

WEST VIRGINIA LEGISLATURE

2023 REGULAR SESSION

Introduced

House Bill 3508

By Delegates Young, Pushkin, and Skaff

[Introduced February 14, 2023; Referred to the Committee
on Health and Human Resources then Finance]

1 A BILL to amend the Code of West Virginia, 1931, as amended, by adding thereto a new article,
 2 designated §27-18-1, §27-18-2, §27-18-3, §27-18-4, §27-18-5, §27-18-6, and §27-18-7,
 3 all relating to establishing the behavioral health crisis services system act; defining terms;
 4 designating a crisis hotline center; detailing requirements of the crisis hotline center;
 5 providing funding for mobile crisis teams and detailing responsibilities of mobile crisis
 6 teams; requiring funding for crisis receiving and stabilization services; establishing a trust
 7 fund for the purpose of creating and maintaining a statewide 9-8-8 suicide prevention and
 8 mental health crisis system; and establishing a fee to support the statewide 9-8-8 suicide
 9 prevention and mental health crisis system.

Be it enacted by the Legislature of West Virginia:

ARTICLE 18. BEHAVIORAL HEALTH CRISIS SERVICES SYSTEM.

§27-18-1. Title.

1 This Article shall be known as the Behavioral Health Crisis Services System Act.

§27-18-2. Definitions.

1 In this article the following words have the meanings:

2 "9-8-8 Administrator" means the Administrator of the 9-8-8 Suicide Prevention and Mental
 3 Health Crisis Hotline.

4 "9-8-8 Crisis Hotline Center" or "hotline center" means a state-identified center
 5 participating in the National Suicide Prevention Lifeline Network to respond to statewide or
 6 regional 9-8-8 contacts.

7 "9-8-8 Suicide Prevention and Mental Health Crisis Hotline" means the National Suicide
 8 Prevention Lifeline ("NSPL") or its successor maintained by the Assistant Secretary for Mental
 9 Health and Substance Use under the Public Health Service Act, 42 U.S.C. §290bb-36c.

10 "Community Mental Health Centers" and "Certified Community Behavioral Health Centers"
 11 means facilities as defined under the Public Health Services Act, 42 U.S.C. §1395x and
 12 Community Behavioral Health Organizations as licensed and certified by the state.

13 "Crisis receiving and stabilization services" are facilities providing short-term (under 24
14 hours) with capacity for diagnosis, initial management, observation, crisis stabilization and follow
15 up referral services to all persons in a home-like environment.

16 "Federal Communications Commission" regulates interstate and international
17 communications by radio, television, wire, satellite, and cable in all 50 states, the District of
18 Columbia and U.S. territories. An independent U.S. government agency overseen by Congress,
19 the Commission is the United States' primary authority for communications law, regulation, and
20 technological innovation.

21 "Mobile Crisis Teams" include behavioral health professionals and peers that provide
22 professional onsite community-based intervention such as de-escalation, stabilization, etc. for
23 individuals who are experiencing a behavioral health crisis.

24 "National Suicide Prevention Lifeline" ("NSPL") is a national network of local crisis centers
25 providing free and confidential emotional support to people in suicidal crisis or emotional distress
26 24 hours a day, 7 days a week. Membership as an NSPL center requires nationally recognized
27 certification which includes evidence-based training for all staff and volunteers in the management
28 of calls.

29 "Peers" are individuals employed on the basis of their personal lived experience of mental
30 illness and/or addiction and recovery who meet the state's peer certification requirements where
31 applicable.

32 "Substance Abuse and Mental Health Services Administration" is the agency within the
33 U.S. Department of Health and Human Services that leads public health efforts to advance the
34 behavioral health of the nation.

35 "Veterans Crisis Line" ("VCL") means Veterans Crisis Line maintained by the Secretary of
36 Veterans Affairs under 38 U.S.C. §1720F(h).

§27-18-3. Establishment of Crisis Hotline Center.

