

FINAL BILL REPORT

SB 6308

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Synopsis as Enacted

Brief Description: Extending timelines for implementation of the 988 system.

Sponsors: Senators Dhingra, Robinson, Kuderer, Nobles and Trudeau.

Senate Committee on Ways & Means
House Committee on Appropriations

Background: National Suicide Prevention Hotline. In October 2020, Congress passed the National Suicide Hotline Designation Act of 2020 which designates the number 988 as the universal telephone number within the United States for accessing the National Suicide Prevention and Mental Health Crisis Hotline system maintained by the National Suicide Prevention Lifeline and the Veterans Crisis Line.

In 2021, HB 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 Hotline. The bill established crisis call center hubs to provide crisis intervention services, case management, referrals, and connection to crisis system participants beginning July 1, 2024. The bill also charged the state with developing a new technology platform for managing communications with the 988 hotline and imposed a tax upon phone lines to support the activities. The Crisis Response Improvement Strategy Committee was established to review and report on several items related to the behavioral health crisis system.

Behavioral Health Crisis Response System and Suicide Prevention Technologies. The Department of Health (DOH) and the Health Care Authority (HCA) must coordinate to develop the technology and platforms needed to manage and operate the behavioral health crisis response and suicide prevention system. The technologies must include:

- a new technologically advanced behavioral health and suicide prevention crisis call center system platform for use in crisis call center hubs that has technology that is interoperable with other crisis and emergency response systems statewide; and
- a behavioral health integrated client referral system that coordinates system

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information with the crisis call center hubs and behavioral health entities.

The agencies must designate a primary technology system to provide:

- access to real-time information relevant to the coordination of behavioral health crisis response and suicide prevention services, including real-time bed availability for all behavioral health bed types and real-time information relevant to the coordination of behavioral health crisis response and suicide prevention services;
- the means to request deployment of appropriate crisis response services and track local response through global positioning technology;
- the means to track the outcome of a 988 call to enable appropriate follow up, cross-system coordination, and accountability;
- a means to facilitate actions to verify and document whether the person's transition to follow up noncrisis care was completed and which services were offered;
- the means to provide geographically, culturally, and linguistically appropriate services to persons who are in high-risk populations or have a need for specialized services or accommodations; and
- consultation with tribal governments to ensure coordinated care in government-to-government relationships and access to dedicated services to tribal members.

In developing and implementing the technology and platforms, DOH and HCA must create a technical and operational plan for the development of technology and platforms for the call center hub system. The technical and operational plan must be approved by the Office of the Chief Information Officer, the Office of Financial Management, and the steering committee of the Crisis Response Improvement Strategy Committee before the expenditure of funds beyond the initial planning phase.

Summary: The technology platform that is being developed by DOH is extended by 18 months, from July 1, 2024, to January 1, 2026. The technology platform must be implemented as soon as possible.

The steering committee is extended by 18 months, from June 30, 2025, to December 31, 2026.

Facilitation of the steering committee is shifted from the Behavioral Health Institute at Harborview Medical Center to HCA.

Votes on Final Passage:

Senate	48	0	
House	96	0	(House amended)
Senate	49	0	(Senate concurred)

Effective: June 6, 2024