

E2SHB 1477 - S AMD
By Senator Dhingra

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

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

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

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

1 (5) The department and authority must coordinate to develop the
2 technology and platforms necessary to manage and operate the
3 behavioral health crisis response and suicide prevention system. The
4 technologies developed must include:

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

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

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

25 (a) Access to real-time information relevant to the coordination
26 of behavioral health crisis response services, including:

27 (i) Real-time bed availability for all behavioral health bed
28 types, including but not limited to crisis stabilization services,
29 triage facilities, psychiatric inpatient, substance use disorder
30 inpatient, withdrawal management, peer-run respite centers, and
31 crisis respite services, inclusive of both voluntary and involuntary
32 beds, for use by crisis response workers, first responders, health
33 care providers, emergency departments, and individuals in crisis; and

34 (ii) Real-time information relevant to the coordination of
35 behavioral health crisis response services for a person, including
36 the means to access:

37 (A) Information about any less restrictive alternative treatment
38 orders or mental health advance directives related to the person; and

39 (B) Information necessary to enable the crisis call center hub to
40 actively collaborate with emergency departments, primary care

1 providers and behavioral health providers within managed care
2 organizations, behavioral health administrative services
3 organizations, and other health care payers to establish a safety
4 plan for the person and provide the next steps for the person's
5 transition to follow-up noncrisis care. To establish information-
6 sharing guidelines that fulfill the intent of this section the
7 authority shall consider input from the confidential information
8 compliance and coordination subcommittee established under section
9 103 of this act;

10 (b) The means to request deployment of appropriate crisis
11 response services, which may include mobile rapid response crisis
12 teams, co-responder teams, designated crisis responders, fire
13 department mobile integrated health teams, or community assistance
14 referral and educational services programs under RCW 35.21.930,
15 according to best practice guidelines established by the authority,
16 and track local response through global positioning technology; and

17 (c) The means to track the outcome of the 988 call to enable
18 appropriate follow up, cross-system coordination, and accountability,
19 including as appropriate: (i) Any immediate services dispatched and
20 reports generated from the encounter; (ii) the validation of a safety
21 plan established for the caller in accordance with best practices;
22 (iii) the next steps for the caller to follow in transition to
23 noncrisis follow-up care, including a next-day appointment for
24 callers experiencing urgent, symptomatic behavioral health care
25 needs; and (iv) the means to verify and document whether the caller
26 was successful in making the transition to appropriate noncrisis
27 follow-up care indicated in the safety plan for the person, to be
28 completed either by the care coordinator provided through the
29 person's managed care organization, health plan, or behavioral health
30 administrative services organization, or if such a care coordinator
31 is not available or does not follow through, by the staff of the
32 crisis call center hub;

33 (d) The means to provide geographically, culturally, and
34 linguistically appropriate services to persons who are part of high-
35 risk populations or otherwise have need of specialized services or
36 accommodations, and to document these services or accommodations; and

37 (e) When appropriate, consultation with tribal governments to
38 ensure coordinated care in government-to-government relationships,
39 and access to dedicated services to tribal members.

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

14 (8) The authority shall:

15 (a) Collaborate with county authorities and behavioral health
16 administrative services organizations to develop procedures to
17 dispatch behavioral health crisis services in coordination with
18 crisis call center hubs to effectuate the intent of this section;

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

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

36 (d) Develop procedures to allow appropriate information sharing
37 and communication between and across crisis and emergency response
38 systems for the purpose of real-time crisis care coordination
39 including, but not limited to, deployment of crisis and outgoing

1 services, follow-up care, and linked, flexible services specific to
2 crisis response; and

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

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

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

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

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

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

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

36 (c) A member representing the office of the governor, who shall
37 also serve on the steering committee;

38 (d) The Washington state insurance commissioner, or his or her
39 designee;

1 (e) Up to two members representing federally recognized tribes,
2 one from eastern Washington and one from western Washington, who have
3 expertise in behavioral health needs of their communities;

4 (f) One member from each of the two largest caucuses of the
5 senate, one of whom shall also be designated to participate on the
6 steering committee, to be appointed by the president of the senate;

7 (g) One member from each of the two largest caucuses of the house
8 of representatives, one of whom shall also be designated to
9 participate on the steering committee, to be appointed by the speaker
10 of the house of representatives;

11 (h) The director of the Washington state department of veterans
12 affairs, or his or her designee;

13 (i) The state enhanced 911 coordinator, or his or her designee;

