

**E2SHB 1477** - S COMM AMD  
By Committee on Ways & Means

**NOT ADOPTED 04/19/2021**

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

3 "PART I

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

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

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

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

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

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

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

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

24 (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

1 prevalence of substance use as both a risk factor and means for  
2 suicide.

3 (2) The legislature intends to:

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

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

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

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

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

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

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

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

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

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

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

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

1 using the system platform developed under subsection (5) of this  
2 section.

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

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

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

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

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

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

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

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

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

13 (a) To access real-time information relevant to the coordination  
14 of behavioral health crisis response services provided by the  
15 behavioral health integrated client reference system developed under  
16 subsection (7) of this section;

17 (b) Request deployment of appropriate crisis response services,  
18 which may include mobile rapid response crisis teams, coresponder  
19 teams, designated crisis responders, mobile integrated health teams,  
20 or community assistance referral and educational services programs  
21 under RCW 35.21.930, according to best practice guidelines  
22 established by the authority, and track local response through global  
23 positioning technology; and

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

39 (6) To implement this section the department shall collaborate  
40 with the state enhanced 911 coordination office, emergency management

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

12 (7) The authority shall develop a behavioral health integrated  
13 client reference system capable of providing system coordination  
14 information to crisis call center hubs and to other entities involved  
15 in behavioral health care, at a time to be determined by the crisis  
16 response improvement strategy committee created under section 103 of  
17 this act. The system must include the capacity to provide the  
18 following:

19 (a) Real-time bed availability for all behavioral health bed  
20 types, including but not limited to crisis stabilization services,  
21 triage facilities, psychiatric inpatient, substance use disorder  
22 inpatient, withdrawal management, peer-run respite centers, and  
23 crisis respite services, inclusive of both voluntary and involuntary  
24 beds, for use by crisis response workers, first responders, health  
25 care providers, and individuals in crisis;

26 (b) Real-time information relevant to the coordination of  
27 behavioral health crisis response services for a person, including  
28 the means to access: (i) Information about any less restrictive  
29 alternative treatment orders or mental health advance directives  
30 related to the person; and (ii) information necessary to enable the  
31 crisis call center hub to actively collaborate with primary care  
32 providers and behavioral health providers within managed care  
33 organizations, behavioral health administrative services  
34 organizations, and other health care payers to establish a safety  
35 plan for the person and provide the next steps for the person's  
36 transition to follow up noncrisis care. To establish information  
37 sharing guidelines that fulfill the intent of this section the  
38 authority shall consider input from the confidential information  
39 compliance and coordination subcommittee established under section  
40 103 of this act;

1 (c) A means to facilitate actions to verify and document whether  
2 the person's transition to follow up noncrisis care was successful,  
3 to be performed by a care coordinator provided through the person's  
4 managed care organization, health plan, or behavioral health  
5 administrative services organization, or if such a care coordinator  
6 is not available or does not follow through, by the staff of the  
7 crisis call center hub; and

8 (d) The means to provide geographically, culturally, and  
9 linguistically appropriate services to persons who are part of high-  
10 risk populations or otherwise have need of specialized services or  
11 accommodations, and to document these services or accommodations.

12 (8) The authority shall:

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

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

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

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

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

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

14 (1) The crisis response improvement strategy committee is  
15 established for the purpose of developing an integrated behavioral  
16 health crisis response system containing the elements described in  
17 this section.

18 (2) The office of financial management shall contract with the  
19 behavioral health institute at Harborview medical center to  
20 facilitate and provide staff support to the crisis response  
21 improvement strategy committee.

22 (3) The crisis response improvement strategy committee shall have  
23 three cochairs selected from among the members of the steering  
24 committee. The crisis response improvement strategy committee shall  
25 consist of the following members, who shall be appointed or requested  
26 by the authority, unless otherwise noted:

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

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

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

33 (d) The Washington state insurance commissioner, or his or her  
34 designee;

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



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

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

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

5 (aa) A member representing the Washington association of  
6 designated crisis responders;

7 (bb) A member representing the children and youth behavioral  
8 health work group;

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

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

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

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

24 (a) Statewide and regional insufficiencies and gaps in behavioral  
25 health crisis response services and resources needed to meet  
26 population needs;

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

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

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

38 (6) The committee, taking into account the comprehensive  
39 assessment work under subsection (5) of this section as it becomes  
40 available, shall discuss and report on the following:

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

9 (b) Recommendations to promote equity in services for individuals  
10 of diverse circumstances of culture, race, ethnicity, gender,  
11 socioeconomic status, sexual orientation, and for individuals in  
12 tribal, urban, and rural communities;

