

E2SHB 1477 - S COMM AMD

By Subcommittee on Behavioral Health

NOT ADOPTED 04/19/2021

1 Strike everything after the enacting clause and insert the
2 following:

3 "PART I

4 **CRISIS CALL CENTER HUBS AND CRISIS SERVICES**

5 NEW SECTION. **Sec. 101.** (1) The legislature finds that:

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

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

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

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

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

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

24 (2) The legislature intends to:

25 (a) Establish crisis call center hubs and expand the crisis
26 response system in a deliberate, phased approach that includes the
27 involvement of partners from a range of perspectives to:

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

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

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

8 (iv) Comply with the national suicide hotline designation act of
9 2020 and the federal communications commission's rules adopted July
10 16, 2020, to assure that all Washington residents receive a
11 consistent and effective level of 988 suicide prevention and other
12 behavioral health crisis response services no matter where they live,
13 work, or travel in the state; and

14 (v) Provide higher quality support for people experiencing
15 behavioral health crises through investment in new technology to
16 create a crisis call center hub system to triage calls and link
17 individuals to follow-up care.

18 (b) Make additional investments to enhance the crisis response
19 system, including the expansion of crisis teams, to be known as
20 mobile rapid response crisis teams, and deployment of a wide array of
21 crisis stabilization services, such as 23-hour crisis stabilization
22 units based on the living room model, crisis stabilization centers,
23 short-term respite facilities, peer-operated respite services, and
24 same-day walk-in behavioral health services. The overall crisis
25 system shall contain components that operate like hospital emergency
26 departments that accept all walk-ins and ambulance, fire, and police
27 drop-offs. The use of peers must be incorporated as often as possible
28 within the continuum of crisis care.

29 NEW SECTION. **Sec. 102.** A new section is added to chapter 71.24
30 RCW to read as follows:

31 (1) Establishing the state crisis call center hubs and enhancing
32 the crisis response system will require collaborative work between
33 the department and the authority within their respective roles. The
34 department shall have primary responsibility for establishing and
35 designating the crisis call center hubs. The authority shall have
36 primary responsibility for developing and implementing the crisis
37 response system and services to support the work of the crisis call
38 center hubs. In any instance in which one agency is identified as the
39 lead, the expectation is that agency will be communicating and

1 collaborating with the other to ensure seamless, continuous, and
2 effective service delivery within the statewide crisis response
3 system.

4 (2) The department shall provide adequate funding for the state's
5 crisis call centers to meet an expected increase in the use of the
6 call centers based on the implementation of the 988 crisis hotline.
7 The funding level shall be established at a level anticipated to
8 achieve an in-state call response rate of at least 90 percent by July
9 22, 2022, and an in-state call response rate of at least 95 percent
10 by July 1, 2023. The funding level shall be determined by considering
11 standards and cost per call predictions provided by the administrator
12 of the national suicide prevention lifeline, call volume predictions,
13 guidance on crisis call center performance metrics, and necessary
14 technology upgrades.

15 (3) The department shall adopt rules by July 1, 2023, to
16 establish standards for designation of crisis call centers as crisis
17 call center hubs. The department shall collaborate with the authority
18 and other agencies to assure coordination and availability of
19 services, and shall consider national guidelines for behavioral
20 health crisis care as determined by the federal substance abuse and
21 mental health services administration, national behavioral health
22 accrediting bodies, and national behavioral health provider
23 associations to the extent they are appropriate, and recommendations
24 from the crisis response improvement strategy committee created in
25 section 103 of this act.

26 (4) The department shall designate crisis call center hubs by
27 July 1, 2024. The crisis call center hubs shall provide crisis
28 intervention services, triage, care coordination, referrals, and
29 connections to individuals contacting the 988 crisis hotline from any
30 jurisdiction within Washington 24 hours a day, seven days a week,
31 using the system platform developed under subsection (5) of this
32 section.

33 (a) To be designated as a crisis call center hub, the applicant
34 must demonstrate to the department the ability to comply with the
35 requirements of this section and to contract with the department to
36 provide crisis call center hub services. The department may revoke
37 the designation of any crisis call center hub that fails to
38 substantially comply with the contract.

39 (b) The contracts entered by the department shall require
40 designated crisis call center hubs to:

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

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

8 (iii) Employ highly skilled and trained clinical staff with at
9 least a bachelors or masters level of education, as appropriate, who
10 have sufficient training and resources to provide empathy to callers
11 in acute distress, de-escalate crises, assess behavioral health
12 disorders and suicide risk, triage to system partners, and provide
13 case management and documentation. Call center staff shall be trained
14 to make every effort to resolve cases in the least restrictive
15 environment and without law enforcement involvement whenever
16 possible. Call center staff shall coordinate with certified peers to
17 provide follow-up and outreach to callers in distress as available
18 and appropriate. It is intended for transition planning to include a
19 pathway for continued employment and skill advancement as needed for
20 experienced crisis call center employees;

21 (iv) Collaborate with the authority, the national suicide
22 prevention lifeline, and veterans crisis line networks to assure
23 consistency of public messaging about the 988 crisis hotline; and

24 (v) Provide data and reports and participate in evaluations and
25 related quality improvement activities, according to standards
26 established by the department in collaboration with the authority.

27 (c) The department may incorporate recommendations from the
28 crisis response improvement strategy committee created in section 103
29 of this act in its agreements with crisis call center hubs, as
30 appropriate.