14 (j) A member with lived experience of a suicide attempt;

15 (k) A member with lived experience of a suicide loss;

16 (l) A member with experience of participation in the crisis
17 system related to lived experience of a mental health disorder;

18 (m) A member with experience of participation in the crisis
19 system related to lived experience with a substance use disorder;

20 (n) A member representing each crisis call center in Washington
21 that is contracted with the national suicide prevention lifeline;

22 (o) Up to two members representing behavioral health
23 administrative services organizations, one from an urban region and
24 one from a rural region;

25 (p) A member representing the Washington council for behavioral
26 health;

27 (q) A member representing the association of alcoholism and
28 addiction programs of Washington state;

29 (r) A member representing the Washington state hospital
30 association;

31 (s) A member representing the national alliance on mental illness
32 Washington;

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

35 (u) A member representing the behavioral health interests of
36 persons of color recommended by Asian counseling and referral
37 service;

38 (v) A member representing law enforcement;

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

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

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

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

7 (aa) A member representing the Washington association of
8 designated crisis responders;

9 (bb) A member representing the children and youth behavioral
10 health work group;

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

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

15 (4) The crisis response improvement strategy committee shall
16 assist the steering committee to identify potential barriers and make
17 recommendations necessary to implement and effectively monitor the
18 progress of the 988 crisis hotline in Washington and make
19 recommendations for the statewide improvement of behavioral health
20 crisis response services.

21 (5) The steering committee must develop a comprehensive
22 assessment of the behavioral health crisis response services system
23 by January 1, 2022, including an inventory of existing statewide and
24 regional behavioral health crisis response and crisis stabilization
25 services and resources, and taking into account capital projects
26 which are planned and funded. The comprehensive assessment shall
27 identify:

28 (a) Statewide and regional insufficiencies and gaps in behavioral
29 health crisis response services and resources needed to meet
30 population needs;

31 (b) Quantifiable goals for the provision of statewide and
32 regional behavioral health crisis services and targeted deployment of
33 resources, which consider factors such as reported rates of
34 involuntary commitment detentions, single-bed certifications, suicide
35 attempts and deaths, substance use disorder-related overdoses,
36 overdose or withdrawal-related deaths, and incarcerations due to a
37 behavioral health incident;

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

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

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

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

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

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

24 (d) The necessary components of each of the new technologically
25 advanced behavioral health crisis call center system platform and the
26 new behavioral health integrated client referral system, as provided
27 under section 102 of this act, for assigning and tracking response to
28 behavioral health crisis calls and providing real-time bed and
29 outpatient appointment availability to 988 operators, emergency
30 departments, designated crisis responders, and other behavioral
31 health crisis responders, which shall include but not be limited to:

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

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

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

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

4 (e) The necessary systems and capabilities that licensed or
5 certified behavioral health agencies, behavioral health providers,
6 and any other relevant parties will require to report, maintain, and
7 update inpatient and residential bed and outpatient service
8 availability in real time to correspond with the crisis call center
9 system platform or behavioral health integrated client referral
10 system identified in section 102 of this act, as appropriate;

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

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

24 (h) The identification of other personal and systemic behavioral
25 health challenges which implementation of the 988 crisis hotline has
26 the potential to address in addition to suicide response and
27 behavioral health crises;

28 (i) The development of a plan for the statewide equitable
29 distribution of crisis stabilization services, behavioral health
30 beds, and peer-run respite services;

31 (j) Recommendations concerning how health plans, managed care
32 organizations, and behavioral health administrative services
33 organizations shall fulfill requirements to provide assignment of a
34 care coordinator and to provide next-day appointments for enrollees
35 who contact the behavioral health crisis system;

36 (k) Appropriate allocation of crisis system funding
37 responsibilities among medicaid managed care organizations,
38 commercial insurers, and behavioral health administrative services
39 organizations;

1 (1) Recommendations for constituting a statewide behavioral
2 health crisis response oversight board or similar structure for
3 ongoing monitoring of the behavioral health crisis system and where
4 this should be established; and

5 (m) Cost estimates for each of the components of the integrated
6 behavioral health crisis response and suicide prevention system.

