

BILL NO. 35-0224

Thirty-Fifth Legislature of the Virgin Islands

January 18, 2024

An Act amending title 19, part V, chapter 45, subchapter VI to increase access to behavioral health services, with a focus on a Psychiatric Emergency Response Team to provide mobile crisis intervention services, and the 9-8-8 telecommunication system

PROPOSED BY: Senator Diane T. Capehart

Be it enacted by the Legislature of the Virgin Islands:

SECTION 1. Title 19, part V, chapter 45, subchapter I is amended as follows:

(a) Section 1001 is amended by adding the following definitions:

(1) “9-8-8” means the universal telephone number for the national suicide prevention and mental health crisis hotline system within the United States operating through the National Suicide Prevention 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.

(2) “9-8-8 Administrator” means the Administrator of the 9-8-8 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.

1 (3) “9-8-8 Crisis Hotline Center” (crisis center) means a territory-designated center
2 participating in the National Suicide Prevention Lifeline Network to respond to territory
3 wide 9-8-8 contacts via modalities offered, including call, chat, or text.

4 (4) “9-8-8 fee” means the surcharge assessed on commercial landline, mobile
5 service, prepaid wireless voice service, and interconnected voice over internet protocol
6 service lines established under in section 1020(c).

7 (5) “9-8-8 Trust Fund” means the 9-8-8 suicide prevention and mental health crisis
8 hotline system fund established in section 1023.

9 (6) “Crisis receiving and stabilization services” means facilities providing short-
10 term services under 24 hours with capacity for diagnosis, initial management, observation,
11 crisis stabilization and follow up referral services to all persons in a home-like environment.

12 (7) “Federal Communications Commission” means the federal agency that regulates
13 interstate and international communications by radio, television, wire, satellite, and cable in
14 all 50 states, the District of Columbia and U.S. territories. An independent U.S. government
15 agency overseen by Congress, the Commission is the federal agency responsible for
16 implementing and enforcing America’s communications law and regulations.

17 (8) “National Suicide Prevention Lifeline” means a national network of local crisis
18 centers providing free and confidential emotional support to people in suicidal crisis or
19 emotional distress 24 hours a day, 7 days a week.

20 (9) “Peers” means individuals employed on the basis of their personal lived
21 experience of a mental health condition or substance use disorder and recovery who have
22 successfully completed a state or nationally-recognized peer support training program.

23 (10) “Psychiatric Emergency Response Team” (PERT) means a mobile crisis
24 intervention and multidisciplinary behavioral health team as defined in the American Rescue
25 Plan Act of 2021 (Section 1947(b)(2) of Public Law 117-2), that provides acute behavioral

1 health, crisis outreach, and receiving and stabilization services by directly responding to the
2 9–8–8 national suicide prevention and behavioral health crisis hotline.

3 (11) “Substance Abuse and Mental Health Services Administration” (SAMHSA)
4 means the agency within the U.S. Department of Health and Human Services that leads
5 public health efforts to advance the behavioral health of the nation.

6 (12) “Veterans Crisis Line” means the crisis hotline for veterans maintained by the
7 Secretary of Veterans Affairs under section 1720F(h) of title 38, United States Code.

8 (b) Section 1020 is amended by striking paragraph (3) and inserting a new paragraph (3)
9 that reads:

10 “(3) a crisis hotline center to provide crisis intervention services and crisis care
11 coordination to individuals accessing the 9-8-8 suicide prevention and behavioral health
12 crisis hotline from any district within the territory, twenty-four hours a day, seven days a
13 week.

14 (A) The designated hotline center must have an active agreement with the
15 National Suicide Prevention Lifeline for participation within the Lifeline network.

16 (B) The designated hotline center must meet National Suicide Prevention
17 Lifeline requirements and best practices guidelines for operational, performance and
18 clinical standards.

19 (C) The designated hotline center must provide data, report, and participate in
20 evaluations and related quality improvement activities as required by the 9-8-8
21 Administrator.

22 (D) The Department of Health shall use its authority to promulgate regulations
23 to allow appropriate information sharing and communication between and across crisis
24 and emergency response systems for the purpose of real-time crisis care coordination

1 including, but not limited to, deployment of crisis and outgoing services and linked,
2 flexible services specific to crisis response.

3 (E) The designated hotline center may deploy crisis and outgoing services,
4 including Psychiatric Emergency Response Teams, and coordinate access to crisis
5 receiving and stabilization services or other local resources as appropriate and
6 consistent with any guidelines and best practices that may be established by the
7 National Suicide Prevention Lifeline.

