

CERTIFICATION OF ENROLLMENT
ENGROSSED SECOND SUBSTITUTE HOUSE BILL 1134

68th Legislature
2023 Regular Session

Passed by the House April 18, 2023
Yeas 70 Nays 27

**Speaker of the House of
Representatives**

Passed by the Senate April 8, 2023
Yeas 48 Nays 0

President of the Senate

Approved

Governor of the State of Washington

CERTIFICATE

I, Bernard Dean, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **ENGROSSED SECOND SUBSTITUTE HOUSE BILL 1134** as passed by the House of Representatives and the Senate on the dates hereon set forth.

Chief Clerk

FILED

**Secretary of State
State of Washington**

ENGROSSED SECOND SUBSTITUTE HOUSE BILL 1134

AS AMENDED BY THE SENATE

Passed Legislature - 2023 Regular Session

State of Washington

68th Legislature

2023 Regular Session

By House Appropriations (originally sponsored by Representatives Orwall, Bronoske, Peterson, Berry, Ramel, Leavitt, Callan, Doglio, Macri, Caldier, Simmons, Timmons, Reeves, Chopp, Lekanoff, Gregerson, Thai, Paul, Wylie, Stonier, Davis, Kloba, Riccelli, Fosse, and Farivar)

READ FIRST TIME 02/24/23.

1 AN ACT Relating to implementing the 988 behavioral health crisis
2 response and suicide prevention system; amending RCW 71.24.890,
3 71.24.892, 71.24.896, 43.06.530, and 82.86.050; reenacting and
4 amending RCW 71.24.025, 71.24.037, and 43.70.442; adding new sections
5 to chapter 71.24 RCW; adding a new section to chapter 38.60 RCW;
6 creating a new section; and providing expiration dates.

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

8 **Sec. 1.** RCW 71.24.025 and 2021 c 302 s 402 are each reenacted
9 and amended to read as follows:

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

12 (1) "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 (2) "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;

1 (b) Being gravely disabled as defined in RCW 71.05.020 or, in the
2 case of a child, a gravely disabled minor as defined in RCW
3 71.34.020; or

4 (c) Presenting a likelihood of serious harm as defined in RCW
5 71.05.020 or, in the case of a child, as defined in RCW 71.34.020.

6 (3) "Alcoholism" means a disease, characterized by a dependency
7 on alcoholic beverages, loss of control over the amount and
8 circumstances of use, symptoms of tolerance, physiological or
9 psychological withdrawal, or both, if use is reduced or discontinued,
10 and impairment of health or disruption of social or economic
11 functioning.

12 (4) "Approved substance use disorder treatment program" means a
13 program for persons with a substance use disorder provided by a
14 treatment program licensed or certified by the department as meeting
15 standards adopted under this chapter.

16 (5) "Authority" means the Washington state health care authority.

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

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

32 (8) "Behavioral health aide" means a counselor, health educator,
33 and advocate who helps address individual and community-based
34 behavioral health needs, including those related to alcohol, drug,
35 and tobacco abuse as well as mental health problems such as grief,
36 depression, suicide, and related issues and is certified by a
37 community health aide program of the Indian health service or one or
38 more tribes or tribal organizations consistent with the provisions of
39 25 U.S.C. Sec. 16161 and RCW 43.71B.010 (7) and (8).

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

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

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

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

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

17 (b) Has experienced a continuous psychiatric hospitalization or
18 residential treatment exceeding six months' duration within the
19 preceding year; or

20 (c) Has been unable to engage in any substantial gainful activity
21 by reason of any mental disorder which has lasted for a continuous
22 period of not less than twelve months. "Substantial gainful activity"
23 shall be defined by the authority by rule consistent with Public Law
24 92-603, as amended.

25 (13) "Clubhouse" means a community-based program that provides
26 rehabilitation services and is licensed or certified by the
27 department.

28 (14) "Community behavioral health program" means all
29 expenditures, services, activities, or programs, including reasonable
30 administration and overhead, designed and conducted to prevent or
31 treat substance use disorder, mental illness, or both in the
32 community behavioral health system.

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

38 (16) "Community support services" means services authorized,
39 planned, and coordinated through resource management services
40 including, at a minimum, assessment, diagnosis, emergency crisis

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

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

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

27 ((18)) (19) "County authority" means the board of county
28 commissioners, county council, or county executive having authority
29 to establish a behavioral health administrative services
30 organization, or two or more of the county authorities specified in
31 this subsection which have entered into an agreement to establish a
32 behavioral health administrative services organization.

33 ((19) "Crisis call center hub" means a state-designated center
34 participating in the national suicide prevention lifeline network to
35 respond to statewide or regional 988 calls that meets the
36 requirements of RCW 71.24.890.)

37 (20) "Crisis stabilization services" means services such as 23-
38 hour crisis stabilization units based on the living room model,
39 crisis stabilization units as provided in RCW 71.05.020, triage
40 facilities as provided in RCW 71.05.020, short-term respite

1 facilities, peer-run respite services, and same-day walk-in
2 behavioral health services, including within the overall crisis
3 system components that operate like hospital emergency departments
4 that accept all walk-ins, and ambulance, fire, and police drop-offs.

5 (21) "Department" means the department of health.

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

12 (23) "Designated crisis responder" has the same meaning as in RCW
13 71.05.020.

14 (~~(23)~~) (24) "Director" means the director of the authority.

15 (~~(24)~~) (25) "Drug addiction" means a disease characterized by a
16 dependency on psychoactive chemicals, loss of control over the amount
17 and circumstances of use, symptoms of tolerance, physiological or
18 psychological withdrawal, or both, if use is reduced or discontinued,
19 and impairment of health or disruption of social or economic
20 functioning.

21 (~~(25)~~) (26) "Early adopter" means a regional service area for
22 which all of the county authorities have requested that the authority
23 purchase medical and behavioral health services through a managed
24 care health system as defined under RCW 71.24.380(~~(6)~~) (7).

25 (~~(26)~~) (27) "Emerging best practice" or "promising practice"
26 means a program or practice that, based on statistical analyses or a
27 well established theory of change, shows potential for meeting the
28 evidence-based or research-based criteria, which may include the use
29 of a program that is evidence-based for outcomes other than those
30 listed in subsection (~~(27)~~) (28) of this section.

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

1 (~~(28)~~) (29) "Indian health care provider" means a health care
2 program operated by the Indian health service or by a tribe, tribal
3 organization, or urban Indian organization as those terms are defined
4 in the Indian health care improvement act (25 U.S.C. Sec. 1603).

