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ENGROSSED SECOND SUBSTITUTE HOUSE BILL 1477

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State of Washington

67th Legislature

2021 Regular Session

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

READ FIRST TIME 02/22/21.

1 AN ACT Relating to the implementation of the national 988 system  
2 to enhance and expand behavioral health crisis response and suicide  
3 prevention services statewide by imposing an excise tax on certain  
4 telecommunications services; reenacting and amending RCW 71.24.025  
5 and 71.24.025; adding new sections to chapter 71.24 RCW; adding a new  
6 chapter to Title 82 RCW; creating new sections; prescribing  
7 penalties; providing effective dates; providing expiration dates; and  
8 declaring an emergency.

9 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

10 **PART I**

11 **CRISIS CALL CENTER HUBS AND CRISIS SERVICES**

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

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

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

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

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

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

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

12 (2) The legislature intends to establish crisis call center hubs  
13 and expand the crisis delivery system in a deliberate, phased  
14 approach that includes the involvement of partners from a range of  
15 perspectives to:

16 (a) Save lives by improving the quality of and access to  
17 behavioral health crisis services;

18 (b) Further equity in addressing mental health and substance use  
19 treatment and assure a culturally and linguistically competent  
20 response to behavioral health crises;

21 (c) Recognize that, historically, crisis response placed  
22 marginalized communities, including those experiencing behavioral  
23 health crises, at disproportionate risk of poor outcomes and criminal  
24 justice involvement;

25 (d) Comply with the national suicide hotline designation act of  
26 2020 and the federal communication commission's rules adopted July  
27 16, 2020, to assure that all Washington residents receive a  
28 consistent and effective level of 988 and crisis behavioral health  
29 services no matter where they live, work, or travel in the state; and

30 (e) Provide higher quality support for people experiencing  
31 behavioral health crises through investment in new technology to  
32 create a crisis call center hub system to triage calls and link  
33 individuals to follow-up care. Other investments include the  
34 expansion of crisis teams, to be known as mobile rapid response  
35 crisis teams, as well as a wide array of crisis stabilization  
36 services such as 23-hour crisis stabilization units based on the  
37 living room model, crisis stabilization centers, short-term respite  
38 facilities, peer-operated respite services, and behavioral health  
39 urgent care walk-in centers. The overall crisis system shall contain  
40 components that operate like hospital emergency departments that

1 accept all walk-ins, and ambulance, fire, and police drop-offs. The  
2 use of peers must be incorporated as often as possible within the  
3 continuum of crisis care.

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

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

17 (2) Prior to July 16, 2022, the department shall provide adequate  
18 funding for an expected increase in the use of the state's crisis  
19 lifeline call centers existing as of the effective date of this  
20 section using the 988 crisis hotline. The funding level shall be  
21 established at a level anticipated to achieve an in-state call  
22 response rate of at least 90 percent and shall be determined by  
23 considering call volume predictions, cost per call predictions  
24 provided by the national suicide prevention lifeline, guidance on  
25 center performance metrics, and necessary technology upgrades.

26 (3) By July 1, 2023, the department must adopt rules to establish  
27 standards that crisis call centers must meet to be designated as  
28 crisis call center hubs by the department as of July 1, 2024. The  
29 standards must, at a minimum, address the elements identified in  
30 subsection (4) of this section. The department shall collaborate with  
31 the authority and other agencies to assure consistency in standards  
32 and policies, and utilization of services. The department shall  
33 consider recommendations from the crisis response improvement  
34 strategy committee created in section 104 of this act in implementing  
35 this section.

36 (4) No later than July 1, 2024, the department shall designate  
37 crisis call center hubs to provide crisis intervention, triage,  
38 referrals, and connections to individuals accessing the 988 crisis

1 hotline from any jurisdiction within Washington 24 hours a day, seven  
2 days a week.

3 (a) (i) To be recognized as a crisis call center hub and perform  
4 the duties of a crisis call center hub, an entity must be designated  
5 by the department under this subsection (4). To become designated and  
6 maintain that designation, a crisis call center hub must demonstrate  
7 to the department the ability to support the requirements of this  
8 section.

9 (ii) Upon being designated, a crisis call center hub shall  
10 contract with the department to provide crisis call center hub  
11 services, as described in this section. The department may revoke the  
12 designation of any crisis call center hub that fails to substantially  
13 comply with the contracts.

