

[First Reprint]

ASSEMBLY, No. 1847

STATE OF NEW JERSEY
219th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2020 SESSION

Sponsored by:

Assemblywoman BRITNEE N. TIMBERLAKE

District 34 (Essex and Passaic)

Assemblywoman SHANIQUE SPEIGHT

District 29 (Essex)

Assemblyman ANTHONY S. VERRELLI

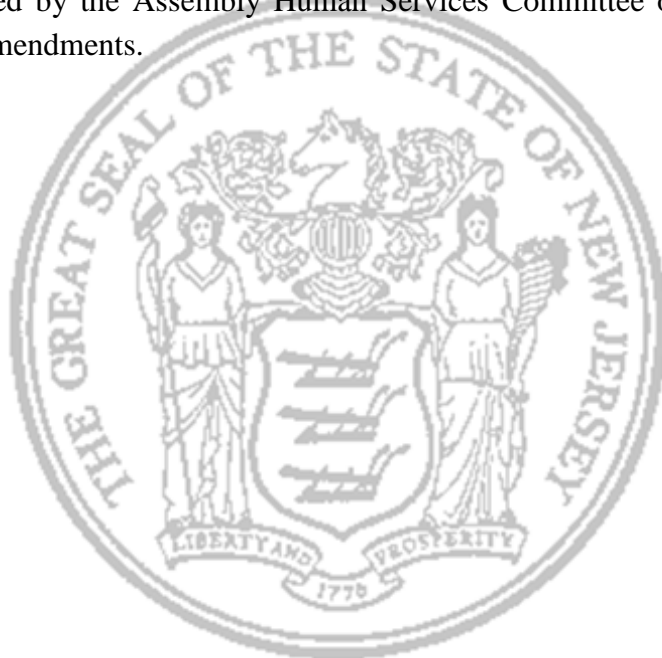
District 15 (Hunterdon and Mercer)

SYNOPSIS

Requires Commissioner of Human Services to establish 24-hour, toll-free Mental Illness Resource Hotline and develop hotline connection system to ensure that callers are connected to other appropriate hotlines when needed.

CURRENT VERSION OF TEXT

As reported by the Assembly Human Services Committee on February 3, 2020, with amendments.



1 AN ACT concerning the establishment of a Mental Illness ¹**[Crisis]**¹
 2 Resource Hotline¹**[,]**¹ and the connection of callers to other
 3 appropriate State-run hotlines, and supplementing Title 30 of the
 4 Revised Statutes.

5
 6 **BE IT ENACTED** by the Senate and General Assembly of the State
 7 of New Jersey:

8
 9 1. a. The Commissioner of Human Services, in consultation
 10 with the Commissioners of Health, Community Affairs, and
 11 Children and Families, shall establish and maintain, on a 24 hour a
 12 day basis, a toll-free Mental Illness ¹**[Crisis]**¹ Resource telephone
 13 hotline service. The hotline service shall receive and respond to
 14 calls from persons who are ¹**[undergoing, or who are seeking help**
 15 **for a person who is undergoing, a]** experiencing, or are seeking
 16 help for another individual who is experiencing, a non-emergency
 17 mental health issue or non-emergency mental health¹ crisis ¹**[or**
 18 **emergency situation resulting from mental illness]**¹.

19 ¹**[Hotline]** (1) Upon the receipt of a non-emergency call
 20 pursuant to this section, hotline¹ staff shall ¹**[provide emergency**
 21 **counseling to callers, in an effort to stabilize the crisis or**
 22 **emergency situation, and shall]**¹ promptly ¹identify, and either refer
 23 or directly¹ connect ¹**[callers]** the caller¹ to ¹**[other],**¹ appropriate
 24 State and local ¹programs, services, health care and mental health
 25 care professionals, and other¹ resources that can be ¹accessed by the
 26 caller and¹ used to ¹**[immediately]**¹ address ¹, mitigate,¹ and
 27 ¹potentially¹ eliminate the ¹non-emergency mental health issue or¹
 28 crisis ¹**[or emergency situation]** ¹, as the case may be¹. To the
 29 extent practicable, ¹**[callers]** the caller¹ shall be ¹referred to or¹
 30 connected with ¹programs, services, professionals, and other
 31 appropriate¹ resources that are available in the same county or
 32 region of the State in which the ¹person experiencing the mental
 33 health issue or¹ crisis ¹**[or emergency situation is occurring]** ¹is a
 34 resident. Service referrals and connections made pursuant to this
 35 paragraph may be facilitated through the use of telephone or digital
 36 communications, such as text message, electronic mail, or Internet
 37 chat.