31 (5) The department shall, in collaboration with the authority,
32 develop a new technologically advanced behavioral health crisis call
33 center system platform for use in crisis call center hubs designated
34 by the department under subsection (4) of this section, which shall
35 be fully funded by July 1, 2023. The platform must include the
36 capacity to:

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

1 (b) Access real-time information relevant to the coordination of
2 behavioral health crisis response services from managed care
3 organizations, behavioral health administrative services
4 organizations, and other health care payers, including both primary
5 care providers and behavioral health providers within managed care
6 organization networks, to enable the crisis call center hubs to
7 actively collaborate with these entities to provide for the care
8 needs of the person contacting the 988 crisis hotline, according to
9 formal agreements established by the authority. The information
10 accessible to the platform must include comprehensive and up-to-date
11 information about less restrictive alternative treatment orders and
12 mental health advance directives;

13 (c) Deploy crisis response services, which may include mobile
14 rapid response crisis teams, coresponder teams, mobile integrated
15 health teams, or community assistance referral and educational
16 services programs under RCW 35.21.930, according to best practice
17 guidelines established by the authority, and track local response
18 through global positioning technology;

19 (d) Use technology demonstrated to be interoperable across crisis
20 and emergency response systems used throughout the state, such as 911
21 systems, emergency medical services systems, and other nonbehavioral
22 health crisis services;

23 (e) Arrange next-day appointments for persons experiencing
24 urgent, symptomatic behavioral health care needs and follow-up
25 services for other persons contacting the 988 crisis hotline with
26 geographically, culturally, and linguistically appropriate primary
27 care or behavioral health providers within the person's provider
28 network, or, if uninsured, through the person's behavioral health
29 administrative services organization;

30 (f) Track and provide real-time bed availability to crisis
31 response workers and individuals in crisis for all behavioral health
32 bed types, including crisis stabilization services, psychiatric
33 inpatient, substance use disorder inpatient, withdrawal management,
34 and peer crisis respite, including voluntary and involuntary beds;
35 and

36 (g) Appropriately serve high-risk populations according to
37 guidelines established by the authority. The authority shall design
38 these guidelines to promote behavioral health equity for all
39 populations with regard to circumstances of race, ethnicity, gender,
40 socioeconomic status, sexual orientation, and geographic location,

1 and include components such as training requirements, policies for
2 transferring such callers to an appropriate specialized center or
3 subnetwork within or external to the national suicide prevention
4 lifeline network, and procedures for referring persons accessing the
5 988 crisis hotline to linguistically and culturally competent care.

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

13 (7) The department shall collaborate with the state enhanced 911
14 coordination office, emergency management division, and military
15 department to develop technology that is demonstrated to be
16 interoperable between the 988 crisis hotline system and crisis and
17 emergency response systems used throughout the state, such as 911
18 systems, emergency medical services systems, and other nonbehavioral
19 health crisis services, as well as the national suicide prevention
20 lifeline, to assure cohesive interoperability, develop training
21 programs and operations for both 911 public safety telecommunicators
22 and crisis line workers, develop suicide and other behavioral health
23 crisis assessments and intervention strategies, and establish
24 efficient and equitable access to resources via crisis hotlines.

25 NEW SECTION. **Sec. 103.** A new section is added to chapter 71.24
26 RCW to read as follows:

27 (1) The crisis response improvement strategy committee is
28 established for the purpose of developing an integrated behavioral
29 health crisis response system containing the elements described in
30 this section.

31 (2) The office of financial management shall contract with the
32 behavioral health institute at Harborview medical center to
33 facilitate and provide staff support to the crisis response
34 improvement strategy committee.

35 (3) The crisis response improvement strategy committee shall have
36 three cochairs selected from among the members of the steering
37 committee. The crisis response improvement strategy committee shall
38 consist of the following members, who shall be appointed or requested
39 by the authority, unless otherwise noted:

- 1 (a) The director of the authority, or his or her designee, who
2 shall also serve on the steering committee;
- 3 (b) The secretary of the department, or his or her designee, who
4 shall also serve on the steering committee;
- 5 (c) A member representing the office of the governor, who shall
6 also serve on the steering committee;
- 7 (d) The Washington state insurance commissioner, or his or her
8 designee;
- 9 (e) Up to two members representing tribal interests, one from
10 eastern Washington and one from western Washington, who have
11 expertise in behavioral health needs of tribal communities;
- 12 (f) One member from each of the two largest caucuses of the
13 senate, one of whom shall also be designated to participate on the
14 steering committee, to be appointed by the president of the senate;
- 15 (g) One member from each of the two largest caucuses of the house
16 of representatives, one of whom shall also be designated to
17 participate on the steering committee, to be appointed by the speaker
18 of the house of representatives;
- 19 (h) The director of the Washington state department of veterans
20 affairs, or his or her designee;
- 21 (i) The state enhanced 911 coordinator, or his or her designee;
- 22 (j) A member with lived experience of a suicide attempt;
- 23 (k) A member with lived experience of a suicide loss;
- 24 (l) A member with experience of participation in the crisis
25 system related to lived experience of a mental health disorder;
- 26 (m) A member with experience of participation in the crisis
27 system related to lived experience with a substance use disorder;
- 28 (n) A member representing each crisis call center in Washington
29 that is contracted with the national suicide prevention lifeline;
- 30 (o) Up to two members representing behavioral health
31 administrative services organizations, one from an urban region and
32 one from a rural region;
- 33 (p) A member representing the Washington council for behavioral
34 health;
- 35 (q) A member representing the association of alcoholism and
36 addiction programs of Washington state;
- 37 (r) A member representing the Washington state hospital
38 association;
- 39 (s) A member representing the national alliance on mental illness
40 Washington;

