

E2SSB 6251 - H COMM AMD
By Committee on Appropriations

ADOPTED 03/01/2024

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

3 "NEW SECTION. **Sec. 1.** A new section is added to chapter 71.24
4 RCW to read as follows:

5 Behavioral health administrative services organizations shall use
6 their authorities under RCW 71.24.045 to establish coordination
7 within the behavioral health crisis response system in each regional
8 service area including, but not limited to, establishing
9 comprehensive protocols for dispatching mobile rapid response crisis
10 teams and community-based crisis teams. In furtherance of this:

11 (1) The behavioral health administrative services organization
12 may convene regional behavioral health crisis response system
13 partners and stakeholders within available resources for the purpose
14 of establishing clear regional protocols which memorialize
15 expectations, understandings, lines of communication, and strategies
16 for optimizing crisis response in the regional service area. The
17 regional protocols must describe how crisis response partners will
18 share information consistent with data-sharing requirements under RCW
19 71.24.890, including real-time information sharing between 988
20 contact hubs, regional crisis lines, or their successors, to create a
21 seamless delivery system that is person-centered;

22 (2) Behavioral health administrative services organizations shall
23 submit regional protocols created under subsection (1) of this
24 section to the authority for approval. If the authority does not
25 respond within 90 days of submission, the regional protocols shall be
26 considered approved until such time as the behavioral health
27 administrative services organization and the authority agree to
28 updated protocols. A behavioral health administrative services
29 organization must notify the authority by January 1, 2025, if it does
30 not intend to develop and submit regional protocols;

1 (3) A behavioral health administrative services organization may
2 recommend to the department the 988 contact hub or hubs which it
3 determines to be the best fit for partnership and implementation of
4 regional protocols in its regional service area among candidates
5 which are able to meet necessary state and federal requirements. The
6 988 contact hub or hubs recommended by the behavioral health
7 administrative services organization must be able to connect to the
8 culturally appropriate behavioral health crisis response services
9 established under this chapter;

10 (4) The department may designate additional 988 contact hubs
11 recommended by a behavioral health administrative services
12 organization within available resources and when the addition of more
13 hubs is consistent with the rules adopted under RCW 71.24.890 and a
14 need identified in regional protocols. If the department declines to
15 designate a 988 contact hub that has been recommended by a behavioral
16 health administrative services organization, the department shall
17 provide a written explanation of its reasons to the behavioral health
18 administrative services organization;

19 (5) The department and the authority shall provide support to a
20 behavioral health administrative services organization in the
21 development of protocols under subsection (1) of this section upon
22 request by the behavioral health administrative services
23 organization;

24 (6) Regional protocols established under subsection (1) of this
25 section must be in writing and, once approved, copies shall be
26 provided to the department, authority, and state 911 coordination
27 office. The regional protocols should be updated as needed and at
28 intervals of no longer than three years; and

29 (7) For the purpose of subsection (1) of this section, partners
30 and stakeholders in the coordinated regional behavioral health crisis
31 response system include but are not limited to regional crisis lines,
32 988 contact hubs, certified public safety telecommunicators, local
33 governments, tribal governments, first responders, co-response teams,
34 mobile rapid response crisis teams, hospitals, organizations
35 representing persons with lived experience, and behavioral health
36 agencies.

37 **Sec. 2.** RCW 71.24.025 and 2023 c 454 s 1 and 2023 c 433 s 1 are
38 each reenacted 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) "23-hour crisis relief center" means a community-based
4 facility or portion of a facility serving adults, which is licensed
5 or certified by the department of health and open 24 hours a day,
6 seven days a week, offering access to mental health and substance use
7 care for no more than 23 hours and 59 minutes at a time per patient,
8 and which accepts all behavioral health crisis walk-ins drop-offs
9 from first responders, and individuals referred through the 988
10 system regardless of behavioral health acuity, and meets the
11 requirements under RCW 71.24.916.

