

E2SHB 1477 - S AMD 830
By Senator Dhingra

ADOPTED AS AMENDED 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 (g) To accomplish effective crisis response and suicide
25 prevention, Washington state must continue its integrated approach to
26 address mental health and substance use disorder in tandem under the
27 umbrella of behavioral health disorders, consistently with chapter
28 71.24 RCW and the state's approach to integrated health care. This is
29 particularly true in the domain of suicide prevention, because of the
30 prevalence of substance use as both a risk factor and means for
31 suicide.

1 (2) The legislature intends to:

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

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

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

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

14 (iv) Comply with the national suicide hotline designation act of
15 2020 and the federal communications commission's rules adopted July
16 16, 2020, to assure that all Washington residents receive a
17 consistent and effective level of 988 suicide prevention and other
18 behavioral health crisis response services no matter where they live,
19 work, or travel in the state; and

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

24 (b) Make additional investments to enhance the crisis response
25 system, including the expansion of crisis teams, to be known as
26 mobile rapid response crisis teams, and deployment of a wide array of
27 crisis stabilization services, such as 23-hour crisis stabilization
28 units based on the living room model, crisis stabilization centers,
29 short-term respite facilities, peer-run respite centers, and same-day
30 walk-in behavioral health services. The overall crisis system shall
31 contain components that operate like hospital emergency departments
32 that accept all walk-ins and ambulance, fire, and police drop-offs.
33 Certified peer counselors as well as peers in other roles providing
34 support must be incorporated within the crisis system and along the
35 continuum of crisis care.

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

38 (1) Establishing the state crisis call center hubs and enhancing
39 the crisis response system will require collaborative work between

1 the department and the authority within their respective roles. The
2 department shall have primary responsibility for establishing and
3 designating the crisis call center hubs. The authority shall have
4 primary responsibility for developing and implementing the crisis
5 response system and services to support the work of the crisis call
6 center hubs. In any instance in which one agency is identified as the
7 lead, the expectation is that agency will be communicating and
8 collaborating with the other to ensure seamless, continuous, and
9 effective service delivery within the statewide crisis response
10 system.

11 (2) The department shall provide adequate funding for the state's
12 crisis call centers to meet an expected increase in the use of the
13 call centers based on the implementation of the 988 crisis hotline.
14 The funding level shall be established at a level anticipated to
15 achieve an in-state call response rate of at least 90 percent by July
16 22, 2022, and an in-state call response rate of at least 95 percent
17 by July 1, 2023. The funding level shall be determined by considering
18 standards and cost per call predictions provided by the administrator
19 of the national suicide prevention lifeline, call volume predictions,
20 guidance on crisis call center performance metrics, and necessary
21 technology upgrades.

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

33 (4) The department shall designate crisis call center hubs by
34 July 1, 2024. The crisis call center hubs shall provide crisis
35 intervention services, triage, care coordination, referrals, and
36 connections to individuals contacting the 988 crisis hotline from any
37 jurisdiction within Washington 24 hours a day, seven days a week,
38 using the system platform developed under subsection (5) of this
39 section.

1 (a) To be designated as a crisis call center hub, the applicant
2 must demonstrate to the department the ability to comply with the
3 requirements of this section and to contract to provide crisis call
4 center hub services. The department may revoke the designation of any
5 crisis call center hub that fails to substantially comply with the
6 contract.

7 (b) The contracts entered shall require designated crisis call
8 center hubs to:

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

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

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

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

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

35 (c) The department and the authority shall incorporate
36 recommendations from the crisis response improvement strategy
37 committee created under section 103 of this act in its agreements
38 with crisis call center hubs, as appropriate.

39 (5) The department and authority must coordinate to develop the
40 technology and platforms necessary to manage and operate the

1 behavioral health crisis response and suicide prevention system. The
2 technologies developed must include:

3 (a) A new technologically advanced behavioral health and suicide
4 prevention crisis call center system platform using technology
5 demonstrated to be interoperable across crisis and emergency response
6 systems used throughout the state, such as 911 systems, emergency
7 medical services systems, emergency departments, and other
8 nonbehavioral health crisis services, for use in crisis call center
9 hubs designated by the department under subsection (4) of this
10 section. This platform, which shall be fully funded by July 1, 2023,
11 shall be developed by the department and must include the capacity to
12 receive crisis assistance requests through phone calls, texts, chats,
13 and other similar methods of communication that may be developed in
14 the future that promote access to the behavioral health crisis
15 system; and

16 (b) A behavioral health integrated client referral system capable
17 of providing system coordination information to crisis call center
18 hubs and the other entities involved in behavioral health care. This
19 system shall be developed by the authority.

