

2SSB 6251 - S AMD 556  
By Senator Dhingra

ADOPTED 02/09/2024

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;

31 (3) A behavioral health administrative services organization may  
32 recommend to the department the 988 contact hub or hubs which it

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

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

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

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

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

34 **Sec. 2.** RCW 71.24.025 and 2023 c 454 s 1 and 2023 c 433 s 1 are  
35 each reenacted and amended to read as follows:

36 Unless the context clearly requires otherwise, the definitions in  
37 this section apply throughout this chapter.

38 (1) "23-hour crisis relief center" means a community-based  
39 facility or portion of a facility serving adults, which is licensed

1 or certified by the department of health and open 24 hours a day,  
2 seven days a week, offering access to mental health and substance use  
3 care for no more than 23 hours and 59 minutes at a time per patient,  
4 and which accepts all behavioral health crisis walk-ins drop-offs  
5 from first responders, and individuals referred through the 988  
6 system regardless of behavioral health acuity, and meets the  
7 requirements under RCW 71.24.916.

8 (2) "988 crisis hotline" means the universal telephone number  
9 within the United States designated for the purpose of the national  
10 suicide prevention and mental health crisis hotline system operating  
11 through the national suicide prevention lifeline.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4 (15) "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 (16) "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 (17) "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 (18) "Community-based crisis team" means a team that is part of  
32 an emergency medical services agency, a fire service agency, a public  
33 health agency, a medical facility, a nonprofit crisis response  
34 provider, or a city or county government entity, other than a law  
35 enforcement agency, that provides the on-site community-based  
36 interventions of a mobile rapid response crisis team for individuals  
37 who are experiencing a behavioral health crisis.

38 (19) "Consensus-based" means a program or practice that has  
39 general support among treatment providers and experts, based on  
40 experience or professional literature, and may have anecdotal or case

1 study support, or that is agreed but not possible to perform studies  
2 with random assignment and controlled groups.

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

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

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

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

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

26 (25) "Designated crisis responder" has the same meaning as in RCW  
27 71.05.020.

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

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

35 (28) "Early adopter" means a regional service area for which all  
36 of the county authorities have requested that the authority purchase  
37 medical and behavioral health services through a managed care health  
38 system as defined under RCW 71.24.380(7).

39 (29) "Emerging best practice" or "promising practice" means a  
40 program or practice that, based on statistical analyses or a well

1 established theory of change, shows potential for meeting the  
2 evidence-based or research-based criteria, which may include the use  
3 of a program that is evidence-based for outcomes other than those  
4 listed in subsection (30) of this section.

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

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

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

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

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

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

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

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

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

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

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

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

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

32 (40) "Mentally ill persons," "persons who are mentally ill," and  
33 "the mentally ill" mean persons and conditions defined in subsections  
34 (3), (13), (48), and (49) of this section.

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



1 and that meets standards for response times established by the  
2 authority.

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

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

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

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

35 (46) "Resource management services" mean the planning,  
36 coordination, and authorization of residential services and community  
37 support services administered pursuant to an individual service plan  
38 for: (a) Adults and children who are acutely mentally ill; (b) adults  
39 who are chronically mentally ill; (c) children who are severely  
40 emotionally disturbed; or (d) adults who are seriously disturbed and

1 determined by a behavioral health administrative services  
2 organization or managed care organization to be at risk of becoming  
3 acutely or chronically mentally ill. Such planning, coordination, and  
4 authorization shall include mental health screening for children  
5 eligible under the federal Title XIX early and periodic screening,  
6 diagnosis, and treatment program. Resource management services  
7 include seven day a week, twenty-four hour a day availability of  
8 information regarding enrollment of adults and children who are  
9 mentally ill in services and their individual service plan to  
10 designated crisis responders, evaluation and treatment facilities,  
11 and others as determined by the behavioral health administrative  
12 services organization or managed care organization, as applicable.

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

14 (48) "Seriously disturbed person" means a person who:

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

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

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

24 (d) Exhibits suicidal preoccupation or attempts; or

25 (e) Is a child diagnosed by a mental health professional, as  
26 defined in chapter 71.34 RCW, as experiencing a mental disorder which  
27 is clearly interfering with the child's functioning in family or  
28 school or with peers or is clearly interfering with the child's  
29 personality development and learning.

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

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

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

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

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

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

9 (ii) Changes in custodial adult;

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

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

15 (v) Drug or alcohol abuse; or

16 (vi) Homelessness.

17 (50) "State minimum standards" means minimum requirements  
18 established by rules adopted and necessary to implement this chapter  
19 by:

20 (a) The authority for:

21 (i) Delivery of mental health and substance use disorder  
22 services; and

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

24 (b) The department of health for:

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

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

30 (iii) Residential services.