14 (iii) The department may incorporate recommendations from the  
15 crisis response improvement strategy committee created in section 104  
16 of this act into the agreements with crisis call center hubs, as  
17 appropriate.

18 (b) Subject to funds appropriated for this purpose, the  
19 authority, in collaboration with the department, must develop a new  
20 technologically advanced behavioral health crisis call center system  
21 with a platform that includes the capacity to:

22 (i) Receive crisis assistance requests through phone calls,  
23 texts, chats, and other similar methods of communication that may be  
24 developed in the future and promote access to the behavioral health  
25 crisis system;

26 (ii) Access real-time information relevant to the appropriate  
27 coordination of behavioral health crisis services, including  
28 information about less restrictive alternatives and mental health  
29 advance directives, from managed care organizations, including both  
30 primary care providers and behavioral health providers within the  
31 networks of managed care organizations, behavioral health  
32 administrative service organizations, and other health care payers;

33 (iii) Assign and track local response to behavioral health crisis  
34 calls, including the capacity to rapidly deploy mobile crisis teams  
35 through global positioning technology;

36 (iv) Arrange next-day outpatient appointments and follow-up  
37 appointments with geographically, culturally, and linguistically  
38 appropriate primary care or behavioral health providers within the  
39 person's provider network, or, if uninsured, through the person's  
40 behavioral health administrative service organization;

1 (v) Track and provide real-time bed availability to crisis  
2 responders and individuals in crisis for all behavioral health bed  
3 types, such as crisis stabilization, psychiatric inpatient, substance  
4 use disorder inpatient, withdrawal management, and peer crisis  
5 respite, including voluntary and involuntary beds; and

6 (vi) Assure follow-up services to individuals accessing the 988  
7 crisis hotline consistent with policies established by the department  
8 based upon recognized best practices.

9 (c) Crisis call center hubs must use the new technologically  
10 advanced behavioral health crisis call center system with the  
11 platform as described in this section.

12 (d) To provide crisis intervention services and crisis care  
13 coordination using the platform capabilities required under (b) of  
14 this subsection, crisis call center hubs must:

15 (i) Have an active agreement with the administrator of the  
16 national suicide prevention lifeline for participation within its  
17 network;

18 (ii) Meet the requirements and best practices guidelines for  
19 operational and clinical standards established by the department that  
20 are based upon the national suicide prevention lifeline requirements  
21 and other recognized best practices;

22 (iii) Provide data and reports and participate in evaluations and  
23 related quality improvement activities as required by the department,  
24 according to standards established in collaboration with the  
25 authority, for the 988 crisis hotline system;

26 (iv) Use technology that is demonstrated to be interoperable  
27 between and across crisis and emergency response systems used  
28 throughout the state, such as 911 systems, emergency medical services  
29 systems, and other nonbehavioral health crisis services, as well as  
30 the national suicide prevention lifeline;

31 (e) To provide crisis care coordination using the platform  
32 capabilities required under (b) of this subsection, the authority  
33 must develop systems that will give crisis call centers the authority  
34 to:

35 (i) Deploy crisis and outgoing services, including mobile crisis  
36 teams and coresponder teams according to guidelines and best  
37 practices established by the authority that are based upon recognized  
38 best practices, as applicable;

39 (ii) Actively collaborate with managed care organizations,  
40 including both primary care providers and behavioral health providers

1 within the networks of managed care organizations, behavioral health  
2 administrative services organizations, and other health care payers  
3 to coordinate linkages for persons contacting the 988 crisis hotline  
4 with ongoing care needs, according to formal agreements established  
5 by the authority, upon consultation with county authorities;

6 (iii) Coordinate access to crisis receiving and stabilization  
7 services for individuals accessing the 988 crisis hotline through  
8 appropriate information sharing regarding availability of services,  
9 in accordance with information sharing rules established under (g) of  
10 this subsection; and

11 (iv) Meet the requirements set forth by the authority for serving  
12 high-risk and special populations, as identified by the federal  
13 substance abuse and mental health services administration, including  
14 training requirements and policies for transferring such callers to  
15 an appropriate specialized center or subnetwork within or external to  
16 the national suicide prevention lifeline network. Requirements for  
17 high-risk and special populations shall be established with the goal  
18 of promoting behavioral health equity for all populations  
19 specifically in regards to race, ethnicity, gender, socioeconomic  
20 status, sexual orientation, or geographic location. Appropriate  
21 referrals must provide linguistically and culturally competent care.