20 (6) In developing the new technologies under subsection (5) of
21 this section, the department and the authority must coordinate to
22 designate a primary technology system to provide each of the
23 following:

24 (a) Access to real-time information relevant to the coordination
25 of behavioral health crisis response services;

26 (b) The means to request deployment of appropriate crisis
27 response services, which may include mobile rapid response crisis
28 teams, co-responder teams, designated crisis responders, fire
29 department mobile integrated health teams, or community assistance
30 referral and educational services programs under RCW 35.21.930,
31 according to best practice guidelines established by the authority,
32 and track local response through global positioning technology; and

33 (c) The means to track the outcome of the 988 call to enable
34 appropriate follow up, cross-system coordination, and accountability,
35 including as appropriate: (i) Any immediate services dispatched and
36 reports generated from the encounter; (ii) the validation of a safety
37 plan established for the caller in accordance with best practices;
38 (iii) the next steps for the caller to follow in transition to
39 noncrisis follow-up care, including a next-day appointment for
40 callers experiencing urgent, symptomatic behavioral health care

1 needs; and (iv) the means to verify and document whether the caller
2 was successful in making the transition to appropriate noncrisis
3 follow-up care indicated in the safety plan for the person, to be
4 completed either by the care coordinator provided through the
5 person's managed care organization, health plan, or behavioral health
6 administrative services organization, or if such a care coordinator
7 is not available or does not follow through, by the staff of the
8 crisis call center hub;

9 (d) Real-time bed availability for all behavioral health bed
10 types, including but not limited to crisis stabilization services,
11 triage facilities, psychiatric inpatient, substance use disorder
12 inpatient, withdrawal management, peer-run respite centers, and
13 crisis respite services, inclusive of both voluntary and involuntary
14 beds, for use by crisis response workers, first responders, health
15 care providers, and individuals in crisis;

16 (e) Real-time information relevant to the coordination of
17 behavioral health crisis response services for a person, including
18 the means to access: (i) Information about any less restrictive
19 alternative treatment orders or mental health advance directives
20 related to the person; and (ii) information necessary to enable the
21 crisis call center hub to actively collaborate with primary care
22 providers and behavioral health providers within managed care
23 organizations, behavioral health administrative services
24 organizations, and other health care payers to establish a safety
25 plan for the person and provide the next steps for the person's
26 transition to follow up noncrisis care. To establish information
27 sharing guidelines that fulfill the intent of this section the
28 authority shall consider input from the confidential information
29 compliance and coordination subcommittee established under section
30 103 of this act;

31 (f) A means to facilitate actions to verify and document whether
32 the person's transition to follow up noncrisis care was completed and
33 services offered, to be performed by a care coordinator provided
34 through the person's managed care organization, health plan, or
35 behavioral health administrative services organization, or if such a
36 care coordinator is not available or does not follow through, by the
37 staff of the crisis call center hub;

38 (g) The means to provide geographically, culturally, and
39 linguistically appropriate services to persons who are part of high-

1 risk populations or otherwise have need of specialized services or
2 accommodations, and to document these services or accommodations; and

3 (h) When appropriate, consultation with tribal governments to
4 ensure coordinated care in government-to-government relationships,
5 and access to dedicated services to tribal members.

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

19 (8) The authority shall:

20 (a) Collaborate with county authorities and behavioral health
21 administrative services organizations to develop procedures to
22 dispatch behavioral health crisis services in coordination with
23 crisis call center hubs to effectuate the intent of this section;

24 (b) Establish formal agreements with managed care organizations
25 and behavioral health administrative services organizations to
26 provide for the services, capacities, and coordination necessary to
27 effectuate the intent of this section, which shall include a
28 requirement to arrange next-day appointments for persons contacting
29 the 988 crisis hotline experiencing urgent, symptomatic behavioral
30 health care needs with geographically, culturally, and linguistically
31 appropriate primary care or behavioral health providers within the
32 person's provider network, or, if uninsured, through the person's
33 behavioral health administrative services organization;

34 (c) Create best practices guidelines by July 1, 2023, for
35 deployment of appropriate and available crisis response services by
36 crisis call center hubs to assist 988 hotline callers to minimize
37 nonessential reliance on emergency room services and the use of law
38 enforcement, considering input from relevant stakeholders and
39 recommendations made by the crisis response improvement strategy
40 committee created under section 103 of this act;

1 (d) Develop procedures to allow appropriate information sharing
2 and communication between and across crisis and emergency response
3 systems for the purpose of real-time crisis care coordination
4 including, but not limited to, deployment of crisis and outgoing
5 services, follow-up care, and linked, flexible services specific to
6 crisis response; and

7 (e) Establish guidelines to appropriately serve high-risk
8 populations who request crisis services. The authority shall design
9 these guidelines to promote behavioral health equity for all
10 populations with attention to circumstances of race, ethnicity,
11 gender, socioeconomic status, sexual orientation, and geographic
12 location, and include components such as training requirements for
13 call response workers, policies for transferring such callers to an
14 appropriate specialized center or subnetwork within or external to
15 the national suicide prevention lifeline network, and procedures for
16 referring persons who access the 988 crisis hotline to linguistically
17 and culturally competent care.

