

SENATE No. 1274

The Commonwealth of Massachusetts

PRESENTED BY:

Julian Cyr

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:	
<i>Julian Cyr</i>	<i>Cape and Islands</i>	
<i>Jack Patrick Lewis</i>	<i>7th Middlesex</i>	<i>3/5/2021</i>
<i>Sal N. DiDomenico</i>	<i>Middlesex and Suffolk</i>	<i>4/2/2021</i>
<i>Joanne M. Comerford</i>	<i>Hampshire, Franklin and Worcester</i>	<i>4/14/2021</i>
<i>Mathew J. Muratore</i>	<i>1st Plymouth</i>	<i>4/14/2021</i>
<i>Patrick M. O'Connor</i>	<i>Plymouth and Norfolk</i>	<i>4/14/2021</i>
<i>Jason M. Lewis</i>	<i>Fifth Middlesex</i>	<i>4/15/2021</i>
<i>James B. Eldridge</i>	<i>Middlesex and Worcester</i>	<i>4/26/2021</i>
<i>Susan L. Moran</i>	<i>Plymouth and Barnstable</i>	<i>5/5/2021</i>
<i>Erika Uytterhoeven</i>	<i>27th Middlesex</i>	<i>7/8/2021</i>
<i>Paul R. Feeney</i>	<i>Bristol and Norfolk</i>	<i>10/6/2021</i>
<i>Mike Connolly</i>	<i>26th Middlesex</i>	<i>4/29/2022</i>

SENATE No. 1274

By Mr. Cyr, a petition (accompanied by bill, Senate, No. 1274) of Julian Cyr, Jack Patrick Lewis and Sal N. DiDomenico for legislation to better coordinate suicide prevention services, behavioral health crisis care, and emergency services through 988 implementation. 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 hereby amended by inserting after
2 Section 16BB the following section:-

3 Section 16CC: (a) As used in this section, the following words shall have the following
4 meanings:—

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

6 "988 crisis hotline center", a center designated by the commissioner of the department of
7 public health to respond to statewide or regional 988 calls.

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

10 of public health or that hold a contract with the department of mental health to provide
11 community-based mental health services.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

81 SECTION 2. Chapter 10 of the General Laws is hereby amended by inserting after
82 Section 35LLL the following section:-

83 Section 35MMM: (a) There shall be a Behavioral Health Crisis and Suicide Prevention
84 Trust Fund, hereinafter the “Fund”, established and managed by the Secretary of the Executive
85 Office of Health and Human Services, hereinafter the “Secretary”, for the purposes of creating
86 and maintaining a statewide 988 suicide prevention and mental health crisis system.

87 (1) The Fund shall consist of:

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

89 (ii) Appropriations made by the General Court;

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

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

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

93 (2) Money in the Fund:

94 (i) Shall not revert at the end of any state fiscal year but remain available for the
95 purposes of the fund in subsequent state fiscal years;

96 (ii) Is not subject to transfer to any other fund or to transfer, assignment, or
97 reassignment for any other use or purpose outside of those specified in section (b) below;

98 and

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

100 The Secretary shall file an annual report on Fund deposits and expenditures with the
101 clerks of the senate and the house of representatives, and the joint committee on mental health,
102 substance use and recovery.

103 (b) The Secretary shall establish a monthly statewide 988 fee on each resident that is a
104 subscriber of commercial mobile or IP-enabled voice services at a rate that provides for the
105 robust creation, operation, and maintenance of a statewide 988 suicide prevention and behavioral
106 health crisis system and the continuum of services provided pursuant to national guidelines for
107 crisis services.

108 The revenue generated by a 988 fee should be sequestered in trust as specified in section
109 (a) above to be obligated or expended only in support of 9-8-8 services, or enhancements of
110 such services.

111 The revenue generated by a 988 fee must only be used to offset costs that are or will be
112 reasonably attributed to: ensuring the efficient and effective routing of calls made to the 988

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

128 The 988 fee may be adjusted as needed to provide for continuous operation, volume
129 increases and maintenance.

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

133 (5) The Secretary shall promulgate regulations for the spending the revenue generated by
134 the 988 fee, and for the administration of programs established as a result of fee revenue by July
135 1, 2022, under advisement of the 988 Commission established in Section (c) below.

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

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

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