5 (~~(29)~~) (30) "Intensive behavioral health treatment facility"
6 means a community-based specialized residential treatment facility
7 for individuals with behavioral health conditions, including
8 individuals discharging from or being diverted from state and local
9 hospitals, whose impairment or behaviors do not meet, or no longer
10 meet, criteria for involuntary inpatient commitment under chapter
11 71.05 RCW, but whose care needs cannot be met in other community-
12 based placement settings.

13 (~~(30)~~) (31) "Licensed or certified behavioral health agency"
14 means:

15 (a) An entity licensed or certified according to this chapter or
16 chapter 71.05 RCW;

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

20 (c) An entity with a tribal attestation that it meets state
21 minimum standards for a licensed or certified behavioral health
22 agency.

23 (~~(31)~~) (32) "Licensed physician" means a person licensed to
24 practice medicine or osteopathic medicine and surgery in the state of
25 Washington.

26 (~~(32)~~) (33) "Long-term inpatient care" means inpatient services
27 for persons committed for, or voluntarily receiving intensive
28 treatment for, periods of ninety days or greater under chapter 71.05
29 RCW. "Long-term inpatient care" as used in this chapter does not
30 include: (a) Services for individuals committed under chapter 71.05
31 RCW who are receiving services pursuant to a conditional release or a
32 court-ordered less restrictive alternative to detention; or (b)
33 services for individuals voluntarily receiving less restrictive
34 alternative treatment on the grounds of the state hospital.

35 (~~(33)~~) (34) "Managed care organization" means an organization,
36 having a certificate of authority or certificate of registration from
37 the office of the insurance commissioner, that contracts with the
38 authority under a comprehensive risk contract to provide prepaid
39 health care services to enrollees under the authority's managed care
40 programs under chapter 74.09 RCW.

1 ~~((34))~~ (35) "Mental health peer-run respite center" means a
2 peer-run program to serve individuals in need of voluntary, short-
3 term, noncrisis services that focus on recovery and wellness.

4 ~~((35))~~ (36) Mental health "treatment records" include
5 registration and all other records concerning persons who are
6 receiving or who at any time have received services for mental
7 illness, which are maintained by the department of social and health
8 services or the authority, by behavioral health administrative
9 services organizations and their staffs, by managed care
10 organizations and their staffs, or by treatment facilities.
11 "Treatment records" do not include notes or records maintained for
12 personal use by a person providing treatment services for the
13 entities listed in this subsection, or a treatment facility if the
14 notes or records are not available to others.

15 ~~((36))~~ (37) "Mentally ill persons," "persons who are mentally
16 ill," and "the mentally ill" mean persons and conditions defined in
17 subsections (2), (12), ~~((44))~~ (45), and ~~((45))~~ (46) of this
18 section.

19 ~~((37))~~ (38) "Mobile rapid response crisis team" means a team
20 that provides professional on-site community-based intervention such
21 as outreach, de-escalation, stabilization, resource connection, and
22 follow-up support for individuals who are experiencing a behavioral
23 health crisis, that shall include certified peer counselors as a best
24 practice to the extent practicable based on workforce availability,
25 and that meets standards for response times established by the
26 authority.

27 ~~((38))~~ (39) "Recovery" means a process of change through which
28 individuals improve their health and wellness, live a self-directed
29 life, and strive to reach their full potential.

30 ~~((39))~~ (40) "Research-based" means a program or practice that
31 has been tested with a single randomized, or statistically controlled
32 evaluation, or both, demonstrating sustained desirable outcomes; or
33 where the weight of the evidence from a systemic review supports
34 sustained outcomes as described in subsection ~~((27))~~ (28) of this
35 section but does not meet the full criteria for evidence-based.

36 ~~((40))~~ (41) "Residential services" means a complete range of
37 residences and supports authorized by resource management services
38 and which may involve a facility, a distinct part thereof, or
39 services which support community living, for persons who are acutely
40 mentally ill, adults who are chronically mentally ill, children who

1 are severely emotionally disturbed, or adults who are seriously
2 disturbed and determined by the behavioral health administrative
3 services organization or managed care organization to be at risk of
4 becoming acutely or chronically mentally ill. The services shall
5 include at least evaluation and treatment services as defined in
6 chapter 71.05 RCW, acute crisis respite care, long-term adaptive and
7 rehabilitative care, and supervised and supported living services,
8 and shall also include any residential services developed to service
9 persons who are mentally ill in nursing homes, residential treatment
10 facilities, assisted living facilities, and adult family homes, and
11 may include outpatient services provided as an element in a package
12 of services in a supported housing model. Residential services for
13 children in out-of-home placements related to their mental disorder
14 shall not include the costs of food and shelter, except for
15 children's long-term residential facilities existing prior to January
16 1, 1991.

17 ~~((41))~~ (42) "Resilience" means the personal and community
18 qualities that enable individuals to rebound from adversity, trauma,
19 tragedy, threats, or other stresses, and to live productive lives.

20 ~~((42))~~ (43) "Resource management services" mean the planning,
21 coordination, and authorization of residential services and community
22 support services administered pursuant to an individual service plan
23 for: (a) Adults and children who are acutely mentally ill; (b) adults
24 who are chronically mentally ill; (c) children who are severely
25 emotionally disturbed; or (d) adults who are seriously disturbed and
26 determined by a behavioral health administrative services
27 organization or managed care organization to be at risk of becoming
28 acutely or chronically mentally ill. Such planning, coordination, and
29 authorization shall include mental health screening for children
30 eligible under the federal Title XIX early and periodic screening,
31 diagnosis, and treatment program. Resource management services
32 include seven day a week, twenty-four hour a day availability of
33 information regarding enrollment of adults and children who are
34 mentally ill in services and their individual service plan to
35 designated crisis responders, evaluation and treatment facilities,
36 and others as determined by the behavioral health administrative
37 services organization or managed care organization, as applicable.

38 ~~((43))~~ (44) "Secretary" means the secretary of the department
39 of health.

40 ~~((44))~~ (45) "Seriously disturbed person" means a person who:

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

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

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

10 (d) Exhibits suicidal preoccupation or attempts; or

11 (e) Is a child diagnosed by a mental health professional, as
12 defined in chapter 71.34 RCW, as experiencing a mental disorder which
13 is clearly interfering with the child's functioning in family or
14 school or with peers or is clearly interfering with the child's
15 personality development and learning.

16 (~~(45)~~) (46) "Severely emotionally disturbed child" or "child
17 who is severely emotionally disturbed" means a child who has been
18 determined by the behavioral health administrative services
19 organization or managed care organization, if applicable, to be
20 experiencing a mental disorder as defined in chapter 71.34 RCW,
21 including those mental disorders that result in a behavioral or
22 conduct disorder, that is clearly interfering with the child's
23 functioning in family or school or with peers and who meets at least
24 one of the following criteria:

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

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

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

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

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

35 (ii) Changes in custodial adult;

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

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

1 (v) Drug or alcohol abuse; or

2 (vi) Homelessness.