1 The state shall establish and designate a crisis hotline center or centers to provide crisis

2 intervention services and crisis care coordination to individuals accessing the 9-8-8 suicide
3 prevention and behavioral health crisis hotline within the state, 24 hours a day, seven days a week.
4 At least one hotline center shall be established by January 1, 2022, and meet the following
5 requirements:

6 (1) The designated hotline center shall have an active agreement with the administrator of
7 the National Suicide Prevention Lifeline ("NSPL") for participation within the network.

8 (2) The designated hotline center shall meet NSPL requirements and best practices
9 guidelines for operational and clinical standards.

10 (3) The designated hotline center shall provide data, report, and participate in evaluations
11 and related quality improvement activities as required by the 9-8-8 system administrator.

12 (4) To ensure cohesive, coordinated crisis care, the designated hotline center shall utilize
13 technology including chat and text that is interoperable between and across crisis and emergency
14 response systems used throughout the state (911, EMS, other non-behavioral health crisis
15 services, and others as necessary) and with the administrator of the National Suicide Prevention
16 Lifeline.

17 (5) The designated hotline center shall have the authority to deploy crisis and outgoing
18 services, including mobile crisis teams, and coordinate access to crisis receiving and stabilization
19 services or other local resources as appropriate and according to guidelines and best practices
20 established by the NSPL. The designated center shall also actively collaborate with mental health
21 and substance use disorder treatment providers including hospital emergency departments and
22 inpatient psychiatric settings, local Community Mental Health Centers, including Certified
23 Community Behavioral Health Clinics and Community Behavioral Health Centers, crisis receiving
24 and stabilization centers, and mobile crisis teams throughout the state to coordinate linkages for
25 persons contacting 9-8-8 with ongoing care needs, establishing formal agreements where
26 appropriate.

27 (6) The designated hotline center shall coordinate access to crisis receiving and

28 stabilization services for individuals accessing the 9-8-8 suicide prevention and behavioral health
29 crisis hotline through appropriate information sharing regarding availability of services.

30 (7) The West Virginia Suicide Prevention Council, having primary oversight of suicide
31 prevention and crisis service activities and essential coordination with designated 9-8-8 hotline
32 centers, shall work in concert with the NSPL and VCL networks for the purposes of ensuring
33 consistency of public messaging about 9-8-8 services.

34 (8) The designated hotline center shall meet the requirements set forth by NSPL for
35 servicing high risk and specialized populations as identified by the Substance Abuse and Mental
36 Health Services Administration, including training requirements and policies for transferring such
37 callers to an appropriate specialized center or subnetworks within or external to the NSPL
38 network. This shall include, but not be limited to, LGBTQ youth, minorities, rural individuals, and
39 other high-risk populations well as those with co-occurring substance use, and for providing
40 linguistically and culturally competent care.

41 (9) The designated hotline center must provide follow-up services to individuals accessing
42 the 9-8-8 suicide prevention and behavioral health crisis hotline consistent with guidance and
43 policies established by the NSPL.

44 (10) An annual report of the 9-8-8 suicide prevention and behavioral health crisis hotline's
45 usage and the services provided shall be made to the Joint Committee on Government and
46 Finance and the Substance Abuse and Mental Health Services Administration.

§27-18-4. Mobile Crisis Teams.

1 The state shall provide, or shall provide funding for local governments or nongovernmental
2 organizations to provide, onsite response services to crisis calls utilizing State funded Mobile
3 Crisis Teams (MCTs):

4 (1) The Mobile Crisis Teams shall be (A) jurisdiction-based behavioral health teams
5 including licensed behavioral health professionals and including peers, and/or (B) behavioral
6 health teams embedded in Emergency Medical Services (EMS) and including peers.

7 (2) Mobile Crisis Teams shall (A) collaborate with local law enforcement agencies and (B)
8 include police as co-responders in behavioral health teams, only as needed to respond in high-risk
9 situations that cannot be managed without law enforcement.

10 (3) Mobile Crisis Teams and crisis stabilization services provided shall (A) be designed in
11 partnership with community members, including people with lived experience utilizing crisis
12 services; (B) be staffed by personnel that reflect the demographics of the community served; and
13 (C) collect customer service data from individuals served by demographic requirements, including
14 race and ethnicity, set forth by SAMHSA and consistent with the state block grant requirements for
15 continuous evaluation and quality improvement.