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

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

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

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

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

34 (d) A cross-system crisis response collaboration subcommittee, to
35 examine and define the complementary roles and interactions between
36 mobile rapid response crisis teams, designated crisis responders, law
37 enforcement, emergency medical services teams, 911 and 988 operators,
38 public and private health plans, behavioral health crisis response
39 agencies, nonbehavioral health crisis response agencies, and others
40 needed to implement this act;

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

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

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

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

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

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

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

34 (1) The steering committee of the crisis response improvement
35 strategy committee established under section 103 of this act must
36 monitor and make recommendations related to the funding of crisis
37 response services out of the account created in section 205 of this
38 act. The crisis response improvement strategy steering committee must
39 analyze:

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

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

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

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

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

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

35 (4) The steering committee shall submit preliminary
36 recommendations to the governor and the appropriate policy and fiscal
37 committees of the legislature by January 1, 2022, and final
38 recommendations to the governor and the appropriate policy and fiscal
39 committees of the legislature by January 1, 2023.

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

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

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

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

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

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

31 Health plans issued or renewed on or after January 1, 2023, must
32 make next-day appointments available to enrollees experiencing
33 urgent, symptomatic behavioral health conditions to receive covered
34 behavioral health services. The appointment may be with a licensed
35 provider other than a licensed behavioral health professional, as
36 long as that provider is acting within their scope of practice, and
37 may be provided through telemedicine consistent with RCW 48.43.735.
38 Need for urgent symptomatic care is associated with the presentation

1 of behavioral health signs or symptoms that require immediate
2 attention, but are not emergent.

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

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

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

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

22 (c) Review the development of adequate and consistent training
23 for crisis call center personnel and, in coordination with the state
24 enhanced 911 coordination office, for 911 operators with respect to
25 their interactions with the crisis hotline center; and

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

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

30 NEW SECTION. **Sec. 108.** A new section is added to chapter 71.24
31 RCW to read as follows:

32 (1) When acting in their statutory capacities pursuant to this
33 act, the state, department, authority, state enhanced 911
34 coordination office, emergency management division, military
35 department, any other state agency, and their officers, employees,
36 and agents are deemed to be carrying out duties owed to the public in
37 general and not to any individual person or class of persons separate
38 and apart from the public. Nothing contained in this act may be

1 construed to evidence a legislative intent that the duties to be
2 performed by the state, department, authority, state enhanced 911
3 coordination office, emergency management division, military
4 department, any other state agency, and their officers, employees,
5 and agents, as required by this act, are owed to any individual
6 person or class of persons separate and apart from the public in
7 general.

8 (2) Each crisis call center hub designated by the department
9 under any contract or agreement pursuant to this act shall be deemed
10 to be an independent contractor, separate and apart from the
11 department and the state.

12 NEW SECTION. **Sec. 109.** A new section is added to chapter 71.24
13 RCW to read as follows:

14 For the purpose of development and implementation of technology
15 and platforms by the department and the authority under section 102
16 of this act, the department and the authority shall create a
17 sophisticated technical and operational plan. The plan shall not
18 conflict with, nor delay, the department meeting and satisfying
19 existing 988 federal requirements that are already underway and must
20 be met by July 16, 2022, nor is it intended to delay the initial
21 planning phase of the project, or the planning and deliverables tied
22 to any grant award received and allotted by the department or the
23 authority prior to April 1, 2021. To the extent that funds are
24 appropriated for this specific purpose, the department and the
25 authority must contract for a consultant to critically analyze the
26 development and implementation technology and platforms and
27 operational challenges to best position the solutions for success.
28 Prior to initiation of a new information technology development,
29 which does not include the initial planning phase of this project or
30 any contracting needed to complete the initial planning phase, the
31 department and authority shall submit the technical and operational
32 plan to the governor, office of financial management, steering
33 committee of the crisis response improvement strategy committee
34 created under section 103 of this act, and appropriate policy and
35 fiscal committees of the legislature, which shall include the
36 committees referenced in this section. The plan must be approved by
37 the office of the chief information officer, the director of the
38 office of financial management, and the steering committee of the
39 crisis response improvement strategy committee, which shall consider

1 any feedback received from the senate ways and means committee chair,
2 the house of representatives appropriations committee chair, the
3 senate environment, energy and technology committee chair, the senate
4 behavioral health subcommittee chair, and the house of
5 representatives health care and wellness committee chair, before any
6 funds are expended for the solutions, other than those funds needed
7 to complete the initial planning phase. A draft technical and
8 operational plan must be submitted no later than January 1, 2022, and
9 a final plan by August 31, 2022.

