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**HOUSE BILL 1182**

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**State of Washington 67th Legislature 2021 Regular Session**

**By** Representatives Orwall, Davis, Fey, Callan, Simmons, J. Johnson, Dolan, Fitzgibbon, Ryu, Senn, Valdez, Walen, Bateman, Gregerson, Bergquist, Lovick, Lekanoff, Goodman, Frame, Peterson, Paul, Slatter, Chopp, Duerr, Harris-Talley, Macri, and Morgan

AN ACT Relating to statewide enhancement and expansion of behavioral health and suicide prevention crisis response services; amending RCW 71.24.045; reenacting and amending RCW 71.24.385, 71.24.025, and 71.24.025; adding new sections to chapter 71.24 RCW; adding a new section to chapter 48.43 RCW; adding a new section to chapter 38.52 RCW; adding a new section to chapter 43.06 RCW; adding a new chapter to Title 82 RCW; creating new sections; prescribing penalties; providing effective dates; providing expiration dates; and declaring an emergency.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

**PART I**

**988 CRISIS HOTLINE CENTER AND CRISIS SERVICES**

NEW SECTION. **Sec.**  (1) The legislature finds that:

(a) Nearly 6,000 Washington adults and children died by suicide in the last five years, according to the federal centers for disease control and prevention, tragically reflecting a state increase of 36 percent in the last 10 years.

(b) Suicide is now the single leading cause of death for Washington young people ages 10 through 24, with total deaths 22 percent higher than for vehicle crashes.

(c) Groups with suicide rates higher than the general population include veterans, American Indians/Alaska Natives, LGBTQ youth, and people living in rural counties across the state.

(d) More than one in five Washington residents are currently living with a behavioral health disorder.

(e) The COVID-19 pandemic has increased stressors and substance use among Washington residents.

(f) An improved system will reduce reliance on emergency room services and the use of law enforcement response to behavioral health crises and will stabilize individuals in the community whenever possible.

(2) The legislature intends to establish a coordinated crisis hotline center and crisis services system to:

(a) Save lives by improving the quality of and access to behavioral health crisis services;

(b) Further equity in addressing mental health and substance use treatment and assure a culturally and linguistically competent response to behavioral health crises;

(c) Recognize that, historically, crisis response placed marginalized communities, including those experiencing behavioral health crises, at disproportionate risk of poor outcomes and criminal justice involvement;

(d) Comply with the national suicide hotline designation act of 2020 and the federal communication commission's rules adopted July 16, 2020, to assure that all Washington residents receive a consistent and effective level of 988 and crisis behavioral health services no matter where they live, work, or travel in the state; and

(e) Provide higher quality support for people experiencing behavioral health crises through investment in new technology to create a crisis call center system to triage calls and link individuals to follow-up care. Other investments include the expansion of crisis teams, to be known as mobile rapid response crisis teams, as well as a wide array of crisis stabilization services such as 23-hour crisis stabilization units based on the living room model, crisis stabilization centers, short-term respite facilities, peer-operated respite services, and behavioral health urgent care walk-in centers. The overall crisis system shall contain components that operate like hospital emergency departments that accept all walk-ins, and ambulance, fire, and police drop-offs.

NEW SECTION. **Sec.**  A new section is added to chapter 71.24 RCW to read as follows:

(1) The department shall provide adequate funding for an expected increase in the use of the state's crisis lifeline call centers using the 988 crisis hotline prior to July 16, 2022. The funding level shall be determined by considering call volume predictions, cost per call predictions provided by the national suicide prevention lifeline, and guidance on center performance metrics.

(2) The department shall, prior to July 16, 2022, and based on recommendations from the implementation coalition created in section 201 of this act, designate one or more crisis hotline centers to provide crisis intervention services and crisis care coordination to individuals accessing the 988 crisis hotline from any jurisdiction within Washington 24 hours a day, seven days a week. The department shall collaborate with other agencies to assure consistency in standards and policies.

(a)(i) To be recognized as a crisis hotline center and perform the duties of a crisis hotline center, an entity must be designated by the department under this subsection (2). To become designated and maintain that designation, a crisis hotline center must demonstrate to the department the ability to meet the requirements of this section. The department may revoke the designation of any crisis hotline center that fails to substantially comply with the standards established under this section.

(ii) Upon being designated, a crisis hotline center shall contract with the department to receive reimbursement for providing crisis hotline center services, as described in this section.

(iii) The department must incorporate recommendations from the implementation coalition established in section 201 of this act into the agreements with crisis hotline centers, as appropriate.

(b) Subject to funds appropriated for this purpose, crisis hotline centers must deploy a new technologically advanced behavioral health crisis call center system with a platform that includes the capacity to:

(i) Receive crisis assistance requests through phone calls, texts, chats, and other similar methods of communication that may be developed in the future and promote access to the behavioral health crisis system;

(ii) Access real-time information relevant to the appropriate coordination of behavioral health crisis services, including information about less restrictive alternatives and mental health advance directives, from managed care organizations, including both primary care providers and behavioral health providers within the networks of managed care organizations, behavioral health administrative service organizations, and other health care payers;

(iii) Assign and track local response to behavioral health crisis calls, including the capacity to rapidly deploy mobile crisis teams through global positioning technology;

(iv) Arrange same-day and next-day outpatient appointments and follow-up appointments with geographically, culturally, and linguistically appropriate primary care or behavioral health providers within the person's provider network, or, if uninsured, through the person's behavioral health administrative service organization;

(v) Track and provide real-time bed availability to crisis responders and individuals in crisis for all behavioral health bed types, such as crisis stabilization, psychiatric inpatient, substance use disorder inpatient, withdrawal management, and peer crisis respite, including voluntary and involuntary beds; and

(vi) Assure follow-up services to individuals accessing the 988 crisis hotline consistent with policies established by the department based upon recognized best practices.

(c) To provide crisis intervention services and crisis care coordination using the platform capabilities required under (a) of this subsection, crisis hotline centers must:

(i) Have an active agreement with the administrator of the national suicide prevention lifeline for participation within its network;

(ii) Meet the requirements and best practices guidelines for operational and clinical standards established by the department that are based upon the national suicide prevention lifeline requirements and other recognized best practices;

(iii) Provide data and reports and participate in evaluations and related quality improvement activities as required by the department, according to standards established in collaboration with the authority, for the 988 crisis hotline system;

(iv) Use technology that is demonstrated to be interoperable between and across crisis and emergency response systems used throughout the state, such as 911 systems, emergency medical services systems, and other nonbehavioral health crisis services, as well as the national suicide prevention lifeline, to assure cohesive, coordinated crisis care;

(v) Have the authority to deploy crisis and outgoing services, including mobile crisis teams and coresponder teams according to guidelines and best practices established by the department that are based upon recognized best practices, as applicable;

(vi) Actively collaborate with managed care organizations, including both primary care providers and behavioral health providers within the networks of managed care organizations, behavioral health administrative services organizations, and other health care payers to coordinate linkages for persons contacting the 988 crisis hotline with ongoing care needs, according to formal agreements established by the authority, upon consultation with county authorities;

(vii) Coordinate access to crisis receiving and stabilization services for individuals accessing the 988 crisis hotline through appropriate information sharing regarding availability of services, in accordance with information sharing rules established under (e) of this subsection; and

(viii) Meet the requirements set forth by the department for serving high-risk and special populations, as identified by the federal substance abuse and mental health services administration, including training requirements and policies for transferring such callers to an appropriate specialized center or subnetwork within or external to the national suicide prevention lifeline network. Requirements for high-risk and special populations shall be established with the goal of promoting behavioral health equity for all populations specifically in regards to race, ethnicity, gender, socioeconomic status, sexual orientation, or geographic location. Appropriate referrals must provide linguistically and culturally competent care.

(d) Crisis hotline centers must work in collaboration with the department and the national suicide prevention lifeline and veterans crisis line networks for the purpose of assuring consistency of public messaging about the 988 crisis hotline.