22 (f) Crisis call center hubs must work in collaboration with the  
23 authority and the national suicide prevention lifeline and veterans  
24 crisis line networks for the purpose of assuring consistency of  
25 public messaging about the 988 crisis hotline.

26 (g) The authority, in consultation with the department, must  
27 adopt rules as necessary to implement this section. The rules must  
28 allow appropriate information sharing and communication between and  
29 across crisis and emergency response systems for the purpose of real-  
30 time crisis care coordination including, but not limited to,  
31 deployment of crisis and outgoing services, follow-up care, and  
32 linked, flexible services specific to crisis response.

33 (5) The department must collaborate with the state enhanced 911  
34 coordination office, emergency management division, and military  
35 department to use technology that is demonstrated to be interoperable  
36 between the 988 crisis hotline system and crisis and emergency  
37 response systems used throughout the state, such as 911 systems,  
38 emergency medical services systems, and other nonbehavioral health  
39 crisis services, as well as the national suicide prevention lifeline,  
40 to assure cohesive interoperability, develop training programs and

1 operations for both 911 public safety telecommunicators and crisis  
2 line workers, develop suicide assessment and intervention strategies,  
3 and establish efficient and equitable access to resources via crisis  
4 hotlines.

5 NEW SECTION. **Sec. 103.** (1) The department of health, in  
6 consultation with the health care authority, shall convene the 988  
7 implementation team for the purpose of preparing for the successful  
8 transition of the state's call centers that are contracted with the  
9 national suicide prevention lifeline to the 988 crisis hotline.

10 (2) The 988 implementation team shall consist of the following  
11 members:

12 (a) A representative of the department of health, who shall serve  
13 as the chair of the 988 implementation team;

14 (b) A representative of the health care authority;

15 (c) A representative of the state enhanced 911 coordination  
16 office;

17 (d) A representative from each call center in Washington that is  
18 contracted with the national suicide prevention lifeline;

19 (e) A member with expertise in behavioral health crisis  
20 responses;

21 (f) A member who is a person with lived experience with mental  
22 health conditions and interaction with the behavioral health crisis  
23 response system;

24 (g) A member who is a person with lived experience with substance  
25 use disorder and interaction with the behavioral health crisis  
26 response system; and

27 (h) A representative from the behavioral health crisis delivery  
28 system.

29 (3) The 988 implementation team shall:

30 (a) Provide guidance and consultation to the department of health  
31 in performing its responsibilities under section 102(2) of this act;

32 (b) Assist in determining the necessary activities and resources  
33 required to achieve an in-state call response rate of at least 90  
34 percent, including necessary staffing, training, and immediate  
35 technology needs; and

36 (c) Review the adequacy of training for crisis hotline center  
37 personnel and, in coordination with the state enhanced 911  
38 coordination office, for 911 public safety telecommunicators with  
39 respect to their interactions with the crisis hotline center.

1 (4) Staff support for the 988 implementation team must be  
2 provided by the department of health.

3 (5) The 988 implementation team shall report its findings and  
4 recommendations to the governor and the appropriate policy and fiscal  
5 committees of the legislature by January 1, 2022.

6 (6) This section expires July 1, 2022.

7 NEW SECTION. **Sec. 104.** (1) The crisis response improvement  
8 strategy committee is established for the purpose of developing an  
9 integrated behavioral health crisis response system containing the  
10 elements described in subsection (4) of this section.

11 (2) The office of financial management shall select a private  
12 entity to facilitate the proceedings and the development of findings  
13 and recommendations of the strategy committee. In addition, the  
14 entity shall serve as a liaison between agencies with  
15 responsibilities in the enhancement and expansion of behavioral  
16 health and suicide prevention crisis services as well as between the  
17 crisis response improvement strategy committee and the blue ribbon  
18 commission on the intersection of the criminal justice and behavioral  
19 health crisis systems established in the governor's executive order  
20 21-02.