3 (~~(46)~~) (47) "State minimum standards" means minimum
4 requirements established by rules adopted and necessary to implement
5 this chapter by:

6 (a) The authority for:

7 (i) Delivery of mental health and substance use disorder
8 services; and

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

10 (b) The department of health for:

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

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

16 (iii) Residential services.

17 (~~(47)~~) (48) "Substance use disorder" means a cluster of
18 cognitive, behavioral, and physiological symptoms indicating that an
19 individual continues using the substance despite significant
20 substance-related problems. The diagnosis of a substance use disorder
21 is based on a pathological pattern of behaviors related to the use of
22 the substances.

23 (~~(48)~~) (49) "Tribe," for the purposes of this section, means a
24 federally recognized Indian tribe.

25 **Sec. 2.** RCW 71.24.037 and 2019 c 446 s 23 and 2019 c 325 s 1007
26 are each reenacted and amended to read as follows:

27 (1) The secretary shall license or certify any agency or facility
28 that: (a) Submits payment of the fee established under RCW 43.70.110
29 and 43.70.250; (b) submits a complete application that demonstrates
30 the ability to comply with requirements for operating and maintaining
31 an agency or facility in statute or rule; and (c) successfully
32 completes the prelicensure inspection requirement.

33 (2) The secretary shall establish by rule minimum standards for
34 licensed or certified behavioral health agencies that must, at a
35 minimum, establish: (a) Qualifications for staff providing services
36 directly to persons with mental disorders, substance use disorders,
37 or both; (b) the intended result of each service; and (c) the rights
38 and responsibilities of persons receiving behavioral health services
39 pursuant to this chapter and chapter 71.05 RCW. The secretary shall

1 provide for deeming of licensed or certified behavioral health
2 agencies as meeting state minimum standards as a result of
3 accreditation by a recognized behavioral health accrediting body
4 recognized and having a current agreement with the department.

5 (3) The department shall review reports or other information
6 alleging a failure to comply with this chapter or the standards and
7 rules adopted under this chapter and may initiate investigations and
8 enforcement actions based on those reports.

9 (4) The department shall conduct inspections of agencies and
10 facilities, including reviews of records and documents required to be
11 maintained under this chapter or rules adopted under this chapter.

12 (5) The department may suspend, revoke, limit, restrict, or
13 modify an approval, or refuse to grant approval, for failure to meet
14 the provisions of this chapter, or the standards adopted under this
15 chapter. RCW 43.70.115 governs notice of a license or certification
16 denial, revocation, suspension, or modification and provides the
17 right to an adjudicative proceeding.

18 (6) No licensed or certified behavioral health (~~service~~
19 ~~provider~~) agency may advertise or represent itself as a licensed or
20 certified behavioral health (~~service provider~~) agency if approval
21 has not been granted or has been denied, suspended, revoked, or
22 canceled.

23 (7) Licensure or certification as a behavioral health (~~service~~
24 ~~provider~~) agency is effective for one calendar year from the date of
25 issuance of the license or certification. The license or
26 certification must specify the types of services provided by the
27 behavioral health (~~service provider~~) agency that meet the standards
28 adopted under this chapter. Renewal of a license or certification
29 must be made in accordance with this section for initial approval and
30 in accordance with the standards set forth in rules adopted by the
31 secretary.

32 (8) Licensure or certification as a licensed or certified
33 behavioral health (~~service provider~~) agency must specify the types
34 of services provided that meet the standards adopted under this
35 chapter. Renewal of a license or certification must be made in
36 accordance with this section for initial approval and in accordance
37 with the standards set forth in rules adopted by the secretary.

38 (9) The department shall develop a process by which a provider
39 may obtain dual licensure as an evaluation and treatment facility and
40 secure withdrawal management and stabilization facility.

1 (10) Licensed or certified behavioral health (~~service~~
2 ~~providers~~) agencies may not provide types of services for which the
3 licensed or certified behavioral health (~~service provider~~) agency
4 has not been certified. Licensed or certified behavioral health
5 (~~service providers~~) agencies may provide services for which
6 approval has been sought and is pending, if approval for the services
7 has not been previously revoked or denied.

8 (11) The department periodically shall inspect licensed or
9 certified behavioral health (~~service providers~~) agencies at
10 reasonable times and in a reasonable manner.

11 (12) Upon petition of the department and after a hearing held
12 upon reasonable notice to the facility, the superior court may issue
13 a warrant to an officer or employee of the department authorizing him
14 or her to enter and inspect at reasonable times, and examine the
15 books and accounts of, any licensed or certified behavioral health
16 (~~service provider~~) agency refusing to consent to inspection or
17 examination by the department or which the department has reasonable
18 cause to believe is operating in violation of this chapter.

19 (13) The department shall maintain and periodically publish a
20 current list of licensed or certified behavioral health (~~service~~
21 ~~providers~~) agencies.

22 (14) Each licensed or certified behavioral health (~~service~~
23 ~~provider~~) agency shall file with the department or the authority
24 upon request, data, statistics, schedules, and information the
25 department or the authority reasonably requires. A licensed or
26 certified behavioral health (~~service provider~~) agency that without
27 good cause fails to furnish any data, statistics, schedules, or
28 information as requested, or files fraudulent returns thereof, may
29 have its license or certification revoked or suspended.

30 (15) The authority shall use the data provided in subsection (14)
31 of this section to evaluate each program that admits children to
32 inpatient substance use disorder treatment upon application of their
33 parents. The evaluation must be done at least once every twelve
34 months. In addition, the authority shall randomly select and review
35 the information on individual children who are admitted on
36 application of the child's parent for the purpose of determining
37 whether the child was appropriately placed into substance use
38 disorder treatment based on an objective evaluation of the child's
39 condition and the outcome of the child's treatment.

1 (16) Any settlement agreement entered into between the department
2 and licensed or certified behavioral health (~~service providers~~)
3 agencies to resolve administrative complaints, license or
4 certification violations, license or certification suspensions, or
5 license or certification revocations may not reduce the number of
6 violations reported by the department unless the department
7 concludes, based on evidence gathered by inspectors, that the
8 licensed or certified behavioral health (~~service provider~~) agency
9 did not commit one or more of the violations.