(e) The department, in consultation with the authority, must adopt rules as necessary to implement this section. The rules must allow appropriate information sharing and communication between and across crisis and emergency response systems for the purpose of real-time crisis care coordination including, but not limited to, deployment of crisis and outgoing services, follow-up care, and linked, flexible services specific to crisis response.

NEW SECTION. **Sec.**  A new section is added to chapter 71.24 RCW to read as follows:

(1) The director, upon consultation with county authorities, shall require that each behavioral health administrative service organization have community-based rapid crisis response services for individuals contacting the 988 crisis hotline who need stabilization services in the community by enhancing and expanding mobile rapid response crisis teams.

(a) The mobile rapid response crisis teams shall be:

(i) Jurisdiction-based behavioral health teams that may include licensed behavioral health professionals and must include peers; or

(ii) Behavioral health teams, including peers, embedded in emergency medical services.

(b) Mobile rapid response crisis teams shall:

(i) Collaborate with local law enforcement agencies; and

(ii) Include police as coresponders in behavioral health teams only when public safety is an issue and the situation cannot be managed without law enforcement assistance.

(c) Mobile rapid response crisis teams shall:

(i) Be designed in partnership with community members, including people with lived experience utilizing crisis services;

(ii) Be staffed by personnel that reflect the demographics of the community served; and

(iii) Collect customer service data from individuals served by demographic requirements, including race and ethnicity, set forth by the federal substance abuse and mental health services administration and consistent with state block grant requirements for continuous evaluation and quality improvement.

(d) Specialized mobile rapid response crisis teams shall be created to respond to the unique needs of youth, including American Indian and Alaska Native youth and LGBTQ youth, and work collaboratively with crisis hotline centers, school districts, higher education institutions, and community-based organizations dedicated to working with communities of color. In addition, specialized mobile rapid response crisis teams shall be created to respond to the unique needs of the geriatric population, including older adults of color and older adults with comorbid dementia.

(e) Recommendations for the mobile rapid response crisis teams must be developed by the implementation coalition established in section 201 of this act. These recommendations must be integrated into the contracts between the authority and the behavioral health administrative services organizations.

(2) The director shall consult with federally and state-recognized tribes to create tribal mobile rapid response crisis teams to meet the unique needs of the tribes.

NEW SECTION. **Sec.**  A new section is added to chapter 71.24 RCW to read as follows:

Crisis receiving and stabilization services, short-term residential facilities, and peer-operated respite services must meet the minimum expectations and best practices adopted by the authority based on standards established by the substance abuse and mental health services administration.

**Sec.**  RCW 71.24.045 and 2019 c 325 s 1008 are each amended to read as follows:

(1) The behavioral health administrative services organization contracted with the authority pursuant to RCW 71.24.381 shall:

(a) Administer crisis services for the assigned regional service area. Such services must include:

(i) Adult, youth, and geriatric mobile rapid response crisis teams, crisis stabilization services, and peer respite services;

(ii) A behavioral health crisis hotline for its assigned regional service area;

((~~(ii)~~)) (iii) Crisis response services twenty-four hours a day, seven days a week, three hundred sixty-five days a year, including community-based mobile rapid response crisis teams;

((~~(iii)~~)) (iv) Services related to involuntary commitments under chapters 71.05 and 71.34 RCW;

((~~(iv)~~)) (v) Additional noncrisis behavioral health services, within available resources, to individuals who meet certain criteria set by the authority in its contracts with the behavioral health administrative services organization. These services may include services provided through federal grant funds, provisos, and general fund state appropriations;

((~~(v)~~)) (vi) Care coordination, diversion services, and discharge planning for nonmedicaid individuals transitioning from state hospitals ((~~or~~)), inpatient settings, or crisis stabilization services to reduce rehospitalization and utilization of crisis services, as required by the authority in contract; and

((~~(vi)~~)) (vii) Regional coordination, cross-system and cross-jurisdiction coordination with tribal governments, and capacity building efforts, such as supporting the behavioral health advisory board, the behavioral health ombuds, and efforts to support access to services or to improve the behavioral health system;

(b) Administer and provide for the availability of an adequate network of evaluation and treatment services to ensure access to treatment, investigation, transportation, court-related, and other services provided as required under chapter 71.05 RCW;

(c) By July 1, 2026, administer and provide for the availability of an adequate network of secure withdrawal management and stabilization services to ensure access to treatment, investigation, transportation, court-related, and other services provided as required under chapter 71.05 RCW;

(d) Coordinate services for individuals under RCW 71.05.365;

((~~(d)~~)) (e) Administer and provide for the availability of resource management services, residential services, and community support services as required under its contract with the authority;

((~~(e)~~)) (f) Contract with a sufficient number, as determined by the authority, of licensed or certified providers for crisis services and other behavioral health services required by the authority;

((~~(f)~~)) (g) Maintain adequate reserves or secure a bond as required by its contract with the authority;

((~~(g)~~)) (h) Establish and maintain quality assurance processes;

((~~(h)~~)) (i) Meet established limitations on administrative costs for agencies that contract with the behavioral health administrative services organization; and

((~~(i)~~)) (j) Maintain patient tracking information as required by the authority.

(2) The behavioral health administrative services organization must collaborate with the authority and its contracted managed care organizations to develop and implement strategies to coordinate care with tribes and community behavioral health providers for individuals with a history of frequent crisis system utilization.

(3) The behavioral health administrative services organization shall:

(a) Assure that the special needs of ((~~minorities~~)) people of color, older adults, individuals with disabilities, children, and low-income persons are met;

(b) Collaborate with local government entities to ensure that policies do not result in an adverse shift of persons with mental illness or substance use disorders into state and local correctional facilities; and

(c) Work with the authority to expedite the enrollment or reenrollment of eligible persons leaving state or local correctional facilities and institutions for mental diseases.

(4)(a) Responsibility for payment of crisis response services including mobile crisis, triage facility, and crisis stabilization services is as follows:

(i)(A) Payment for covered services for individuals enrolled in medicaid managed care plans shall be the responsibility of the managed care plan to whom the enrollee is assigned.

(B) Nothing in this subsection prevents the managed care plan from paying for these services through the behavioral health administrative services organization administering regional crisis services rather than by directly paying the provider of services;

(ii) Payment for individuals enrolled in the medicaid fee-for-service program shall be the responsibility of the health care authority;

(iii) Payment for covered services for individuals enrolled in private health care plans shall be the responsibility of the private health care plan; and

(iv) Payment for all other individuals as well as services not covered by medicaid or private plans is the responsibility of the behavioral health administrative services organization.

(b) Each fiscal biennium, the legislature must appropriate to the authority such amounts as are required for the reimbursement of crisis response services under (a)(i), (ii), and (iv) of this subsection (4).

(c) The authority shall determine how payment will be made to the provider of the service.

(5) Subject to funds provided for these specific purposes, the authority shall coordinate to:

(a) Adopt rules and contract provisions which define the mandatory elements of the behavioral health crisis response continuum for individuals enrolled in medicaid and other state-funded clients including, but not limited to, culturally competent mobile crisis teams, crisis stabilization services, and peer respite services;

(b) Adopt rules and contract provisions which provide that access to the behavioral health crisis response continuum for state-funded clients must be provided in all geographic regions of the state and that non-English speaking callers will receive assistance in their own language;

(c) Assure that the behavioral health crisis system includes age-appropriate services and messaging to meet the needs of children, youth, and the geriatric population; and

(d) Adopt rules and contract provisions which require that all behavioral health programs receiving state funds provide and maintain updated, real-time information regarding the availability of behavioral health inpatient and residential bed availability, and outpatient appointment availability to the crisis call center system platform. The rules and contract provisions shall also establish standards for hospitals providing mental health treatment to a person pursuant to a single bed certification issued under RCW 71.05.745 to similarly provide and maintain updated, real-time information regarding those persons.