21 (3) The crisis response improvement strategy committee shall  
22 consist of the following members appointed by the health care  
23 authority, unless otherwise noted:

24 (a) A representative of the health care authority, who shall  
25 serve as the chair of the crisis response improvement strategy  
26 committee;

27 (b) A representative of the department of health;

28 (c) A representative of the state enhanced 911 coordination  
29 office;

30 (d) A representative of the office of the insurance commissioner;

31 (e) A representative from each call center in Washington that is  
32 contracted with the national suicide prevention lifeline;

33 (f) A member with expertise in behavioral health crisis  
34 responses;

35 (g) A member who is a person with lived experience with mental  
36 health conditions and interaction with the behavioral health crisis  
37 response system;



1 (h) A member who is a person with lived experience with substance  
2 use disorder and interaction with the behavioral health crisis  
3 response system;

4 (i) A representative from the behavioral health crisis delivery  
5 system;

6 (j) One member and one alternate member from each of the two  
7 largest caucuses of the senate, as appointed by the president of the  
8 senate;

9 (k) One member and one alternate member from each of the two  
10 largest caucuses of the house of representatives, as appointed by the  
11 speaker of the house of representatives;

12 (l) A representative of the American Indian health commission for  
13 Washington state;

14 (m) A representative of behavioral health administrative services  
15 organizations; and

16 (n) A representative of health plans, as recommended by the  
17 association of Washington health plans.

18 (4) The crisis response improvement strategy committee shall  
19 identify barriers and make recommendations to implement and monitor  
20 the progress of the 988 crisis hotline in Washington and make  
21 recommendations on statewide improvement of behavioral health crisis  
22 response services. The implementation coalition must develop, review,  
23 and report on the following:

24 (a) A comprehensive assessment of the behavioral health crisis  
25 services system, including an inventory of existing statewide and  
26 regional behavioral health crisis services and resources, the  
27 identification of statewide and regional insufficiencies in necessary  
28 behavioral health crisis services and resources to meet population  
29 needs, goals for the provision of statewide and regional behavioral  
30 health crisis services and resources, and potential funding sources  
31 for each element of the statewide and regional behavioral health  
32 crisis services and resources;

33 (b) A recommended vision for an integrated crisis network in  
34 Washington that includes, but is not limited to: An integrated 988  
35 crisis hotline and crisis call center hubs; mobile crisis response  
36 units for youth, adult, and geriatric populations; crisis  
37 stabilization facilities; an integrated involuntary treatment system;  
38 peer and respite services; and data resources;

1 (c) Recommendations for ensuring equity in services for  
2 individuals of diverse cultures and in tribal, urban, and rural  
3 communities;

4 (d) A work plan with timelines to implement local responses to  
5 calls to the 988 crisis hotline within Washington in accordance with  
6 the time frames required by the national suicide hotline designation  
7 act of 2020;

8 (e) The necessary components of a new statewide, technologically  
9 advanced behavioral health crisis call center system with a platform,  
10 as described in section 102 of this act, for assigning and tracking  
11 response to behavioral health crisis calls and providing real-time  
12 bed availability to crisis responders;

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

20 (g) The establishment of a system that requires behavioral health  
21 providers to maintain and update real-time information regarding the  
22 availability of behavioral health inpatient and residential bed  
23 availability, and outpatient appointment availability to the crisis  
24 call center system platform, as well as standards for hospitals  
25 providing mental health treatment to a person pursuant to a single  
26 bed certification issued under RCW 71.05.745 to similarly provide and  
27 maintain updated, real-time information regarding those persons;

28 (h) A work plan with timelines to enhance and expand the  
29 availability of community-based mobile rapid response crisis teams in  
30 each behavioral health administrative services organization,  
31 including specialized teams to respond to the unique needs of youth,  
32 including American Indian and Alaska Native youth and LGBTQ youth,  
33 and geriatric populations, including older adults of color and older  
34 adults with comorbid dementia;

35 (i) The identification of the behavioral health challenges that  
36 implementation of the 988 crisis hotline will address in addition to  
37 suicide response and mental health and substance use crises;

38 (j) The development of a plan for the statewide equal  
39 distribution of crisis stabilization services and beds, peer respite  
40 services, and behavioral health urgent care;

1 (k) Requirements for health plans, managed care organizations,  
2 and behavioral health administrative services organizations to  
3 include coverage to assign a care coordinator to and provide next day  
4 appointments for enrollees who seek services from the behavioral  
5 health crisis system;

6 (l) The allocation of funding responsibilities among medicaid  
7 managed care organizations, commercial insurers, and behavioral  
8 health administrative services organizations;

9 (m) The recommended composition of a statewide behavioral health  
10 crisis response oversight board for ongoing monitoring of the system  
11 and where this should be established; and

12 (n) Cost estimates for each of the components recommended by the  
13 crisis response improvement strategy committee.