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

20 (1) The crisis response improvement strategy committee is
21 established for the purpose of providing advice in developing an
22 integrated behavioral health crisis response and suicide prevention
23 system containing the elements described in this section. The work of
24 the committee shall be received and reviewed by a steering committee,
25 which shall in turn form subcommittees to provide the technical
26 analysis and input needed to formulate system change recommendations.

27 (2) The office of financial management shall contract with the
28 behavioral health institute at Harborview medical center to
29 facilitate and provide staff support to the steering committee and to
30 the crisis response improvement strategy committee.

31 (3) The steering committee shall select three cochairs from among
32 its members to lead the crisis response improvement strategy
33 committee. The crisis response improvement strategy committee shall
34 consist of the following members, who shall be appointed or requested
35 by the authority, unless otherwise noted:

36 (a) The director of the authority, or his or her designee, who
37 shall also serve on the steering committee;

38 (b) The secretary of the department, or his or her designee, who
39 shall also serve on the steering committee;

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

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

4 (v) A member representing law enforcement;

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

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

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

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

13 (aa) A member representing the Washington association of
14 designated crisis responders;

15 (bb) A member representing the children and youth behavioral
16 health work group;

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

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

21 (4) The crisis response improvement strategy committee shall
22 assist the steering committee to identify potential barriers and make
23 recommendations necessary to implement and effectively monitor the
24 progress of the 988 crisis hotline in Washington and make
25 recommendations for the statewide improvement of behavioral health
26 crisis response services.

27 (5) The steering committee must develop a comprehensive
28 assessment of the behavioral health crisis response services system
29 by January 1, 2022, including an inventory of existing statewide and
30 regional behavioral health crisis response and crisis stabilization
31 services and resources, and taking into account capital projects
32 which are planned and funded. The comprehensive assessment shall
33 identify:

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

37 (b) Quantifiable goals for the provision of statewide and
38 regional behavioral health crisis services and targeted deployment of
39 resources, which consider factors such as reported rates of
40 involuntary commitment detentions, single-bed certifications, suicide

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

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

6 (d) Potential funding sources to provide statewide and regional
7 behavioral health crisis services and resources.

8 (6) The steering committee, taking into account the comprehensive
9 assessment work under subsection (5) of this section as it becomes
10 available, after discussion with the crisis response improvement
11 strategy committee and hearing reports from the subcommittees, shall
12 report on the following:

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

21 (b) Recommendations to promote equity in services for individuals
22 of diverse circumstances of culture, race, ethnicity, gender,
23 socioeconomic status, sexual orientation, and for individuals in
24 tribal, urban, and rural communities;

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

29 (d) The necessary components of a new statewide, technologically
30 advanced behavioral health and suicide prevention crisis call center
31 system with a platform, as described in section 102 of this act, for
32 assigning and tracking response to behavioral health crisis calls and
33 providing real-time bed and outpatient appointment availability to
34 988 operators, designated crisis responders, and other behavioral
35 health crisis responders, which shall include but not be limited to:

36 (i) Identification of the components crisis call center hub staff
37 need to effectively coordinate crisis response services and find
38 available beds and available primary care and behavioral health
39 outpatient appointments;

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

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

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

9 (v) The necessary systems and capabilities that licensed or
10 certified behavioral health agencies, behavioral health providers,
11 and any other relevant parties will require to report, maintain, and
12 update inpatient and residential bed and outpatient service
13 availability in real-time to correspond with the crisis call center
14 system platform identified in section 102 of this act;

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
31 behavioral health crises;

32 (h) The development of a plan for the statewide equitable
33 distribution of crisis stabilization services, behavioral health
34 beds, and peer-run 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 of the integrated
10 behavioral health crisis response and suicide prevention system.

11 (7) The steering committee shall consist only of members
12 appointed to the steering committee under this section. The steering
13 committee shall convene the committee, form subcommittees, assign
14 tasks to the subcommittees, and establish a schedule of meetings and
15 their agendas.

16 (8) The subcommittees of the crisis response improvement strategy
17 committee shall focus on discrete topics. The subcommittees may
18 include participants who are not members of the crisis response
19 improvement strategy committee, as needed to provide professional
20 expertise and community perspectives. Each subcommittee shall have at
21 least one member representing the interests of stakeholders in a
22 rural community, at least one member representing the interests of
23 stakeholders in an urban community, and at least one member
24 representing the interests of youth stakeholders. The steering
25 committee shall form the following subcommittees:

26 (a) A Washington tribal 988 subcommittee, which shall examine and
27 make recommendations with respect to the needs of tribes related to
28 the 988 system, and which shall include representation from the
29 American Indian health commission;