8 (F) To facilitate the ongoing care needs of persons contacting 9-8-8,
9 Department's Behavioral Health Division shall assure active collaborations and
10 coordination of service linkages between the designated center, mental health and
11 substance use disorder treatment providers, local community mental health centers,
12 behavioral health clinics, Psychiatric Emergency Response Teams, and community
13 based as well as hospital emergency departments and inpatient psychiatric settings,
14 establishing formal agreements and appropriate information sharing procedures where
15 appropriate.

16 (G) The Department's Behavioral Health Division shall assure active
17 collaborations and coordination of service linkages between the designated center and
18 crisis receiving and stabilization services for individuals accessing the 9-8-8 suicide
19 prevention and behavioral health crisis hotline through appropriate information
20 sharing regarding availability of services.

21 (H) The Department's Behavioral Health Division, having primary oversight
22 of suicide prevention and crisis service activities and essential coordination with the
23 designated 9-8-8 hotline center, shall work in concert with the National Suicide
24 Prevention Lifeline and Veterans Crisis Line and other SAMHSA-approved networks
25 for the purposes of ensuring consistency of public messaging about 9-8-8 services.

1 (I) The designated hotline center must meet the requirements set forth by the
2 National Suicide Prevention Lifeline for serving at-risk and specialized populations as
3 identified by the Substance Abuse and Mental Health Services Administration,
4 including, but not be limited to, LGBTQ, youth, minorities, rural individuals, veterans,
5 American Indians, Alaskan Natives, and other high-risk populations well as those with
6 co-occurring substance use; provide linguistically and culturally competent care; and
7 include training requirements and policies for transferring a 9-8-8 contact to an
8 appropriate specialized center or subnetwork within the National Suicide Prevention
9 Lifeline network.

10 (J) The designated hotline center must provide follow-up services to
11 individuals accessing the 9-8-8 suicide prevention and behavioral health crisis hotline
12 consistent with guidance and policies established by the National Suicide Prevention
13 Lifeline.

14 (K) The Department’s Behavioral Health Division, having primary oversight
15 of suicide prevention and crisis service activities and essential coordination shall
16 provide an annual report of the 9-8-8 suicide prevention and mental health crisis
17 hotline’s usage and the services provided to the Legislature and the Substance Abuse
18 and Mental Health Services Administration.”

19 (c) Section 1020 is further amended by adding subsections (c), (d), and (e) to read as
20 follows:

21 “(c) In compliance with the National Suicide Hotline Designation Act of 2020, the
22 Department of Health may impose a monthly territory-wide 9-8-8 fee on each resident that is a
23 subscriber of commercial landline telephone, mobile telephone or IP-enabled voice services, and
24 a point-of-sale 9-8-8 fee on each purchaser of a prepaid telephone service, at a rate that provides
25 for the robust creation, operation, and maintenance of a territory-wide 9-8-8 suicide prevention

1 and behavioral health crisis system and the continuum of services provided pursuant to national
2 guidelines for crisis services.

3 (1) The revenue generated by a 9-8-8 fee must be sequestered in trust as specified in
4 section 1023 to be obligated or expended only in support of 9-8-8 services, or enhancements
5 of such services.

6 (2) Consistent with 47 U.S.C. § 251a, the revenue generated by a 9-8-8 fee must be
7 used only to offset costs that are or will be reasonably attributed to:

8 (A) ensuring the efficient and effective routing and handling of calls, chats and
9 texts made to the 9-8-8 suicide prevention and mental health crisis hotline to the
10 designated hotline center, including staffing and technological infrastructure
11 enhancements necessary to achieve operational, performance and clinical standards
12 and best practices set forth by the National Suicide Prevention Lifeline; and

13 (B) personnel and the provision of acute mental health, crisis outreach and
14 stabilization services by directly responding to the 9-8-8 national suicide prevention
15 and mental health crisis hotline.

16 (3) The revenue generated by 9-8-8 fees may be used only for expenses that are not:

17 (A) reimbursable through Medicaid, Medicare, federal or state-regulated
18 health insurance plans, and disability insurers;

19 (B) a covered service by the individual's health coverage; and

20 (C) covered because the service recipient's name and health coverage
21 information cannot be obtained or billed.

22 (4) 9-8-8 fee revenue must be used to supplement, not supplant, any federal, territory
23 or local funding for suicide prevention or behavioral health crisis services.

24 (5) The 9-8-8 fee amount must be adjusted as needed to provide for continuous
25 operation, volume increases and maintenance.

1 (6) The Commissioner of the Department of Health must make an annual report on
2 the revenue generated by the 9-8-8 fee to the Legislature and the Federal Communications
3 Commission.”