12 (2) "988 crisis hotline" means the universal telephone number
13 within the United States designated for the purpose of the national
14 suicide prevention and mental health crisis hotline system operating
15 through the national suicide prevention lifeline.

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

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

20 (b) Being gravely disabled as defined in RCW 71.05.020 or, in the
21 case of a child, a gravely disabled minor as defined in RCW
22 71.34.020; or

23 (c) Presenting a likelihood of serious harm as defined in RCW
24 71.05.020 or, in the case of a child, as defined in RCW 71.34.020.

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

31 (5) "Approved substance use disorder treatment program" means a
32 program for persons with a substance use disorder provided by a
33 treatment program licensed or certified by the department as meeting
34 standards adopted under this chapter.

35 (6) "Authority" means the Washington state health care authority.

36 (7) "Available resources" means funds appropriated for the
37 purpose of providing community behavioral health programs, federal
38 funds, except those provided according to Title XIX of the Social
39 Security Act, and state funds appropriated under this chapter or
40 chapter 71.05 RCW by the legislature during any biennium for the

1 purpose of providing residential services, resource management
2 services, community support services, and other behavioral health
3 services. This does not include funds appropriated for the purpose of
4 operating and administering the state psychiatric hospitals.

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

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

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

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

29 (12) "Child" means a person under the age of eighteen years.

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

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

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

38 (c) Has been unable to engage in any substantial gainful activity
39 by reason of any mental disorder which has lasted for a continuous
40 period of not less than twelve months. "Substantial gainful activity"

1 shall be defined by the authority by rule consistent with Public Law
2 92-603, as amended.

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

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

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

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

33 (18) "Community-based crisis team" means a team that is part of
34 an emergency medical services agency, a fire service agency, a public
35 health agency, a medical facility, a nonprofit crisis response
36 provider, or a city or county government entity, other than a law
37 enforcement agency, that provides the on-site community-based
38 interventions of a mobile rapid response crisis team for individuals
39 who are experiencing a behavioral health crisis.

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

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

12 (21) "Crisis stabilization services" means services such as 23-
13 hour crisis relief centers, crisis stabilization units, short-term
14 respite facilities, peer-run respite services, and same-day walk-in
15 behavioral health services, including within the overall crisis
16 system components that operate like hospital emergency departments
17 that accept all walk-ins, and ambulance, fire, and police drop-offs,
18 or determine the need for involuntary hospitalization of an
19 individual.

20 (22) "Crisis stabilization unit" has the same meaning as under
21 RCW 71.05.020.

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

23 (24) "Designated 988 contact hub" or "988 contact hub" means a
24 state-designated contact center that streamlines clinical
25 interventions and access to resources for people experiencing a
26 behavioral health crisis and participates in the national suicide
27 prevention lifeline network to respond to statewide or regional 988
28 contacts that meets the requirements of RCW 71.24.890.

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

31 (26) "Director" means the director of the authority.

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

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

1 medical and behavioral health services through a managed care health
2 system as defined under RCW 71.24.380(7).

3 (29) "Emerging best practice" or "promising practice" means a
4 program or practice that, based on statistical analyses or a well
5 established theory of change, shows potential for meeting the
6 evidence-based or research-based criteria, which may include the use
7 of a program that is evidence-based for outcomes other than those
8 listed in subsection (30) of this section.

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

19 (31) "First responders" includes ambulance, fire, mobile rapid
20 response crisis team, coresponder team, designated crisis responder,
21 fire department mobile integrated health team, community assistance
22 referral and education services program under RCW 35.21.930, and law
23 enforcement personnel.

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

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

36 (34) "Licensed or certified behavioral health agency" means:

37 (a) An entity licensed or certified according to this chapter or
38 chapter 71.05 RCW;

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

4 (c) An entity with a tribal attestation that it meets state
5 minimum standards for a licensed or certified behavioral health
6 agency.