30 (b) A credentialing and training subcommittee, to recommend
31 workforce needs and requirements necessary to implement this act,
32 including minimum education requirements such as whether it would be
33 appropriate to allow crisis call center hubs to employ clinical staff
34 without a bachelor's degree or master's degree based on the person's
35 skills and life or work experience;

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

38 (d) A cross-system crisis response collaboration subcommittee, to
39 examine and define the complementary roles and interactions between
40 mobile rapid response crisis teams, designated crisis responders, law

1 enforcement, emergency medical services teams, 911 and 988 operators,
2 public and private health plans, behavioral health crisis response
3 agencies, nonbehavioral health crisis response agencies, and others
4 needed to implement this act;

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

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

10 (9) The proceedings of the crisis response improvement strategy
11 committee must be open to the public and invite testimony from a
12 broad range of perspectives. The committee shall seek input from
13 tribes, veterans, the LGBTQ community, and communities of color to
14 help discern how well the crisis response system is currently working
15 and recommend ways to improve the crisis response system.

16 (10) Legislative members of the crisis response improvement
17 strategy committee shall be reimbursed for travel expenses in
18 accordance with RCW 44.04.120. Nonlegislative members are not
19 entitled to be reimbursed for travel expenses if they are elected
20 officials or are participating on behalf of an employer, governmental
21 entity, or other organization. Any reimbursement for other
22 nonlegislative members is subject to chapter 43.03 RCW.

23 (11) The steering committee, with the advice of the crisis
24 response improvement strategy committee, shall provide a progress
25 report and the result of its comprehensive assessment under
26 subsection (5) of this section to the governor and appropriate policy
27 and fiscal committee of the legislature by January 1, 2022. The
28 steering committee shall report the crisis response improvement
29 strategy committee's further progress and the steering committee's
30 recommendations related to crisis call center hubs to the governor
31 and appropriate policy and fiscal committees of the legislature by
32 January 1, 2023. The steering committee shall provide its final
33 report to the governor and the appropriate policy and fiscal
34 committees of the legislature by January 1, 2024.

35 (12) This section expires June 30, 2024.

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

38 (1) The steering committee of the crisis response improvement
39 strategy committee established under section 103 of this act must

1 monitor and make recommendations related to the funding of crisis
2 response services out of the account created in section 205 of this
3 act. The crisis response improvement strategy steering committee must
4 analyze:

5 (a) The projected expenditures from the account created under
6 section 205 of this act, taking into account call volume, utilization
7 projections, and other operational impacts;

8 (b) The costs of providing statewide coverage of mobile rapid
9 response crisis teams or other behavioral health first responder
10 services recommended by the crisis response improvement strategy
11 committee, based on 988 crisis hotline utilization and taking into
12 account existing state and local funding;

13 (c) Potential options to reduce the tax imposed in section 202 of
14 this act, given the expected level of costs related to infrastructure
15 development and operational support of the 988 crisis hotline and
16 crisis call center hubs; and

17 (d) The viability of providing funding for in-person mobile rapid
18 response crisis services or other behavioral health first responder
19 services recommended by the crisis response improvement strategy
20 committee funded from the account created in section 205 of this act,
21 given the expected revenues to the account and the level of
22 expenditures required under (a) of this subsection.

23 (2) If the steering committee finds that funding in-person mobile
24 rapid response crisis services or other behavioral health first
25 responder services recommended by the crisis response improvement
26 strategy committee is viable from the account given the level of
27 expenditures necessary to support the infrastructure development and
28 operational support of the 988 crisis hotline and crisis call center
29 hubs, the steering committee must analyze options for the location
30 and composition of such services given need and available resources
31 with the requirement that funds from the account supplement, not
32 supplant, existing behavioral health crisis funding.

33 (3) The work of the steering committee under this section must be
34 facilitated by the behavioral health institute at Harborview medical
35 center through its contract with the office of financial management
36 under section 103 of this act with assistance provided by staff from
37 senate committee services, the office of program research, and the
38 office of financial management.

39 (4) The steering committee shall submit preliminary
40 recommendations to the governor and the appropriate policy and fiscal

1 committees of the legislature by January 1, 2022, and final
2 recommendations to the governor and the appropriate policy and fiscal
3 committees of the legislature by January 1, 2023.

4 (5) This section expires on July 1, 2023.

5 NEW SECTION. **Sec. 105.** A new section is added to chapter 71.24
6 RCW to read as follows:

7 (1) The department and authority shall provide an annual report
8 regarding the usage of the 988 crisis hotline, call outcomes, and the
9 provision of crisis services inclusive of mobile rapid response
10 crisis teams and crisis stabilization services. The report shall be
11 submitted to the governor and the appropriate committees of the
12 legislature each November beginning in 2023. The report shall include
13 information on the fund deposits and expenditures of the account
14 created in section 205 of this act.