14 (5) The crisis response improvement strategy committee may form  
15 subcommittees to focus on discrete topics to be addressed in the  
16 reporting requirements. The subcommittees may include participants  
17 who are not members of the steering committee, as necessary to  
18 provide expertise and professional and community perspectives.

19 (6) The proceedings of the crisis response improvement strategy  
20 committee must be open to the public and invite testimony from a  
21 broad range of professional and community perspectives. The crisis  
22 response improvement strategy committee shall seek input from tribes,  
23 veterans, the LGBTQ community, and communities of color to determine  
24 how well the crisis response system is currently working and ways to  
25 improve the crisis response system.

26 (7) Staff support for the crisis response improvement strategy  
27 committee must be provided by the private entity selected by the  
28 office of financial management.

29 (8) Legislative members of the implementation coalition shall be  
30 reimbursed for travel expenses in accordance with RCW 44.04.120.  
31 Nonlegislative members are not entitled to be reimbursed for travel  
32 expenses if they are elected officials or are participating on behalf  
33 of an employer, governmental entity, or other organization. Any  
34 reimbursement for other nonlegislative members is subject to chapter  
35 43.03 RCW.

36 (9) The crisis response improvement strategy committee shall  
37 report its findings and recommendations of the items in subsection  
38 (4) of this section to the governor and the appropriate policy and  
39 fiscal committees of the legislature by January 1, 2023.

40 (10) This section expires August 1, 2023.

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

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

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

17 **PART II**

18 **TAX**

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

22 (a) "988 crisis hotline" has the same meaning as in RCW  
23 71.24.025.

24 (b) "Crisis call center hub" has the same meaning as in RCW  
25 71.24.025.

26 (c) "Fiscal growth factor" has the same meaning as in RCW  
27 43.135.025.

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

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

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

36 (ii) By consumers whose retail transaction occurs within the  
37 state in the amount set forth in this subsection (1)(a)(ii) per

1 retail transaction. The amount of tax must be uniform for each retail  
2 transaction under this subsection (1) and is as follows:

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

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

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

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

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

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

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

34 (3) A statewide 988 behavioral health crisis response line tax is  
35 imposed on all switched access lines in the state. The amount of tax  
36 must be uniform for each line and must be levied on no more than the  
37 number of switched access lines on an account that is capable of  
38 simultaneous unrestricted outward calling to the public switched  
39 telephone network. The tax imposed under this subsection (3) must be  
40 remitted to the department by local exchange companies on a tax

1 return provided by the department. The amount of tax for each  
2 switched access line whose place of primary use is located in the  
3 state is as follows:

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

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

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

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

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

19 (b) The statewide 988 behavioral health crisis response line tax  
20 on interconnected voice over internet protocol service lines must be  
21 collected from the subscriber by the interconnected voice over  
22 internet protocol service company providing the interconnected voice  
23 over internet protocol service line to the subscriber.

24 (c) The statewide 988 behavioral health crisis response line tax  
25 on switched access lines must be collected from the subscriber by the  
26 local exchange company.

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

29 (2)(a) The statewide 988 behavioral health crisis response line  
30 tax imposed by this chapter must be collected from the consumer by  
31 the seller of a prepaid wireless telecommunications service for each  
32 retail transaction occurring in this state.

33 (b) The department must transfer all tax proceeds remitted by a  
34 seller under this subsection (2) to the statewide 988 behavioral  
35 health crisis response line account created in section 205 of this  
36 act.

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

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

2 statewide 988 behavioral health crisis response line tax imposed by  
3 this chapter must be paid by the subscriber to the radio  
4 communications service company providing the radio access line, the  
5 local exchange company, or the interconnected voice over internet  
6 protocol service company providing the interconnected voice over  
7 internet protocol service line.