7 (35) "Licensed physician" means a person licensed to practice
8 medicine or osteopathic medicine and surgery in the state of
9 Washington.

10 (36) "Long-term inpatient care" means inpatient services for
11 persons committed for, or voluntarily receiving intensive treatment
12 for, periods of ninety days or greater under chapter 71.05 RCW.

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

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

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

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

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

38 (40) "Mentally ill persons," "persons who are mentally ill," and
39 "the mentally ill" mean persons and conditions defined in subsections
40 (3), (13), (48), and (49) of this section.

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

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

12 (43) "Research-based" means a program or practice that has been
13 tested with a single randomized, or statistically controlled
14 evaluation, or both, demonstrating sustained desirable outcomes; or
15 where the weight of the evidence from a systemic review supports
16 sustained outcomes as described in subsection (30) of this section
17 but does not meet the full criteria for evidence-based.

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

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

1 (46) "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 (47) "Secretary" means the secretary of the department of health.

20 (48) "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 (49) "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 (50) "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 (51) "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 (52) "Tribe," for the purposes of this section, means a federally
4 recognized Indian tribe.

5 (53) "Coordinated regional behavioral health crisis response
6 system" means the coordinated operation of 988 call centers, regional
7 crisis lines, certified public safety telecommunicators, and other
8 behavioral health crisis system partners within each regional service
9 area.

10 (54) "Regional crisis line" means the behavioral health crisis
11 hotline in each regional service area which provides crisis response
12 services 24 hours a day, seven days a week, 365 days a year including
13 but not limited to dispatch of mobile rapid response crisis teams,
14 community-based crisis teams, and designated crisis responders.

15 **Sec. 3.** RCW 71.24.045 and 2022 c 210 s 27 are each amended to
16 read as follows:

17 (1) The behavioral health administrative services organization
18 contracted with the authority pursuant to RCW 71.24.381 shall:

19 (a) Administer crisis services for the assigned regional service
20 area. Such services must include:

21 (i) A behavioral health crisis hotline for its assigned regional
22 service area;

23 (ii) Crisis response services twenty-four hours a day, seven days
24 a week, three hundred sixty-five days a year;

25 (iii) Services related to involuntary commitments under chapters
26 71.05 and 71.34 RCW;

27 (iv) Tracking of less restrictive alternative orders issued
28 within the region by superior courts, and providing notification to a
29 managed care organization in the region when one of its enrollees
30 receives a less restrictive alternative order so that the managed
31 care organization may ensure that the person is connected to services
32 and that the requirements of RCW 71.05.585 are complied with. If the
33 person receives a less restrictive alternative order and is returning
34 to another region, the behavioral health administrative services
35 organization shall notify the behavioral health administrative
36 services organization in the home region of the less restrictive
37 alternative order so that the home behavioral health administrative
38 services organization may notify the person's managed care
39 organization or provide services if the person is not enrolled in

1 medicaid and does not have other insurance which can pay for those
2 services;

3 (v) Additional noncrisis behavioral health services, within
4 available resources, to individuals who meet certain criteria set by
5 the authority in its contracts with the behavioral health
6 administrative services organization. These services may include
7 services provided through federal grant funds, provisos, and general
8 fund state appropriations;

9 (vi) Care coordination, diversion services, and discharge
10 planning for nonmedicaid individuals transitioning from state
11 hospitals or inpatient settings to reduce rehospitalization and
12 utilization of crisis services, as required by the authority in
13 contract; (~~and~~)

14 (vii) Regional coordination, cross-system and cross-jurisdiction
15 coordination with tribal governments, and capacity building efforts,
16 such as supporting the behavioral health advisory board and efforts
17 to support access to services or to improve the behavioral health
18 system; and

19 (viii) Duties under section 1 of this act;

20 (b) Administer and provide for the availability of an adequate
21 network of evaluation and treatment services to ensure access to
22 treatment, investigation, transportation, court-related, and other
23 services provided as required under chapter 71.05 RCW;

