

HOUSE BILL REPORT

E2SSB 6251

As Passed House - Amended:

March 1, 2024

Title: An act relating to coordination of regional behavioral health crisis response services.

Brief Description: Coordinating regional behavioral crisis response services.

Sponsors: Senate Committee on Ways & Means (originally sponsored by Senators Dhingra, Keiser, Kuderer, Lovelett, Lovick, Nguyen, Nobles, Robinson, Saldaña, Trudeau, Valdez, Wellman, Wilson, C. and Wilson, J.).

Brief History:

Committee Activity:

Health Care & Wellness: 2/20/24, 2/21/24 [DP];

Appropriations: 2/23/24, 2/26/24 [DPA].

Floor Activity:

Passed House: 3/1/24, 95-0.

Brief Summary of Engrossed Second Substitute Bill (As Amended by House)

- Authorizes behavioral health administrative service organizations (BHASOs) to develop protocols for optimizing crisis response in the regional service area, which must be submitted to the Health Care Authority.
- Requires the Department of Health (DOH) to seek recommendations from BHASOs to determine which 988 contact hubs best meet regional needs and authorizes BHASOs to recommend 988 contact hubs.
- Requires 988 contact hubs to enter data-sharing agreements with regional crisis lines that include real-time information sharing.
- Modifies the circumstances in which the DOH may revoke a 988 contact hub's designation.

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

- Requires 988 crisis lifeline subnetworks dedicated to the needs of American Indian and Alaska Native persons to offer services by text, chat, and other similar methods of communication subject to approval by the national 988 administrator and appropriated funds.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: Do pass. Signed by 17 members: Representatives Riccelli, Chair; Bateman, Vice Chair; Schmick, Ranking Minority Member; Hutchins, Assistant Ranking Minority Member; Bronoske, Caldier, Davis, Graham, Harris, Macri, Maycumber, Mosbrucker, Orwall, Simmons, Stonier, Thai and Tharinger.

Staff: Kim Weidenaar (786-7120).

HOUSE COMMITTEE ON APPROPRIATIONS

Majority Report: Do pass as amended. Signed by 29 members: Representatives Ormsby, Chair; Bergquist, Vice Chair; Gregerson, Vice Chair; Macri, Vice Chair; Corry, Ranking Minority Member; Chambers, Assistant Ranking Minority Member; Connors, Assistant Ranking Minority Member; Couture, Assistant Ranking Minority Member; Berg, Callan, Chopp, Davis, Fitzgibbon, Harris, Lekanoff, Pollet, Riccelli, Rude, Ryu, Sandlin, Schmick, Senn, Simmons, Slatter, Springer, Stokesbary, Stonier, Tharinger and Wilcox.

Staff: Andy Toulon (786-7178).

Background:

988 Suicide and Crisis Lifeline.

In 2021 House Bill 1477 was enacted which established several changes to the behavioral health crisis system in response to the adoption of 988 as the phone number for the National Suicide Prevention and Mental Health Crisis Lifeline (988 crisis lifeline). The bill established crisis call center hubs (subsequently renamed to designated 988 contact hubs) and further defined a contact center that streamlines clinical interventions and access to resources for people experiencing a behavioral health crisis to provide crisis intervention services, case management, referrals, and connection to crisis system participants. In 2021 the Substance Abuse and Mental Health Services Administration (SAMHSA) announced that Vibrant Emotional Health will be the administrator for the 988 crisis lifeline.

Designated 988 Contact Hubs.

Designated 988 contact hubs are a contact center that streamlines clinical interventions and access to resources for people experiencing a behavioral health crisis. The Department of Health (DOH) must designate 988 contact hubs by January 1, 2026. The 988 contact hubs

must display 988 crisis lifeline information on their websites and social media, including descriptions of what a caller should expect when contacting the 988 contact hub and the options available to the caller such as specialized call lines for veterans, American Indian and Alaska Native persons, Spanish-speaking persons, and LGBTQ populations. The website may include resources for programs and services related to suicide prevention for the agricultural community. Each 988 contact hub must develop and submit protocols to the DOH regarding interactions between the 988 contact hub and the 911 call centers within the region and receive approval of those protocols.

The 988 contact hubs, in collaboration with the region's behavioral health administrative services organizations (BHASOs), must also develop and submit protocols related to the dispatching of endorsed mobile rapid response crisis teams and community-based crisis teams (crisis teams) to the Health Care Authority (HCA) and receive approval of those protocols.

The DOH and the HCA must require 988 crisis call centers and 988 contact hubs to enter into data sharing agreements with the DOH, the HCA, and BHASOs to provide reports and data regarding 988 crisis lifeline calls, including dispatch time, arrival time, and disposition of the outreach for those calls referred for outreach. The DOH must monitor trends in 988 crisis lifeline caller data and submit an annual report to the Governor and the Legislature summarizing the data and trends in the information.

Behavioral Health Administrative Services Organizations.

Behavioral health administrative services organizations are entities contracted with the HCA to administer certain behavioral health services that are not covered by the Medicaid managed care organizations within a specific regional service area. There are 10 BHASOs in Washington. The services provided by a BHASO include maintaining continuously available crisis response services, administering services related to the involuntary commitment of adults and minors, coordinating planning for persons transitioning from long-term commitments, maintaining an adequate network of evaluation and treatment services, and providing services to non-Medicaid clients in accordance with contract criteria.

Every county in Washington is served by a regional crisis line, which are call lines administered or contracted at the regional service area level by BHASOs. Regional crisis lines provide behavioral health crisis response services to callers, which include but are not limited to dispatch of mobile crisis teams, community-based crisis teams, and designated crisis responders.