10 (17) In cases in which a behavioral health (~~service provider~~)
11 agency that is in violation of licensing or certification standards
12 attempts to transfer or sell the behavioral health (~~service~~
13 ~~provider~~) agency to a family member, the transfer or sale may only
14 be made for the purpose of remedying license or certification
15 violations and achieving full compliance with the terms of the
16 license or certification. Transfers or sales to family members are
17 prohibited in cases in which the purpose of the transfer or sale is
18 to avoid liability or reset the number of license or certification
19 violations found before the transfer or sale. If the department finds
20 that the owner intends to transfer or sell, or has completed the
21 transfer or sale of, ownership of the behavioral health (~~service~~
22 ~~provider~~) agency to a family member solely for the purpose of
23 resetting the number of violations found before the transfer or sale,
24 the department may not renew the behavioral health (~~service~~
25 ~~provider's~~) agency's license or certification or issue a new license
26 or certification to the behavioral health service provider.

27 (18) Every licensed or certified outpatient behavioral health
28 agency shall display the 988 crisis hotline number in common areas of
29 the premises and include the number as a calling option on any phone
30 message for persons calling the agency after business hours.

31 (19) Every licensed or certified inpatient or residential
32 behavioral health agency must include the 988 crisis hotline number
33 in the discharge summary provided to individuals being discharged
34 from inpatient or residential services.

35 NEW SECTION. Sec. 3. A new section is added to chapter 71.24
36 RCW to read as follows:

37 The department shall develop informational materials and a social
38 media campaign related to the 988 crisis hotline, including call,
39 text, and chat options, and other crisis hotline lines for veterans,

1 American Indians and Alaska Natives, and other populations. The
2 informational materials must include appropriate information for
3 persons seeking services at behavioral health clinics and medical
4 clinics, as well as media audiences and students at K-12 schools and
5 higher education institutions. The department shall make the
6 informational materials available to behavioral health clinics,
7 medical clinics, media, K-12 schools, higher education institutions,
8 and other relevant settings. The informational materials shall be
9 made available to professionals during training in suicide
10 assessment, treatment, and management under RCW 43.70.442. To tailor
11 the messages of the informational materials and the social media
12 campaign, the department must consult with tribes, the American
13 Indian health commission of Washington state, the native and strong
14 lifeline, the Washington state department of veterans affairs,
15 representatives of agricultural communities, and persons with lived
16 experience related to mental health issues, substance use disorder
17 issues, a suicide attempt, or a suicide loss.

18 **Sec. 4.** RCW 43.70.442 and 2020 c 229 s 1 and 2020 c 80 s 30 are
19 each reenacted and amended to read as follows:

20 (1)(a) Each of the following professionals certified or licensed
21 under Title 18 RCW shall, at least once every six years, complete
22 training in suicide assessment, treatment, and management that is
23 approved, in rule, by the relevant disciplining authority:

24 (i) An adviser or counselor certified under chapter 18.19 RCW;

25 (ii) A substance use disorder professional licensed under chapter
26 18.205 RCW;

27 (iii) A marriage and family therapist licensed under chapter
28 18.225 RCW;

29 (iv) A mental health counselor licensed under chapter 18.225 RCW;

30 (v) An occupational therapy practitioner licensed under chapter
31 18.59 RCW;

32 (vi) A psychologist licensed under chapter 18.83 RCW;

33 (vii) An advanced social worker or independent clinical social
34 worker licensed under chapter 18.225 RCW; and

35 (viii) A social worker associate—advanced or social worker
36 associate—independent clinical licensed under chapter 18.225 RCW.

37 (b) The requirements in (a) of this subsection apply to a person
38 holding a retired active license for one of the professions in (a) of
39 this subsection.

1 (c) The training required by this subsection must be at least six
2 hours in length, unless a disciplining authority has determined,
3 under subsection (10)(b) of this section, that training that includes
4 only screening and referral elements is appropriate for the
5 profession in question, in which case the training must be at least
6 three hours in length.

7 (d) Beginning July 1, 2017, the training required by this
8 subsection must be on the model list developed under subsection (6)
9 of this section. Nothing in this subsection (1)(d) affects the
10 validity of training completed prior to July 1, 2017.

11 (2)(a) Except as provided in (b) of this subsection:

12 (i) A professional listed in subsection (1)(a) of this section
13 must complete the first training required by this section by the end
14 of the first full continuing education reporting period after January
15 1, 2014, or during the first full continuing education reporting
16 period after initial licensure or certification, whichever occurs
17 later.

18 (ii) Beginning July 1, 2021, the second training for a
19 psychologist, a marriage and family therapist, a mental health
20 counselor, an advanced social worker, an independent clinical social
21 worker, a social worker associate-advanced, or a social worker
22 associate-independent clinical must be either: (A) An advanced
23 training focused on suicide management, suicide care protocols, or
24 effective treatments; or (B) a training in a treatment modality shown
25 to be effective in working with people who are suicidal, including
26 dialectical behavior therapy, collaborative assessment and management
27 of suicide risk, or cognitive behavior therapy-suicide prevention. If
28 a professional subject to the requirements of this subsection has
29 already completed the professional's second training prior to July 1,
30 2021, the professional's next training must comply with this
31 subsection. This subsection (2)(a)(ii) does not apply if the licensee
32 demonstrates that the training required by this subsection (2)(a)(ii)
33 is not reasonably available.

34 (b)(i) A professional listed in subsection (1)(a) of this section
35 applying for initial licensure may delay completion of the first
36 training required by this section for six years after initial
37 licensure if he or she can demonstrate successful completion of the
38 training required in subsection (1) of this section no more than six
39 years prior to the application for initial licensure.

1 (ii) Beginning July 1, 2021, a psychologist, a marriage and
2 family therapist, a mental health counselor, an advanced social
3 worker, an independent clinical social worker, a social worker
4 associate-advanced, or a social worker associate-independent clinical
5 exempt from his or her first training under (b) (i) of this subsection
6 must comply with the requirements of (a) (ii) of this subsection for
7 his or her first training after initial licensure. If a professional
8 subject to the requirements of this subsection has already completed
9 the professional's first training after initial licensure, the
10 professional's next training must comply with this subsection
11 (2) (b) (ii). This subsection (2) (b) (ii) does not apply if the licensee
12 demonstrates that the training required by this subsection (2) (b) (ii)
13 is not reasonably available.

14 (3) The hours spent completing training in suicide assessment,
15 treatment, and management under this section count toward meeting any
16 applicable continuing education or continuing competency requirements
17 for each profession.

18 (4) (a) A disciplining authority may, by rule, specify minimum
19 training and experience that is sufficient to exempt an individual
20 professional from the training requirements in subsections (1) and
21 (5) of this section. Nothing in this subsection (4) (a) allows a
22 disciplining authority to provide blanket exemptions to broad
23 categories or specialties within a profession.