24 (c) Coordinate services for individuals under RCW 71.05.365;

25 (d) Administer and provide for the availability of resource
26 management services, residential services, and community support
27 services as required under its contract with the authority;

28 (e) Contract with a sufficient number, as determined by the
29 authority, of licensed or certified providers for crisis services and
30 other behavioral health services required by the authority;

31 (f) Maintain adequate reserves or secure a bond as required by
32 its contract with the authority;

33 (g) Establish and maintain quality assurance processes;

34 (h) Meet established limitations on administrative costs for
35 agencies that contract with the behavioral health administrative
36 services organization; and

37 (i) Maintain patient tracking information as required by the
38 authority.

39 (2) The behavioral health administrative services organization
40 must collaborate with the authority and its contracted managed care

1 organizations to develop and implement strategies to coordinate care
2 with tribes and community behavioral health providers for individuals
3 with a history of frequent crisis system utilization.

4 (3) The behavioral health administrative services organization
5 shall:

6 (a) Assure that the special needs of minorities, older adults,
7 individuals with disabilities, children, and low-income persons are
8 met;

9 (b) Collaborate with local government entities to ensure that
10 policies do not result in an adverse shift of persons with mental
11 illness into state and local correctional facilities; and

12 (c) Work with the authority to expedite the enrollment or
13 reenrollment of eligible persons leaving state or local correctional
14 facilities and institutions for mental diseases.

15 (4) The behavioral health administrative services organization
16 shall employ an assisted outpatient treatment program coordinator to
17 oversee system coordination and legal compliance for assisted
18 outpatient treatment under RCW 71.05.148 and 71.34.815.

19 **Sec. 4.** RCW 71.24.890 and 2023 c 454 s 5 and 2023 c 433 s 16 are
20 each reenacted and amended to read as follows:

21 (1) Establishing the state designated 988 contact hubs and
22 enhancing the crisis response system will require collaborative work
23 between the department ~~((and))~~, the authority, and regional system
24 partners within their respective roles. The department shall have
25 primary responsibility for ~~((establishing and))~~ designating ((the
26 designated)) 988 contact hubs, and shall seek recommendations from
27 the behavioral health administrative services organizations to
28 determine which 988 contact hubs best meet regional needs. The
29 authority shall have primary responsibility for developing ~~((and))~~,
30 implementing, and facilitating coordination of the crisis response
31 system and services to support the work of the designated 988 contact
32 hubs, regional crisis lines, and other coordinated regional
33 behavioral health crisis response system partners. In any instance in
34 which one agency is identified as the lead, the expectation is that
35 agency will ~~((be communicating and collaborating))~~ communicate and
36 collaborate with the other to ensure seamless, continuous, and
37 effective service delivery within the statewide crisis response
38 system.

1 (2) The department shall provide adequate funding for the state's
2 crisis call centers to meet an expected increase in the use of the
3 (~~call centers~~) 988 contact hubs based on the implementation of the
4 988 crisis hotline. The funding level shall be established at a level
5 anticipated to achieve an in-state call response rate of at least 90
6 percent by July 22, 2022. The funding level shall be determined by
7 considering standards and cost per call predictions provided by the
8 administrator of the national suicide prevention lifeline, call
9 volume predictions, guidance on crisis call center performance
10 metrics, and necessary technology upgrades. (~~In contracting~~)
11 Contracts with the (~~crisis call centers, the department~~) 988
12 contact hubs:

13 (a) May provide funding to support (~~crisis call centers and~~)
14 designated 988 contact hubs to enter into limited (~~on-site~~)
15 partnerships with the public safety answering point to increase the
16 coordination and transfer of behavioral health calls received by
17 certified public safety telecommunicators that are better addressed
18 by clinic interventions provided by the 988 system. Tax revenue may
19 be used to support (~~on-site~~) partnerships. These partnerships with
20 988 and public safety may be expanded to include regional crisis
21 lines administered by behavioral health administrative services
22 organizations;