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

17 (d) The necessary components of a new statewide, technologically  
18 advanced behavioral health crisis call center system with a platform,  
19 as described in section 102 of this act, for assigning and tracking  
20 response to behavioral health crisis calls and providing real-time  
21 bed and outpatient appointment availability to 988 operators,  
22 designated crisis responders, and other behavioral health crisis  
23 responders, which shall include but not be limited to:

24 (i) Identification of the components crisis call center hub staff  
25 need to effectively coordinate crisis response services and find  
26 available beds and available primary care and behavioral health  
27 outpatient appointments;

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

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

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

36 (v) The necessary systems and capabilities that licensed or  
37 certified behavioral health agencies, behavioral health providers,  
38 and any other relevant parties will require to report, maintain, and  
39 update inpatient and residential bed and outpatient service

1 availability in real-time to correspond with the crisis call center  
2 system platform identified in section 102 of this act;

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

9 (f) A work plan with timelines to enhance and expand the  
10 availability of community-based mobile rapid response crisis teams  
11 based in each region, including specialized teams as appropriate to  
12 respond to the unique needs of youth, including American Indian and  
13 Alaska Native youth and LGBTQ youth, and geriatric populations,  
14 including older adults of color and older adults with comorbid  
15 dementia;

16 (g) The identification of other personal and systemic behavioral  
17 health challenges which implementation of the 988 crisis hotline has  
18 the potential to address in addition to suicide response and  
19 behavioral health crises;

20 (h) The development of a plan for the statewide equitable  
21 distribution of crisis stabilization services, behavioral health  
22 beds, and peer-run respite services;

23 (i) Recommendations concerning how health plans, managed care  
24 organizations, and behavioral health administrative services  
25 organizations shall fulfill requirements to provide assignment of a  
26 care coordinator and to provide next-day appointments for enrollees  
27 who contact the behavioral health crisis system;

28 (j) Appropriate allocation of crisis system funding  
29 responsibilities among medicaid managed care organizations,  
30 commercial insurers, and behavioral health administrative services  
31 organizations;

32 (k) Recommendations for constituting a statewide behavioral  
33 health crisis response oversight board or similar structure for  
34 ongoing monitoring of the behavioral health crisis system and where  
35 this should be established; and

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

38 (7) The crisis response improvement strategy committee shall have  
39 a steering committee consisting only of members appointed to the  
40 steering committee under this section. The steering committee shall

1 convene the committee, select cochairs for the committee, form  
2 subcommittees and assign tasks to the subcommittees, and establish a  
3 schedule of meetings and their agendas.

4 (8) The crisis response improvement strategy committee shall have  
5 subcommittees to focus on discrete topics. The subcommittees may  
6 include participants who are not members of the committee, as needed  
7 to provide professional expertise and community perspectives. Each  
8 subcommittee shall have at least one member representing the  
9 interests of stakeholders in a rural community, at least one member  
10 representing the interests of stakeholders in an urban community, and  
11 at least one member representing the interests of youth stakeholders.  
12 The steering committee shall form the following subcommittees, and  
13 may form additional subcommittees at its discretion:

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

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

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

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

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

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

34 (9) The proceedings of the crisis response improvement strategy  
35 committee must be open to the public and invite testimony from a  
36 broad range of perspectives. The crisis response improvement strategy  
37 committee shall seek input from tribes, veterans, the LGBTQ  
38 community, and communities of color to determine how well the crisis  
39 response system is currently working and ways to improve the crisis  
40 response system.

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

8 (11) The crisis response improvement strategy committee shall  
9 provide a progress report and the result of its comprehensive  
10 assessment under subsection (5) of this section to the governor and  
11 appropriate policy and fiscal committee of the legislature by January  
12 1, 2022. The committee shall report its further progress and  
13 recommendations related to crisis call center hubs to the governor  
14 and appropriate policy and fiscal committees of the legislature by  
15 January 1, 2023. The committee shall provide its final report to the  
16 governor and the appropriate policy and fiscal committees of the  
17 legislature by January 1, 2024.

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

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

21 (1) The crisis response improvement strategy steering committee  
22 under section 103 of this act must monitor and make recommendations  
23 related to the funding of crisis response services out of the account  
24 created in section 205 of this act. The crisis response improvement  
25 strategy steering committee must analyze:

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

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

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

38 (d) The viability of providing funding for in-person mobile rapid  
39 response crisis services or other behavioral health first responder

1 services recommended by the crisis response improvement strategy  
2 committee funded from the account created in section 205 of this act,  
3 given the expected revenues to the account and the level of  
4 expenditures required under (a) of this subsection.