NEW SECTION. **Sec.**  A new section is added to chapter 71.24 RCW to read as follows:

The authority shall, prior to July 16, 2022, and based on recommendations from the implementation coalition created in section 201 of this act, develop a plan for equally distributing across the state (1) crisis stabilization services and beds, (2) peer respite services, and (3) behavioral health urgent care.

**Sec.**  RCW 71.24.385 and 2019 c 325 s 1023 and 2019 c 264 s 6 are each reenacted and amended to read as follows:

(1) Within funds appropriated by the legislature for this purpose, behavioral health administrative services organizations and managed care organizations, as applicable, shall develop the means to serve the needs of people:

(a) With mental disorders residing within the boundaries of their regional service area. Elements of the program may include:

(i) Crisis diversion services;

(ii) Evaluation and treatment and community hospital beds;

(iii) Residential treatment;

(iv) Programs for intensive community treatment;

(v) Outpatient services, including family support;

(vi) Peer support services;

(vii) Community support services;

(viii) Resource management services; and

(ix) Supported housing and supported employment services.

(b) With substance use disorders and their families, people incapacitated by alcohol or other psychoactive chemicals, and intoxicated people.

(i) Elements of the program shall include, but not necessarily be limited to, a continuum of substance use disorder treatment services that includes:

(A) Withdrawal management;

(B) Residential treatment; and

(C) Outpatient treatment.

(ii) The program may include peer support, supported housing, supported employment, crisis diversion, recovery support services, or technology-based recovery supports.

(iii) The authority may contract for the use of an approved substance use disorder treatment program or other individual or organization if the director considers this to be an effective and economical course to follow.

(2)(a) The managed care organization and the behavioral health administrative services organization shall have the flexibility, within the funds appropriated by the legislature for this purpose and the terms of their contract, to design the mix of services that will be most effective within their service area of meeting the needs of people with behavioral health disorders and avoiding placement of such individuals at the state mental hospital. Managed care organizations and behavioral health administrative services organizations are encouraged to maximize the use of evidence-based practices and alternative resources with the goal of substantially reducing and potentially eliminating the use of institutions for mental diseases.

(b) Managed care organizations and behavioral health administrative services organizations may allow reimbursement to providers for services delivered through a partial hospitalization or intensive outpatient program. Such payment and services are distinct from the state's delivery of wraparound with intensive services under the *T.R. v. Strange and Birch* settlement agreement.

(3)(a) Treatment provided under this chapter must be purchased primarily through managed care contracts.

(b) Consistent with RCW 71.24.580, services and funding provided through the criminal justice treatment account are intended to be exempted from managed care contracting.

(4)(a) Behavioral health administrative service organizations shall assign a care coordinator to and provide same-day and next-day appointments for persons who are uninsured and seek services from the behavioral health crisis system.

(b) Managed care organizations shall assign a care coordinator to and provide same-day and next-day appointments for enrollees who are uninsured and seek services from the behavioral health crisis system.

NEW SECTION. **Sec.**  A new section is added to chapter 48.43 RCW to read as follows:

Health plans issued or renewed on or after January 1, 2022, must include coverage to assign a care coordinator to and provide same-day and next-day appointments for enrollees who seek services from the behavioral health crisis system.

NEW SECTION. **Sec.**  A new section is added to chapter 38.52 RCW to read as follows:

The state enhanced 911 coordination office shall collaborate with the department to assure consistency and equity of care statewide for individuals in crisis, regardless of whether they dial 911 or 988. This will include, but is not limited to:

(1) Formalizing collaboration to assess current and future training programs and operations for both 911 public safety telecommunicators and crisis line workers;

(2) Identifying and applying consistent crisis and suicidal assessment strategies, processes and procedures across both systems;

(3) Utilizing proven de-escalation techniques and crisis intervention skills that meet national and state standards;

(4) Ensuring that individuals in crisis have efficient access to resources through interventions via crisis hotlines, first responders including law enforcement, fire and emergency medical services, and local designated crisis responders; and

(5) Ensuring interoperability between the 988 and 911 systems to allow for seamless transfer of calls and shared information.

NEW SECTION. **Sec.**  A new section is added to chapter 43.06 RCW to read as follows:

The governor shall appoint a 988 crisis hotline system director to provide direction and oversight in the implementation and administration of the 988 crisis hotline and the behavioral health crisis system components that work in conjunction with the crisis hotline centers. The director shall:

(1) Assure coordination between the 988 crisis hotline and crisis hotline centers and, in collaboration with the state enhanced 911 coordination office, with 911 emergency communications systems;

(2) Assure proper communication between crisis hotline centers and behavioral health crisis services, including the deployment and availability of appropriate behavioral health crisis services in a timely manner and the effective tracking of crisis bed and appointment availability;

(3) Review the adequacy of training for crisis hotline center personnel and, in coordination with the state enhanced 911 coordination office, for 911 operators with respect to their interactions with the crisis hotline center;

(4) Oversee the coordination and adequacy of behavioral health crisis services provided by behavioral health administrative services organizations and other crisis services provided by counties;

(5) Assure that contracts between the health care authority and managed care organizations and behavioral health administrative services organizations support the behavioral health crisis system; and

(6) Oversee the collaboration between the department of health and the health care authority in their respective roles in supporting the 988 crisis hotline, crisis hotline centers, and behavioral health crisis services.

**PART II**

**IMPLEMENTATION AND OVERSIGHT**

NEW SECTION. **Sec.**  (1) The governor shall create an implementation coalition for the purpose of enhancing and expanding behavioral health and suicide prevention crisis services in Washington.

(2)(a) The implementation coalition shall consist of the following members:

(i) The president of the senate shall appoint one member and one alternate member from each of the two largest caucuses of the senate;

(ii) The speaker of the house of representatives shall appoint one member and one alternate member from each of the two largest caucuses of the house of representatives;

(iii) The governor shall appoint at least one representative from each of the following: The office of the governor, the department of health, the health care authority, the office of the superintendent of public instruction, the state board of education, the department of social and health services, the department of children, youth, and families, the department of revenue, the utilities and transportation commission, the department of veterans affairs, the commission on African American affairs, the commission on Hispanic affairs, the governor's office of Indian affairs, the LGBTQ commission, and the commission on Asian Pacific American affairs;

(iv) The governor shall request participation by a person representing the interests of tribal governments; and

(v) The governor shall appoint one representative from each of the following groups, unless a different amount is indicated: Behavioral health administrative services organizations, community mental health agencies, community substance use disorder agencies, medicaid managed care organizations, private insurance plans, a university-based suicide prevention center of excellence, the Washington state medical association, a statewide advocacy organization for persons with mental illness, a statewide advocacy organization for persons with substance use disorder, peer support service providers, mental health crisis stabilization experts, substance use disorder crisis stabilization experts, crisis hotline centers, designated crisis responders, law enforcement assistance diversion programs, law enforcement leaders, police accountability groups, local health departments or districts, primary care providers, three persons with lived experience who have been a recipient of crisis response services as an adult, three persons with lived experience who have been a recipient of crisis response services as a child or youth, three parents or family members of persons with lived experience who have received crisis response services, parents or family members of individuals killed by law enforcement officers during a behavioral health crisis, the Washington state hospital association, the Washington state association of counties, and the association of Washington cities.

(b) The implementation coalition shall choose three cochairs. One cochair must be a legislative member appointed under (a)(i) or (b)(ii) of this subsection (2). One cochair must be an executive branch member appointed under (a)(iii) of this subsection (2). One cochair must be an implementation group member appointed under (a)(iv) or (v) of this subsection (2). The legislative members shall convene the initial meeting of the implementation coalition.

(c) Voting members of the implementation coalition are the members identified in (a)(i), (ii), (iv), and (v) of this subsection (2).