23 (b) Shall require that (~~crisis call centers~~) 988 contact hubs
24 enter into data-sharing agreements, when appropriate, with the
25 department, the authority, regional crisis lines, and applicable
26 regional behavioral health administrative services organizations to
27 provide reports and client level data regarding 988 (~~crisis~~
28 ~~hotline~~) contact hub calls, as allowed by and in compliance with
29 existing federal and state law governing the sharing and use of
30 protected health information(~~, including~~). Data-sharing agreements
31 with regional crisis lines must include real-time information
32 sharing. All coordinated regional behavioral health crisis response
33 system partners must share dispatch time, arrival time, and
34 disposition (~~of the outreach for each call~~) for behavioral health
35 calls referred for outreach by each region consistent with any
36 regional protocols developed under section 1 of this act. The
37 department and the authority shall establish requirements (~~that the~~
38 ~~crisis call centers~~) for 988 contact hubs to report (~~the~~) data
39 (~~identified in this subsection (2)(b)~~) to regional behavioral
40 health administrative services organizations for the purposes of

1 maximizing medicaid reimbursement, as appropriate, and implementing
2 this chapter and chapters 71.05 and 71.34 RCW (~~including, but not~~
3 ~~limited to~~). The behavioral health administrative services
4 organization may use information received from the 988 contact hubs
5 in administering crisis services for the assigned regional service
6 area, contracting with a sufficient number of licensed or certified
7 providers for crisis services, establishing and maintaining quality
8 assurance processes, maintaining patient tracking, and developing and
9 implementing strategies to coordinate care for individuals with a
10 history of frequent crisis system utilization.

11 (3) The department shall adopt rules by January 1, 2025, to
12 establish standards for designation of crisis call centers as
13 designated 988 contact hubs. The department shall collaborate with
14 the authority (~~and~~), other agencies, and coordinated regional
15 behavioral health crisis response system partners to assure
16 coordination and availability of services, and shall consider
17 national guidelines for behavioral health crisis care as determined
18 by the federal substance abuse and mental health services
19 administration, national behavioral health accrediting bodies, and
20 national behavioral health provider associations to the extent they
21 are appropriate, and recommendations from behavioral health
22 administrative services organizations and the crisis response
23 improvement strategy committee created in RCW 71.24.892.

24 (4) The department shall designate (~~designated~~) 988 contact
25 hubs considering the recommendations of behavioral health
26 administrative services organizations by January 1, 2026. The
27 designated 988 contact hubs shall provide connections to crisis
28 intervention services, triage, care coordination, and referrals(~~and~~
29 ~~connections to~~) for individuals contacting the 988 (~~crisis~~
30 ~~hotline~~) contact hubs from any jurisdiction within Washington
31 hours a day, seven days a week, using the system platform developed
32 under subsection (5) of this section. The department may not
33 designate more than a total of four 988 contact hubs without
34 legislative approval.

35 (a) To be designated as a (~~designated~~) 988 contact hub, the
36 applicant must demonstrate to the department the ability to comply
37 with the requirements of this section and to contract to provide
38 (~~designated~~) 988 contact hub services. (~~The department may revoke~~
39 ~~the designation of any designated 988 contact hub that fails to~~
40 ~~substantially comply with the contract~~) If a 988 contact hub fails

1 to substantially comply with the contract, data-sharing requirements,
2 or approved regional protocols developed under section 1 of this act,
3 the department may revoke the designation of the 988 contact hub and,
4 after consulting with the affected behavioral health administrative
5 services organization, may designate a 988 contact hub recommended by
6 a behavioral health administrative services organization which is
7 able to meet necessary state and federal requirements.