5 (2) If the steering committee finds that funding in-person mobile  
6 rapid response crisis services or other behavioral health first  
7 responder services recommended by the crisis response improvement  
8 strategy committee is viable from the account given the level of  
9 expenditures necessary to support the infrastructure development and  
10 operational support of the 988 crisis hotline and crisis call center  
11 hubs, the steering committee must analyze options for the location  
12 and composition of such services given need and available resources  
13 with the requirement that funds from the account supplement, not  
14 supplant, existing behavioral health crisis funding.

15 (3) The work of the steering committee under this section must be  
16 facilitated by the behavioral health institute at Harborview medical  
17 center through its contract with the office of financial management  
18 under section 103 of this act with assistance provided by staff from  
19 senate committee services, the office of program research, and the  
20 office of financial management.

21 (4) The steering committee shall submit preliminary  
22 recommendations to the governor and the appropriate policy and fiscal  
23 committees of the legislature by January 1, 2022, and final  
24 recommendations to the governor and the appropriate policy and fiscal  
25 committees of the legislature by January 1, 2023.

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

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

29 (1) The department and authority shall provide an annual report  
30 regarding the usage of the 988 crisis hotline, call outcomes, and the  
31 provision of crisis services inclusive of mobile rapid response  
32 crisis teams and crisis stabilization services. The report shall be  
33 submitted to the governor and the appropriate committees of the  
34 legislature each November beginning in 2023. The report shall include  
35 information on the fund deposits and expenditures of the account  
36 created in section 205 of this act.

37 (2) The department and authority shall coordinate with the  
38 department of revenue, and any other agency that is appropriated  
39 funding under the account created in section 205 of this act, to

1 develop and submit information to the federal communications  
2 commission required for the completion of fee accountability reports  
3 pursuant to the national suicide hotline designation act of 2020.

4 (3) The joint legislative audit and review committee shall  
5 schedule an audit to begin after the full implementation of this act,  
6 to provide transparency as to how funds from the statewide 988  
7 behavioral health crisis response and suicide prevention line account  
8 have been expended, and to determine whether funds used to provide  
9 acute behavioral health, crisis outreach, and stabilization services  
10 are being used to supplement services identified as baseline services  
11 in the comprehensive analysis provided under section 103 of this act,  
12 or to supplant baseline services. The committee shall provide a  
13 report by November 1, 2027, which includes recommendations as to the  
14 adequacy of the funding provided to accomplish the intent of the act  
15 and any other recommendations for alteration or improvement.

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

18 Health plans issued or renewed on or after January 1, 2023, must  
19 make next-day appointments available to enrollees experiencing  
20 urgent, symptomatic behavioral health conditions to receive covered  
21 behavioral health services. The appointment may be with a licensed  
22 provider other than a licensed behavioral health professional, as  
23 long as that provider is acting within their scope of practice. Need  
24 for urgent symptomatic care is associated with the presentation of  
25 behavioral health signs or symptoms that require immediate attention,  
26 but are not emergent.

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

29 (1) The governor shall appoint a 988 hotline and behavioral  
30 health crisis system coordinator to provide project coordination and  
31 oversight for the implementation and administration of the 988 crisis  
32 hotline, other requirements of this act, and other projects  
33 supporting the behavioral health crisis system. The coordinator  
34 shall:

35 (a) Oversee the collaboration between the department of health  
36 and the health care authority in their respective roles in supporting  
37 the crisis call center hubs and providing the necessary support  
38 services for 988 callers;



1 (b) Ensure coordination and facilitate communication between  
2 stakeholders such as crisis call center hub contractors, behavioral  
3 health administrative service organizations, county authorities,  
4 other crisis hotline centers, managed care organizations, and, in  
5 collaboration with the state enhanced 911 coordination office, with  
6 911 emergency communications systems;

7 (c) Review the adequacy and consistency of training for crisis  
8 call center personnel and, in coordination with the state enhanced  
9 911 coordination office, for 911 operators with respect to their  
10 interactions with the crisis hotline center;

11 (d) Review contractual agreements between the department of  
12 health and crisis call center hubs and between the health care  
13 authority and managed care organizations and behavioral health  
14 administrative services organizations to ensure adequate requirements  
15 are established to support the behavioral health crisis system; and

16 (e) Coordinate implementation of other behavioral health  
17 initiatives among state agencies and educational institutions, as  
18 appropriate, including coordination of data between agencies.

