SENATE BILL REPORT
E2SHB 1477

As of March 19, 2021

Title: An act relating to the implementation of the national 988 system to enhance and expand behavioral health crisis response and suicide prevention services statewide by imposing an excise tax on certain telecommunications services.

Brief Description: Implementing the national 988 system to enhance and expand behavioral health crisis response and suicide prevention services.

Sponsors: House Committee on Appropriations (originally sponsored by Representatives Orwall, Davis, Ortiz-Self, Callan, Simmons, Johnson, J., Goodman, Ryu, Ormsby, Valdez, Frame, Berg, Bergquist, Harris-Talley, Chopp, Macri, Peterson and Pollet).

Brief History: Passed House: 3/17/21, 78-18.

Committee Activity: Behavioral Health Subcommittee to Health & Long Term Care: 3/19/21.

Brief Summary of Bill

- Requires the Department of Health and Health Care Authority to collaborate to establish state crisis call center hubs and an enhanced crisis response system to prepare for implementation of the 988 crisis hotline.
- Empanels a 988 Implementation Team and Crisis Response Improvement Strategy Committee to plan for crisis response system enhancements.
- Imposes a tax on radio access lines, voice over Internet protocol service lines, and switched access lines to fund activities related to an enhanced crisis response.

SENATE COMMITTEE ON BEHAVIORAL HEALTH SUBCOMMITTEE TO HEALTH & LONG TERM CARE

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.

Staff: Kevin Black (786-7747)

Background: Behavioral Health Crisis Services. Crisis mental health services are intended to stabilize a person in crisis to prevent further deterioration, provide immediate treatment and intervention, and provide treatment services in the least restrictive environment available. Substance use disorder detoxification services are provided to persons to assist with the safe and effective withdrawal from substances. Behavioral health crisis services include crisis telephone support, crisis outreach services, crisis stabilization services, crisis peer support services, withdrawal management services, and emergency involuntary detention services.

Behavioral health administrative services organizations (BH-ASOs) are entities contracted with the Health Care Authority to administer certain behavioral health services and programs for all individuals within a regional service area, including behavioral health crisis services and the administration of the Involuntary Treatment Act. Each BH-ASO must maintain a behavioral health crisis hotline for its region.

National Suicide Prevention Hotline. The Substance Abuse and Mental Health Services Administration (SAMHSA) partially funds the National Suicide Prevention Lifeline (Lifeline). Lifeline is a national network of about 180 crisis centers linked by a single toll-free number, available to people in suicidal crisis or emotional distress. When a person calls the number, the call is routed to a local crisis center based upon the caller's area code. Counselors at the local crisis center assess callers for suicidal risk, provide crisis counseling services and crisis intervention, engage emergency services when necessary, and offer referrals to behavioral health services. SAMHSA and the Department of Veterans Affairs have established the Veterans Crisis Line which links veterans with suicide prevention coordinators. In Washington, there are currently three local crisis centers participating in Lifeline.

In October 2020, Congress passed the National Suicide Hotline Designation Act of 2020 (act). The act designates the number 988 as the universal telephone number within the United States for accessing the National Suicide Prevention and Mental Health Crisis Hotline system maintained by Lifeline and the Veterans Crisis Line. The act expressly authorizes states to collect a fee on commercial mobile services or Internet protocol-enabled voice services for ensuring the efficient and effective routing of calls made to the 988 National Suicide Prevention and Mental Health Crisis Hotline to an appropriate crisis center; and personnel and the provision of acute mental health crisis outreach and stabilization services by directly responding to calls to the crisis centers.

Summary of Bill: The Health Care Authority (HCA) must collaborate with the Department of Health (DOH) to establish state crisis call center hubs and an enhanced crisis response system. DOH must take primary responsibility for designating crisis call center hubs. HCA must take primary responsibility to develop the crisis system and support the work of the crisis call center hubs.

DOH must:

- provide adequate funding to achieve a 90 percent in-state call response rate for Lifeline calls by July 16, 2022, anticipating an expected increase in call volume based on the implementation of the 988 crisis hotline; and
- adopt rules for designation of crisis call center hubs by July 1, 2023, allowing for designation of hubs by July 1, 2024.