Native and Strong Lifeline.

Washington's Native and Strong Lifeline is a program operated through the Volunteers of America Western Washington, one of the state's three 988 crisis call centers that is dedicated to serving American Indian and Alaska Native people. The Native and Strong Lifeline is integrated into the 988 Suicide and Crisis Lifeline system. When someone calls

the 988 crisis lifeline from a Washington area code, they will hear an automated greeting that features different options, callers can then choose option 4 to be connected to the Native and Strong Lifeline. Calls to the Native and Strong Lifeline are answered by Native crisis counselors, who are fully trained in crisis intervention and support, with special emphasis on cultural and traditional practices related to healing.

Summary of Amended Bill:

Behavioral health administrative services organizations shall use their authorities to establish coordination within the behavioral health crisis response system in each regional service area, including establishing comprehensive protocols for dispatching mobile rapid response crisis teams and community-based crisis teams. The BHASO may convene regional behavioral health crisis response system partners and stakeholders to establish clear regional protocols regarding expectations, understandings, lines of communication, and strategies for optimizing crisis response in the regional service area. The regional protocols must describe how crisis response partners will share information consistent with data-sharing requirements, including real-time information sharing between 988 contact hubs and regional crisis lines to create a seamless delivery system.

A BHASO must submit the regional protocols to the HCA for approval. If the HCA does not respond within 90 days, the protocols are considered approved until the BHASO and the HCA agree to updated protocols. A BHASO must notify the HCA by January 1, 2025, if it does not intend to submit regional protocols. The DOH and the HCA must provide support to a BHASO in the development of protocols upon the request of the BHASO. The regional protocols must be in writing, and once approved, copies must be provided to the DOH, the HCA, and the state 911 coordination office. The regional protocols should be updated as needed and at least every three years.

A BHASO may recommend to the DOH the 988 contact hub or hubs which it determines are the best fit for partnership and implementation of regional protocols in its regional service area. The contact hub or hubs must be able to connect to the culturally appropriate behavioral health crisis response services. The DOH may designate 988 contact hubs recommended by a BHASO within available resources and when the addition of more hubs is consistent with state requirements and a need identified in regional protocols. If the DOH declines to designate a 988 contact hub, the DOH must provide a written explanation of its reasons to the BHASO.

The DOH must seek recommendations from BHASOs to determine which 988 contact hubs best meet regional needs. The HCA has the primary responsibility of facilitating the coordination of the crisis response system and services to support the work of the designated 988 contact hubs, regional crisis lines, and other coordinated regional behavioral health crisis response system partners. Contracts with 988 contact hubs:

- may provide funding to support 988 contact hubs to enter into limited on-site partnerships with public safety answering point to increase coordination and transfer

of behavioral health calls. These partnerships may be expanded to include regional crisis lines administered by BHASOs; and

- must require 988 contact hubs enter into data sharing agreements with regional crisis lines, in addition to the DOH, the HCA, and regional BHASOs. These data sharing agreements with regional crisis lines must include real-time information sharing and all coordinated regional behavioral health crisis response system partners must share dispatch time, arrival time, and disposition for behavioral health calls referred for outreach.

The DOH must designate 988 contact hubs considering the recommendations of BHASOs by January 1, 2026. The DOH may not designate more than four 988 contact hubs without legislative approval. If a 988 contact hub fails to substantially comply with the contract, data-sharing requirements, or approved regional protocols, the DOH may revoke the designation of the 988 contact hub. After consulting with the affected BHASO, the DOH may designate a 988 contact hub recommended by a BHASO which is able to meet necessary state and federal requirements.

Subject to authorization by the national 988 administrator and the availability of appropriated funds, any Washington subnetwork of the 988 crisis lifeline dedicated to the crisis assistance needs of American Indian and Alaska Native persons must offer services by text, chat, and other similar methods of communication to the same extent as the general 988 crisis lifeline. The Department of Health must coordinate with the SAMHSA for the authorization.

"Coordinated regional behavioral health crisis response system" means the coordinated operation of 988 call centers, regional crisis lines, certified public safety telecommunicators, and other behavioral health crisis system partners within each regional service area.

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

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony (Health Care & Wellness):

(In support) As the state continues to build out the behavioral health system, particularly at the regional level, it is critical that everyone including the DOH, the HCA, BHASOs, 988 contact hubs, and others figure out how to coordinate and collaborate to provide the right

services to individuals as quickly as possible. This bill focuses on the backend of how this all works so that individuals see a seamless approach. Hopefully this bill is a good step to support the regional crisis system.

Washington stands out for its work to adopt a crisis continuum of care. This bill is an important piece to ensure local response services work to expand coordination of the system. Getting the details right and facilitating efficient communication is critical to address the growing behavioral health crisis.

(Opposed) None.

Staff Summary of Public Testimony (Appropriations):

(In support) This bill looks at the back-end operations of the behavioral health crisis response system of which 988 is an important component. The bill enables partners to better communicate and better coordinate at all levels to ensure that people receive appropriate care in a timely manner. There is an amendment that has been agreed to that makes improvements to the bill.

Persons Testifying (Health Care & Wellness): Angela Kimball, Inseparable; and Brad Banks, Behavioral Health Administrative Services Organizations.

Persons Testifying (Appropriations): Brad Banks, Behavioral Health Administrative Services Organizations.

Persons Signed In To Testify But Not Testifying (Health Care & Wellness): None.

Persons Signed In To Testify But Not Testifying (Appropriations): None.