8 (b) The contracts entered shall require designated 988 contact
9 hubs to:

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

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

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

30 (iv) Train employees on agricultural community cultural
31 competencies for suicide prevention, which may include sharing
32 resources with callers that are specific to members from the
33 agricultural community. The training must prepare staff to provide
34 appropriate assessments, interventions, and resources to members of
35 the agricultural community. Employees may make warm transfers and
36 referrals to a crisis hotline that specializes in working with
37 members from the agricultural community, provided that no person
38 contacting 988 shall be transferred or referred to another service if
39 they are currently in crisis and in need of emotional support;

1 (v) Prominently display 988 crisis hotline information on their
2 websites and social media, including a description of what the caller
3 should expect when contacting the crisis call center and a
4 description of the various options available to the caller, including
5 call lines specialized in the behavioral health needs of veterans,
6 American Indian and Alaska Native persons, Spanish-speaking persons,
7 and LGBTQ populations. The website may also include resources for
8 programs and services related to suicide prevention for the
9 agricultural community;

10 (vi) Collaborate with the authority, the national suicide
11 prevention lifeline, and veterans crisis line networks to assure
12 consistency of public messaging about the 988 crisis hotline;

13 ~~((Develop and submit to the department protocols between
14 the designated 988 contact hub and 911 call centers within the region
15 in which the designated crisis call center operates and receive
16 approval of the protocols by the department and the state 911
17 coordination office;~~

18 ~~(viii) Develop, in collaboration with the region's behavioral
19 health administrative services organizations, and jointly submit to
20 the authority)) Collaborate with coordinated regional behavioral
21 health crisis response system partners within the 988 contact hub's
22 regional service area to develop protocols under section 1 of this
23 act, including protocols related to the dispatching of mobile rapid
24 response crisis teams and community-based crisis teams endorsed under
25 RCW 71.24.903 ((and receive approval of the protocols by the
26 authority));~~

27 ~~((~~(ix))~~)) (viii) Provide data and reports and participate in
28 evaluations and related quality improvement activities, according to
29 standards established by the department in collaboration with the
30 authority; and~~

31 ~~((~~(x))~~)) (ix) Enter into data-sharing agreements with the
32 department, the authority, regional crisis lines, and applicable
33 ~~((regional))~~ behavioral health administrative services organizations
34 to provide reports and client level data regarding 988 ~~((crisis
35 hotline))~~ contact hub calls, as allowed by and in compliance with
36 existing federal and state law governing the sharing and use of
37 protected health information, ~~((including dispatch time, arrival
38 time, and disposition of the outreach for each call referred for
39 outreach by each region))~~ which shall include sharing real-time
40 information with regional crisis lines. The department and the~~

1 authority shall establish requirements that the designated 988
2 contact hubs report ~~((the))~~ data ~~((identified in this subsection
3 ~~(4)(b)(x))~~)~~ to regional behavioral health administrative services
4 organizations for the purposes of maximizing medicaid reimbursement,
5 as appropriate, and implementing this chapter and chapters 71.05 and
6 71.34 RCW including, but not limited to, administering crisis
7 services for the assigned regional service area, contracting with a
8 sufficient number ~~((of))~~ of licensed or certified providers for
9 crisis services, establishing and maintaining quality assurance
10 processes, maintaining patient tracking, and developing and
11 implementing strategies to coordinate care for individuals with a
12 history of frequent crisis system utilization.

13 (c) The department and the authority shall incorporate
14 recommendations from the crisis response improvement strategy
15 committee created under RCW 71.24.892 in its agreements with
16 designated 988 contact hubs, as appropriate.