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

21 (3) The joint legislative audit and review committee shall
22 schedule an audit to begin after the full implementation of this act,
23 to provide transparency as to how funds from the statewide 988
24 behavioral health crisis response and suicide prevention line account
25 have been expended, and to determine whether funds used to provide
26 acute behavioral health, crisis outreach, and stabilization services
27 are being used to supplement services identified as baseline services
28 in the comprehensive analysis provided under section 103 of this act,
29 or to supplant baseline services. The committee shall provide a
30 report by November 1, 2027, which includes recommendations as to the
31 adequacy of the funding provided to accomplish the intent of the act
32 and any other recommendations for alteration or improvement.

33 NEW SECTION. **Sec. 106.** A new section is added to chapter 48.43
34 RCW to read as follows:

35 Health plans issued or renewed on or after January 1, 2023, must
36 make next-day appointments available to enrollees experiencing
37 urgent, symptomatic behavioral health conditions to receive covered
38 behavioral health services. The appointment may be with a licensed

1 provider other than a licensed behavioral health professional, as
2 long as that provider is acting within their scope of practice, and
3 may be provided through telemedicine consistent with RCW 48.43.735.
4 Need for urgent symptomatic care is associated with the presentation
5 of behavioral health signs or symptoms that require immediate
6 attention, but are not emergent.

7 NEW SECTION. **Sec. 107.** A new section is added to chapter 43.06
8 RCW to read as follows:

9 (1) The governor shall appoint a 988 hotline and behavioral
10 health crisis system coordinator to provide project coordination and
11 oversight for the implementation and administration of the 988 crisis
12 hotline, other requirements of this act, and other projects
13 supporting the behavioral health crisis system. The coordinator
14 shall:

15 (a) Oversee the collaboration between the department of health
16 and the health care authority in their respective roles in supporting
17 the crisis call center hubs, providing the necessary support services
18 for 988 callers, and establishing adequate requirements and guidance
19 for their contractors to fulfill the requirements of this act;

20 (b) Ensure coordination and facilitate communication between
21 stakeholders such as crisis call center hub contractors, behavioral
22 health administrative service organizations, county authorities,
23 other crisis hotline centers, managed care organizations, and, in
24 collaboration with the state enhanced 911 coordination office, with
25 911 emergency communications systems;

26 (c) Review the development of adequate and consistent training
27 for crisis call center personnel and, in coordination with the state
28 enhanced 911 coordination office, for 911 operators with respect to
29 their interactions with the crisis hotline center; and

30 (d) Coordinate implementation of other behavioral health
31 initiatives among state agencies and educational institutions, as
32 appropriate, including coordination of data between agencies.

33 (2) This section expires June 30, 2024.

34 **PART II**
35 **TAX**

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

4 (a) "988 crisis hotline" has the same meaning as in RCW
5 71.24.025.

6 (b) "Crisis call center hub" has the same meaning as in RCW
7 71.24.025.

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

9 NEW SECTION. **Sec. 202.** TAX IMPOSED. (1)(a) A statewide 988
10 behavioral health crisis response and suicide prevention line tax is
11 imposed on the use of all radio access lines:

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

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

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

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

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

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

34 (2) A statewide 988 behavioral health crisis response and suicide
35 prevention line tax is imposed on all interconnected voice over
36 internet protocol service lines in the state. The amount of tax must
37 be uniform for each line and must be levied on no more than the
38 number of voice over internet protocol service lines on an account
39 that is capable of simultaneous unrestricted outward calling to the

1 public switched telephone network. The tax imposed under this
2 subsection (2) must be remitted to the department by interconnected
3 voice over internet protocol service companies on a tax return
4 provided by the department. The amount of tax for each interconnected
5 voice over internet protocol service line whose place of primary use
6 is located in the state is as follows:

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

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

12 (3) A statewide 988 behavioral health crisis response and suicide
13 prevention line tax is imposed on all switched access lines in the
14 state. The amount of tax must be uniform for each line and must be
15 levied on no more than the number of switched access lines on an
16 account that is capable of simultaneous unrestricted outward calling
17 to the public switched telephone network. The tax imposed under this
18 subsection (3) must be remitted to the department by local exchange
19 companies on a tax return provided by the department. The amount of
20 tax for each switched access line whose place of primary use is
21 located in the state is as follows:

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

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

26 (4) Tax proceeds collected pursuant to this section must be
27 deposited by the treasurer into the statewide 988 behavioral health
28 crisis response and suicide prevention line account created in
29 section 205 of this act.

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

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

38 (b) The statewide 988 behavioral health crisis response and
39 suicide prevention line tax on interconnected voice over internet

1 protocol service lines must be collected from the subscriber by the
2 interconnected voice over internet protocol service company providing
3 the interconnected voice over internet protocol service line to the
4 subscriber.

5 (c) The statewide 988 behavioral health crisis response and
6 suicide prevention line tax on switched access lines must be
7 collected from the subscriber by the local exchange company.