1 (t) A member representing the behavioral health interests of
2 persons of color recommended by Sea Mar community health centers;

3 (u) A member representing the behavioral health interests of
4 persons of color recommended by Asian counseling and referral
5 service;

6 (v) A member representing law enforcement;

7 (w) A member representing a university-based suicide prevention
8 center of excellence;

9 (x) A member representing an emergency medical services
10 department with a CARES program;

11 (y) A member representing medicaid managed care organizations, as
12 recommended by the association of Washington healthcare plans;

13 (z) A member representing commercial health insurance, as
14 recommended by the association of Washington healthcare plans;

15 (aa) A member representing the Washington association of
16 designated crisis responders;

17 (bb) A member representing the children and youth behavioral
18 health work group;

19 (cc) A member representing a social justice organization
20 addressing police accountability and the use of deadly force; and

21 (dd) A member representing an organization specializing in
22 facilitating behavioral health services for LGBTQ populations.

23 (4) The crisis response improvement strategy committee shall
24 identify barriers and make recommendations to implement and monitor
25 the progress of the 988 crisis hotline in Washington and make
26 recommendations on statewide improvement of behavioral health crisis
27 response services.

28 (5) The committee must develop a comprehensive assessment of the
29 behavioral health crisis response services system, including an
30 inventory of existing statewide and regional behavioral health crisis
31 response and crisis stabilization services and resources, including
32 capital projects which are planned and funded. The assessment must
33 identify:

34 (a) Statewide and regional insufficiencies and gaps in necessary
35 behavioral health crisis response services and resources to meet
36 population needs;

37 (b) Goals for the provision of statewide and regional behavioral
38 health crisis services and resources including, but not limited to,
39 reductions in involuntary commitment detentions, single-bed
40 certifications, reported suicide attempts and deaths, reported

1 substance use disorder related overdoses and overdose or withdrawal
2 related deaths, and incarcerations due to a behavioral health
3 incident;

4 (c) A process for establishing benchmarks, improvement targets,
5 and outcome measures for the crisis response system; and

6 (d) Potential funding sources for each element of the statewide
7 and regional behavioral health crisis services and resources.

8 (6) The committee, with reference to the comprehensive assessment
9 work under subsection (5) of this section, shall discuss and report
10 on the following:

11 (a) A recommended vision for an integrated crisis network in
12 Washington that includes, but is not limited to: An integrated 988
13 crisis hotline and crisis call center hubs; mobile rapid response
14 crisis teams; mobile crisis response units for youth, adult, and
15 geriatric population; an array of crisis stabilization services; an
16 integrated involuntary treatment system; peer and respite services;
17 and data resources;

18 (b) Recommendations for ensuring equity in services for
19 individuals of diverse circumstances of culture, race, ethnicity,
20 gender, socioeconomic status, sexual orientation, and for individuals
21 in tribal, urban, and rural communities;

22 (c) Recommendations for a work plan with timelines to implement
23 local responses to calls to the 988 crisis hotline within Washington
24 in accordance with the time frames required by the national suicide
25 hotline designation act of 2020;

26 (d) The necessary components of a new statewide, technologically
27 advanced behavioral health crisis call center system with a platform,
28 as described in section 102 of this act, for assigning and tracking
29 response to behavioral health crisis calls and providing real-time
30 bed and outpatient appointment availability to 988 operators,
31 designated crisis responders, and other behavioral health crisis
32 responders, which may include but shall not be limited to:

33 (i) Identification of the components crisis call center hub staff
34 need to effectively coordinate crisis response services and access
35 the platform to find available beds and available primary care and
36 behavioral health outpatient appointments;

37 (ii) Evaluation of existing bed tracking models currently
38 utilized by other states and identifying the model most suitable to
39 Washington's crisis behavioral health system;

1 (iii) Evaluation of whether bed tracking will improve access to
2 all behavioral health bed types and other impacts and benefits;

3 (iv) Exploration of how the bed tracking and outpatient
4 appointment availability platform can facilitate more timely access
5 to care and other impacts and benefits;

6 (v) Recommendations related to how behavioral health providers
7 can maintain and update real-time information regarding the
8 availability of behavioral health inpatient and residential bed
9 availability to the crisis call center system platform, and the
10 feasibility, impact, and benefits of this requirement; and

11 (vi) Recommendations related to primary care providers and
12 behavioral health providers maintaining and updating real-time
13 information regarding the outpatient appointment availability to the
14 crisis call center system platform;

15 (e) A work plan to establish the capacity for the crisis call
16 center hubs to integrate Spanish language interpreters and Spanish-
17 speaking call center staff into their operations, and to ensure the
18 availability of resources to meet the unique needs of persons in the
19 agricultural community who are experiencing mental health stresses,
20 which explicitly addresses concerns regarding confidentiality;