31 (51) "Substance use disorder" means a cluster of cognitive,  
32 behavioral, and physiological symptoms indicating that an individual  
33 continues using the substance despite significant substance-related  
34 problems. The diagnosis of a substance use disorder is based on a  
35 pathological pattern of behaviors related to the use of the  
36 substances.

37 (52) "Tribe," for the purposes of this section, means a federally  
38 recognized Indian tribe.

39 (53) "Coordinated regional behavioral health crisis response  
40 system" means the coordinated operation of 988 call centers, regional

1 crisis lines, certified public safety telecommunicators, and other  
2 behavioral health crisis system partners within each regional service  
3 area.

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

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

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

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

15 (i) A behavioral health crisis hotline for its assigned regional  
16 service area;

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

19 (iii) Services related to involuntary commitments under chapters  
20 71.05 and 71.34 RCW;

21 (iv) Tracking of less restrictive alternative orders issued  
22 within the region by superior courts, and providing notification to a  
23 managed care organization in the region when one of its enrollees  
24 receives a less restrictive alternative order so that the managed  
25 care organization may ensure that the person is connected to services  
26 and that the requirements of RCW 71.05.585 are complied with. If the  
27 person receives a less restrictive alternative order and is returning  
28 to another region, the behavioral health administrative services  
29 organization shall notify the behavioral health administrative  
30 services organization in the home region of the less restrictive  
31 alternative order so that the home behavioral health administrative  
32 services organization may notify the person's managed care  
33 organization or provide services if the person is not enrolled in  
34 medicaid and does not have other insurance which can pay for those  
35 services;

36 (v) Additional noncrisis behavioral health services, within  
37 available resources, to individuals who meet certain criteria set by  
38 the authority in its contracts with the behavioral health  
39 administrative services organization. These services may include

1 services provided through federal grant funds, provisos, and general  
2 fund state appropriations;

3 (vi) Care coordination, diversion services, and discharge  
4 planning for nonmedicaid individuals transitioning from state  
5 hospitals or inpatient settings to reduce rehospitalization and  
6 utilization of crisis services, as required by the authority in  
7 contract; (~~and~~)

8 (vii) Regional coordination, cross-system and cross-jurisdiction  
9 coordination with tribal governments, and capacity building efforts,  
10 such as supporting the behavioral health advisory board and efforts  
11 to support access to services or to improve the behavioral health  
12 system; and

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

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

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

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

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

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

27 (g) Establish and maintain quality assurance processes;

28 (h) Meet established limitations on administrative costs for  
29 agencies that contract with the behavioral health administrative  
30 services organization; and

31 (i) Maintain patient tracking information as required by the  
32 authority.

33 (2) The behavioral health administrative services organization  
34 must collaborate with the authority and its contracted managed care  
35 organizations to develop and implement strategies to coordinate care  
36 with tribes and community behavioral health providers for individuals  
37 with a history of frequent crisis system utilization.

38 (3) The behavioral health administrative services organization  
39 shall:

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

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

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

10 (4) The behavioral health administrative services organization  
11 shall employ an assisted outpatient treatment program coordinator to  
12 oversee system coordination and legal compliance for assisted  
13 outpatient treatment under RCW 71.05.148 and 71.34.815.

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

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

34 (2) The department shall provide adequate funding for the state's  
35 crisis call centers to meet an expected increase in the use of the  
36 ~~((call centers))~~ 988 contact hubs based on the implementation of the  
37 988 crisis hotline. The funding level shall be established at a level  
38 anticipated to achieve an in-state call response rate of at least 90  
39 percent by July 22, 2022. The funding level shall be determined by

1 considering standards and cost per call predictions provided by the  
2 administrator of the national suicide prevention lifeline, call  
3 volume predictions, guidance on crisis call center performance  
4 metrics, and necessary technology upgrades. ~~((In contracting))~~  
5 Contracts with the ~~((crisis call centers, the department))~~ 988  
6 contact hubs:

7 (a) May provide funding to support regional crisis ~~((call~~  
8 ~~centers))~~ lines administered by behavioral health administrative  
9 services organizations and designated 988 contact hubs to enter into  
10 limited on-site partnerships with the public safety answering point  
11 to increase the coordination and transfer of behavioral health calls  
12 received by certified public safety telecommunicators that are better  
13 addressed by clinic interventions provided by the ~~((988))~~ coordinated  
14 regional behavioral health crisis response system. Tax revenue may be  
15 used to support on-site partnerships;

