promulgate regulations for the spending the revenue generated by  
137 the 988 fee, and for the administration of programs established as a result of fee revenue by July  
138 1, 2022, under advisement of the 988 Commission established in Section (c) below.

139 (c) There shall be a 988 Commission to accomplish the planning required for  
140 implementation and ongoing oversight of this Act in coordination with designated hotline  
141 center(s), 911 centers, the department of mental health, and the department of public health. The  
142 988 Commission shall be appointed by the governor and shall include the Secretary or designee,  
143 the secretary of the executive office of public safety and security or designee; the executive  
144 director of the Massachusetts Behavioral Health Partnership or designee; a one representative  
145 from an Emergency Service Provider nominated by the Association for Behavioral Healthcare; a  
146 representative from Association for Behavioral Healthcare; a representative from a suicide  
147 prevention hotline in Massachusetts nominated by Samaritans; a representative from the  
148 Riverside Community Care MassSupport program; a representative from the United Way's  
149 Call2Talk program; a representative from the Massachusetts Coalition for Suicide Prevention; a  
150 representative from the Children's Mental Health Campaign; a representative from the  
151 INTERFACE Referral Service at William James College; a representative from the National  
152 Alliance on Mental Illness (NAMI) of Massachusetts; a representative from the Parent  
153 Professional Advocacy League; three representatives who identify as having a behavioral health  
154 condition as recommended to the governor by the secretary; a representative from the  
155 Massachusetts Association for Mental Health; a representative from the Boston Chapter of the  
156 NAACP; a representative from the ACLU of Massachusetts; a 911 dispatcher designated by the  
157 Massachusetts Association of Police Chiefs; an EMT or first responder nominated by the  
158 Massachusetts Ambulance Association; a representative from the Mental Health Legal Advisors

159 Committee; and a representative designated by the National Association of Social Workers  
160 Massachusetts Chapter.

161           The 988 Commission shall review national guidelines and best practices and make  
162 recommendations for implementation of 988 in Massachusetts by December 31, 2021, for  
163 implementation by July 2022. Recommendations may include any legislative or regulatory  
164 changes that might be needed, a recommended levy amount on commercial mobile service,  
165 prepaid wireless voice service, and IP enabled services end users not less than the Electronic 911  
166 wireless surcharge established in M.G.L. Section 18H of Chapter 6A, as well as a plan to spend  
167 levied funds in the Fund.