(3) The implementation coalition shall identify barriers and make recommendations to implement and monitor the progress of the 988 crisis hotline in Washington and make recommendations on statewide improvement of behavioral health crisis response services. The implementation coalition must review and report on the following:

(a) A recommended vision for an integrated crisis network in Washington that includes, but is not limited to: An integrated 988 crisis hotline and crisis hotline centers; mobile crisis response units for youth, adult, and geriatric populations; crisis stabilization facilities; an integrated involuntary treatment system; peer and respite services; data resources; and a Washington state tip line for youth;

(b) A workplan with timelines and deliverables to implement local response for calls to the 988 crisis hotline within Washington in accordance with the time frames required by the national suicide hotline designation act of 2020;

(c) A workplan with timelines and deliverables to implement mobile crisis teams and crisis receiving and stabilization services;

(d) The implementation of a new statewide, technologically advanced behavioral health crisis call center system with a platform, as described in section 102 of this act, for assigning and tracking response to behavioral health crisis calls and providing real-time bed availability to crisis responders;

(e) The identification of the behavioral health challenges that implementation of the 988 crisis hotline will address in addition to suicide response and mental health and substance use crises;

(f) The identification of key intercepts with law enforcement and the 911 system and the development of training and protocols to assure that staff of both the 988 crisis hotline and 911 system are able to properly coordinate with each other and activate each system to meet the specific needs of the individual;

(g) The standards of accountability across the varied types of entities within the integrated network;

(h) Recommendations for ensuring equity in services for individuals of diverse cultures and in tribal, urban, and rural communities;

(i) The allocation of funding responsibilities among medicaid managed care organizations, commercial insurers, and behavioral health administrative services organizations with respect to reimbursing providers for same-day appointments, next-day appointments, and care coordination services provided to enrollees and uninsured residents;

(j) A public relations campaign to highlight the new 988 crisis hotline; and

(k) The recommended composition of a statewide behavioral health crisis response oversight board for ongoing monitoring of the system and where this should be established.

(4) The implementation coalition shall seek input from tribes, veterans, the LGBTQ community, and communities of color to determine how well our system is currently working and ways to improve our crisis response system.

(5) The state shall select an agency to contract with the William D. Ruckelshaus center or other neutral party to administer and provide staff support and facilitation services to the implementation coalition. The center or other neutral party administrator may, when deemed necessary by the implementation coalition, contract with one or more appropriate consultants to provide data analysis, research, and other services to the implementation coalition for the purposes provided in subsection (3) of this section.

(6) Legislative members of the implementation coalition shall be reimbursed for travel expenses in accordance with RCW 44.04.120. Nonlegislative members are not entitled to be reimbursed for travel expenses if they are elected officials or are participating on behalf of an employer, governmental entity, or other organization. Any reimbursement for other nonlegislative members is subject to chapter 43.03 RCW.

(7) The expenses of the implementation coalition shall be paid for by a combination of public and private funds. The public funds are to be covered by the state agency selected under subsection (5) of this section.

(8) The implementation coalition shall provide a preliminary report of findings and recommendations to the governor and the appropriate committees of the legislature by December 1, 2021, and a final report by November 1, 2022.

(9) This section expires December 30, 2022.

NEW SECTION. **Sec.**  A new section is added to chapter 71.24 RCW to read as follows:

(1) The department and authority shall provide an annual report of the 988 crisis hotline's usage and call outcomes and crisis services inclusive of the mobile rapid response crisis teams and crisis stabilization services. The report must be submitted to the governor and the appropriate committees of the legislature each November beginning in 2023. The report must include information on the fund deposits and expenditures of the account created in section 305 of this act.

(2) The department and authority shall coordinate with the department of revenue, and any other agency that is appropriated funding under the account created in section 305 of this act to develop and submit information to the federal communication's commission required for the completion of fee accountability reports pursuant to the national suicide hotline designation act of 2020.

**PART III**

**TAX**

NEW SECTION. **Sec.**  DEFINITIONS. (1) The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(a) "988 crisis hotline" has the same meaning as in RCW 71.24.025.

(b) "Fiscal growth factor" has the same meaning as in RCW 43.135.025.

(2) The definitions in RCW 82.14B.020 apply to this chapter.

NEW SECTION. **Sec.**  TAX IMPOSED. (1) A statewide 988 behavioral health crisis response line tax is imposed on the use of all radio access lines:

(a) By subscribers whose place of primary use is located within the state in the amount set forth in (b) of this subsection per month for each radio access line. The tax must be uniform for each radio access line under subsection (2) of this section;

(b)(i) Beginning October 1, 2021, through December 31, 2022, the tax rate is 30 cents for each radio access line;

(ii) Beginning January 1, 2023, through June 30, 2024, the tax rate is 50 cents for each radio access line; and

(iii) Beginning July 1, 2024, the tax rate is 75 cents for each radio access line.

(c) The tax imposed under this subsection must be remitted to the department by radio communications service companies, including those companies that resell radio access lines, and sellers of prepaid wireless telecommunications service companies, on a tax return provided by the department. Tax proceeds must be deposited by the treasurer into the statewide 988 behavioral health crisis response line account created in section 305 of this act. The tax imposed under this section is not subject to the state sales and use tax or any local tax.

(2)(a) Beginning October 1, 2021, through December 31, 2022, the tax rate is 30 cents for each interconnected voice over internet protocol service line;

(b) Beginning January 1, 2023, through June 30, 2024, the tax rate is 50 cents for each interconnected voice over internet protocol service line; and

(c) Beginning July 1, 2024, the tax rate is 75 cents for interconnected voice over internet protocol service line.

(3) By March 1, 2025, and March 1st of each odd year thereafter, the department must revise the amount of the statewide 988 behavioral health crisis response line tax imposed by subsections (1) and (2) of this section for the upcoming biennium using the fiscal growth factor. The new statewide 988 behavioral health crisis response line tax amount shall be effective for the upcoming biennium starting July 1, 2025, or July 1st of each odd year thereafter.

(4) Tax proceeds collected pursuant to this section must be deposited by the treasurer into the statewide 988 behavioral health crisis response line account created in section 305 of this act.

NEW SECTION. **Sec.**  COLLECTION OF TAX. (1) Except as provided otherwise in subsection (2) of this section:

(a) The statewide 988 behavioral health crisis response line tax on radio access lines must be collected from the subscriber by the radio communications service company, including those companies that resell radio access lines, providing the radio access line to the subscriber, and the seller of prepaid wireless telecommunications services.

(b) The statewide 988 behavioral health crisis response line tax on interconnected voice over internet protocol service lines must be collected from the subscriber by the interconnected voice over internet protocol service company providing the interconnected voice over internet protocol service line to the subscriber.

(c) The amount of the tax must be stated separately on the billing statement which is sent to the subscriber.

(2)(a) The statewide 988 behavioral health crisis response line tax imposed by this chapter must be collected from the consumer by the seller of a prepaid wireless telecommunications service for each retail transaction occurring in this state.

(b) The department must transfer all tax proceeds remitted by a seller under this subsection (2) to the statewide 988 behavioral health crisis response line account created in section 305 of this act.

(c) The taxes required by this subsection to be collected by the seller must be separately stated in any sales invoice or instrument of sale provided to the consumer.

NEW SECTION. **Sec.**  PAYMENT AND COLLECTION. (1)(a) The statewide 988 behavioral health crisis response line tax imposed by this chapter must be paid by the subscriber to the radio communications service company providing the radio access line or the interconnected voice over internet protocol service company providing the interconnected voice over internet protocol service line.

(b) Each radio communications service company, and each interconnected voice over internet protocol service company, must collect from the subscriber the full amount of the taxes payable. The statewide 988 behavioral health crisis response line tax required by this chapter to be collected by a company or seller, are deemed to be held in trust by the company or seller until paid to the department. Any radio communications service company or interconnected voice over internet protocol service company that appropriates or converts the tax collected to its own use or to any use other than the payment of the tax to the extent that the money collected is not available for payment on the due date as prescribed in this chapter is guilty of a gross misdemeanor.