§27-18-5. Crisis receiving and stabilization services.

1 The state shall provide, or shall provide funding for local governments or nongovernmental
2 organizations to provide, treatment for crisis receiving and stabilization services if the individual
3 meets the state's definition of uninsured or if the crisis stabilization service is not a covered service
4 by the individual's health coverage.

5 For Medicaid recipients, the state Medicaid office shall work with the entity responsible for
6 the development of crisis receiving and stabilization services to explore options for appropriate
7 coding of and payment for crisis management services.

8 The state shall determine how payment will be made to the provider of service.

§27-18-6. Suicide Prevention Trust.

1 The State of West Virginia hereby establishes a statewide 9-8-8 trust fund for the purposes
2 of creating and maintaining a statewide 9-8-8 suicide prevention and mental health crisis system
3 pursuant to the National Suicide Hotline Designation Act of 2020, the Federal Communication
4 Commission's rules adopted July 16, 2020, and national guidelines for crisis care.

5 (1) The fund consists of:

6 (A) The statewide 9-8-8 fee assessed on users under §27-18-7 of this code;

7 (B) Appropriations made by the legislature;

- 8 (C) Grants and gifts intended for deposit in the fund;
- 9 (D) Interest, premiums, gains, or other earnings on the fund; and
- 10 (E) Money from any other source that is deposited in or transferred to the fund.
- 11 (2) Money in the fund:
- 12 (A) Does not revert at the end of any state fiscal year but remains available for the
- 13 purposes of the fund in subsequent state fiscal years;
- 14 (B) Is not subject to transfer to any other fund or to transfer, assignment, or reassignment
- 15 for any other use or purpose outside of those specified in §27-18-7 of this code; and
- 16 (C) Is continuously appropriated for the purposes of the fund.
- 17 (3) An annual report of fund deposits and expenditures shall be made to the Joint
- 18 Committee on Government and Finance and the Federal Communications Commission.

§27-18-7. Hotline Services.

1 In compliance with the National Suicide Hotline Designation Act of 2020, the State of West
2 Virginia shall establish a monthly statewide 9-8-8 fee on each resident that is a subscriber of
3 commercial landline telephone, mobile telephone and/or IP-enabled voice services at a rate that
4 provides for the robust creation, operation, and maintenance of a statewide 9-8-8 suicide
5 prevention and behavioral health crisis system and the continuum of services provided pursuant to
6 national guidelines for crisis services consistent with the following requirements:

7 (1) The revenue generated by a 9-8-8 fee should be sequestered in trust as specified in
8 §27-18-6 to be obligated or expended only in support of 9–8–8 services, or enhancements of such
9 services.

10 (2) The revenue generated by a 9-8-8 fee must only be used to offset costs that are or will
11 be reasonably attributed to:

12 (A) Primarily ensuring the efficient and effective routing of calls made to the 9-8-8 suicide
13 prevention and behavioral health crisis hotline to the designated hotline center including staffing
14 and technological infrastructure enhancements necessary to achieve operational and clinical

15 standards and best practices set forth by NSPL;

16 (B) Personnel, including recruitment of personnel that reflect the demographics of the
17 community served; specialized training of staff to serve at-risk communities, including culturally
18 and linguistically competent services for LGBTQ+, racially, ethnically, and linguistically diverse
19 communities; and the provision of acute behavioral health, crisis outreach and stabilization
20 services by directly responding to the 9–8–8 national suicide prevention and behavioral health
21 crisis hotline;

22 (C) Provision of data, reporting, participation in evaluations and related quality
23 improvement activities as required by the 9-8-8 administrator; and

24 (D) Administration, oversight and evaluation of the fund.

25 (3) The 9-8-8 fee may be adjusted as needed to provide for continuous operation, volume
26 increases and maintenance.

27 (4) An annual report on the revenue generated by the 9-8-8 fee shall be made to the Joint
28 Committee on Government and Finance and the Federal Communications Commission.

NOTE: The purpose of this bill is to create the Core State Behavioral Health Crisis Services System.

Strike-throughs indicate language that would be stricken from a heading or the present law and underscoring indicates new language that would be added.