21 (f) A work plan with timelines to enhance and expand the
22 availability of community-based mobile rapid response crisis teams
23 based in each region, including specialized teams as appropriate to
24 respond to the unique needs of youth, including American Indian and
25 Alaska Native youth and LGBTQ youth, and geriatric populations,
26 including older adults of color and older adults with comorbid
27 dementia;

28 (g) The identification of other personal and systemic behavioral
29 health challenges which implementation of the 988 crisis hotline has
30 the potential to address in addition to suicide response and mental
31 health and substance use crises;

32 (h) The development of a plan for the statewide equitable
33 distribution of crisis stabilization services, behavioral health
34 beds, and peer respite services;

35 (i) Recommendations concerning how health plans, managed care
36 organizations, and behavioral health administrative services
37 organizations shall fulfill requirements to provide assignment of a
38 care coordinator and to provide next-day appointments for enrollees
39 who contact the behavioral health crisis system;

1 (j) Appropriate allocation of crisis system funding
2 responsibilities among medicaid managed care organizations,
3 commercial insurers, and behavioral health administrative services
4 organizations;

5 (k) Recommendations for constituting a statewide behavioral
6 health crisis response oversight board or similar structure for
7 ongoing monitoring of the behavioral health crisis system and where
8 this should be established; and

9 (l) Cost estimates for each of the components recommended by the
10 crisis response improvement strategy committee.

11 (7) The crisis response improvement strategy committee shall form
12 subcommittees to focus on discrete topics. The subcommittees may
13 include participants who are not members of the committee, as needed
14 to provide professional expertise and community perspectives. The
15 committee shall form the following subcommittees:

16 (a) A steering committee which shall convene the committee,
17 select cochairs for the committee, form and assign tasks to
18 subcommittees, and establish a schedule of meetings and their
19 agendas, consisting only of members appointed to the steering
20 committee under this section and the director of the behavioral
21 health institute at Harboview medical center or his or her designee;

22 (b) A credentialing and training subcommittee, to determine
23 workforce needs and requirements necessary to implement this act;

24 (c) A technology subcommittee, to examine issues and requirements
25 related to the technology needed to implement this act;

26 (d) A cross-system crisis response collaboration subcommittee, to
27 examine and define the complementary roles and interactions between
28 mobile rapid response crisis teams, designated crisis responders, law
29 enforcement, emergency medical services teams, 911 and 988 operators,
30 public and private health plans, behavioral health crisis response
31 agencies, nonbehavioral health crisis response agencies, and others
32 needed to implement this act;

33 (e) A confidential information compliance and coordination
34 subcommittee, to examine issues relating to sharing and protection of
35 health information needed to implement this act; and

36 (f) Any other subcommittee needed to facilitate the work of the
37 committee, at the discretion of the steering committee.

38 (8) The proceedings of the crisis response improvement strategy
39 committee must be open to the public and invite testimony from a
40 broad range of perspectives. The crisis response improvement strategy

1 committee shall seek input from tribes, veterans, the LGBTQ
2 community, and communities of color to determine how well the crisis
3 response system is currently working and ways to improve the crisis
4 response system.

5 (9) Legislative members of the implementation coalition shall be
6 reimbursed for travel expenses in accordance with RCW 44.04.120.
7 Nonlegislative members are not entitled to be reimbursed for travel
8 expenses if they are elected officials or are participating on behalf
9 of an employer, governmental entity, or other organization. Any
10 reimbursement for other nonlegislative members is subject to chapter
11 43.03 RCW.

12 (10) The crisis response improvement strategy committee shall
13 report its progress, findings, and preliminary or final
14 recommendations to the governor and the appropriate policy and fiscal
15 committees of the legislature by January 1, 2022, and January 1,
16 2023.

17 (11) This section expires June 30, 2023.

18 NEW SECTION. **Sec. 104.** A new section is added to chapter 71.24
19 RCW to read as follows:

20 (1) The department and authority shall provide an annual report
21 regarding the usage of the 988 crisis hotline, call outcomes, and the
22 provision of crisis services inclusive of mobile rapid response
23 crisis teams and crisis stabilization services. The report shall be
24 submitted to the governor and the appropriate committees of the
25 legislature each November beginning in 2023. The report shall include
26 information on the fund deposits and expenditures of the account
27 created in section 205 of this act.

28 (2) The department and authority shall coordinate with the
29 department of revenue, and any other agency that is appropriated
30 funding under the account created in section 205 of this act, to
31 develop and submit information to the federal communications
32 commission required for the completion of fee accountability reports
33 pursuant to the national suicide hotline designation act of 2020.

34 NEW SECTION. **Sec. 105.** A new section is added to chapter 48.43
35 RCW to read as follows:

36 Health plans issued or renewed on or after January 1, 2023, must
37 make next-day appointments for covered behavioral health services
38 available to enrollees experiencing urgent, symptomatic behavioral

1 health conditions. Need for urgent symptomatic care is associated
2 with the presentation of behavioral health signs or symptoms that
3 require immediate attention, but are not emergent.

4 **PART II**

5 **TAX**

6 NEW SECTION. **Sec. 201.** DEFINITIONS. (1) The definitions in this
7 section apply throughout this chapter unless the context clearly
8 requires otherwise.

9 (a) "988 crisis hotline" has the same meaning as in RCW
10 71.24.025.

11 (b) "Crisis call center hub" has the same meaning as in RCW
12 71.24.025.