24 (b) A disciplining authority may exempt a professional from the
25 training requirements of subsections (1) and (5) of this section if
26 the professional has only brief or limited patient contact.

27 (5) (a) Each of the following professionals credentialed under
28 Title 18 RCW shall complete a one-time training in suicide
29 assessment, treatment, and management that is approved by the
30 relevant disciplining authority:

31 (i) A chiropractor licensed under chapter 18.25 RCW;

32 (ii) A naturopath licensed under chapter 18.36A RCW;

33 (iii) A licensed practical nurse, registered nurse, or advanced
34 registered nurse practitioner, other than a certified registered
35 nurse anesthetist, licensed under chapter 18.79 RCW;

36 (iv) An osteopathic physician and surgeon licensed under chapter
37 18.57 RCW, other than a holder of a postgraduate osteopathic medicine
38 and surgery license issued under RCW 18.57.035;

39 (v) A physical therapist or physical therapist assistant licensed
40 under chapter 18.74 RCW;

1 (vi) A physician licensed under chapter 18.71 RCW, other than a
2 resident holding a limited license issued under RCW 18.71.095(3);

3 (vii) A physician assistant licensed under chapter 18.71A RCW;

4 (viii) A pharmacist licensed under chapter 18.64 RCW;

5 (ix) A dentist licensed under chapter 18.32 RCW;

6 (x) A dental hygienist licensed under chapter 18.29 RCW;

7 (xi) An athletic trainer licensed under chapter 18.250 RCW;

8 (xii) An optometrist licensed under chapter 18.53 RCW;

9 (xiii) An acupuncture and Eastern medicine practitioner licensed
10 under chapter 18.06 RCW; and

11 (xiv) A person holding a retired active license for one of the
12 professions listed in (a) (i) through (xiii) of this subsection.

13 (b) (i) A professional listed in (a) (i) through (vii) of this
14 subsection or a person holding a retired active license for one of
15 the professions listed in (a) (i) through (vii) of this subsection
16 must complete the one-time training by the end of the first full
17 continuing education reporting period after January 1, 2016, or
18 during the first full continuing education reporting period after
19 initial licensure, whichever is later. Training completed between
20 June 12, 2014, and January 1, 2016, that meets the requirements of
21 this section, other than the timing requirements of this subsection
22 (5) (b), must be accepted by the disciplining authority as meeting the
23 one-time training requirement of this subsection (5).

24 (ii) A licensed pharmacist or a person holding a retired active
25 pharmacist license must complete the one-time training by the end of
26 the first full continuing education reporting period after January 1,
27 2017, or during the first full continuing education reporting period
28 after initial licensure, whichever is later.

29 (iii) A licensed dentist, a licensed dental hygienist, or a
30 person holding a retired active license as a dentist shall complete
31 the one-time training by the end of the full continuing education
32 reporting period after August 1, 2020, or during the first full
33 continuing education reporting period after initial licensure,
34 whichever is later. Training completed between July 23, 2017, and
35 August 1, 2020, that meets the requirements of this section, other
36 than the timing requirements of this subsection (5) (b) (iii), must be
37 accepted by the disciplining authority as meeting the one-time
38 training requirement of this subsection (5).

39 (iv) A licensed optometrist or a licensed acupuncture and Eastern
40 medicine practitioner, or a person holding a retired active license

1 as an optometrist or an acupuncture and Eastern medicine
2 practitioner, shall complete the one-time training by the end of the
3 full continuing education reporting period after August 1, 2021, or
4 during the first full continuing education reporting period after
5 initial licensure, whichever is later. Training completed between
6 August 1, 2020, and August 1, 2021, that meets the requirements of
7 this section, other than the timing requirements of this subsection
8 (5)(b)(iv), must be accepted by the disciplining authority as meeting
9 the one-time training requirement of this subsection (5).

10 (c) The training required by this subsection must be at least six
11 hours in length, unless a disciplining authority has determined,
12 under subsection (10)(b) of this section, that training that includes
13 only screening and referral elements is appropriate for the
14 profession in question, in which case the training must be at least
15 three hours in length.

16 (d) Beginning July 1, 2017, the training required by this
17 subsection must be on the model list developed under subsection (6)
18 of this section. Nothing in this subsection (5)(d) affects the
19 validity of training completed prior to July 1, 2017.

20 (6)(a) The secretary and the disciplining authorities shall work
21 collaboratively to develop a model list of training programs in
22 suicide assessment, treatment, and management. Beginning July 1,
23 2021, for purposes of subsection (2)(a)(ii) of this section, the
24 model list must include advanced training and training in treatment
25 modalities shown to be effective in working with people who are
26 suicidal.

27 (b) The secretary and the disciplining authorities shall update
28 the list at least once every two years.

29 (c) By June 30, 2016, the department shall adopt rules
30 establishing minimum standards for the training programs included on
31 the model list. The minimum standards must require that six-hour
32 trainings include content specific to veterans and the assessment of
33 issues related to imminent harm via lethal means or self-injurious
34 behaviors and that three-hour trainings for pharmacists or dentists
35 include content related to the assessment of issues related to
36 imminent harm via lethal means. By July 1, 2024, the minimum
37 standards must be updated to require that both the six-hour and
38 three-hour trainings include content specific to the availability of
39 and the services offered by the 988 crisis hotline and the behavioral
40 health crisis response and suicide prevention system and best

1 practices for assisting persons with accessing the 988 crisis hotline
2 and the system. Beginning September 1, 2024, trainings submitted to
3 the department for review and approval must include the updated
4 information in the minimum standards for the model list as well as
5 all subsequent submissions. When adopting the rules required under
6 this subsection (6)(c), the department shall:

7 (i) Consult with the affected disciplining authorities, public
8 and private institutions of higher education, educators, experts in
9 suicide assessment, treatment, and management, the Washington
10 department of veterans affairs, and affected professional
11 associations; and

12 (ii) Consider standards related to the best practices registry of
13 the American foundation for suicide prevention and the suicide
14 prevention resource center.

15 (d) Beginning January 1, 2017:

16 (i) The model list must include only trainings that meet the
17 minimum standards established in the rules adopted under (c) of this
18 subsection and any three-hour trainings that met the requirements of
19 this section on or before July 24, 2015;

20 (ii) The model list must include six-hour trainings in suicide
21 assessment, treatment, and management, and three-hour trainings that
22 include only screening and referral elements; and

23 (iii) A person or entity providing the training required in this
24 section may petition the department for inclusion on the model list.
25 The department shall add the training to the list only if the
26 department determines that the training meets the minimum standards
27 established in the rules adopted under (c) of this subsection.