(2) If any radio communications service company or interconnected voice over internet protocol service company fails to collect the statewide 988 behavioral health crisis response line tax or, after collecting the tax, fails to pay it to the department in the manner prescribed by this chapter, whether such failure is the result of its own act or the result of acts or conditions beyond its control, the company or seller is personally liable to the state for the amount of the tax, unless the company or seller has taken from the buyer in good faith documentation, in a form and manner prescribed by the department, stating that the buyer is not a subscriber or consumer or is otherwise not liable for the statewide 988 behavioral health crisis response line tax.

(3) The amount of tax, until paid by the subscriber to the radio communications service company, the interconnected voice over internet protocol service company, or to the department, constitutes a debt from the subscriber to the company, or from the consumer to the seller. Any company or seller that fails or refuses to collect the tax as required with intent to violate the provisions of this chapter or to gain some advantage or benefit, either direct or indirect, and any subscriber or consumer who refuses to pay any tax due under this chapter is guilty of a misdemeanor. The statewide 988 behavioral health crisis response line tax required by this chapter to be collected by the radio communications service company or interconnected voice over internet protocol service company must be stated separately on the billing statement that is sent to the subscriber.

(4) If a subscriber has failed to pay to the radio communications service company, or interconnected voice over internet protocol service company, the statewide 988 behavioral health crisis response line tax imposed by this chapter and the company or seller has not paid the amount of the tax to the department, the department may, in its discretion, proceed directly against the subscriber or consumer for collection of the tax, in which case a penalty of 10 percent may be added to the amount of the tax for failure of the subscriber or consumer to pay the tax to the company or seller, regardless of when the tax is collected by the department.

NEW SECTION. **Sec.**  ACCOUNT CREATION. (1) The statewide 988 behavioral health crisis response line account is created in the state treasury. All receipts from the statewide 988 behavioral health crisis response line tax imposed pursuant to this chapter must be deposited into the account. Moneys may only be spent after appropriation.

(2) Expenditures from the account may only be used for (a) ensuring the efficient and effective routing of calls made to the 988 crisis hotline to an appropriate crisis hotline center; and (b) personnel and the provision of acute behavioral health, crisis outreach, stabilization services, and follow-up case management by directly responding to the 988 crisis hotline.

(3) Moneys in the account may not be used to supplant general fund appropriations for behavioral health services or for medicaid covered services to individuals enrolled in the medicaid program.

**PART IV**

**DEFINITIONS AND MISCELLANEOUS**

**Sec.**  RCW 71.24.025 and 2020 c 256 s 201 are each reenacted and amended to read as follows:

Unless the context clearly requires otherwise, the definitions in this section apply throughout this chapter.

(1) "Acutely mentally ill" means a condition which is limited to a short-term severe crisis episode of:

(a) A mental disorder as defined in RCW 71.05.020 or, in the case of a child, as defined in RCW 71.34.020;

(b) Being gravely disabled as defined in RCW 71.05.020 or, in the case of a child, a gravely disabled minor as defined in RCW 71.34.020; or

(c) Presenting a likelihood of serious harm as defined in RCW 71.05.020 or, in the case of a child, as defined in RCW 71.34.020.

(2) "Alcoholism" means a disease, characterized by a dependency on alcoholic beverages, loss of control over the amount and circumstances of use, symptoms of tolerance, physiological or psychological withdrawal, or both, if use is reduced or discontinued, and impairment of health or disruption of social or economic functioning.

(3) "Approved substance use disorder treatment program" means a program for persons with a substance use disorder provided by a treatment program licensed or certified by the department as meeting standards adopted under this chapter.

(4) "Authority" means the Washington state health care authority.

(5) "Available resources" means funds appropriated for the purpose of providing community behavioral health programs, federal funds, except those provided according to Title XIX of the Social Security Act, and state funds appropriated under this chapter or chapter 71.05 RCW by the legislature during any biennium for the purpose of providing residential services, resource management services, community support services, and other behavioral health services. This does not include funds appropriated for the purpose of operating and administering the state psychiatric hospitals.

(6) "Behavioral health administrative services organization" means an entity contracted with the authority to administer behavioral health services and programs under RCW 71.24.381, including crisis services and administration of chapter 71.05 RCW, the involuntary treatment act, for all individuals in a defined regional service area.

(7) "Behavioral health aide" means a counselor, health educator, and advocate who helps address individual and community-based behavioral health needs, including those related to alcohol, drug, and tobacco abuse as well as mental health problems such as grief, depression, suicide, and related issues and is certified by a community health aide program of the Indian health service or one or more tribes or tribal organizations consistent with the provisions of 25 U.S.C. Sec. 1616l and RCW 43.71B.010 (7) and (8).

(8) "Behavioral health provider" means a person licensed under chapter 18.57, 18.57A, 18.71, 18.71A, 18.83, 18.205, 18.225, or 18.79 RCW, as it applies to registered nurses and advanced registered nurse practitioners.

(9) "Behavioral health services" means mental health services as described in this chapter and chapter 71.36 RCW and substance use disorder treatment services as described in this chapter that, depending on the type of service, are provided by licensed or certified behavioral health agencies, behavioral health providers, or integrated into other health care providers.

(10) "Child" means a person under the age of eighteen years.

(11) "Chronically mentally ill adult" or "adult who is chronically mentally ill" means an adult who has a mental disorder and meets at least one of the following criteria:

(a) Has undergone two or more episodes of hospital care for a mental disorder within the preceding two years; or

(b) Has experienced a continuous psychiatric hospitalization or residential treatment exceeding six months' duration within the preceding year; or

(c) Has been unable to engage in any substantial gainful activity by reason of any mental disorder which has lasted for a continuous period of not less than twelve months. "Substantial gainful activity" shall be defined by the authority by rule consistent with Public Law 92-603, as amended.

(12) "Clubhouse" means a community-based program that provides rehabilitation services and is licensed or certified by the department.

(13) "Community behavioral health program" means all expenditures, services, activities, or programs, including reasonable administration and overhead, designed and conducted to prevent or treat substance use disorder, mental illness, or both in the community behavioral health system.

(14) "Community behavioral health service delivery system" means public, private, or tribal agencies that provide services specifically to persons with mental disorders, substance use disorders, or both, as defined under RCW 71.05.020 and receive funding from public sources.

(15) "Community support services" means services authorized, planned, and coordinated through resource management services including, at a minimum, assessment, diagnosis, emergency crisis intervention available twenty-four hours, seven days a week, prescreening determinations for persons who are mentally ill being considered for placement in nursing homes as required by federal law, screening for patients being considered for admission to residential services, diagnosis and treatment for children who are acutely mentally ill or severely emotionally or behaviorally disturbed discovered under screening through the federal Title XIX early and periodic screening, diagnosis, and treatment program, investigation, legal, and other nonresidential services under chapter 71.05 RCW, case management services, psychiatric treatment including medication supervision, counseling, psychotherapy, assuring transfer of relevant patient information between service providers, recovery services, and other services determined by behavioral health administrative services organizations.

(16) "Consensus-based" means a program or practice that has general support among treatment providers and experts, based on experience or professional literature, and may have anecdotal or case study support, or that is agreed but not possible to perform studies with random assignment and controlled groups.

(17) "County authority" means the board of county commissioners, county council, or county executive having authority to establish a behavioral health administrative services organization, or two or more of the county authorities specified in this subsection which have entered into an agreement to establish a behavioral health administrative services organization.

(18) "Department" means the department of health.

(19) "Designated crisis responder" has the same meaning as in RCW 71.05.020.

(20) "Director" means the director of the authority.

(21) "Drug addiction" means a disease characterized by a dependency on psychoactive chemicals, loss of control over the amount and circumstances of use, symptoms of tolerance, physiological or psychological withdrawal, or both, if use is reduced or discontinued, and impairment of health or disruption of social or economic functioning.