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

14 NEW SECTION. **Sec. 202.** TAX IMPOSED. (1)(a) A statewide 988
15 behavioral health crisis response line tax is imposed on the use of
16 all radio access lines:

17 (i) By subscribers whose place of primary use is located within
18 the state in the amount set forth in (a)(ii) of this subsection (1)
19 per month for each radio access line. The tax must be uniform for
20 each radio access line under this subsection (1); and

21 (ii) By consumers whose retail transaction occurs within the
22 state in the amount set forth in this subsection (1)(a)(ii) per
23 retail transaction. The amount of tax must be uniform for each retail
24 transaction under this subsection (1) and is as follows:

25 (A) Beginning October 1, 2021, through December 31, 2022, the tax
26 rate is 30 cents for each radio access line; and

27 (B) Beginning January 1, 2023, the tax rate is 50 cents for each
28 radio access line.

29 (b) The tax imposed under this subsection (1) must be remitted to
30 the department by radio communications service companies, including
31 those companies that resell radio access lines, and sellers of
32 prepaid wireless telecommunications service, on a tax return provided
33 by the department. Tax proceeds must be deposited by the treasurer
34 into the statewide 988 behavioral health crisis response line account
35 created in section 205 of this act.

1 (c) For the purposes of this subsection (1), the retail
2 transaction is deemed to occur at the location where the transaction
3 is sourced under RCW 82.32.520(3)(c).

4 (2) A statewide 988 behavioral health crisis response line tax is
5 imposed on all interconnected voice over internet protocol service
6 lines in the state. The amount of tax must be uniform for each line
7 and must be levied on no more than the number of voice over internet
8 protocol service lines on an account that is capable of simultaneous
9 unrestricted outward calling to the public switched telephone
10 network. The tax imposed under this subsection (2) must be remitted
11 to the department by interconnected voice over internet protocol
12 service companies on a tax return provided by the department. The
13 amount of tax for each interconnected voice over internet protocol
14 service line whose place of primary use is located in the state is as
15 follows:

16 (a) Beginning October 1, 2021, through December 31, 2022, the tax
17 rate is 30 cents for an interconnected voice over internet protocol
18 service line; and

19 (b) Beginning January 1, 2023, the tax rate is 50 cents for an
20 interconnected voice over internet protocol service line.

21 (3) A statewide 988 behavioral health crisis response line tax is
22 imposed on all switched access lines in the state. The amount of tax
23 must be uniform for each line and must be levied on no more than the
24 number of switched access lines on an account that is capable of
25 simultaneous unrestricted outward calling to the public switched
26 telephone network. The tax imposed under this subsection (3) must be
27 remitted to the department by local exchange companies on a tax
28 return provided by the department. The amount of tax for each
29 switched access line whose place of primary use is located in the
30 state is as follows:

31 (a) Beginning October 1, 2021, through December 31, 2022, the tax
32 rate is 30 cents for each switched access line; and

33 (b) Beginning January 1, 2023, the tax rate is 50 cents for each
34 switched access line.

35 (4) Tax proceeds collected pursuant to this section must be
36 deposited by the treasurer into the statewide 988 behavioral health
37 crisis response line account created in section 205 of this act.

38 NEW SECTION. **Sec. 203.** COLLECTION OF TAX. (1) Except as
39 provided otherwise in subsection (2) of this section:

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

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

12 (c) The statewide 988 behavioral health crisis response line tax
13 on switched access lines must be collected from the subscriber by the
14 local exchange company.

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

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

21 (b) The department must transfer all tax proceeds remitted by a
22 seller under this subsection (2) to the statewide 988 behavioral
23 health crisis response line account created in section 205 of this
24 act.

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

28 NEW SECTION. **Sec. 204.** PAYMENT AND COLLECTION. (1)(a) The
29 statewide 988 behavioral health crisis response line tax imposed by
30 this chapter must be paid by the subscriber to the radio
31 communications service company providing the radio access line, the
32 local exchange company, or the interconnected voice over internet
33 protocol service company providing the interconnected voice over
34 internet protocol service line.

35 (b) Each radio communications service company, each local
36 exchange company, and each interconnected voice over internet
37 protocol service company, must collect from the subscriber the full
38 amount of the taxes payable. The statewide 988 behavioral health
39 crisis response line tax required by this chapter to be collected by

1 a company or seller, are deemed to be held in trust by the company or
2 seller until paid to the department. Any radio communications service
3 company, local exchange company, or interconnected voice over
4 internet protocol service company that appropriates or converts the
5 tax collected to its own use or to any use other than the payment of
6 the tax to the extent that the money collected is not available for
7 payment on the due date as prescribed in this chapter is guilty of a
8 gross misdemeanor.

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

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

36 (4) If a subscriber has failed to pay to the radio communications
37 service company, local exchange company, or interconnected voice over
38 internet protocol service company, the statewide 988 behavioral
39 health crisis response line tax imposed by this chapter and the
40 company or seller has not paid the amount of the tax to the

1 department, the department may, in its discretion, proceed directly
2 against the subscriber or consumer for collection of the tax, in
3 which case a penalty of 10 percent may be added to the amount of the
4 tax for failure of the subscriber or consumer to pay the tax to the
5 company or seller, regardless of when the tax is collected by the
6 department.