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

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

15 (b) The department must transfer all tax proceeds remitted by a
16 seller under this subsection (2) to the statewide 988 behavioral
17 health crisis response and suicide prevention line account created in
18 section 205 of this act.

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

22 NEW SECTION. **Sec. 204.** PAYMENT AND COLLECTION. (1)(a) The

23 statewide 988 behavioral health crisis response and suicide
24 prevention line tax imposed by this chapter must be paid by the
25 subscriber to the radio communications service company providing the
26 radio access line, the local exchange company, or the interconnected
27 voice over internet protocol service company providing the
28 interconnected voice over internet protocol service line.

29 (b) Each radio communications service company, each local
30 exchange company, and each interconnected voice over internet
31 protocol service company, must collect from the subscriber the full
32 amount of the taxes payable. The statewide 988 behavioral health
33 crisis response and suicide prevention line tax required by this
34 chapter to be collected by a company or seller, are deemed to be held
35 in trust by the company or seller until paid to the department. Any
36 radio communications service company, local exchange company, or
37 interconnected voice over internet protocol service company that
38 appropriates or converts the tax collected to its own use or to any
39 use other than the payment of the tax to the extent that the money

1 collected is not available for payment on the due date as prescribed
2 in this chapter is guilty of a gross misdemeanor.

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

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

31 (4) If a subscriber has failed to pay to the radio communications
32 service company, local exchange company, or interconnected voice over
33 internet protocol service company, the statewide 988 behavioral
34 health crisis response and suicide prevention line tax imposed by
35 this chapter and the company or seller has not paid the amount of the
36 tax to the department, the department may, in its discretion, proceed
37 directly against the subscriber or consumer for collection of the
38 tax, in which case a penalty of 10 percent may be added to the amount
39 of the tax for failure of the subscriber or consumer to pay the tax

1 to the company or seller, regardless of when the tax is collected by
2 the department.

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

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

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

19 NEW SECTION. **Sec. 206.** PREEMPTION. A city or county may not
20 impose a tax, measured on a per line basis, on radio access lines,
21 interconnected voice over internet protocol service lines, or
22 switched access lines, for the purpose of ensuring the efficient and
23 effective routing of calls made to the 988 crisis hotline to an
24 appropriate crisis hotline center or crisis call center hub; or
25 providing personnel or acute behavioral health, crisis outreach, or
26 crisis stabilization services, as defined in RCW 71.24.025,
27 associated with directly responding to the 988 crisis hotline.

28 **PART III**
29 **DEFINITIONS AND MISCELLANEOUS**

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

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

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

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

3 (b) Being gravely disabled as defined in RCW 71.05.020 or, in the
4 case of a child, a gravely disabled minor as defined in RCW
5 71.34.020; or

6 (c) Presenting a likelihood of serious harm as defined in RCW
7 71.05.020 or, in the case of a child, as defined in RCW 71.34.020.

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

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

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

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

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

34 (7) "Behavioral health aide" means a counselor, health educator,
35 and advocate who helps address individual and community-based
36 behavioral health needs, including those related to alcohol, drug,
37 and tobacco abuse as well as mental health problems such as grief,
38 depression, suicide, and related issues and is certified by a
39 community health aide program of the Indian health service or one or

1 more tribes or tribal organizations consistent with the provisions of
2 25 U.S.C. Sec. 16161 and RCW 43.71B.010 (7) and (8).

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

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

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

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

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

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

22 (c) Has been unable to engage in any substantial gainful activity
23 by reason of any mental disorder which has lasted for a continuous
24 period of not less than twelve months. "Substantial gainful activity"
25 shall be defined by the authority by rule consistent with Public Law
26 92-603, as amended.

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

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

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

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

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

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

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

30 (19) "Designated crisis responder" has the same meaning as in RCW
31 71.05.020.

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

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

39 (22) "Early adopter" means a regional service area for which all
40 of the county authorities have requested that the authority purchase

1 medical and behavioral health services through a managed care health
2 system as defined under RCW 71.24.380(6).

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

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

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

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

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

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

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

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

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

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

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

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

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

32 (33) "Mentally ill persons," "persons who are mentally ill," and
33 "the mentally ill" mean persons and conditions defined in subsections
34 (1), (11), (40), and (41) of this section.

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

38 (35) "Research-based" means a program or practice that has been
39 tested with a single randomized, or statistically controlled
40 evaluation, or both, demonstrating sustained desirable outcomes; or

1 where the weight of the evidence from a systemic review supports
2 sustained outcomes as described in subsection (24) of this section
3 but does not meet the full criteria for evidence-based.

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

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

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

1 mentally ill in services and their individual service plan to
2 designated crisis responders, evaluation and treatment facilities,
3 and others as determined by the behavioral health administrative
4 services organization or managed care organization, as applicable.

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

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

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

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

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

16 (d) Exhibits suicidal preoccupation or attempts; or

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

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

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

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

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

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

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

40 (ii) Changes in custodial adult;

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

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

6 (v) Drug or alcohol abuse; or

7 (vi) Homelessness.