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

20 **PART II**

21 **TAX**

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

25 (a) "988 crisis hotline" has the same meaning as in RCW  
26 71.24.025.

27 (b) "Crisis call center hub" has the same meaning as in RCW  
28 71.24.025.

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

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

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

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

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

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

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

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

19 (2) A statewide 988 behavioral health crisis response and suicide  
20 prevention line tax is imposed on all interconnected voice over  
21 internet protocol service lines in the state. The amount of tax must  
22 be uniform for each line and must be levied on no more than the  
23 number of voice over internet protocol service lines on an account  
24 that is capable of simultaneous unrestricted outward calling to the  
25 public switched telephone network. The tax imposed under this  
26 subsection (2) must be remitted to the department by interconnected  
27 voice over internet protocol service companies on a tax return  
28 provided by the department. The amount of tax for each interconnected  
29 voice over internet protocol service line whose place of primary use  
30 is located in the state is as follows:

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

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

36 (3) A statewide 988 behavioral health crisis response and suicide  
37 prevention line tax is imposed on all switched access lines in the  
38 state. The amount of tax must be uniform for each line and must be  
39 levied on no more than the number of switched access lines on an  
40 account that is capable of simultaneous unrestricted outward calling

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

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

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

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

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

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

22 (b) The statewide 988 behavioral health crisis response and  
23 suicide prevention line tax on interconnected voice over internet  
24 protocol service lines must be collected from the subscriber by the  
25 interconnected voice over internet protocol service company providing  
26 the interconnected voice over internet protocol service line to the  
27 subscriber.

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

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

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

38 (b) The department must transfer all tax proceeds remitted by a  
39 seller under this subsection (2) to the statewide 988 behavioral

1 health crisis response and suicide prevention line account created in  
2 section 205 of this act.

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

6 NEW SECTION. **Sec. 204.** PAYMENT AND COLLECTION. (1)(a) The  
7 statewide 988 behavioral health crisis response and suicide  
8 prevention line tax imposed by this chapter must be paid by the  
9 subscriber to the radio communications service company providing the  
10 radio access line, the local exchange company, or the interconnected  
11 voice over internet protocol service company providing the  
12 interconnected voice over internet protocol service line.

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

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

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

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

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

33 (2) Expenditures from the account may only be used for (a)  
34 ensuring the efficient and effective routing of calls made to the 988  
35 crisis hotline to an appropriate crisis hotline center or crisis call  
36 center hub; and (b) personnel and the provision of acute behavioral  
37 health, crisis outreach, and crisis stabilization services, as  
38 defined in RCW 71.24.025, by directly responding to the 988 crisis  
39 hotline.

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

4 NEW SECTION. **Sec. 206.** PREEMPTION. A city or county may not  
5 impose a tax, measured on a per line basis, on radio access lines,  
6 interconnected voice over internet protocol service lines, or  
7 switched access lines, for the purpose of ensuring the efficient and  
8 effective routing of calls made to the 988 crisis hotline to an  
9 appropriate crisis hotline center or crisis call center hub; or  
10 providing personnel or acute behavioral health, crisis outreach, or  
11 crisis stabilization services, as defined in RCW 71.24.025,  
12 associated with directly responding to the 988 crisis hotline.

13 **PART III**

14 **DEFINITIONS AND MISCELLANEOUS**

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

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

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

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

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

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

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

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

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

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

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

17 (7) "Behavioral health aide" means a counselor, health educator,  
18 and advocate who helps address individual and community-based  
19 behavioral health needs, including those related to alcohol, drug,  
20 and tobacco abuse as well as mental health problems such as grief,  
21 depression, suicide, and related issues and is certified by a  
22 community health aide program of the Indian health service or one or  
23 more tribes or tribal organizations consistent with the provisions of  
24 25 U.S.C. Sec. 16161 and RCW 43.71B.010 (7) and (8).

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

38 (d) Exhibits suicidal preoccupation or attempts; or

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

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

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

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

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

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

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

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

22 (ii) Changes in custodial adult;

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

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

28 (v) Drug or alcohol abuse; or

29 (vi) Homelessness.

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

33 (a) The authority for:

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

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

37 (b) The department of health for:

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

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

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

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

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

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

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

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

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

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

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

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

5 (b) Being gravely disabled as defined in RCW 71.05.020 or, in the  
6 case of a child, a gravely disabled minor as defined in RCW  
7 71.34.020; or

8 (c) Presenting a likelihood of serious harm as defined in RCW  
9 71.05.020 or, in the case of a child, as defined in RCW 71.34.020.