10 The plan submitted must include, but not be limited to:

- 11 (1) Data management;
- 12 (2) Data security;
- 13 (3) Data flow;
- 14 (4) Data access and permissions;
- 15 (5) Protocols to ensure staff are following proper health
16 information privacy procedures;
- 17 (6) Cybersecurity requirements and how to meet these;
- 18 (7) Service level agreements by vendor;
- 19 (8) Maintenance and operations costs;
- 20 (9) Identification of what existing software as a service
21 products might be applicable, to include the:
 - 22 (a) Vendor name;
 - 23 (b) Vendor offerings to include product module and functionality
24 detail and whether each represent add-ons that must be paid
25 separately;
 - 26 (c) Vendor pricing structure by year through implementation; and
 - 27 (d) Vendor pricing structure by year post implementation;
- 28 (10) Integration limitations by system;
- 29 (11) Data analytic and performance metrics to be required by
30 system;
- 31 (12) Liability;
- 32 (13) Which agency will host the electronic health record software
33 as a service;
- 34 (14) Regulatory agency;
- 35 (15) The timeline by fiscal year from initiation to
36 implementation for each solution in this act;
- 37 (16) How to plan in a manner that ensures efficient use of state
38 resources and maximizes federal financial participation; and
- 39 (17) A complete comprehensive business plan analysis.

1 those companies that resell radio access lines, and sellers of
2 prepaid wireless telecommunications service, on a tax return provided
3 by the department. Tax proceeds must be deposited by the treasurer
4 into the statewide 988 behavioral health crisis response and suicide
5 prevention line account created in section 205 of this act.

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

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

21 (a) Beginning October 1, 2021, through December 31, 2022, the tax
22 rate is 24 cents for an interconnected voice over internet protocol
23 service line; and

24 (b) Beginning January 1, 2023, the tax rate is 40 cents for an
25 interconnected voice over internet protocol service line.

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

36 (a) Beginning October 1, 2021, through December 31, 2022, the tax
37 rate is 24 cents for each switched access line; and

38 (b) Beginning January 1, 2023, the tax rate is 40 cents for each
39 switched access line.

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

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

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

13 (b) The statewide 988 behavioral health crisis response and
14 suicide prevention line tax on interconnected voice over internet
15 protocol service lines must be collected from the subscriber by the
16 interconnected voice over internet protocol service company providing
17 the interconnected voice over internet protocol service line to the
18 subscriber.

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

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

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

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

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

36 NEW SECTION. **Sec. 204.** PAYMENT AND COLLECTION. (1)(a) The
37 statewide 988 behavioral health crisis response and suicide
38 prevention line tax imposed by this chapter must be paid by the

1 subscriber to the radio communications service company providing the
2 radio access line, the local exchange company, or the interconnected
3 voice over internet protocol service company providing the
4 interconnected voice over internet protocol service line.

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

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

31 (3) The amount of tax, until paid by the subscriber to the radio
32 communications service company, local exchange company, the
33 interconnected voice over internet protocol service company, or to
34 the department, constitutes a debt from the subscriber to the
35 company, or from the consumer to the seller. Any company or seller
36 that fails or refuses to collect the tax as required with intent to
37 violate the provisions of this chapter or to gain some advantage or
38 benefit, either direct or indirect, and any subscriber or consumer
39 who refuses to pay any tax due under this chapter is guilty of a
40 misdemeanor. The statewide 988 behavioral health crisis response and

1 suicide prevention line tax required by this chapter to be collected
2 by the radio communications service company, local exchange company,
3 or interconnected voice over internet protocol service company must
4 be stated separately on the billing statement that is sent to the
5 subscriber.

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

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

23 (2) Expenditures from the account may only be used for (a)
24 ensuring the efficient and effective routing of calls made to the 988
25 crisis hotline to an appropriate crisis hotline center or crisis call
26 center hub; and (b) personnel and the provision of acute behavioral
27 health, crisis outreach, and crisis stabilization services, as
28 defined in RCW 71.24.025, by directly responding to the 988 crisis
29 hotline.

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

33 NEW SECTION. **Sec. 206.** PREEMPTION. A city or county may not
34 impose a tax, measured on a per line basis, on radio access lines,
35 interconnected voice over internet protocol service lines, or
36 switched access lines, for the purpose of ensuring the efficient and
37 effective routing of calls made to the 988 crisis hotline to an
38 appropriate crisis hotline center or crisis call center hub; or

1 providing personnel or acute behavioral health, crisis outreach, or
2 crisis stabilization services, as defined in RCW 71.24.025,
3 associated with directly responding to the 988 crisis hotline.