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

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

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

1 who refuses to pay any tax due under this chapter is guilty of a  
2 misdemeanor. The statewide 988 behavioral health crisis response line  
3 tax required by this chapter to be collected by the radio  
4 communications service company, local exchange company, or  
5 interconnected voice over internet protocol service company must be  
6 stated separately on the billing statement that is sent to the  
7 subscriber.

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

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

25 (2) Expenditures from the account may only be used for (a)  
26 ensuring the efficient and effective routing of calls made to the 988  
27 crisis hotline to an appropriate crisis hotline center or crisis call  
28 center hub; and (b) personnel and the provision of acute behavioral  
29 health, crisis outreach, stabilization services, and follow-up case  
30 management by directly responding to the 988 crisis hotline.

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

34 **PART III**

35 **DEFINITIONS AND MISCELLANEOUS**

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



1 Unless the context clearly requires otherwise, the definitions in  
2 this section apply throughout this chapter.

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

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

7 (b) Being gravely disabled as defined in RCW 71.05.020 or, in the  
8 case of a child, a gravely disabled minor as defined in RCW  
9 71.34.020; or

10 (c) Presenting a likelihood of serious harm as defined in RCW  
11 71.05.020 or, in the case of a child, as defined in RCW 71.34.020.

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

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

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

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

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

38 (7) "Behavioral health aide" means a counselor, health educator,  
39 and advocate who helps address individual and community-based  
40 behavioral health needs, including those related to alcohol, drug,

1 and tobacco abuse as well as mental health problems such as grief,  
2 depression, suicide, and related issues and is certified by a  
3 community health aide program of the Indian health service or one or  
4 more tribes or tribal organizations consistent with the provisions of  
5 25 U.S.C. Sec. 16161 and RCW 43.71B.010 (7) and (8).

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

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

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

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

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

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

25 (c) Has been unable to engage in any substantial gainful activity  
26 by reason of any mental disorder which has lasted for a continuous  
27 period of not less than twelve months. "Substantial gainful activity"  
28 shall be defined by the authority by rule consistent with Public Law  
29 92-603, as amended.

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

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

38 (14) "Community behavioral health service delivery system" means  
39 public, private, or tribal agencies that provide services  
40 specifically to persons with mental disorders, substance use

1 disorders, or both, as defined under RCW 71.05.020 and receive  
2 funding from public sources.

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

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

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

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

32 (19) "Designated crisis responder" has the same meaning as in RCW  
33 71.05.020.

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

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

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

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

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

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

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

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

34 (a) An entity licensed or certified according to this chapter or  
35 chapter 71.05 RCW;

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

1 (c) An entity with a tribal attestation that it meets state  
2 minimum standards for a licensed or certified behavioral health  
3 agency.

4 (28) "Licensed physician" means a person licensed to practice  
5 medicine or osteopathic medicine and surgery in the state of  
6 Washington.

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

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

11 (a) Services for individuals committed under chapter 71.05 RCW who  
12 are receiving services pursuant to a conditional release or a court-  
13 ordered less restrictive alternative to detention; or (b) services  
14 for individuals voluntarily receiving less restrictive alternative  
15 treatment on the grounds of the state hospital.

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

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

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

35 (33) "Mentally ill persons," "persons who are mentally ill," and  
36 "the mentally ill" mean persons and conditions defined in subsections  
37 (1), (11), (40), and (41) of this section.

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

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

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

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

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

1 diagnosis, and treatment program. Resource management services  
2 include seven day a week, twenty-four hour a day availability of  
3 information regarding enrollment of adults and children who are  
4 mentally ill in services and their individual service plan to  
5 designated crisis responders, evaluation and treatment facilities,  
6 and others as determined by the behavioral health administrative  
7 services organization or managed care organization, as applicable.

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

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

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

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

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

19 (d) Exhibits suicidal preoccupation or attempts; or

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

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

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

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

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

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

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

3 (ii) Changes in custodial adult;

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

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

9 (v) Drug or alcohol abuse; or

10 (vi) Homelessness.

11 (42) "State minimum standards" means minimum requirements  
12 established by rules adopted and necessary to implement this chapter  
13 by:

14 (a) The authority for:

15 (i) Delivery of mental health and substance use disorder  
16 services; and

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

18 (b) The department of health for:

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

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

24 (iii) Residential services.