38 (2) If a caller to the Mental Illness Resource Hotline provides
 39 any information indicating that suicide may result from the mental
 40 health issue or crisis that is the subject of the call, hotline staff shall
 41 deem the call to be of an urgent and emergency nature, and shall not
 42 provide the caller with referrals to resources, as provided in this

EXPLANATION – Matter enclosed in bold-faced brackets **[thus]** in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹Assembly AHU committee amendments adopted February 3, 2020.

1 subsection. Instead, hotline staff shall effectuate a warm hand-off
2 of the caller to staff at the New Jersey Suicide Prevention Hopeline
3 in order to ensure that the caller is provided with direct mental
4 health assistance on an emergency basis. A warm hand-off
5 performed under this paragraph shall involve the use of phone
6 conferencing technology. The staff member transferring the call
7 shall: (a) remain on the line and accessible to the caller during the
8 transfer of the call; (b) formally introduce the caller to the staff
9 member at the Suicide Prevention Hopeline who receives the
10 transferred call; and (c) summarize, for the receiving staff member,
11 the information that necessitated the transfer of the caller to the
12 Suicide Prevention Hopeline. At no time during a warm hand-off
13 conducted pursuant to this paragraph shall a caller be placed on
14 hold¹.

15 b. The Mental Illness ¹**【Crisis】**¹ Resource Hotline, established
16 pursuant to this section, shall be staffed by licensed professional
17 counselors, psychologists, psychoanalysts, and social workers
18 ¹**【who have particular experience in mental health crisis**
19 **intervention, including experience in communicating with persons**
20 **in mental health crisis, and their families, and】**¹ who have particular
21 training and knowledge in the institutional and community-based
22 ¹**programs, services, and**¹ resources that are available throughout
23 the State to assist persons who are ¹**【undergoing】** experiencing¹ a
24 ¹**non-emergency**¹ mental health ¹**issue or**¹ crisis, and their families.
25 The commissioner shall ensure that the hotline is staffed by persons
26 with diverse ethnic backgrounds ¹**【,】**¹ and includes persons who
27 speak both English and Spanish. The commissioner shall further
28 ensure that the hotline either employs or contracts with translators
29 and bi- or multi-lingual ¹**mental**¹ health care professionals who can
30 be made available to assist callers, upon request, or when needed.

31 c. Notwithstanding the provisions of section 1 of P.L.1991,
32 c.524 (C.30:1-1.1), and any other law, rule, or regulation to the
33 contrary, the ¹**【crisis】** resource¹ hotline established pursuant to this
34 section shall be operated separately and apart from the social
35 services information hotline established pursuant to subsection a. of
36 section 1 of P.L.1991, c.524 (C.30:1-1.1), the mental health and
37 developmental disabilities services hotline established pursuant to
38 subsection c. of section 1 of P.L.1991, c.524 (C.30:1-1.1), and any
39 community-based suicide hotlines established pursuant to section 2
40 of P.L.1985, c.195 (C.30:9A-13).

41 d. (1) The commissioner shall engage in a public awareness
42 campaign, using all available media, including television, radio,
43 print, the Internet, and social media, to inform the public about the
44 availability and purpose of the Mental Illness ¹**【Crisis】**¹ Resource
45 Hotline.

46 (2) The public awareness campaign developed under this
47 subsection shall include a component that is specifically designed to

1 inform children and young adults in elementary school, high school,
2 and institutions of higher education about the availability of the
3 hotline. Posters, signs, and other promotional materials used in this
4 component of the public awareness campaign shall employ the use
5 of language that is understandable by, and appropriate to, children
6 and young adults.

7 (3) Any promotional materials that are used in the public
8 awareness campaign shall be made available in both English and
9 Spanish.

10 e. The Departments of Human Services, Health, Children and
11 Families, Community Affairs, Education, and Law and Public
12 Safety shall each prominently display the phone number for the
13 Mental Illness ¹**[Crisis]**¹ Resource Hotline on the departments'
14 respective Internet websites.