4 **PART III**

5 **DEFINITIONS AND MISCELLANEOUS**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

30 (d) Exhibits suicidal preoccupation or attempts; or

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

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

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

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

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

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

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

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

14 (ii) Changes in custodial adult;

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

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

20 (v) Drug or alcohol abuse; or

21 (vi) Homelessness.

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

25 (a) The authority for:

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

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

29 (b) The department of health for:

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

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

35 (iii) Residential services.

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

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

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

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

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

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

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

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

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

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

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

37 (b) Being gravely disabled as defined in RCW 71.05.020 or, in the
38 case of a child, a gravely disabled minor as defined in RCW
39 71.34.020; or

1 (c) Presenting a likelihood of serious harm as defined in RCW
2 71.05.020 or, in the case of a child, as defined in RCW 71.34.020.

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

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

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

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

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

29 (7) "Behavioral health aide" means a counselor, health educator,
30 and advocate who helps address individual and community-based
31 behavioral health needs, including those related to alcohol, drug,
32 and tobacco abuse as well as mental health problems such as grief,
33 depression, suicide, and related issues and is certified by a
34 community health aide program of the Indian health service or one or
35 more tribes or tribal organizations consistent with the provisions of
36 25 U.S.C. Sec. 16161 and RCW 43.71B.010 (7) and (8).

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

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

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

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

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

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

16 (c) Has been unable to engage in any substantial gainful activity
17 by reason of any mental disorder which has lasted for a continuous
18 period of not less than twelve months. "Substantial gainful activity"
19 shall be defined by the authority by rule consistent with Public Law
20 92-603, as amended.

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

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

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

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

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

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

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

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

23 (19) "Designated crisis responder" has the same meaning as in RCW
24 71.05.020.

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

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

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

36 (23) "Emerging best practice" or "promising practice" means a
37 program or practice that, based on statistical analyses or a well
38 established theory of change, shows potential for meeting the
39 evidence-based or research-based criteria, which may include the use

1 of a program that is evidence-based for outcomes other than those
2 listed in subsection (24) of this section.

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

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

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

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

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

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

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

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

37 (29) "Long-term inpatient care" means inpatient services for
38 persons committed for, or voluntarily receiving intensive treatment
39 for, periods of ninety days or greater under chapter 71.05 RCW.
40 "Long-term inpatient care" as used in this chapter does not include:

1 (a) Services for individuals committed under chapter 71.05 RCW who
2 are receiving services pursuant to a conditional release or a court-
3 ordered less restrictive alternative to detention; or (b) services
4 for individuals voluntarily receiving less restrictive alternative
5 treatment on the grounds of the state hospital.

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

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

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

25 (33) "Mentally ill persons," "persons who are mentally ill," and
26 "the mentally ill" mean persons and conditions defined in subsections
27 (1), (11), (40), and (41) of this section.

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

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

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

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

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

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

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

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

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

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

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

10 (d) Exhibits suicidal preoccupation or attempts; or

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

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

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

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

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

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

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

34 (ii) Changes in custodial adult;

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

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

40 (v) Drug or alcohol abuse; or

1 (vi) Homelessness.

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

5 (a) The authority for:

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

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

9 (b) The department of health for:

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

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

15 (iii) Residential services.

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

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

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

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

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

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

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

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

10 The secretary shall license or certify mental health peer-run
11 respite centers that meet state minimum standards. In consultation
12 with the authority and the department of social and health services,
13 the secretary must:

14 (1) Establish requirements for licensed and certified community
15 behavioral health agencies to provide mental health peer-run respite
16 center services and establish physical plant and service requirements
17 to provide voluntary, short-term, noncrisis services that focus on
18 recovery and wellness;

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

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

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

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

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

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

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

33 NEW SECTION. **Sec. 306.** Section 301 of this act expires July 1,
34 2022.

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

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

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

E2SHB 1477 - S AMD
By Senator Dhingra

ADOPTED AND ENGROSSED 04/19/2021

11 On page 1, line 4 of the title, after "services;" strike the
12 remainder of the title and insert "amending RCW 71.24.649; reenacting
13 and amending RCW 71.24.025 and 71.24.025; adding new sections to
14 chapter 71.24 RCW; adding a new section to chapter 48.43 RCW; adding
15 a new section to chapter 43.06 RCW; adding a new chapter to Title 82
16 RCW; creating new sections; prescribing penalties; making an
17 appropriation; providing effective dates; providing expiration dates;
18 and declaring an emergency."

--- END ---