7 NEW SECTION. **Sec. 205.** ACCOUNT CREATION. (1) The statewide 988
8 behavioral health crisis response line account is created in the
9 state treasury. All receipts from the statewide 988 behavioral health
10 crisis response line tax imposed pursuant to this chapter must be
11 deposited into the account. Moneys may only be spent after
12 appropriation.

13 (2) Expenditures from the account may only be used for (a)
14 ensuring the efficient and effective routing of calls made to the 988
15 crisis hotline to an appropriate crisis hotline center or crisis call
16 center hub; and (b) personnel and the provision of acute behavioral
17 health, crisis outreach, crisis stabilization services as defined in
18 RCW 71.24.025, and follow-up case management by directly responding
19 to the 988 crisis hotline.

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

23 **PART III**

24 **DEFINITIONS AND MISCELLANEOUS**

25 **Sec. 301.** RCW 71.24.025 and 2020 c 256 s 201 are each reenacted
26 and amended to read as follows:

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

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

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

33 (b) Being gravely disabled as defined in RCW 71.05.020 or, in the
34 case of a child, a gravely disabled minor as defined in RCW
35 71.34.020; or

36 (c) Presenting a likelihood of serious harm as defined in RCW
37 71.05.020 or, in the case of a child, as defined in RCW 71.34.020.

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

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

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

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

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

27 (7) "Behavioral health aide" means a counselor, health educator,
28 and advocate who helps address individual and community-based
29 behavioral health needs, including those related to alcohol, drug,
30 and tobacco abuse as well as mental health problems such as grief,
31 depression, suicide, and related issues and is certified by a
32 community health aide program of the Indian health service or one or
33 more tribes or tribal organizations consistent with the provisions of
34 25 U.S.C. Sec. 16161 and RCW 43.71B.010 (7) and (8).

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

39 (9) "Behavioral health services" means mental health services as
40 described in this chapter and chapter 71.36 RCW and substance use

1 disorder treatment services as described in this chapter that,
2 depending on the type of service, are provided by licensed or
3 certified behavioral health agencies, behavioral health providers, or
4 integrated into other health care providers.

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

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

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

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

14 (c) Has been unable to engage in any substantial gainful activity
15 by reason of any mental disorder which has lasted for a continuous
16 period of not less than twelve months. "Substantial gainful activity"
17 shall be defined by the authority by rule consistent with Public Law
18 92-603, as amended.

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

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

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

32 (15) "Community support services" means services authorized,
33 planned, and coordinated through resource management services
34 including, at a minimum, assessment, diagnosis, emergency crisis
35 intervention available twenty-four hours, seven days a week,
36 prescreening determinations for persons who are mentally ill being
37 considered for placement in nursing homes as required by federal law,
38 screening for patients being considered for admission to residential
39 services, diagnosis and treatment for children who are acutely
40 mentally ill or severely emotionally or behaviorally disturbed

1 discovered under screening through the federal Title XIX early and
2 periodic screening, diagnosis, and treatment program, investigation,
3 legal, and other nonresidential services under chapter 71.05 RCW,
4 case management services, psychiatric treatment including medication
5 supervision, counseling, psychotherapy, assuring transfer of relevant
6 patient information between service providers, recovery services, and
7 other services determined by behavioral health administrative
8 services organizations.

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

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

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

21 (19) "Designated crisis responder" has the same meaning as in RCW
22 71.05.020.

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

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

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

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

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

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

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

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

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

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

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

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

35 (29) "Long-term inpatient care" means inpatient services for
36 persons committed for, or voluntarily receiving intensive treatment
37 for, periods of ninety days or greater under chapter 71.05 RCW.

38 "Long-term inpatient care" as used in this chapter does not include:

39 (a) Services for individuals committed under chapter 71.05 RCW who
40 are receiving services pursuant to a conditional release or a court-

1 ordered less restrictive alternative to detention; or (b) services
2 for individuals voluntarily receiving less restrictive alternative
3 treatment on the grounds of the state hospital.

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

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

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

23 (33) "Mentally ill persons," "persons who are mentally ill," and
24 "the mentally ill" mean persons and conditions defined in subsections
25 (1), (11), (40), and (41) of this section.

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

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

35 (36) "Residential services" means a complete range of residences
36 and supports authorized by resource management services and which may
37 involve a facility, a distinct part thereof, or services which
38 support community living, for persons who are acutely mentally ill,
39 adults who are chronically mentally ill, children who are severely
40 emotionally disturbed, or adults who are seriously disturbed and

1 determined by the behavioral health administrative services
2 organization or managed care organization to be at risk of becoming
3 acutely or chronically mentally ill. The services shall include at
4 least evaluation and treatment services as defined in chapter 71.05
5 RCW, acute crisis respite care, long-term adaptive and rehabilitative
6 care, and supervised and supported living services, and shall also
7 include any residential services developed to service persons who are
8 mentally ill in nursing homes, residential treatment facilities,
9 assisted living facilities, and adult family homes, and may include
10 outpatient services provided as an element in a package of services
11 in a supported housing model. Residential services for children in
12 out-of-home placements related to their mental disorder shall not
13 include the costs of food and shelter, except for children's long-
14 term residential facilities existing prior to January 1, 1991.

