

117TH CONGRESS  
2D SESSION

# S. 4871

To establish an office to coordinate work relating to behavioral health crisis care and to improve the National Suicide Prevention Lifeline program, and for other purposes.

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IN THE SENATE OF THE UNITED STATES

SEPTEMBER 15, 2022

Ms. BALDWIN (for herself and Ms. COLLINS) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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## A BILL

To establish an office to coordinate work relating to behavioral health crisis care and to improve the National Suicide Prevention Lifeline program, and for other purposes.

1       *Be it enacted by the Senate and House of Representa-*

2   *tives of the United States of America in Congress assembled,*

3   **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “988 Coordination and

5 Improvement Act”.

1   **SEC. 2. BEHAVIORAL HEALTH CRISIS COORDINATING OF-**  
2                   **FICE.**

3       Part A of title V of the Public Health Service Act  
4   (42 U.S.C. 290aa et seq.) is amended by adding at the  
5   end the following:

6   **“SEC. 506B. BEHAVIORAL HEALTH CRISIS COORDINATING**  
7                   **OFFICE.**

8       “(a) IN GENERAL.—The Secretary shall establish,  
9   within the Substance Abuse and Mental Health Services  
10   Administration, an office to coordinate work relating to  
11   behavioral health crisis care across the operating divisions  
12   and agencies of the Department of Health and Human  
13   Services, including the Substance Abuse and Mental  
14   Health Services Administration, the Centers for Medicare  
15   & Medicaid Services, and the Health Resources and Serv-  
16   ices Administration, and other Federal Government and  
17   external stakeholders.

18       “(b) DUTY.—The office established under subsection  
19   (a) shall—

20               “(1) convene Federal, State, Tribal, local, and  
21   private partners;

22               “(2) launch and manage Federal workgroups  
23   charged with making recommendations regarding be-  
24   havioral health crisis issues, including with respect  
25   to health care best practices, workforce development,  
26   mental health disparities, data collection, technology,

1       geolocation and call routing, program oversight, pub-  
2       lic education, and engagement; and

3               “(3) support technical assistance, data analysis,  
4       and evaluation functions in order to assist States,  
5       local governmental entities, territories, Indian  
6       Tribes, and Tribal communities in developing crisis  
7       care systems and establish nationwide best practices  
8       with the objective of expanding the capacity of, and  
9       access to, local 988 Suicide and Crisis Lifeline call  
10      centers, mobile crisis care, crisis stabilization, psy-  
11      chiatric emergency services, rapid post-crisis follow-  
12      up care, and essential community services provided  
13      by—

14               “(A) the National Suicide Prevention and  
15       Mental Health Crisis Hotline and Response  
16       System;

17               “(B) the Veterans Crisis Line;

18               “(C) community mental health centers (as  
19       defined in section 1861(ff)(3)(B) of the Social  
20       Security Act);

21               “(D) Federally qualified health centers (as  
22       defined in section 1861(aa) of the Social Secu-  
23       rity Act);

1               “(E) certified community behavioral health  
2               clinics, as described in section 223 of the Pro-  
3               tecting Access to Medicare Act of 2014; and

4               “(F) other community mental health, sub-  
5               stance use disorder, and essential community  
6               service providers, as determined by the Sec-  
7               retary.

8               “(c) AUTHORIZATION OF APPROPRIATIONS.—There  
9               is authorized to be appropriated to carry out this section  
10          \$10,000,000 for each of fiscal years 2023 through 2027.”.