4 (d) The Department’s Behavioral Health Division shall provide primary oversight and
5 direction on the territory’s implementation and operation of the 9-8-8 suicide prevention and
6 mental health crisis hotline. The Governor shall create an advisory body or require an existing
7 advisory body to provide guidance to the Division of Behavioral Health, to gather feedback, and
8 make recommendations regarding the planning and implementation of the 9-8-8 suicide prevention
9 and behavioral health crisis hotline. The advisory body must include representatives of the
10 designated 9-8-8 crisis center, 9-1-1 call centers, the Department’s Behavioral Health Division,
11 territorial substance abuse providers, law enforcement, hospital emergency departments, Superior
12 Court personnel, appointed by the Chief Justice, individuals with lived experience with suicide
13 prevention or behavioral health crisis services usage, family members and caregivers, and
14 behavioral health crisis services providers.”

15 (e) The Department of Health shall establish timeframes to accomplish the provisions of
16 this section that are consistent with the timeframes required by the National Suicide Hotline
17 Designation Act of 2020 and the Federal Communication Commission’s rules adopted on July 16,
18 2020.

19 (d) Section 1021 is amended by striking the entire section and replacing it with:

20 **“§1021. Psychiatric Emergency Response Team established.**

21 (a) The Department’s Behavioral Health Division shall establish and operate one
22 Psychiatric Emergency Response Team (PERT) in each district, to provide crisis intervention on
23 a 24-hour, 7-day-a-week basis to persons who suffer from behavioral health challenges or mental
24 health disorders and to provide crisis intervention training. The PERT shall work in conjunction
25 with the support of PERT-trained law enforcement officers and must be:

1 (1) district-based behavioral health teams including licensed behavioral health
2 professionals through the Division of Behavioral Health, and including peers, and/or

3 (2) behavioral health teams embedded in Emergency Medical Services (EMS) and
4 including peers.

5 (b) Psychiatric Emergency Response Teams shall collaborate with:

6 (1) local first responder and behavioral health agencies; and

7 (2) licensed behavioral health professionals and peers, to include police as co-
8 responders in behavioral health teams, only as needed to respond in high-risk situations that
9 cannot be managed without law enforcement.

10 (c) Psychiatric Emergency Response Teams and crisis stabilization services provided
11 must:

12 (1) be designed in partnership with community members, including people with
13 lived experience utilizing crisis services;

14 (2) be staffed by personnel that reflect the demographics of the community served;
15 and

16 (3) collect customer service data from individuals served by demographic
17 requirements, including race and ethnicity, set forth by SAMHSA and consistent with
18 requirements for continuous evaluation and quality improvement.

19 (d) The Psychiatric Emergency Response Teams must be composed of qualified
20 behavioral health professionals with training and experience in assessment and intervention with
21 persons who suffer from behavioral health challenges, mental health disorders, and substance use
22 disorders in a crisis. The team members must have a working knowledge of intake, case
23 management, behavioral and mental health systems, and local resources.”

24 (e) Section 1022 is amended:

1 (1) in subsection (b) by adding “and the Police Officer Standards and Training
2 Counsel” after the word “Department” in the first sentence, and striking the word
3 “biennially” and replacing it with “annually”; and

4 (2) by adding subsection (d) to read: “(d) Crisis intervention training must consist
5 of 40 hours of specialized training initially, and 20 hours of continuing education annually.”

6 (f) Section 1020a is added and reads as follows:

7 “§ 1020a. 9-8-8 Trust Fund

8 (a) The 9-8-8 Trust Fund is established as a separate and distinct non-lapsing fund
9 in the Treasury of the Virgin Islands to:

10 (1) maintain a territory-wide 9-8-8 suicide prevention and mental health crisis
11 system pursuant to the National Suicide Hotline Designation Act of 2020, the Federal
12 Communication Commission’s rules adopted July 16, 2020, and national guidelines
13 for crisis care; and

14 (2) support or enhance 9-8-8 services, including territory designated 9-8-8
15 hotline centers, Psychiatric Emergency Response Teams, and crisis receiving and
16 stabilization services.

17 (b) The Fund consists of:

18 (1) the territory wide 9-8-8 fee revenue assessed on users under subsection (d);

19 (2) appropriations made by the Legislature;

20 (a) An annual report of fund deposits and expenditures shall be made to the
21 Legislature and the Federal Communications Commission.”

22 **BILL SUMMARY**

23 This Bill amends title 19, part V, chapter 45, subchapter VI to increase access to behavioral
24 health services, with a focus on a Psychiatric Emergency Response Team to provide mobile crisis
25 intervention services, and the 9-8-8 telecommunication system.

26 **BR23-0412/December 12, 2023/HLF**