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

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

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

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

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

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

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

7 (d) Exhibits suicidal preoccupation or attempts; or

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

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

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

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

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

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

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

31 (ii) Changes in custodial adult;

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

36 (iv) Subject to repeated physical abuse or neglect;

37 (v) Drug or alcohol abuse; or

38 (vi) Homelessness.

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

4 (a) The authority for:

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

7 (ii) Community support services and resource management services;

8 (b) The department of health for:

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

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

14 (iii) Residential services.

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

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

23 (45) "Crisis call center hub" means a state-designated center
24 participating in the national suicide prevention lifeline network to
25 respond to statewide or regional 988 calls that meets the
26 requirements of section 102 of this act.

27 (46) "Crisis stabilization services" means services such as 23-
28 hour crisis stabilization units based on the living room model,
29 crisis stabilization units as provided in RCW 71.05.020, triage
30 facilities as provided in RCW 71.05.020, short-term respite
31 facilities, peer-operated respite services, and same-day walk-in
32 behavioral health services, including within the overall crisis
33 system components that operate like hospital emergency departments
34 that accept all walk-ins, and ambulance, fire, and police drop-offs.

35 (47) "Mobile rapid response crisis team" means a team that
36 provides professional on-site community-based intervention such as
37 outreach, de-escalation, stabilization, resource connection, and
38 follow-up support for individuals who are experiencing a behavioral
39 health crisis, that shall include peers as a best practice to the

1 extent practicable based on workforce availability, and that meets
2 standards for response times established by the authority.

3 (48) "988 crisis hotline" means the universal telephone number
4 within the United States designated for the purpose of the national
5 suicide prevention and mental health crisis hotline system operating
6 through the national suicide prevention lifeline.

7 **Sec. 302.** RCW 71.24.025 and 2020 c 256 s 201 and 2020 c 80 s 52
8 are each reenacted and amended to read as follows:

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

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

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

15 (b) Being gravely disabled as defined in RCW 71.05.020 or, in the
16 case of a child, a gravely disabled minor as defined in RCW
17 71.34.020; or

18 (c) Presenting a likelihood of serious harm as defined in RCW
19 71.05.020 or, in the case of a child, as defined in RCW 71.34.020.

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

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

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

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

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

7 (7) "Behavioral health aide" means a counselor, health educator,
8 and advocate who helps address individual and community-based
9 behavioral health needs, including those related to alcohol, drug,
10 and tobacco abuse as well as mental health problems such as grief,
11 depression, suicide, and related issues and is certified by a
12 community health aide program of the Indian health service or one or
13 more tribes or tribal organizations consistent with the provisions of
14 25 U.S.C. Sec. 16161 and RCW 43.71B.010 (7) and (8).

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

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

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

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

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

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

34 (c) Has been unable to engage in any substantial gainful activity
35 by reason of any mental disorder which has lasted for a continuous
36 period of not less than twelve months. "Substantial gainful activity"
37 shall be defined by the authority by rule consistent with Public Law
38 92-603, as amended.

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

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

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

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

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

36 (17) "County authority" means the board of county commissioners,
37 county council, or county executive having authority to establish a
38 behavioral health administrative services organization, or two or
39 more of the county authorities specified in this subsection which

1 have entered into an agreement to establish a behavioral health
2 administrative services organization.

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

4 (19) "Designated crisis responder" has the same meaning as in RCW
5 71.05.020.

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

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

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

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

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

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

37 (26) "Intensive behavioral health treatment facility" means a
38 community-based specialized residential treatment facility for
39 individuals with behavioral health conditions, including individuals
40 discharging from or being diverted from state and local hospitals,

1 whose impairment or behaviors do not meet, or no longer meet,
2 criteria for involuntary inpatient commitment under chapter 71.05
3 RCW, but whose care needs cannot be met in other community-based
4 placement settings.

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

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

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

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

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

17 (29) "Long-term inpatient care" means inpatient services for
18 persons committed for, or voluntarily receiving intensive treatment
19 for, periods of ninety days or greater under chapter 71.05 RCW.

20 "Long-term inpatient care" as used in this chapter does not include:

21 (a) Services for individuals committed under chapter 71.05 RCW who
22 are receiving services pursuant to a conditional release or a court-
23 ordered less restrictive alternative to detention; or (b) services
24 for individuals voluntarily receiving less restrictive alternative
25 treatment on the grounds of the state hospital.

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

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

35 (32) Mental health "treatment records" include registration and
36 all other records concerning persons who are receiving or who at any
37 time have received services for mental illness, which are maintained
38 by the department of social and health services or the authority, by
39 behavioral health administrative services organizations and their
40 staffs, by managed care organizations and their staffs, or by

1 treatment facilities. "Treatment records" do not include notes or
2 records maintained for personal use by a person providing treatment
3 services for the entities listed in this subsection, or a treatment
4 facility if the notes or records are not available to others.

5 (33) "Mentally ill persons," "persons who are mentally ill," and
6 "the mentally ill" mean persons and conditions defined in subsections
7 (1), (11), (40), and (41) of this section.

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

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

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

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

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

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

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

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

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

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

30 (d) Exhibits suicidal preoccupation or attempts; or

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

36 (41) "Severely emotionally disturbed child" or "child who is
37 severely emotionally disturbed" means a child who has been determined
38 by the behavioral health administrative services organization or
39 managed care organization, if applicable, to be experiencing a mental
40 disorder as defined in chapter 71.34 RCW, including those mental

1 disorders that result in a behavioral or conduct disorder, that is
2 clearly interfering with the child's functioning in family or school
3 or with peers and who meets at least one of the following criteria:

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

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

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

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

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

14 (ii) Changes in custodial adult;

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

19 (iv) Subject to repeated physical abuse or neglect;

20 (v) Drug or alcohol abuse; or

21 (vi) Homelessness.