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

11 (a) The authority for:

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

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

15 (b) The department of health for:

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

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

21 (iii) Residential services.

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

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

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

34 (46) "Crisis stabilization services" means services such as 23-
35 hour crisis stabilization units based on the living room model,
36 crisis stabilization units as provided in RCW 71.05.020, triage
37 facilities as provided in RCW 71.05.020, short-term respite
38 facilities, peer-run respite services, and same-day walk-in
39 behavioral health services, including within the overall crisis

1 system components that operate like hospital emergency departments
2 that accept all walk-ins, and ambulance, fire, and police drop-offs.

3 (47) "Mobile rapid response crisis team" means a team that
4 provides professional on-site community-based intervention such as
5 outreach, de-escalation, stabilization, resource connection, and
6 follow-up support for individuals who are experiencing a behavioral
7 health crisis, that shall include certified peer counselors as a best
8 practice to the extent practicable based on workforce availability,
9 and that meets standards for response times established by the
10 authority.

11 (48) "988 crisis hotline" means the universal telephone number
12 within the United States designated for the purpose of the national
13 suicide prevention and mental health crisis hotline system operating
14 through the national suicide prevention lifeline.

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

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

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

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

23 (b) Being gravely disabled as defined in RCW 71.05.020 or, in the
24 case of a child, a gravely disabled minor as defined in RCW
25 71.34.020; or

26 (c) Presenting a likelihood of serious harm as defined in RCW
27 71.05.020 or, in the case of a child, as defined in RCW 71.34.020.

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

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

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

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

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

16 (7) "Behavioral health aide" means a counselor, health educator,
17 and advocate who helps address individual and community-based
18 behavioral health needs, including those related to alcohol, drug,
19 and tobacco abuse as well as mental health problems such as grief,
20 depression, suicide, and related issues and is certified by a
21 community health aide program of the Indian health service or one or
22 more tribes or tribal organizations consistent with the provisions of
23 25 U.S.C. Sec. 16161 and RCW 43.71B.010 (7) and (8).

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

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

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

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

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

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

4 (c) Has been unable to engage in any substantial gainful activity
5 by reason of any mental disorder which has lasted for a continuous
6 period of not less than twelve months. "Substantial gainful activity"
7 shall be defined by the authority by rule consistent with Public Law
8 92-603, as amended.

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

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

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

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

39 (16) "Consensus-based" means a program or practice that has
40 general support among treatment providers and experts, based on

1 experience or professional literature, and may have anecdotal or case
2 study support, or that is agreed but not possible to perform studies
3 with random assignment and controlled groups.

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

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

11 (19) "Designated crisis responder" has the same meaning as in RCW
12 71.05.020.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

29 (a) Services for individuals committed under chapter 71.05 RCW who
30 are receiving services pursuant to a conditional release or a court-
31 ordered less restrictive alternative to detention; or (b) services
32 for individuals voluntarily receiving less restrictive alternative
33 treatment on the grounds of the state hospital.

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

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

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

14 (33) "Mentally ill persons," "persons who are mentally ill," and
15 "the mentally ill" mean persons and conditions defined in subsections
16 (1), (11), (40), and (41) of this section.

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

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

26 (36) "Residential services" means a complete range of residences
27 and supports authorized by resource management services and which may
28 involve a facility, a distinct part thereof, or services which
29 support community living, for persons who are acutely mentally ill,
30 adults who are chronically mentally ill, children who are severely
31 emotionally disturbed, or adults who are seriously disturbed and
32 determined by the behavioral health administrative services
33 organization or managed care organization to be at risk of becoming
34 acutely or chronically mentally ill. The services shall include at
35 least evaluation and treatment services as defined in chapter 71.05
36 RCW, acute crisis respite care, long-term adaptive and rehabilitative
37 care, and supervised and supported living services, and shall also
38 include any residential services developed to service persons who are
39 mentally ill in nursing homes, residential treatment facilities,
40 assisted living facilities, and adult family homes, and may include

1 outpatient services provided as an element in a package of services
2 in a supported housing model. Residential services for children in
3 out-of-home placements related to their mental disorder shall not
4 include the costs of food and shelter, except for children's long-
5 term residential facilities existing prior to January 1, 1991.

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

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

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

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

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

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

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

38 (d) Exhibits suicidal preoccupation or attempts; or

39 (e) Is a child diagnosed by a mental health professional, as
40 defined in chapter 71.34 RCW, as experiencing a mental disorder which

1 is clearly interfering with the child's functioning in family or
2 school or with peers or is clearly interfering with the child's
3 personality development and learning.

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

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

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

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

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

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

22 (ii) Changes in custodial adult;

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

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

28 (v) Drug or alcohol abuse; or

29 (vi) Homelessness.