(22) "Early adopter" means a regional service area for which all of the county authorities have requested that the authority purchase medical and behavioral health services through a managed care health system as defined under RCW 71.24.380(6).

(23) "Emerging best practice" or "promising practice" means a program or practice that, based on statistical analyses or a well established theory of change, shows potential for meeting the evidence-based or research-based criteria, which may include the use of a program that is evidence-based for outcomes other than those listed in subsection (24) of this section.

(24) "Evidence-based" means a program or practice that has been tested in heterogeneous or intended populations with multiple randomized, or statistically controlled evaluations, or both; or one large multiple site randomized, or statistically controlled evaluation, or both, where the weight of the evidence from a systemic review demonstrates sustained improvements in at least one outcome. "Evidence-based" also means a program or practice that can be implemented with a set of procedures to allow successful replication in Washington and, when possible, is determined to be cost-beneficial.

(25) "Indian health care provider" means a health care program operated by the Indian health service or by a tribe, tribal organization, or urban Indian organization as those terms are defined in the Indian health care improvement act (25 U.S.C. Sec. 1603).

(26) "Intensive behavioral health treatment facility" means a community-based specialized residential treatment facility for individuals with behavioral health conditions, including individuals discharging from or being diverted from state and local hospitals, whose impairment or behaviors do not meet, or no longer meet, criteria for involuntary inpatient commitment under chapter 71.05 RCW, but whose care needs cannot be met in other community-based placement settings.

(27) "Licensed or certified behavioral health agency" means:

(a) An entity licensed or certified according to this chapter or chapter 71.05 RCW;

(b) An entity deemed to meet state minimum standards as a result of accreditation by a recognized behavioral health accrediting body recognized and having a current agreement with the department; or

(c) An entity with a tribal attestation that it meets state minimum standards for a licensed or certified behavioral health agency.

(28) "Licensed physician" means a person licensed to practice medicine or osteopathic medicine and surgery in the state of Washington.

(29) "Long-term inpatient care" means inpatient services for persons committed for, or voluntarily receiving intensive treatment for, periods of ninety days or greater under chapter 71.05 RCW. "Long-term inpatient care" as used in this chapter does not include: (a) Services for individuals committed under chapter 71.05 RCW who are receiving services pursuant to a conditional release or a court-ordered less restrictive alternative to detention; or (b) services for individuals voluntarily receiving less restrictive alternative treatment on the grounds of the state hospital.

(30) "Managed care organization" means an organization, having a certificate of authority or certificate of registration from the office of the insurance commissioner, that contracts with the authority under a comprehensive risk contract to provide prepaid health care services to enrollees under the authority's managed care programs under chapter 74.09 RCW.

(31) "Mental health peer respite center" means a peer-run program to serve individuals in need of voluntary, short-term, noncrisis services that focus on recovery and wellness.

(32) Mental health "treatment records" include registration and all other records concerning persons who are receiving or who at any time have received services for mental illness, which are maintained by the department of social and health services or the authority, by behavioral health administrative services organizations and their staffs, by managed care organizations and their staffs, or by treatment facilities. "Treatment records" do not include notes or records maintained for personal use by a person providing treatment services for the entities listed in this subsection, or a treatment facility if the notes or records are not available to others.

(33) "Mentally ill persons," "persons who are mentally ill," and "the mentally ill" mean persons and conditions defined in subsections (1), (11), (40), and (41) of this section.

(34) "Recovery" means a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

(35) "Research-based" means a program or practice that has been tested with a single randomized, or statistically controlled evaluation, or both, demonstrating sustained desirable outcomes; or where the weight of the evidence from a systemic review supports sustained outcomes as described in subsection (24) of this section but does not meet the full criteria for evidence-based.

(36) "Residential services" means a complete range of residences and supports authorized by resource management services and which may involve a facility, a distinct part thereof, or services which support community living, for persons who are acutely mentally ill, adults who are chronically mentally ill, children who are severely emotionally disturbed, or adults who are seriously disturbed and determined by the behavioral health administrative services organization or managed care organization to be at risk of becoming acutely or chronically mentally ill. The services shall include at least evaluation and treatment services as defined in chapter 71.05 RCW, acute crisis respite care, long-term adaptive and rehabilitative care, and supervised and supported living services, and shall also include any residential services developed to service persons who are mentally ill in nursing homes, residential treatment facilities, assisted living facilities, and adult family homes, and may include outpatient services provided as an element in a package of services in a supported housing model. Residential services for children in out-of-home placements related to their mental disorder shall not include the costs of food and shelter, except for children's long-term residential facilities existing prior to January 1, 1991.

(37) "Resilience" means the personal and community qualities that enable individuals to rebound from adversity, trauma, tragedy, threats, or other stresses, and to live productive lives.

(38) "Resource management services" mean the planning, coordination, and authorization of residential services and community support services administered pursuant to an individual service plan for: (a) Adults and children who are acutely mentally ill; (b) adults who are chronically mentally ill; (c) children who are severely emotionally disturbed; or (d) adults who are seriously disturbed and determined by a behavioral health administrative services organization or managed care organization to be at risk of becoming acutely or chronically mentally ill. Such planning, coordination, and authorization shall include mental health screening for children eligible under the federal Title XIX early and periodic screening, diagnosis, and treatment program. Resource management services include seven day a week, twenty-four hour a day availability of information regarding enrollment of adults and children who are mentally ill in services and their individual service plan to designated crisis responders, evaluation and treatment facilities, and others as determined by the behavioral health administrative services organization or managed care organization, as applicable.

(39) "Secretary" means the secretary of the department of health.

(40) "Seriously disturbed person" means a person who:

(a) Is gravely disabled or presents a likelihood of serious harm to himself or herself or others, or to the property of others, as a result of a mental disorder as defined in chapter 71.05 RCW;

(b) Has been on conditional release status, or under a less restrictive alternative order, at some time during the preceding two years from an evaluation and treatment facility or a state mental health hospital;

(c) Has a mental disorder which causes major impairment in several areas of daily living;

(d) Exhibits suicidal preoccupation or attempts; or

(e) Is a child diagnosed by a mental health professional, as defined in chapter 71.34 RCW, as experiencing a mental disorder which is clearly interfering with the child's functioning in family or school or with peers or is clearly interfering with the child's personality development and learning.

(41) "Severely emotionally disturbed child" or "child who is severely emotionally disturbed" means a child who has been determined by the behavioral health administrative services organization or managed care organization, if applicable, to be experiencing a mental disorder as defined in chapter 71.34 RCW, including those mental disorders that result in a behavioral or conduct disorder, that is clearly interfering with the child's functioning in family or school or with peers and who meets at least one of the following criteria:

(a) Has undergone inpatient treatment or placement outside of the home related to a mental disorder within the last two years;

(b) Has undergone involuntary treatment under chapter 71.34 RCW within the last two years;

(c) Is currently served by at least one of the following child-serving systems: Juvenile justice, child-protection/welfare, special education, or developmental disabilities;

(d) Is at risk of escalating maladjustment due to:

(i) Chronic family dysfunction involving a caretaker who is mentally ill or inadequate;

(ii) Changes in custodial adult;

(iii) Going to, residing in, or returning from any placement outside of the home, for example, psychiatric hospital, short-term inpatient, residential treatment, group or foster home, or a correctional facility;

(iv) Subject to repeated physical abuse or neglect;

(v) Drug or alcohol abuse; or

(vi) Homelessness.

(42) "State minimum standards" means minimum requirements established by rules adopted and necessary to implement this chapter by:

(a) The authority for:

(i) Delivery of mental health and substance use disorder services; and

(ii) Community support services and resource management services;

(b) The department of health for:

(i) Licensed or certified behavioral health agencies for the purpose of providing mental health or substance use disorder programs and services, or both;

(ii) Licensed behavioral health providers for the provision of mental health or substance use disorder services, or both; and

(iii) Residential services.