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

25 (a) The authority for:

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

28 (ii) Community support services and resource management services;

29 (b) The department of health for:

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

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

35 (iii) Residential services.

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

1 pathological pattern of behaviors related to the use of the
2 substances.

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

5 (45) "Crisis call center hub" means a state-designated center
6 participating in the national suicide prevention lifeline network to
7 respond to statewide or regional 988 calls that meets the
8 requirements of section 102 of this act.

9 (46) "Crisis stabilization services" means services such as 23-
10 hour crisis stabilization units based on the living room model,
11 crisis stabilization units as provided in RCW 71.05.020, triage
12 facilities as provided in RCW 71.05.020, short-term respite
13 facilities, peer-operated respite services, and same-day walk-in
14 behavioral health services, including within the overall crisis
15 system components that operate like hospital emergency departments
16 that accept all walk-ins, and ambulance, fire, and police drop-offs.

17 (47) "Mobile rapid response crisis team" means a team that
18 provides professional on-site community-based intervention such as
19 outreach, de-escalation, stabilization, resource connection, and
20 follow-up support for individuals who are experiencing a behavioral
21 health crisis, that shall include peers as a best practice to the
22 extent practicable based on workforce availability, and that meets
23 standards for response times established by the authority.

24 (48) "988 crisis hotline" means the universal telephone number
25 within the United States designated for the purpose of the national
26 suicide prevention and mental health crisis hotline system operating
27 through the national suicide prevention lifeline.

28 NEW SECTION. Sec. 303. Sections 201 through 205 of this act
29 constitute a new chapter in Title 82 RCW.

30 NEW SECTION. Sec. 304. Sections 201 through 205 of this act
31 take effect October 1, 2021.

32 NEW SECTION. Sec. 305. Section 301 of this act expires July 1,
33 2022.

34 NEW SECTION. Sec. 306. Section 302 of this act takes effect
35 July 1, 2022.

1 NEW SECTION. **Sec. 307.** Section 103 of this act is necessary for
2 the immediate preservation of the public peace, health, or safety, or
3 support of the state government and its existing public institutions,
4 and takes effect immediately.

5 NEW SECTION. **Sec. 308.** If specific funding for the purposes of
6 this act, referencing this act by bill or chapter number, is not
7 provided by June 30, 2021, in the omnibus appropriations act, this
8 act is null and void."

E2SHB 1477 - S COMM AMD

By Subcommittee on Behavioral Health

NOT ADOPTED 04/19/2021

9 On page 1, line 4 of the title, after "services;" strike the
10 remainder of the title and insert "reenacting and amending RCW
11 71.24.025 and 71.24.025; adding new sections to chapter 71.24 RCW;
12 adding a new section to chapter 48.43 RCW; adding a new chapter to
13 Title 82 RCW; creating new sections; prescribing penalties; providing
14 effective dates; providing expiration dates; and declaring an
15 emergency."

EFFECT: (1) Requires crisis call centers contracted with Lifeline to be funded at a level anticipated to achieve an in-state call response rate of 95 percent by July 1, 2023, after being funded to achieve an in-state call response rate of 90 percent by July 22, 2022.

(2) Requires crisis call center hubs to employ highly skilled and trained clinical staff with at least a bachelors or masters level of education as appropriate, describes training goals, and declares an intention for transition planning to include a pathway for continued employment and skill advancement as needed for experienced crisis call center employees.

(3) Assigns the task of developing a new technologically advanced behavioral health crisis call system platform to the Department of Health (DOH) in collaboration with the Health Care Authority (HCA), instead to HCA in collaboration with DOH.

(4) Requires health plans renewed after January 1, 2023, to make next-day appointments for covered behavioral health services available to enrollees experiencing urgent, symptomatic behavioral health care conditions, defined as conditions that require immediate attention, but are not emergent.

(5) Specifies that the requirement to provide next-day appointments to persons who contact the 988 crisis hotline is for persons experiencing urgent, symptomatic behavioral health care needs, with follow-up required for other persons contacting the 988 crisis hotline.

(6) Requires DOH to consider national guidelines for behavioral health crisis care when establishing standards for crisis call center hubs.

(7) Eliminates the 988 Implementation Team to be convened, chaired, and staffed by DOH.

(8) Requires the Office of Financial Management to contract with the Behavioral Health Institute at Harborview Medical Center to facilitate and provide staff support to the Crisis Response Improvement Strategy Committee (CRIS Committee).

(9) Requires the CRIS Committee to establish benchmarks, improvement targets, and outcome measures for the crisis response system, including specified improvement goals, and modifies other assignments related to the CRIS Committee.

(10) Establishes a steering committee for the CRIS Committee and requires three cochairs to be selected from the membership of the steering committee.

(11) Modifies the membership of the CRIS Committee, and specifies certain subcommittees which must be formed by the CRIS Committee.

(12) Requires the CRIS Committee to provide reports on January 1, 2022, and January 1, 2023.

(13) Makes technical amendments.

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