28 (e) By January 1, 2021, the department shall adopt minimum
29 standards for advanced training and training in treatment modalities
30 shown to be effective in working with people who are suicidal.
31 Beginning July 1, 2021, all such training on the model list must meet
32 the minimum standards. When adopting the minimum standards, the
33 department must consult with the affected disciplining authorities,
34 public and private institutions of higher education, educators,
35 experts in suicide assessment, treatment, and management, the
36 Washington department of veterans affairs, and affected professional
37 associations.

38 (7) The department shall provide the health profession training
39 standards created in this section to the professional educator
40 standards board as a model in meeting the requirements of RCW

1 28A.410.226 and provide technical assistance, as requested, in the
2 review and evaluation of educator training programs. The educator
3 training programs approved by the professional educator standards
4 board may be included in the department's model list.

5 (8) Nothing in this section may be interpreted to expand or limit
6 the scope of practice of any profession regulated under chapter
7 18.130 RCW.

8 (9) The secretary and the disciplining authorities affected by
9 this section shall adopt any rules necessary to implement this
10 section.

11 (10) For purposes of this section:

12 (a) "Disciplining authority" has the same meaning as in RCW
13 18.130.020.

14 (b) "Training in suicide assessment, treatment, and management"
15 means empirically supported training approved by the appropriate
16 disciplining authority that contains the following elements: Suicide
17 assessment, including screening and referral, suicide treatment, and
18 suicide management. However, the disciplining authority may approve
19 training that includes only screening and referral elements if
20 appropriate for the profession in question based on the profession's
21 scope of practice. The board of occupational therapy may also approve
22 training that includes only screening and referral elements if
23 appropriate for occupational therapy practitioners based on practice
24 setting.

25 (11) A state or local government employee is exempt from the
26 requirements of this section if he or she receives a total of at
27 least six hours of training in suicide assessment, treatment, and
28 management from his or her employer every six years. For purposes of
29 this subsection, the training may be provided in one six-hour block
30 or may be spread among shorter training sessions at the employer's
31 discretion.

32 (12) An employee of a community mental health agency licensed
33 under chapter 71.24 RCW or a chemical dependency program certified
34 under chapter 71.24 RCW is exempt from the requirements of this
35 section if he or she receives a total of at least six hours of
36 training in suicide assessment, treatment, and management from his or
37 her employer every six years. For purposes of this subsection, the
38 training may be provided in one six-hour block or may be spread among
39 shorter training sessions at the employer's discretion.

1 **Sec. 5.** RCW 71.24.890 and 2021 c 302 s 102 are each amended to
2 read as follows:

3 (1) Establishing the state (~~(erisis-call-center)~~) designated 988
4 contact hubs and enhancing the crisis response system will require
5 collaborative work between the department and the authority within
6 their respective roles. The department shall have primary
7 responsibility for establishing and designating the (~~(erisis-call~~
8 ~~center)~~) designated 988 contact hubs. The authority shall have
9 primary responsibility for developing and implementing the crisis
10 response system and services to support the work of the (~~(erisis-call~~
11 ~~center)~~) designated 988 contact hubs. In any instance in which one
12 agency is identified as the lead, the expectation is that agency will
13 be communicating and collaborating with the other to ensure seamless,
14 continuous, and effective service delivery within the statewide
15 crisis response system.

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

27 (a) May provide funding to support crisis call centers and
28 designated 988 contact hubs to enter into limited on-site
29 partnerships with the public safety answering point to increase the
30 coordination and transfer of behavioral health calls received by
31 certified public safety telecommunicators that are better addressed
32 by clinic interventions provided by the 988 system. Tax revenue may
33 be used to support on-site partnerships;

34 (b) Shall require that crisis call centers enter into data-
35 sharing agreements, when appropriate, with the department, the
36 authority, and applicable regional behavioral health administrative
37 services organizations to provide reports and client level data
38 regarding 988 crisis hotline calls, as allowed by and in compliance
39 with existing federal and state law governing the sharing and use of
40 protected health information, including dispatch time, arrival time,

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

14 (3) The department shall adopt rules by (~~July~~) January 1,
15 (~~2023~~) 2025, to establish standards for designation of crisis call
16 centers as (~~crisis call center~~) designated 988 contact hubs. The
17 department shall collaborate with the authority and other agencies to
18 assure coordination and availability of services, and shall consider
19 national guidelines for behavioral health crisis care as determined
20 by the federal substance abuse and mental health services
21 administration, national behavioral health accrediting bodies, and
22 national behavioral health provider associations to the extent they
23 are appropriate, and recommendations from the crisis response
24 improvement strategy committee created in RCW 71.24.892.

25 (4) The department shall designate (~~crisis call center~~)
26 designated 988 contact hubs by (~~July~~) January 1, (~~2024~~) 2026. The
27 (~~crisis call center~~) designated 988 contact hubs shall provide
28 crisis intervention services, triage, care coordination, referrals,
29 and connections to individuals contacting the 988 crisis hotline from
30 any jurisdiction within Washington 24 hours a day, seven days a week,
31 using the system platform developed under subsection (5) of this
32 section.

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

1 (b) The contracts entered shall require designated (~~crisis call~~
2 ~~center~~) 988 contact 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; (~~and~~

6 +v)) (vii) Develop and submit to the department protocols
7 between the designated 988 contact hub and 911 call centers within
8 the region in which the designated crisis call center operates and
9 receive 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 protocols related to the dispatching of mobile rapid
14 response crisis teams and community-based crisis teams endorsed under
15 section 9 of this act and receive approval of the protocols by the
16 authority;

17 (ix) Provide data and reports and participate in evaluations and
18 related quality improvement activities, according to standards
19 established by the department in collaboration with the authority;
20 and

21 (x) Enter into data-sharing agreements with the department, the
22 authority, and applicable regional behavioral health administrative
23 services organizations to provide reports and client level data
24 regarding 988 crisis hotline calls, as allowed by and in compliance
25 with existing federal and state law governing the sharing and use of
26 protected health information, including dispatch time, arrival time,
27 and disposition of the outreach for each call referred for outreach
28 by each region. The department and the authority shall establish
29 requirements that the designated 988 contact hubs report the data
30 identified in this subsection (4)(b)(x) to regional behavioral health
31 administrative services organizations for the purposes of maximizing
32 medicaid reimbursement, as appropriate, and implementing this chapter
33 and chapters 71.05 and 71.34 RCW including, but not limited to,
34 administering crisis services for the assigned regional service area,
35 contracting with a sufficient number or licensed or certified
36 providers for crisis services, establishing and maintaining quality
37 assurance processes, maintaining patient tracking, and developing and
38 implementing strategies to coordinate care for individuals with a
39 history of frequent crisis system utilization.