(43) "Substance use disorder" means a cluster of cognitive, behavioral, and physiological symptoms indicating that an individual continues using the substance despite significant substance-related problems. The diagnosis of a substance use disorder is based on a pathological pattern of behaviors related to the use of the substances.

(44) "Tribe," for the purposes of this section, means a federally recognized Indian tribe.

(45) "Crisis hotline center" means a state-designated center participating in the national suicide prevention lifeline network to respond to statewide or regional 988 calls.

(46) "Crisis stabilization unit" has the same meaning as provided in RCW 71.05.020.

(47) "Mobile crisis team" means a team which includes peers that provide professional on-site community-based intervention such as outreach, de-escalation, stabilization, resource connection, and follow-up support for individuals who are experiencing a behavioral health crisis.

(48) "Triage facility" has the same meaning as provided in RCW 71.05.020.

(49) "988 crisis hotline" means the universal telephone number within the United States designated for the purpose of the national suicide prevention and mental health crisis hotline system operating through the national suicide prevention lifeline.

**Sec.**  RCW 71.24.025 and 2020 c 256 s 201 and 2020 c 80 s 52 are each reenacted and amended to read as follows:

Unless the context clearly requires otherwise, the definitions in this section apply throughout this chapter.

(1) "Acutely mentally ill" means a condition which is limited to a short-term severe crisis episode of:

(a) A mental disorder as defined in RCW 71.05.020 or, in the case of a child, as defined in RCW 71.34.020;

(b) Being gravely disabled as defined in RCW 71.05.020 or, in the case of a child, a gravely disabled minor as defined in RCW 71.34.020; or

(c) Presenting a likelihood of serious harm as defined in RCW 71.05.020 or, in the case of a child, as defined in RCW 71.34.020.

(2) "Alcoholism" means a disease, characterized by a dependency on alcoholic beverages, loss of control over the amount and circumstances of use, symptoms of tolerance, physiological or psychological withdrawal, or both, if use is reduced or discontinued, and impairment of health or disruption of social or economic functioning.

(3) "Approved substance use disorder treatment program" means a program for persons with a substance use disorder provided by a treatment program licensed or certified by the department as meeting standards adopted under this chapter.

(4) "Authority" means the Washington state health care authority.

(5) "Available resources" means funds appropriated for the purpose of providing community behavioral health programs, federal funds, except those provided according to Title XIX of the Social Security Act, and state funds appropriated under this chapter or chapter 71.05 RCW by the legislature during any biennium for the purpose of providing residential services, resource management services, community support services, and other behavioral health services. This does not include funds appropriated for the purpose of operating and administering the state psychiatric hospitals.

(6) "Behavioral health administrative services organization" means an entity contracted with the authority to administer behavioral health services and programs under RCW 71.24.381, including crisis services and administration of chapter 71.05 RCW, the involuntary treatment act, for all individuals in a defined regional service area.

(7) "Behavioral health aide" means a counselor, health educator, and advocate who helps address individual and community-based behavioral health needs, including those related to alcohol, drug, and tobacco abuse as well as mental health problems such as grief, depression, suicide, and related issues and is certified by a community health aide program of the Indian health service or one or more tribes or tribal organizations consistent with the provisions of 25 U.S.C. Sec. 1616l and RCW 43.71B.010 (7) and (8).

(8) "Behavioral health provider" means a person licensed under chapter 18.57, 18.71, 18.71A, 18.83, 18.205, 18.225, or 18.79 RCW, as it applies to registered nurses and advanced registered nurse practitioners.

(9) "Behavioral health services" means mental health services as described in this chapter and chapter 71.36 RCW and substance use disorder treatment services as described in this chapter that, depending on the type of service, are provided by licensed or certified behavioral health agencies, behavioral health providers, or integrated into other health care providers.

(10) "Child" means a person under the age of eighteen years.

(11) "Chronically mentally ill adult" or "adult who is chronically mentally ill" means an adult who has a mental disorder and meets at least one of the following criteria:

(a) Has undergone two or more episodes of hospital care for a mental disorder within the preceding two years; or

(b) Has experienced a continuous psychiatric hospitalization or residential treatment exceeding six months' duration within the preceding year; or

(c) Has been unable to engage in any substantial gainful activity by reason of any mental disorder which has lasted for a continuous period of not less than twelve months. "Substantial gainful activity" shall be defined by the authority by rule consistent with Public Law 92-603, as amended.

(12) "Clubhouse" means a community-based program that provides rehabilitation services and is licensed or certified by the department.

(13) "Community behavioral health program" means all expenditures, services, activities, or programs, including reasonable administration and overhead, designed and conducted to prevent or treat substance use disorder, mental illness, or both in the community behavioral health system.

(14) "Community behavioral health service delivery system" means public, private, or tribal agencies that provide services specifically to persons with mental disorders, substance use disorders, or both, as defined under RCW 71.05.020 and receive funding from public sources.

(15) "Community support services" means services authorized, planned, and coordinated through resource management services including, at a minimum, assessment, diagnosis, emergency crisis intervention available twenty-four hours, seven days a week, prescreening determinations for persons who are mentally ill being considered for placement in nursing homes as required by federal law, screening for patients being considered for admission to residential services, diagnosis and treatment for children who are acutely mentally ill or severely emotionally or behaviorally disturbed discovered under screening through the federal Title XIX early and periodic screening, diagnosis, and treatment program, investigation, legal, and other nonresidential services under chapter 71.05 RCW, case management services, psychiatric treatment including medication supervision, counseling, psychotherapy, assuring transfer of relevant patient information between service providers, recovery services, and other services determined by behavioral health administrative services organizations.

(16) "Consensus-based" means a program or practice that has general support among treatment providers and experts, based on experience or professional literature, and may have anecdotal or case study support, or that is agreed but not possible to perform studies with random assignment and controlled groups.

(17) "County authority" means the board of county commissioners, county council, or county executive having authority to establish a behavioral health administrative services organization, or two or more of the county authorities specified in this subsection which have entered into an agreement to establish a behavioral health administrative services organization.

(18) "Department" means the department of health.

(19) "Designated crisis responder" has the same meaning as in RCW 71.05.020.

(20) "Director" means the director of the authority.

(21) "Drug addiction" means a disease characterized by a dependency on psychoactive chemicals, loss of control over the amount and circumstances of use, symptoms of tolerance, physiological or psychological withdrawal, or both, if use is reduced or discontinued, and impairment of health or disruption of social or economic functioning.

(22) "Early adopter" means a regional service area for which all of the county authorities have requested that the authority purchase medical and behavioral health services through a managed care health system as defined under RCW 71.24.380(6).

(23) "Emerging best practice" or "promising practice" means a program or practice that, based on statistical analyses or a well established theory of change, shows potential for meeting the evidence-based or research-based criteria, which may include the use of a program that is evidence-based for outcomes other than those listed in subsection (24) of this section.

(24) "Evidence-based" means a program or practice that has been tested in heterogeneous or intended populations with multiple randomized, or statistically controlled evaluations, or both; or one large multiple site randomized, or statistically controlled evaluation, or both, where the weight of the evidence from a systemic review demonstrates sustained improvements in at least one outcome. "Evidence-based" also means a program or practice that can be implemented with a set of procedures to allow successful replication in Washington and, when possible, is determined to be cost-beneficial.

(25) "Indian health care provider" means a health care program operated by the Indian health service or by a tribe, tribal organization, or urban Indian organization as those terms are defined in the Indian health care improvement act (25 U.S.C. Sec. 1603).

(26) "Intensive behavioral health treatment facility" means a community-based specialized residential treatment facility for individuals with behavioral health conditions, including individuals discharging from or being diverted from state and local hospitals, whose impairment or behaviors do not meet, or no longer meet, criteria for involuntary inpatient commitment under chapter 71.05 RCW, but whose care needs cannot be met in other community-based placement settings.