17 (5) The department and authority must coordinate to develop the
18 technology and platforms necessary to manage and operate the
19 behavioral health crisis response and suicide prevention system. The
20 department and the authority must include ~~((the crisis call centers
21 and))~~ designated 988 contact hubs, regional crisis lines, and
22 behavioral health administrative services organizations in the
23 decision-making process for selecting any technology platforms that
24 will be used to operate the system. No decisions made by the
25 department or the authority shall interfere with the routing of the
26 988 ~~((crisis hotline))~~ contact hubs calls, texts, or chat as part of
27 Washington's active agreement with the administrator of the national
28 suicide prevention lifeline or 988 administrator that routes 988
29 contacts into Washington's system. The technologies developed must
30 include:

31 (a) A new technologically advanced behavioral health and suicide
32 prevention crisis call center system platform for use in
33 ~~((designated))~~ 988 contact hubs designated by the department under
34 subsection (4) of this section. This platform, which shall be fully
35 funded by July 1, 2024, shall be developed by the department and must
36 include the capacity to receive crisis assistance requests through
37 phone calls, texts, chats, and other similar methods of communication
38 that may be developed in the future that promote access to the
39 behavioral health crisis system; and

1 (b) A behavioral health integrated client referral system capable
2 of providing system coordination information to designated 988
3 contact hubs and the other entities involved in behavioral health
4 care. This system shall be developed by the authority.

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

9 (a) Access to real-time information relevant to the coordination
10 of behavioral health crisis response and suicide prevention services,
11 including:

12 (i) Real-time bed availability for all behavioral health bed
13 types and recliner chairs, including but not limited to crisis
14 stabilization services, 23-hour crisis relief centers, psychiatric
15 inpatient, substance use disorder inpatient, withdrawal management,
16 peer-run respite centers, and crisis respite services, inclusive of
17 both voluntary and involuntary beds, for use by crisis response
18 workers, first responders, health care providers, emergency
19 departments, and individuals in crisis; and

20 (ii) Real-time information relevant to the coordination of
21 behavioral health crisis response and suicide prevention services for
22 a person, including the means to access:

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

25 (B) Information necessary to enable the designated 988 contact
26 (~~(hub)~~) hubs to actively collaborate with regional crisis lines,
27 emergency departments, primary care providers and behavioral health
28 providers within managed care organizations, behavioral health
29 administrative services organizations, and other health care payers
30 to establish a safety plan for the person in accordance with best
31 practices and provide the next steps for the person's transition to
32 follow-up noncrisis care. To establish information-sharing guidelines
33 that fulfill the intent of this section the authority shall consider
34 input from the confidential information compliance and coordination
35 subcommittee established under RCW 71.24.892;

36 (~~(+(b))~~) (b) The means to track the outcome of the 988 call to
37 enable appropriate follow-up, cross-system coordination, and
38 accountability, including as appropriate: (i) Any immediate services
39 dispatched and reports generated from the encounter; (ii) the
40 validation of a safety plan established for the caller in accordance

1 with best practices; (iii) the next steps for the caller to follow in
2 transition to noncrisis follow-up care, including a next-day
3 appointment for callers experiencing urgent, symptomatic behavioral
4 health care needs; and (iv) the means to verify and document whether
5 the caller was successful in making the transition to appropriate
6 noncrisis follow-up care indicated in the safety plan for the person,
7 to be completed either by the care coordinator provided through the
8 person's managed care organization, health plan, or behavioral health
9 administrative services organization, or if such a care coordinator
10 is not available or does not follow through, by the staff of the
11 designated 988 contact hub;

12 (c) A means to facilitate actions to verify and document whether
13 the person's transition to follow-up noncrisis care was completed and
14 services offered, to be performed by a care coordinator provided
15 through the person's managed care organization, health plan, or
16 behavioral health administrative services organization, or if such a
17 care coordinator is not available or does not follow through, by the
18 staff of the designated 988 contact hub;

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

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

26 (7) The authority shall:

27 (a) Collaborate with county authorities and behavioral health
28 administrative services organizations to develop procedures to
29 dispatch behavioral health crisis services in coordination with
30 designated 988 contact hubs to effectuate the intent of this section;