1 (c) The department and the authority shall incorporate
2 recommendations from the crisis response improvement strategy
3 committee created under RCW 71.24.892 in its agreements with (~~erisis~~
4 ~~call-center~~) designated 988 contact hubs, as appropriate.

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

17 (a) A new technologically advanced behavioral health and suicide
18 prevention crisis call center system platform (~~using technology~~
19 ~~demonstrated to be interoperable across crisis and emergency response~~
20 ~~systems used throughout the state, such as 911 systems, emergency~~
21 ~~medical services systems, and other nonbehavioral health crisis~~
22 ~~services,~~) for use in (~~erisis call-center~~) designated 988 contact
23 hubs designated by the department under subsection (4) of this
24 section. This platform, which shall be fully funded by July 1,
25 (~~2023~~) 2024, shall be developed by the department and must include
26 the capacity to receive crisis assistance requests through phone
27 calls, texts, chats, and other similar methods of communication that
28 may be developed in the future that promote access to the behavioral
29 health crisis system; and

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

35 (6) In developing the new technologies under subsection (5) of
36 this section, the department and the authority must coordinate to
37 designate a primary technology system to provide each of the
38 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, including but not limited to crisis stabilization services,
6 triage facilities, psychiatric inpatient, substance use disorder
7 inpatient, withdrawal management, peer-run respite centers, and
8 crisis respite services, inclusive of both voluntary and involuntary
9 beds, for use by crisis response workers, first responders, health
10 care providers, emergency departments, and individuals in crisis; and

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

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

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

27 ~~((b) The means to request deployment of appropriate crisis
28 response services, which may include mobile rapid response crisis
29 teams, co-responder teams, designated crisis responders, fire
30 department mobile integrated health teams, or community assistance
31 referral and educational services programs under RCW 35.21.930,
32 according to best practice guidelines established by the authority,
33 and track local response through global positioning technology; and~~

34 ~~(e))~~ The means to track the outcome of the 988 call to enable
35 appropriate follow up, cross-system coordination, and accountability,
36 including as appropriate: (i) Any immediate services dispatched and
37 reports generated from the encounter; (ii) the validation of a safety
38 plan established for the caller in accordance with best practices;
39 (iii) the next steps for the caller to follow in transition to
40 noncrisis follow-up care, including a next-day appointment for

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

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

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

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

24 (7) (~~(To implement this section the department and the authority~~
25 ~~shall collaborate with the state enhanced 911 coordination office,~~
26 ~~emergency management division, and military department to develop~~
27 ~~technology that is demonstrated to be interoperable between the 988~~
28 ~~crisis hotline system and crisis and emergency response systems used~~
29 ~~throughout the state, such as 911 systems, emergency medical services~~
30 ~~systems, and other nonbehavioral health crisis services, as well as~~
31 ~~the national suicide prevention lifeline, to assure cohesive~~
32 ~~interoperability, develop training programs and operations for both~~
33 ~~911 public safety telecommunicators and crisis line workers, develop~~
34 ~~suicide and other behavioral health crisis assessments and~~
35 ~~intervention strategies, and establish efficient and equitable access~~
36 ~~to resources via crisis hotlines.~~

37 ~~(8))~~) The authority shall:

38 (a) Collaborate with county authorities and behavioral health
39 administrative services organizations to develop procedures to
40 dispatch behavioral health crisis services in coordination with

1 (~~crisis call center~~) designated 988 contact hubs to effectuate the
2 intent of this section;

3 (b) Establish formal agreements with managed care organizations
4 and behavioral health administrative services organizations by
5 January 1, 2023, to provide for the services, capacities, and
6 coordination necessary to effectuate the intent of this section,
7 which shall include a requirement to arrange next-day appointments
8 for persons contacting the 988 crisis hotline experiencing urgent,
9 symptomatic behavioral health care needs with geographically,
10 culturally, and linguistically appropriate primary care or behavioral
11 health providers within the person's provider network, or, if
12 uninsured, through the person's behavioral health administrative
13 services organization;

14 (c) Create best practices guidelines by July 1, 2023, for
15 deployment of appropriate and available crisis response services by
16 (~~crisis call center~~) designated 988 contact hubs to assist 988
17 hotline callers to minimize nonessential reliance on emergency room
18 services and the use of law enforcement, considering input from
19 relevant stakeholders and recommendations made by the crisis response
20 improvement strategy committee created under RCW 71.24.892;

21 (d) Develop procedures to allow appropriate information sharing
22 and communication between and across crisis and emergency response
23 systems for the purpose of real-time crisis care coordination
24 including, but not limited to, deployment of crisis and outgoing
25 services, follow-up care, and linked, flexible services specific to
26 crisis response; and

27 (e) Establish guidelines to appropriately serve high-risk
28 populations who request crisis services. The authority shall design
29 these guidelines to promote behavioral health equity for all
30 populations with attention to circumstances of race, ethnicity,
31 gender, socioeconomic status, sexual orientation, and geographic
32 location, and include components such as training requirements for
33 call response workers, policies for transferring such callers to an
34 appropriate specialized center or subnetwork within or external to
35 the national suicide prevention lifeline network, and procedures for
36 referring persons who access the 988 crisis hotline to linguistically
37 and culturally competent care.

38 (8) The department shall monitor trends in 988 crisis hotline
39 caller data, as reported by designated 988 contact hubs under
40 subsection (4)(b)(x) of this section, and submit an annual report to

1 the governor and the appropriate committees of the legislature
2 summarizing the data and trends beginning December 1, 2027.

3 **Sec. 6.** RCW 71.24.892 and 2021 c 302 s 103 are each amended to
4 read as follows:

5 (1) The crisis response improvement strategy committee is
6 established for the purpose of providing advice in developing an
7 integrated behavioral health crisis response and suicide prevention
8 system containing the elements described in this section. The work of
9 the committee shall be received and reviewed by a steering committee,
10 which shall in turn form subcommittees to provide the technical
11 analysis and input needed to formulate system change recommendations.

12 (2) The ~~((office of financial management shall contract with~~
13 ~~the))~~ behavioral health institute at Harborview medical center ~~((to))~~
14 shall facilitate and provide staff support to the steering committee
15 and to the crisis response improvement strategy committee. The
16 behavioral health institute may contract for the provision of these
17 services.