(27) "Licensed or certified behavioral health agency" means:

(a) An entity licensed or certified according to this chapter or chapter 71.05 RCW;

(b) An entity deemed to meet state minimum standards as a result of accreditation by a recognized behavioral health accrediting body recognized and having a current agreement with the department; or

(c) An entity with a tribal attestation that it meets state minimum standards for a licensed or certified behavioral health agency.

(28) "Licensed physician" means a person licensed to practice medicine or osteopathic medicine and surgery in the state of Washington.

(29) "Long-term inpatient care" means inpatient services for persons committed for, or voluntarily receiving intensive treatment for, periods of ninety days or greater under chapter 71.05 RCW. "Long-term inpatient care" as used in this chapter does not include: (a) Services for individuals committed under chapter 71.05 RCW who are receiving services pursuant to a conditional release or a court-ordered less restrictive alternative to detention; or (b) services for individuals voluntarily receiving less restrictive alternative treatment on the grounds of the state hospital.

(30) "Managed care organization" means an organization, having a certificate of authority or certificate of registration from the office of the insurance commissioner, that contracts with the authority under a comprehensive risk contract to provide prepaid health care services to enrollees under the authority's managed care programs under chapter 74.09 RCW.

(31) "Mental health peer respite center" means a peer-run program to serve individuals in need of voluntary, short-term, noncrisis services that focus on recovery and wellness.

(32) Mental health "treatment records" include registration and all other records concerning persons who are receiving or who at any time have received services for mental illness, which are maintained by the department of social and health services or the authority, by behavioral health administrative services organizations and their staffs, by managed care organizations and their staffs, or by treatment facilities. "Treatment records" do not include notes or records maintained for personal use by a person providing treatment services for the entities listed in this subsection, or a treatment facility if the notes or records are not available to others.

(33) "Mentally ill persons," "persons who are mentally ill," and "the mentally ill" mean persons and conditions defined in subsections (1), (11), (40), and (41) of this section.

(34) "Recovery" means a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

(35) "Research-based" means a program or practice that has been tested with a single randomized, or statistically controlled evaluation, or both, demonstrating sustained desirable outcomes; or where the weight of the evidence from a systemic review supports sustained outcomes as described in subsection (24) of this section but does not meet the full criteria for evidence-based.

(36) "Residential services" means a complete range of residences and supports authorized by resource management services and which may involve a facility, a distinct part thereof, or services which support community living, for persons who are acutely mentally ill, adults who are chronically mentally ill, children who are severely emotionally disturbed, or adults who are seriously disturbed and determined by the behavioral health administrative services organization or managed care organization to be at risk of becoming acutely or chronically mentally ill. The services shall include at least evaluation and treatment services as defined in chapter 71.05 RCW, acute crisis respite care, long-term adaptive and rehabilitative care, and supervised and supported living services, and shall also include any residential services developed to service persons who are mentally ill in nursing homes, residential treatment facilities, assisted living facilities, and adult family homes, and may include outpatient services provided as an element in a package of services in a supported housing model. Residential services for children in out-of-home placements related to their mental disorder shall not include the costs of food and shelter, except for children's long-term residential facilities existing prior to January 1, 1991.

(37) "Resilience" means the personal and community qualities that enable individuals to rebound from adversity, trauma, tragedy, threats, or other stresses, and to live productive lives.

(38) "Resource management services" mean the planning, coordination, and authorization of residential services and community support services administered pursuant to an individual service plan for: (a) Adults and children who are acutely mentally ill; (b) adults who are chronically mentally ill; (c) children who are severely emotionally disturbed; or (d) adults who are seriously disturbed and determined by a behavioral health administrative services organization or managed care organization to be at risk of becoming acutely or chronically mentally ill. Such planning, coordination, and authorization shall include mental health screening for children eligible under the federal Title XIX early and periodic screening, diagnosis, and treatment program. Resource management services include seven day a week, twenty-four hour a day availability of information regarding enrollment of adults and children who are mentally ill in services and their individual service plan to designated crisis responders, evaluation and treatment facilities, and others as determined by the behavioral health administrative services organization or managed care organization, as applicable.

(39) "Secretary" means the secretary of the department of health.

(40) "Seriously disturbed person" means a person who:

(a) Is gravely disabled or presents a likelihood of serious harm to himself or herself or others, or to the property of others, as a result of a mental disorder as defined in chapter 71.05 RCW;

(b) Has been on conditional release status, or under a less restrictive alternative order, at some time during the preceding two years from an evaluation and treatment facility or a state mental health hospital;

(c) Has a mental disorder which causes major impairment in several areas of daily living;

(d) Exhibits suicidal preoccupation or attempts; or

(e) Is a child diagnosed by a mental health professional, as defined in chapter 71.34 RCW, as experiencing a mental disorder which is clearly interfering with the child's functioning in family or school or with peers or is clearly interfering with the child's personality development and learning.

(41) "Severely emotionally disturbed child" or "child who is severely emotionally disturbed" means a child who has been determined by the behavioral health administrative services organization or managed care organization, if applicable, to be experiencing a mental disorder as defined in chapter 71.34 RCW, including those mental disorders that result in a behavioral or conduct disorder, that is clearly interfering with the child's functioning in family or school or with peers and who meets at least one of the following criteria:

(a) Has undergone inpatient treatment or placement outside of the home related to a mental disorder within the last two years;

(b) Has undergone involuntary treatment under chapter 71.34 RCW within the last two years;

(c) Is currently served by at least one of the following child-serving systems: Juvenile justice, child-protection/welfare, special education, or developmental disabilities;

(d) Is at risk of escalating maladjustment due to:

(i) Chronic family dysfunction involving a caretaker who is mentally ill or inadequate;

(ii) Changes in custodial adult;

(iii) Going to, residing in, or returning from any placement outside of the home, for example, psychiatric hospital, short-term inpatient, residential treatment, group or foster home, or a correctional facility;

(iv) Subject to repeated physical abuse or neglect;

(v) Drug or alcohol abuse; or

(vi) Homelessness.

(42) "State minimum standards" means minimum requirements established by rules adopted and necessary to implement this chapter by:

(a) The authority for:

(i) Delivery of mental health and substance use disorder services; and

(ii) Community support services and resource management services;

(b) The department of health for:

(i) Licensed or certified behavioral health agencies for the purpose of providing mental health or substance use disorder programs and services, or both;

(ii) Licensed behavioral health providers for the provision of mental health or substance use disorder services, or both; and

(iii) Residential services.

(43) "Substance use disorder" means a cluster of cognitive, behavioral, and physiological symptoms indicating that an individual continues using the substance despite significant substance-related problems. The diagnosis of a substance use disorder is based on a pathological pattern of behaviors related to the use of the substances.

(44) "Tribe," for the purposes of this section, means a federally recognized Indian tribe.

(45) "Crisis hotline center" means a state-designated center participating in the national suicide prevention lifeline network to respond to statewide or regional 988 calls.

(46) "Crisis stabilization unit" has the same meaning as provided in RCW 71.05.020.

(47) "Mobile crisis team" means a team which includes peers that provide professional on-site community-based intervention such as outreach, de-escalation, stabilization, resource connection, and follow-up support for individuals who are experiencing a behavioral health crisis.

(48) "Triage facility" has the same meaning as provided in RCW 71.05.020.

(49) "988 crisis hotline" means the universal telephone number within the United States designated for the purpose of the national suicide prevention and mental health crisis hotline system operating through the national suicide prevention lifeline.

NEW SECTION. **Sec.**  Sections 301 through 305 of this act constitute a new chapter in Title 82 RCW.

NEW SECTION. **Sec.**  Sections 301 through 305 of this act are effective January 1, 2022.

NEW SECTION. **Sec.**  Section 401 of this act expires July 1, 2022.

NEW SECTION. **Sec.**  Section 402 of this act takes effect July 1, 2022.

NEW SECTION. **Sec.**  Section 201 of this act is necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, and takes effect immediately.

**--- END ---**