31 (b) Establish formal agreements with managed care organizations
32 and behavioral health administrative services organizations by
33 January 1, 2023, to provide for the services, capacities, and
34 coordination necessary to effectuate the intent of this section,
35 which shall include a requirement to arrange next-day appointments
36 for persons contacting the 988 (~~(crisis hotline)~~) contact hub or a
37 regional crisis line experiencing urgent, symptomatic behavioral
38 health care needs with geographically, culturally, and linguistically
39 appropriate primary care or behavioral health providers within the

1 person's provider network, or, if uninsured, through the person's
2 behavioral health administrative services organization;

3 (c) Create best practices guidelines by July 1, 2023, for
4 deployment of appropriate and available crisis response services by
5 behavioral health administrative services organizations in
6 coordination with designated 988 contact hubs to assist 988 hotline
7 callers to minimize nonessential reliance on emergency room services
8 and the use of law enforcement, considering input from relevant
9 stakeholders and recommendations made by the crisis response
10 improvement strategy committee created under RCW 71.24.892;

11 (d) Develop procedures to allow appropriate information sharing
12 and communication between and across crisis and emergency response
13 systems for the purpose of real-time crisis care coordination
14 including, but not limited to, deployment of crisis and outgoing
15 services, follow-up care, and linked, flexible services specific to
16 crisis response; and

17 (e) Establish guidelines to appropriately serve high-risk
18 populations who request crisis services. The authority shall design
19 these guidelines to promote behavioral health equity for all
20 populations with attention to circumstances of race, ethnicity,
21 gender, socioeconomic status, sexual orientation, and geographic
22 location, and include components such as training requirements for
23 call response workers, policies for transferring such callers to an
24 appropriate specialized center or subnetwork within or external to
25 the national suicide prevention lifeline network, and procedures for
26 referring persons who access the 988 (~~(crisis hotline)~~) contact hubs
27 to linguistically and culturally competent care.

28 (8) The department shall monitor trends in 988 crisis hotline
29 caller data, as reported by designated 988 contact hubs under
30 subsection (4)(b)(~~(x)~~) (ix) of this section, and submit an annual
31 report to the governor and the appropriate committees of the
32 legislature summarizing the data and trends beginning December 1,
33 2027.

34 (9) Subject to authorization by the national 988 administrator
35 and the availability of amounts appropriated for this specific
36 purpose, any Washington state subnetwork of the 988 crisis hotline
37 dedicated to the crisis assistance needs of American Indian and
38 Alaska Native persons shall offer services by text, chat, and other
39 similar methods of communication to the same extent as does the
40 general 988 crisis hotline. The department shall coordinate with the

1 substance abuse and mental health services administration for the
2 authorization."

3 Correct the title.

EFFECT: (1) Authorizes rather than requires the Department of Health to revoke the designation of a 988 contact hub if the 988 contact hub fails to substantially comply with the contract, data-sharing requirements, or approved regional protocols.

(2) Sets a maximum of four 988 contact hubs to be designated by the Department of Health without Legislative approval.

(3) Adds mobile response crisis teams to the list of partners and stakeholders in the coordinated regional behavioral health crisis response system that a behavioral health administrative services organization (BHASO) may convene.

(4) Modifies the authorization for contracts with 988 contact hubs to provide funding to support designated 988 contact hubs and regional crisis lines to have on-site partnerships with the public safety answering point to increase the coordination and transfer of behavioral health calls received by certified public safety telecommunicators that are better addressed by clinic interventions provided by the coordinated regional behavioral health crisis response system by: (a) Removing the on-site requirement; (b) specifying that the partnerships with 988 and public safety may be expanded to include regional crisis lines administered by BHASOs; and (c) specifying that the coordination and transfer of behavioral health calls received by public safety that are better addressed by the 988 system instead of the coordinated regional behavioral health crisis response system.

(5) Requires any Washington state subnetwork of the 988 crisis hotline dedicated to the crisis assistance needs of American Indian and Alaska Native persons to offer services by text, chat, and other similar methods of communication to the same extent as the general 988 crisis hotline, subject to approval by the national 988 administrator and appropriated funds

--- END ---