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

33 (a) The authority for:

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

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

37 (b) The department of health for:

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

1 (ii) Licensed behavioral health providers for the provision of
2 mental health or substance use disorder services, or both; and
3 (iii) Residential services.

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

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

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

16 (46) "Crisis stabilization services" means services such as 23-
17 hour crisis stabilization units based on the living room model,
18 crisis stabilization units as provided in RCW 71.05.020, triage
19 facilities as provided in RCW 71.05.020, short-term respite
20 facilities, peer-run respite services, and same-day walk-in
21 behavioral health services, including within the overall crisis
22 system components that operate like hospital emergency departments
23 that accept all walk-ins, and ambulance, fire, and police drop-offs.

24 (47) "Mobile rapid response crisis team" means a team that
25 provides professional on-site community-based intervention such as
26 outreach, de-escalation, stabilization, resource connection, and
27 follow-up support for individuals who are experiencing a behavioral
28 health crisis, that shall include certified peer counselors as a best
29 practice to the extent practicable based on workforce availability,
30 and that meets standards for response times established by the
31 authority.

32 (48) "988 crisis hotline" means the universal telephone number
33 within the United States designated for the purpose of the national
34 suicide prevention and mental health crisis hotline system operating
35 through the national suicide prevention lifeline.

36 **Sec. 303.** RCW 71.24.649 and 2019 c 324 s 5 are each amended to
37 read as follows:

38 The secretary shall license or certify mental health peer-run
39 respite centers that meet state minimum standards. In consultation

1 with the authority and the department of social and health services,
2 the secretary must:

3 (1) Establish requirements for licensed and certified community
4 behavioral health agencies to provide mental health peer-run respite
5 center services and establish physical plant and service requirements
6 to provide voluntary, short-term, noncrisis services that focus on
7 recovery and wellness;

8 (2) Require licensed and certified agencies to partner with the
9 local crisis system including, but not limited to, evaluation and
10 treatment facilities and designated crisis responders;

11 (3) Establish staffing requirements, including rules to ensure
12 that facilities are peer-run;

13 (4) Limit services to a maximum of seven days in a month;

14 (5) Limit services to individuals who are experiencing
15 psychiatric distress, but do not meet legal criteria for involuntary
16 hospitalization under chapter 71.05 RCW; and

17 (6) Limit services to persons at least eighteen years of age.

18 NEW SECTION. **Sec. 304.** Sections 201 through 206 of this act
19 constitute a new chapter in Title 82 RCW.

20 NEW SECTION. **Sec. 305.** Sections 201 through 205 of this act
21 take effect October 1, 2021.

22 NEW SECTION. **Sec. 306.** Section 301 of this act expires July 1,
23 2022.

24 NEW SECTION. **Sec. 307.** Section 302 of this act takes effect
25 July 1, 2022.

26 NEW SECTION. **Sec. 308.** Section 103 of this act is necessary for
27 the immediate preservation of the public peace, health, or safety, or
28 support of the state government and its existing public institutions,
29 and takes effect immediately.

30 NEW SECTION. **Sec. 309.** If specific funding for the purposes of
31 this act, referencing this act by bill or chapter number, is not
32 provided by June 30, 2021, in the omnibus appropriations act, this
33 act is null and void."

ADOPTED AS AMENDED 04/19/2021

1 On page 1, line 4 of the title, after "services;" strike the
2 remainder of the title and insert "amending RCW 71.24.649; reenacting
3 and amending RCW 71.24.025 and 71.24.025; adding new sections to
4 chapter 71.24 RCW; adding a new section to chapter 48.43 RCW; adding
5 a new section to chapter 43.06 RCW; adding a new chapter to Title 82
6 RCW; creating new sections; prescribing penalties; providing
7 effective dates; providing expiration dates; and declaring an
8 emergency."

EFFECT: (1) Requires the Department of Health and Health Care Authority (HCA) to collaborate to develop the technology and platforms necessary to manage and operate the behavioral health crisis response and suicide prevention system.

(2) Requires the technology system developed for the crisis system to support consultation with tribal governments to ensure coordinated care in a government-to-government relationship, including dedicated services to tribal members.

(3) Provides that the role of the Crisis Response Improvement Strategy Committee (CRIS Committee) is to provide advice to the steering committee in developing an integrated behavioral health crisis response and suicide prevention system.

(4) Transfers responsibility for making reports from the CRIS Committee to the steering committee, after discussion with the CRIS Committee and hearing reports from the subcommittees.

(5) Requires the Credentialing and Training Subcommittee to recommend minimum education requirements for clinical staff at crisis call center hubs, including whether it is appropriate to hire staff with less than a bachelor's degree based on the person's skills and life or work experience.

(6) Reduces the responsibility of the 988 Hotline and Behavioral Health Crisis System Coordinator to review contractual agreements between HCA and managed care organizations and behavioral health administrative services organizations.

--- END ---