15 f. ¹Staff at the Mental Illness Resource Hotline shall comply
16 with all applicable laws, rules, and regulations related to the
17 protection of individual and patient privacy and confidentiality and
18 shall engage in practices that ensure the security of all collected
19 information, consistent with those laws, rules, and regulations.
20 Notwithstanding the provisions of this subsection to the contrary,
21 the administrator of the hotline shall collect and analyze appropriate
22 and depersonalized data on the nature and resolution of the calls
23 received by the hotline in order to track the success of the hotline's
24 operations and identify trends in mental health service needs and
25 outcomes.

26 g.¹ As used in this section:

27 "Commissioner" means the Commissioner of Human Services.

28 "Health care professional" means a physician, nurse, or other
29 individual who is licensed by the State to provide health care in the
30 ordinary course of business or the practice of a profession.

31 ¹"Mental health care professional" means a psychologist,
32 psychiatrist, psychoanalyst, professional counselor, social worker,
33 or any other person who is licensed pursuant to Title 45 of the
34 Revised Statutes and authorized to provide mental health services in
35 the State.¹

36 "Professional counselor" means an individual who is licensed as
37 a professional counselor, pursuant to P.L.1993, c.340 (C.45:8B-
38 34 et seq.), and whose license remains in good standing.

39 "Psychologist" means an individual who is licensed as a
40 practicing psychologist, pursuant to P.L.1966, c.282 (C.45:14B-
41 1 et seq.), and whose license remains in good standing.

42 "Psychoanalyst" means an individual who is certified as a
43 psychoanalyst, pursuant to P.L.2000, c.57 (C.45:14BB-1 et seq.),
44 and whose certification remains in good standing.

45 "Social worker" means an individual who is certified as a social
46 worker or licensed as a clinical social worker, pursuant to P.L.1991,

1 c.134 (C.45:15BB-1 et seq.), and whose license or certification
2 remains in good standing.

3 “Mental illness” means the same as that term is defined by
4 section 2 of P.L.1987, c.116 (C.30:4-27.2).

5
6 2. a. The Commissioner of Human Services, in consultation
7 and coordination with the Commissioner of Health, shall develop a
8 system that requires and enables the staff of any health or human
9 services-related hotline in the State, including, but not limited to,
10 the social services information hotline established pursuant to
11 subsection a. of section 1 of P.L.1991, c.524 (C.30:1-1.1), the
12 mental health and developmental disabilities services hotline
13 established pursuant to subsection c. of section 1 of P.L.1991, c.524
14 (C.30:1-1.1), the Mental Illness ¹【Crisis】¹ Resource Hotline
15 established pursuant to section 1 of P.L. , c. (C.) (pending
16 before the Legislature as this bill), the community-based suicide
17 hotlines established pursuant to section 2 of P.L.1985, c.195
18 (C.30:9A-13), ¹the New Jersey Suicide Prevention Hopeline,¹ and
19 the NJ 2-1-1 hotline, to immediately connect callers to other
20 appropriate State or federal hotlines, as needed to address the
21 callers’ stated needs and issues. The hotline connection system
22 designed pursuant to this section shall ensure, to the greatest extent
23 practicable, that ¹: (1)¹ whenever a person calls a health or human
24 services-related hotline in the State that is inappropriate to their
25 needs, the hotline staff will immediately and directly transfer the
26 caller to another appropriate hotline, without ending the call ¹; and
27 (2) whenever a caller to any hotline provides information indicating
28 the intention or potential for suicide, the hotline staff member
29 receiving the call will immediately facilitate the warm hand-off of
30 the caller to the New Jersey Suicide Prevention Hopeline, in
31 accordance with the warm hand-off procedure outlined in paragraph
32 (2) of subsection a. of section 1 of this act.¹

33 b. The Commissioner of Human Services, in consultation with
34 the Commissioner of Health, shall adopt rules and regulations
35 pursuant to the “Administrative Procedure Act,” P.L.1968, c.410
36 (C.52:14B-1 et seq.), as may be necessary to implement the hotline
37 connection system required by this section.

38
39 3. This act shall take effect immediately.