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E2SHB 1477 - S AMD TO S AMD (S-2948.2/21) **906**By Senator Dhingra

ADOPTED 04/19/2021

- On page 5, line 7, after "systems," strike "emergency departments,"
- On page 5, line 25, after "services" insert ", including:
 - (i) Real-time bed availability for all behavioral health bed types, including but not limited to crisis stabilization services, triage facilities, psychiatric inpatient, substance use disorder inpatient, withdrawal management, peer-run respite centers, and crisis respite services, inclusive of both voluntary and involuntary beds, for use by crisis response workers, first responders, health care providers, emergency departments, and individuals in crisis; and
- (ii) Real-time information relevant to the coordination of behavioral health crisis response services for a person, including the means to access:
- 14 (A) Information about any less restrictive alternative treatment 15 orders or mental health advance directives related to the person; and
 - (B) Information necessary to enable the crisis call center hub to actively collaborate with emergency departments, primary care providers and behavioral health providers within managed care organizations, behavioral health administrative services organizations, and other health care payers to establish a safety plan for the person and provide the next steps for the person's transition to follow-up noncrisis care. To establish information-sharing guidelines that fulfill the intent of this section the authority shall consider input from the confidential information compliance and coordination subcommittee established under section 103 of this act"
- On page 6, beginning on line 9, strike all of subsections (d) through (f)
- Reletter the remaining subsections consecutively and correct any internal references accordingly.

Beginning on page 11, line 29, strike all of subsection (d) and insert the following:

- "(d) The necessary components of each of the new technologically advanced behavioral health crisis call center system platform and the new behavioral health integrated client referral system, as provided under section 102 of this act, for assigning and tracking response to behavioral health crisis calls and providing real-time bed and outpatient appointment availability to 988 operators, emergency departments, designated crisis responders, and other behavioral health crisis responders, which shall include but not be limited to:
- (i) Identification of the components crisis call center hub staff need to effectively coordinate crisis response services and find available beds and available primary care and behavioral health outpatient appointments;
- (ii) Evaluation of existing bed tracking models currently utilized by other states and identifying the model most suitable to Washington's crisis behavioral health system;
- (iii) Evaluation of whether bed tracking will improve access to all behavioral health bed types and other impacts and benefits; and
- (iv) Exploration of how the bed tracking and outpatient appointment availability platform can facilitate more timely access to care and other impacts and benefits;
- (e) The necessary systems and capabilities that licensed or certified behavioral health agencies, behavioral health providers, and any other relevant parties will require to report, maintain, and update inpatient and residential bed and outpatient service availability in real time to correspond with the crisis call center system platform or behavioral health integrated client referral system identified in section 102 of this act, as appropriate;"
- Reletter the remaining subsections consecutively and correct any internal references accordingly.

EFFECT: Removes emergency departments from the list of crisis and emergency response systems which must be capable of communication with the technologically advanced behavioral health and suicide prevention call center system platforms used by the crisis call center hubs, and instead specifies that emergency departments must provide real-time bed information to the system platform and provide information to allow active collaboration between the emergency

departments and the crisis call center hub. Makes other technical language changes.

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