16 (b) Shall require that ~~((crisis call centers))~~ 988 contact hubs  
17 enter into data-sharing agreements, when appropriate, with the  
18 department, the authority, regional crisis lines, and applicable  
19 regional behavioral health administrative services organizations to  
20 provide reports and client level data regarding 988 ~~((crisis~~  
21 ~~hotline))~~ contact hub calls, as allowed by and in compliance with  
22 existing federal and state law governing the sharing and use of  
23 protected health information~~((, including))~~. Data-sharing agreements  
24 with regional crisis lines must include real-time information  
25 sharing. All coordinated regional behavioral health crisis response  
26 system partners must share dispatch time, arrival time, and  
27 disposition ~~((of the outreach for each call))~~ for behavioral health  
28 calls referred for outreach by each region consistent with any  
29 regional protocols developed under section 1 of this act. The  
30 department and the authority shall establish requirements ~~((that the~~  
31 ~~crisis call centers))~~ for 988 contact hubs to report ((the)) data  
32 ~~((identified in this subsection (2)(b)))~~ to regional behavioral  
33 health administrative services organizations for the purposes of  
34 maximizing medicaid reimbursement, as appropriate, and implementing  
35 this chapter and chapters 71.05 and 71.34 RCW ~~((including, but not~~  
36 ~~limited to,))~~. The behavioral health administrative services  
37 organization may use information received from the 988 contact hubs  
38 in administering crisis services for the assigned regional service  
39 area, contracting with a sufficient number of licensed or certified  
40 providers for crisis services, establishing and maintaining quality

1 assurance processes, maintaining patient tracking, and developing and  
2 implementing strategies to coordinate care for individuals with a  
3 history of frequent crisis system utilization.

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

17 (4) The department shall designate ~~((designated))~~ 988 contact  
18 hubs considering the recommendations of behavioral health  
19 administrative services organizations by January 1, 2026. The  
20 designated 988 contact hubs shall provide connections to crisis  
21 intervention services, triage, care coordination, and referrals~~((7~~  
22 ~~and connections to))~~ for individuals contacting the 988 ~~((erisis~~  
23 ~~hotline))~~ contact hubs from any jurisdiction within Washington 24  
24 hours a day, seven days a week, using the system platform developed  
25 under subsection (5) of this section.

26 (a) To be designated as a ~~((designated))~~ 988 contact hub, the  
27 applicant must demonstrate to the department the ability to comply  
28 with the requirements of this section and to contract to provide  
29 ~~((designated))~~ 988 contact hub services. ~~((The department may revoke~~  
30 ~~the designation of any designated 988 contact hub that fails to~~  
31 ~~substantially comply with the contract))~~ If a 988 contact hub fails  
32 to substantially comply with the contract, data-sharing requirements,  
33 or approved regional protocols developed under section 1 of this act,  
34 the department shall revoke the designation of the 988 contact hub  
35 and, after consulting with the affected behavioral health  
36 administrative services organization, may designate a 988 contact hub  
37 recommended by a behavioral health administrative services  
38 organization which is able to meet necessary state and federal  
39 requirements.



1 (b) The contracts entered shall require designated 988 contact  
2 hubs to:

3 (i) Have an active agreement with the administrator of the  
4 national suicide prevention lifeline for participation within its  
5 network;

6 (ii) Meet the requirements for operational and clinical standards  
7 established by the department and based upon the national suicide  
8 prevention lifeline best practices guidelines and other recognized  
9 best practices;

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

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

33 (v) Prominently display 988 crisis hotline information on their  
34 websites and social media, including a description of what the caller  
35 should expect when contacting the crisis call center and a  
36 description of the various options available to the caller, including  
37 call lines specialized in the behavioral health needs of veterans,  
38 American Indian and Alaska Native persons, Spanish-speaking persons,  
39 and LGBTQ populations. The website may also include resources for

1 programs and services related to suicide prevention for the  
2 agricultural community;

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

6 (vii) ~~((Develop and submit to the department protocols between  
7 the designated 988 contact hub and 911 call centers within the region  
8 in which the designated crisis call center operates and receive  
9 approval of the protocols by the department and the state 911  
10 coordination office;~~

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

20 ~~((~~(ix))~~)) (viii) Provide data and reports and participate in  
21 evaluations and related quality improvement activities, according to  
22 standards established by the department in collaboration with the  
23 authority; and~~

24 ~~((~~(x))~~)) (ix) Enter into data-sharing agreements with the  
25 department, the authority, regional crisis lines, and applicable  
26 ~~((regional))~~ behavioral health administrative services organizations  
27 to 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 dispatch time, arrival  
31 time, and disposition of the outreach for each call referred for  
32 outreach by each region))~~ which shall include sharing real-time  
33 information with regional crisis lines. The department and the  
34 authority shall establish requirements that the designated 988  
35 contact hubs report ~~((the))~~ data ~~((identified in this subsection  
36 ~~(4)(b)(x))~~)~~ to regional behavioral health administrative services  
37 organizations for the purposes of maximizing medicaid reimbursement,  
38 as appropriate, and implementing this chapter and chapters 71.05 and  
39 71.34 RCW including, but not limited to, administering crisis  
40 services for the assigned regional service area, contracting with a~~

1 sufficient number (~~of~~) of licensed or certified providers for  
2 crisis services, establishing and maintaining quality assurance  
3 processes, maintaining patient tracking, and developing and  
4 implementing strategies to coordinate care for individuals with a  
5 history of frequent crisis system utilization.