HCA must develop a new technologically advanced behavioral health crisis call center system which can:

- receive assistance requests through calls, texts, chats, and other similar methods of communication;
- use technology which is interoperable across crisis and emergency response systems such as 911 and 988;
- access real-time information from managed care organizations and BH-ASOs relevant to coordinating care, such as a person's contacts with primary and specialty behavioral health care providers and information about less restrictive alternative orders and mental health advance directives;
- assign and track local response to behavioral health crisis calls through global positioning service technology, including the ability to deploy mobile rapid response crisis teams and co-responder teams;
- track real-time bed availability for crisis responders for all behavioral health bed types;
- assure that callers receive follow-up services; and
- serve high-risk and special populations and promote behavioral health equity by establishing training requirements, transferring callers to a specialized center or subnetwork, or providing referrals to linguistically and culturally competent care.

Crisis call center hubs must:

- have an active agreement with Lifeline;
- meet Lifeline best practices guidelines for operational and clinical standards; and
- collaborate with Lifeline, HCA, and veteran's crisis line networks to assure consistency of public messaging.

988 Implementation Team. DOH must convene, staff, and chair a 988 implementation team to prepare for the transition of contracted Lifeline call centers into the 988 crisis hotline. In addition to DOH, the team must include representatives from HCA, the state enhanced 911 coordination office, Lifeline call centers, crisis response and service delivery systems, and persons with lived experience with mental health and substance use disorders. The team must provide guidance to DOH, review the adequacy of training for crisis hotline center personnel and 911 public safety telecommunicators, and provide a report to the Governor and the Legislature by January 1, 2022.

Crisis Response Improvement Strategy Committee. The Office of Financial Management

must select a private entity to staff and convene a Crisis Response Improvement Strategy Committee (CRIS) chaired by HCA to develop an integrated behavioral health crisis response system. CRIS must have 12 members appointed by HCA representing specified groups, four legislative members appointed by their respective caucuses, and four alternate legislative members. CRIS must be open to public testimony and develop recommendations in many specified areas to be reported to the Governor and Legislature by January 1, 2023, including:

- strategies, funding sources, and cost estimates to provide for equitable distribution of statewide behavioral health crisis services;
- a vision for an integrated crisis network addressing the needs of distinct communities, including youth, geriatric populations, American Indians and Alaska Natives, LGBTQ youth, persons in the agricultural community;
- recommendations for ensuring equity;
- a work plan with implementation timelines for the bill requirements;
- requirements for health plans, managed care organizations, and BH-ASOs;
- allocation of funding responsibilities between public and private insurers; and
- the composition of a statewide behavioral health crisis response oversight board.

Annual Report. DOH and HCA must provide an annual report of the 988 crisis hotline usage, call outcomes, and crisis services staring in November 2023.

988 Behavioral Health Crisis Response Line Tax. A tax is imposed on radio access lines, voice over Internet protocol service lines, and switched access lines purchased or subscribed to by state residents of $0.30 per line per month beginning October 1, 2021, and increasing to $0.50 on January 1, 2023. Collection and penalty provisions are provided. Proceeds must be deposited in a Statewide 988 Behavioral Health Crisis Response Line Account. Expenditures from the account must be used to ensure the effective routing of 988 crisis hotline calls and for personnel and services provided directly in response to 988 calls. Moneys from the account may not be used to supplant general fund appropriations for behavioral health services or for Medicaid-covered services provided to Medicaid enrollees.

Appropriation: None.

Fiscal Note: Available.

Creates Committee/Commission/Task Force that includes Legislative members: Yes.

Effective Date: The bill contains several effective dates. Please refer to the bill.

Staff Summary of Public Testimony: PRO: One in four police shootings involve people with behavioral health disorders. Our state has a higher rate of suicide than the national average, with a 36 percent increase in suicides over the last decade. Suicides are higher for veterans, American Indians and Alaska Natives, LGBTQ youth, and for people living in rural areas. With 988 we can create a responsive, robust, caring system that will save lives.