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

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

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

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

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

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

1 community health aide program of the Indian health service or one or  
2 more tribes or tribal organizations consistent with the provisions of  
3 25 U.S.C. Sec. 16161 and RCW 43.71B.010 (7) and (8).

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

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

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

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

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

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

23 (c) Has been unable to engage in any substantial gainful activity  
24 by reason of any mental disorder which has lasted for a continuous  
25 period of not less than twelve months. "Substantial gainful activity"  
26 shall be defined by the authority by rule consistent with Public Law  
27 92-603, as amended.

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

16 (d) Exhibits suicidal preoccupation or attempts; or

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

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

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

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

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

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

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

40 (ii) Changes in custodial adult;

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

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

6 (v) Drug or alcohol abuse; or

7 (vi) Homelessness.

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

11 (a) The authority for:

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

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

15 (b) The department of health for:

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

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

21 (iii) Residential services.

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

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

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

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

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

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

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

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

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

21 (1) Establish requirements for licensed and certified community  
22 behavioral health agencies to provide mental health peer-run respite  
23 center services and establish physical plant and service requirements  
24 to provide voluntary, short-term, noncrisis services that focus on  
25 recovery and wellness;

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

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

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

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

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

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

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

3        NEW SECTION.    **Sec. 306.**    Section 301 of this act expires July 1,  
4 2022.

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

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

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

**E2SHB 1477** - S COMM AMD  
By Committee on Ways & Means

**NOT ADOPTED 04/19/2021**

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

**EFFECT:** (1) Clarifies requirements for the technologically advanced behavioral health crisis call center system platform to be developed by the Department of Health (DOH).

(2) Requires the Health Care Authority (HCA) to develop a behavioral health integrated client reference system capable of providing system coordination information to crisis call center hubs and other entities involved in behavioral health care.

(3) Transfers responsibility to HCA (which was placed with DOH in the BH Subcommittee striking amendment) to develop the capacity to provide real-time behavioral health bed availability information, to provide real-time information relevant to the coordination of



behavioral health crisis response services including information about less restrictive alternative orders and mental health advance directives, and to collaborate with managed care organizations, behavioral health administrative services organizations (BH-ASOs), and other payers to arrange for the next steps in a 988 caller's behavioral health care as part of the behavioral health integrated client reference system.

(4) Requires HCA to collaborate with county authorities and BH-ASOs to develop procedures to dispatch behavioral health crisis services in coordination with the crisis call center hubs.

(5) Allows a next-day appointment following a 988 crisis call for an enrollee experiencing urgent, symptomatic behavioral health conditions to be scheduled with a licensed provider other than a behavioral health professional, as long as that provider is acting within the scope of their practice.

(6) Establishes July 1, 2023, as the date by which HCA must create best practice guidelines for deployment of appropriate and available crisis response services by crisis call center hubs.

(7) Removes direction to HCA to implement rules.

(8) Renames mental health peer crisis respite centers as mental health peer-run crisis respite centers.

(9) Updates references to tribal representation on the Crisis Response Improvement Strategy Committee (CRIS Committee) to refer to federally recognized tribes and establishes a Washington Tribal 988 Subcommittee to make recommendations with respect to the needs of the tribes related to the 988 system.

(10) Requires each subcommittee of the CRIS Committee to have at least one member representing the interests of stakeholders in a rural community, at least one member representing the interests of stakeholders in an urban community, and at least one member representing the interests of youth stakeholders.

(11) Extends the work of the CRIS Committee through January 1, 2024, and provides directions for reports to be delivered by January 1 in 2022, 2023, and 2024.

(12) Changes the name of the line tax and account to the Statewide 988 Behavioral Health Crisis Response and Suicide Prevention Line Tax or Account.

(13) Requires the Joint Legislative Audit and Review Committee to perform an audit following full implementation which includes review of expenditures from the Statewide 988 Behavioral Health Crisis Response and Suicide Prevention Line Account to determine whether the level of funding is appropriate and whether the funds were used to supplement or supplant existing funding, with a report due by November 1, 2027.

(14) Requires the Governor to appoint a 988 Hotline and Behavioral Health System Coordinator to provide project coordination and oversight for this bill and other projects related to the behavioral health crisis system until June 30, 2024.

(15) Preempts any subdivisions of the state from imposing an additional tax, measured on a per line basis, to fund 988 call center or behavioral health crisis response service within Washington.

(16) Requires the Crisis Response Implementation Strategy Steering Committee to analyze and make recommendations related to the funding of 988 services from the Statewide 988 Behavioral Health Crisis Response and Suicide Prevention Line Tax or Account.

--- END ---