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

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

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

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

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

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

4 (i) Real-time bed availability for all behavioral health bed  
5 types and recliner chairs, including but not limited to crisis  
6 stabilization services, 23-hour crisis relief centers, psychiatric  
7 inpatient, substance use disorder inpatient, withdrawal management,  
8 peer-run respite centers, and crisis respite services, inclusive of  
9 both voluntary and involuntary beds, for use by crisis response  
10 workers, first responders, health care providers, emergency  
11 departments, and individuals in crisis; and

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

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

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

28 (~~(b)~~) (b) The means to track the outcome of the 988 call to  
29 enable appropriate follow-up, cross-system coordination, and  
30 accountability, including as appropriate: (i) Any immediate services  
31 dispatched and reports generated from the encounter; (ii) the  
32 validation of a safety plan established for the caller in accordance  
33 with best practices; (iii) the next steps for the caller to follow in  
34 transition to noncrisis follow-up care, including a next-day  
35 appointment for callers experiencing urgent, symptomatic behavioral  
36 health care needs; and (iv) the means to verify and document whether  
37 the caller was successful in making the transition to appropriate  
38 noncrisis follow-up care indicated in the safety plan for the person,  
39 to be completed either by the care coordinator provided through the  
40 person's managed care organization, health plan, or behavioral health

1 administrative services organization, or if such a care coordinator  
2 is not available or does not follow through, by the staff of the  
3 designated 988 contact hub;

4 (c) A means to facilitate actions to verify and document whether  
5 the person's transition to follow-up noncrisis care was completed and  
6 services offered, to be performed by a care coordinator provided  
7 through the person's managed care organization, health plan, or  
8 behavioral health administrative services organization, or if such a  
9 care coordinator is not available or does not follow through, by the  
10 staff of the designated 988 contact hub;

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

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

18 (7) The authority shall:

19 (a) Collaborate with county authorities and behavioral health  
20 administrative services organizations to develop procedures to  
21 dispatch behavioral health crisis services in coordination with  
22 designated 988 contact hubs to effectuate the intent of this section;

23 (b) Establish formal agreements with managed care organizations  
24 and behavioral health administrative services organizations by  
25 January 1, 2023, to provide for the services, capacities, and  
26 coordination necessary to effectuate the intent of this section,  
27 which shall include a requirement to arrange next-day appointments  
28 for persons contacting the 988 (~~crisis hotline~~) contact hub or a  
29 regional crisis line experiencing urgent, symptomatic behavioral  
30 health care needs with geographically, culturally, and linguistically  
31 appropriate primary care or behavioral health providers within the  
32 person's provider network, or, if uninsured, through the person's  
33 behavioral health administrative services organization;

34 (c) Create best practices guidelines by July 1, 2023, for  
35 deployment of appropriate and available crisis response services by  
36 behavioral health administrative services organizations in  
37 coordination with designated 988 contact hubs to assist 988 hotline  
38 callers to minimize nonessential reliance on emergency room services  
39 and the use of law enforcement, considering input from relevant

1 stakeholders and recommendations made by the crisis response  
2 improvement strategy committee created under RCW 71.24.892;

3 (d) Develop procedures to allow appropriate information sharing  
4 and communication between and across crisis and emergency response  
5 systems for the purpose of real-time crisis care coordination  
6 including, but not limited to, deployment of crisis and outgoing  
7 services, follow-up care, and linked, flexible services specific to  
8 crisis response; and

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

20 (8) The department shall monitor trends in 988 crisis hotline  
21 caller data, as reported by designated 988 contact hubs under  
22 subsection (4)(b)(~~(x)~~) (ix) of this section, and submit an annual  
23 report to the governor and the appropriate committees of the  
24 legislature summarizing the data and trends beginning December 1,  
25 2027."

**2SSB 6251** - S AMD **556**  
By Senator Dhingra

**ADOPTED 02/09/2024**

26 On page 1, line 2 of the title, after "services;" strike the  
27 remainder of the title and insert "amending RCW 71.24.045; reenacting  
28 and amending RCW 71.24.025 and 71.24.890; and adding a new section to  
29 chapter 71.24 RCW."

**EFFECT:** Requires the Department of Health (DOH) to seek and consider recommendations from behavioral health administrative services organizations (BH-ASOs) to determine which 988 contact hubs best meet regional needs, rather than designate 988 contact hubs upon recommendation of the BH-ASOs.

Requires DOH to consult with the affected BH-ASO before designating a new 988 contact hub after revoking a previous designation, rather than designate a 988 contact hub recommended by the BH-ASO.

Makes technical changes.

--- END ---