We are trying to right size between the skills needed, costs, and demands. We live in a great innovation state and we need to invest in the technology. My husband died because of stigma. It is very important to pay crisis system workers a living wage, and embed peers deeply in the system. Crisis centers are pivotal. This will help develop smarts in the community about access to care. Our system is broken and it does not work. My wife never got the critical care she needed. She was evaluated as high risk, and still discharged with no plan, outreach, or follow up. Fixing this requires money and requires effort. The tax is necessary to sustain the system. Taxes should prioritize the needs of citizens. Folks with substance use disorders have greater needs than ever. Alcohol sales are up; addictions are increasing. This will save dollars downstream by getting people the help they need in advance. We can not talk about behavioral health without talking about racism, discrimination, and inequity. What is the value of a human life? My experience with the crisis system created layers of trauma on top of post-traumatic stress disorder. CAHOOTS is a crisis intervention that puts crisis workers in the driver's seat of crisis response. We cannot stand still. The fragmented, confusing crisis system did not serve my son, who died by suicide two years ago. The system requires profound levels of illness and yet response is slow and people are under served. We must charge forward so the 988 hotline serves as a foundation for a more functional system. There is a role for private insurance in responding to behavioral health needs. We must ensure private health insurers meet their obligations with respect to linkages to follow-up care, care coordination, and system funding. We need to work on compliance with behavioral health parity laws. Calling 911 puts a caregiver of a person with psychosis into an explosive situation. These encounters are deeply traumatic. We must stop the criminalization of mental illness and put treatment first. Emergency departments consistently fail to admit patients who should be admitted, and the result is suicide. Our crisis center works hard but people often do note get the help they need. Inadequate crisis center funding contributes to barriers accessing the crisis system. This bill has continued to improve throughout the legislative process. Behavioral health providers must be on the CRIS. We are concerned about the lack of references in the bill to designated crisis responders. We need to recruit and retain a community behavioral health workforce. A behavioral health-specific crisis response service will help everyone in our state. The difficulty of finding an outpatient behavioral health provider is really overwhelming. Making that search easier would bring enormous benefits, but will take dedicated work. The 211 system wants to be technologically interconnected with these systems. We need dedicated funding for the services, as well as the call lines. It does no good to have a 988 system that refers to nowhere.

OTHER: Thank you for the hard work and the improvements in this bill. This bill requires close collaboration, new technology, and fiscal support. This bill supports the goals in our suicide prevention plan, and will save lives. Washington has been an leader in 988. We have a planning grant and are engaging in early collaboration to lay the groundwork. We feel the urgency of this moment because the crisis system is failing so many of us. We need clear direction, vision, and funding. How will this work? We must think through the necessary components and capabilities. Single bed certifications are not real behavioral health beds. Hospitals need a seat at the table. Emergency department are the front door to

crisis care. This will take all of us working together. Some requirements are so broad that they will undermine the central goal of getting 988 up and running by the required date. Health information interoperability is complex and the timeline for implementing health information exchange technology is too aggressive. The functions proposed to be funded by the 988 fee are too broad. The fee should support equipment and direct costs of taking and routing calls, including training of call center personnel. Washington wireless consumers pay 29 percent of their bills in government taxes and fees, the third highest government tax and fee burden in this country. This legislative session has been brutal on taxes—billions and billions of dollars. There are other places to get this money.

Persons Testifying: PRO: Representative Tina Orwall, Prime Sponsor; Abraham Dairi, citizen; Laura Van Tosh, citizen; Reagan Dunn, King County Council; Justine McClure, American Foundation for Suicide Prevention; Jennifer Stuber, Forefront Suicide Prevention, University of Washington; Nick Federici, Pioneer Human Services & Washington 211; Jane Beyer, Office of the Insurance Commissioner; Levi Van Dyke, Volunteers of America Western Washington; Melanie Smith, NAMI Washington; Dr. Donald Ross, King County Medical Society; Joan Miller, Washington Council for Behavioral Health; Jerri Clark, MOMI—Mothers of the Mentally Ill; Brad Banks, Behavioral Health Administrative Services Organizations; Paula Sardinas, Washington Build Back Black Alliance.

OTHER: Gerry Keegan, CTIA; Jeff Pack, Washington Citizens Against Unfair Taxes; Chris Bandoli, Association of Washington Healthcare Plans; Jaclyn Greenberg, Washington State Hospital Association; Keri Waterland, Washington State Health Care Authority; Daisye Orr, Washington State Department of Health.

Persons Signed In To Testify But Not Testifying: No one.