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

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

33 (45) "Crisis call center hub" means a state-designated center  
34 participating in the national suicide prevention lifeline network to  
35 respond to statewide or regional 988 calls.

36 (46) "Crisis stabilization unit" has the same meaning as provided  
37 in RCW 71.05.020.

38 (47) "Mobile crisis team" means a team which includes peers that  
39 provide professional on-site community-based intervention such as  
40 outreach, de-escalation, stabilization, resource connection, and



1 follow-up support for individuals who are experiencing a behavioral  
2 health crisis.

3 (48) "Triage facility" has the same meaning as provided in RCW  
4 71.05.020.

5 (49) "988 crisis hotline" means the universal telephone number  
6 within the United States designated for the purpose of the national  
7 suicide prevention and mental health crisis hotline system operating  
8 through the national suicide prevention lifeline.

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

11 Unless the context clearly requires otherwise, the definitions in  
12 this section apply throughout this chapter.

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

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

17 (b) Being gravely disabled as defined in RCW 71.05.020 or, in the  
18 case of a child, a gravely disabled minor as defined in RCW  
19 71.34.020; or

20 (c) Presenting a likelihood of serious harm as defined in RCW  
21 71.05.020 or, in the case of a child, as defined in RCW 71.34.020.

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

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

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

33 (5) "Available resources" means funds appropriated for the  
34 purpose of providing community behavioral health programs, federal  
35 funds, except those provided according to Title XIX of the Social  
36 Security Act, and state funds appropriated under this chapter or  
37 chapter 71.05 RCW by the legislature during any biennium for the  
38 purpose of providing residential services, resource management  
39 services, community support services, and other behavioral health

1 services. This does not include funds appropriated for the purpose of  
2 operating and administering the state psychiatric hospitals.

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

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

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

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

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

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

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

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

36 (c) Has been unable to engage in any substantial gainful activity  
37 by reason of any mental disorder which has lasted for a continuous  
38 period of not less than twelve months. "Substantial gainful activity"  
39 shall be defined by the authority by rule consistent with Public Law  
40 92-603, as amended.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

30 (d) Exhibits suicidal preoccupation or attempts; or

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

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

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

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

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

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

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

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

14 (ii) Changes in custodial adult;

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

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

20 (v) Drug or alcohol abuse; or

21 (vi) Homelessness.

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

25 (a) The authority for:

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

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

29 (b) The department of health for:

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

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

35 (iii) Residential services.

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



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

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

5 (45) "Crisis call center hub" means a state-designated center  
6 participating in the national suicide prevention lifeline network to  
7 respond to statewide or regional 988 calls.

8 (46) "Crisis stabilization unit" has the same meaning as provided  
9 in RCW 71.05.020.

10 (47) "Mobile crisis team" means a team which includes peers that  
11 provide professional on-site community-based intervention such as  
12 outreach, de-escalation, stabilization, resource connection, and  
13 follow-up support for individuals who are experiencing a behavioral  
14 health crisis.

15 (48) "Triage facility" has the same meaning as provided in RCW  
16 71.05.020.

17 (49) "988 crisis hotline" means the universal telephone number  
18 within the United States designated for the purpose of the national  
19 suicide prevention and mental health crisis hotline system operating  
20 through the national suicide prevention lifeline.

21 NEW SECTION. Sec. 303. Sections 201 through 205 of this act  
22 constitute a new chapter in Title 82 RCW.

23 NEW SECTION. Sec. 304. Sections 201 through 205 of this act  
24 take effect October 1, 2021.

25 NEW SECTION. Sec. 305. Section 301 of this act expires July 1,  
26 2022.

27 NEW SECTION. Sec. 306. Section 302 of this act takes effect  
28 July 1, 2022.

29 NEW SECTION. Sec. 307. Section 103 of this act is necessary for  
30 the immediate preservation of the public peace, health, or safety, or  
31 support of the state government and its existing public institutions,  
32 and takes effect immediately.

33 NEW SECTION. Sec. 308. If specific funding for the purposes of  
34 this act, referencing this act by bill or chapter number, is not

1 provided by June 30, 2021, in the omnibus appropriations act, this  
2 act is null and void.

--- **END** ---