11 **SEC. 3. NATIONAL SUICIDE PREVENTION LIFELINE PRO-**  
12 **GRAM ACCESS TO SPECIALIZED SERVICES.**

13          Section 520E–3 of the Public Health Service Act  
14 (290bb–36c) is amended—

15               (1) in subsection (b)—

16               (A) in paragraph (2)—

17               (i) by inserting after “suicide preven-  
18               tion hotline” the following: “, under the  
19               universal telephone number designated  
20               under section 251(e)(4) of the Communica-  
21               tions Act of 1934,”; and

22               (ii) by striking “; and” at the end and  
23               inserting a semicolon;

24               (B) in paragraph (3), by striking the pe-  
25               riod at the end and inserting “; and”; and

(C) by adding at the end the following:

“(4) supporting access by high-risk populations, including LGBTQ+ youth and other members of the LGBTQ+ community, American Indian and Alaska Natives, individuals who reside in rural counties, veterans, racial and ethnic minorities, and other high-risk populations, to specialized services through the program, in accordance with subsection (c) and as determined by the Office of the Assistant Secretary.”;

11                           (2) by redesignating subsection (c) as sub-  
12                           section (d); and

15        "(c) ACCESS TO SPECIALIZED SERVICES.—

16           “(1) CONSULTATION.—Wherever possible, the  
17       Office of the Assistant Secretary shall, in deter-  
18       mining which approaches to use to support access to  
19       specialized services under subsection (b)(4) to the  
20       populations described in such subsection, consult  
21       with organizations that have—

22                         “(A) experience working with such popu-  
23                         lations; or

1               “(B) technological expertise in effective  
2               crisis response using such digital and tech-  
3               nology approaches.

4               “(2) EXAMPLES OF SPECIALIZED SERVICES.—  
5               Efforts to support access to specialized services  
6               under subsection (b)(4) may include—

7               “(A) updates and development of training  
8               resources that can help crisis counselors better  
9               address the needs of high-risk populations;

10               “(B) adapting the program network center  
11               membership processes to incorporate organiza-  
12               tions providing specialized services for high-risk  
13               populations;

14               “(C) designing and implementing transfer  
15               processes;

16               “(D) providing additional technical assist-  
17               ance to centers participating in the program to  
18               ensure compliance with the training expecta-  
19               tions in working with high-risk populations; and

20               “(E) the use of digital and technology ap-  
21               proaches to improve access for high risk popu-  
22               lations.”.

1   **SEC. 4. DEPARTMENT OF HEALTH AND HUMAN SERVICES**

2                   **REPORT.**

3         (a) IN GENERAL.—Not later than 2 years after the  
4 date of enactment of this Act, the Secretary of Health and  
5 Human Services shall submit a report to Congress assess-  
6 ing the progress of the Department of Health and Human  
7 Services in implementation of the 9–8–8 dialing code for  
8 the 988 Suicide and Crisis Lifeline operated pursuant to  
9 the program under section 520E–3 of the Public Health  
10 Service Act (42 U.S.C. 290bb–36c).

11         (b) CONTENT.—The report required under subsection  
12 (a) shall include—

13                 (1) an assessment of the performance of the  
14 988 Suicide and Crisis Lifeline and any partner or-  
15 ganizations of the Lifeline;

16                 (2) an update on efforts to provide specialized  
17 resources to high-risk populations, including  
18 LGBTQ+ youth and other members of the  
19 LGBTQ+ community, American Indian and Alaska  
20 Natives, individuals who reside in rural counties,  
21 veterans, racial and ethnic minorities, and other  
22 high-risk populations;

23                 (3) State and regional variation with respect to  
24 access to crisis call centers, including average speed  
25 to answer, answer rates, hours of operation, and  
26 funding sources;

1                             (4) the capacity of the 988 Suicide and Crisis  
2                             Lifeline to handle texts and chats;

3                             (5) any needed programmatic or technological  
4                             enhancements to connect callers to local services;  
5                             and

6                             (6) obstacles identified by States, political sub-  
7                             divisions of States, Indian Tribes, or villages or re-  
8                             gional corporations serving a region established pur-  
9                             suant to the Alaska Native Claims Settlement Act  
10                            (43 U.S.C. 1601 et seq.) in collection and distribu-  
11                             tion of fees and charges described by section 4(a)(1)  
12                             of the National Suicide Hotline Designation Act of  
13                             2020 (Public Law 116–172).