18 (3) The steering committee shall consist of the five members
19 specified as serving on the steering committee in this subsection and
20 one additional member who has been appointed to serve pursuant to the
21 criteria in either (j), (k), (l), or (m) of this subsection. The
22 steering committee shall select three cochairs from among its members
23 to lead the crisis response improvement strategy committee. The
24 crisis response improvement strategy committee shall consist of the
25 following members, who shall be appointed or requested by the
26 authority, unless otherwise noted:

27 (a) The director of the authority, or his or her designee, who
28 shall also serve on the steering committee;

29 (b) The secretary of the department, or his or her designee, who
30 shall also serve on the steering committee;

31 (c) A member representing the office of the governor, who shall
32 also serve on the steering committee;

33 (d) The Washington state insurance commissioner, or his or her
34 designee;

35 (e) Up to two members representing federally recognized tribes,
36 one from eastern Washington and one from western Washington, who have
37 expertise in behavioral health needs of their communities;

- 1 (f) One member from each of the two largest caucuses of the
2 senate, one of whom shall also be designated to participate on the
3 steering committee, to be appointed by the president of the senate;
- 4 (g) One member from each of the two largest caucuses of the house
5 of representatives, one of whom shall also be designated to
6 participate on the steering committee, to be appointed by the speaker
7 of the house of representatives;
- 8 (h) The director of the Washington state department of veterans
9 affairs, or his or her designee;
- 10 (i) The state (~~enhanced~~) 911 coordinator, or his or her
11 designee;
- 12 (j) A member with lived experience of a suicide attempt;
- 13 (k) A member with lived experience of a suicide loss;
- 14 (l) A member with experience of participation in the crisis
15 system related to lived experience of a mental health disorder;
- 16 (m) A member with experience of participation in the crisis
17 system related to lived experience with a substance use disorder;
- 18 (n) A member representing each crisis call center in Washington
19 that is contracted with the national suicide prevention lifeline;
- 20 (o) Up to two members representing behavioral health
21 administrative services organizations, one from an urban region and
22 one from a rural region;
- 23 (p) A member representing the Washington council for behavioral
24 health;
- 25 (q) A member representing the association of alcoholism and
26 addiction programs of Washington state;
- 27 (r) A member representing the Washington state hospital
28 association;
- 29 (s) A member representing the national alliance on mental illness
30 Washington;
- 31 (t) A member representing the behavioral health interests of
32 persons of color recommended by Sea Mar community health centers;
- 33 (u) A member representing the behavioral health interests of
34 persons of color recommended by Asian counseling and referral
35 service;
- 36 (v) A member representing law enforcement;
- 37 (w) A member representing a university-based suicide prevention
38 center of excellence;
- 39 (x) A member representing an emergency medical services
40 department with a CARES program;

1 (y) A member representing medicaid managed care organizations, as
2 recommended by the association of Washington healthcare plans;

3 (z) A member representing commercial health insurance, as
4 recommended by the association of Washington healthcare plans;

5 (aa) A member representing the Washington association of
6 designated crisis responders;

7 (bb) A member representing the children and youth behavioral
8 health work group;

9 (cc) A member representing a social justice organization
10 addressing police accountability and the use of deadly force; and

11 (dd) A member representing an organization specializing in
12 facilitating behavioral health services for LGBTQ populations.

13 (4) The crisis response improvement strategy committee shall
14 assist the steering committee to identify potential barriers and make
15 recommendations necessary to implement and effectively monitor the
16 progress of the 988 crisis hotline in Washington and make
17 recommendations for the statewide improvement of behavioral health
18 crisis response and suicide prevention services.

19 (5) The steering committee must develop a comprehensive
20 assessment of the behavioral health crisis response and suicide
21 prevention services system by January 1, 2022, including an inventory
22 of existing statewide and regional behavioral health crisis response,
23 suicide prevention, and crisis stabilization services and resources,
24 and taking into account capital projects which are planned and
25 funded. The comprehensive assessment shall identify:

26 (a) Statewide and regional insufficiencies and gaps in behavioral
27 health crisis response and suicide prevention services and resources
28 needed to meet population needs;

29 (b) Quantifiable goals for the provision of statewide and
30 regional behavioral health crisis services and targeted deployment of
31 resources, which consider factors such as reported rates of
32 involuntary commitment detentions, single-bed certifications, suicide
33 attempts and deaths, substance use disorder-related overdoses,
34 overdose or withdrawal-related deaths, and incarcerations due to a
35 behavioral health incident;

36 (c) A process for establishing outcome measures, benchmarks, and
37 improvement targets, for the crisis response system; and

38 (d) Potential funding sources to provide statewide and regional
39 behavioral health crisis services and resources.

1 (6) The steering committee, taking into account the comprehensive
2 assessment work under subsection (5) of this section as it becomes
3 available, after discussion with the crisis response improvement
4 strategy committee and hearing reports from the subcommittees, shall
5 report on the following:

6 (a) A recommended vision for an integrated crisis network in
7 Washington that includes, but is not limited to: An integrated 988
8 crisis hotline and ~~((crisis call center))~~ designated 988 contact
9 hubs; mobile rapid response crisis teams and community-based crisis
10 teams endorsed under section 9 of this act; mobile crisis response
11 units for youth, adult, and geriatric population; a range of crisis
12 stabilization services; an integrated involuntary treatment system;
13 access to peer-run services, including peer-run respite centers;
14 adequate crisis respite services; and data resources;

15 (b) Recommendations to promote equity in services for individuals
16 of diverse circumstances of culture, race, ethnicity, gender,
17 socioeconomic status, sexual orientation, and for individuals in
18 tribal, urban, and rural communities;

19 (c) Recommendations for a work plan with timelines to implement
20 appropriate local responses to calls to the 988 crisis hotline within
21 Washington in accordance with the time frames required by the
22 national suicide hotline designation act of 2020;

23 (d) The necessary components of each of the new technologically
24 advanced behavioral health crisis call center system platform and the
25 new behavioral health integrated client referral system, as provided
26 under RCW 71.24.890, for assigning and tracking response to
27 behavioral health crisis calls and providing real-time bed and
28 outpatient appointment availability to 988 operators, emergency
29 departments, designated crisis responders, and other behavioral
30 health crisis responders, which shall include but not be limited to:

31 (i) Identification of the components ~~((crisis call center))~~ that
32 designated 988 contact hub staff need to effectively coordinate
33 crisis response services and find available beds and available
34 primary care and behavioral health outpatient appointments;

35 (ii) Evaluation of existing bed tracking models currently
36 utilized by other states and identifying the model most suitable to
37 Washington's crisis behavioral health system;

38 (iii) Evaluation of whether bed tracking will improve access to
39 all behavioral health bed types and other impacts and benefits; and

1 (iv) Exploration of how the bed tracking and outpatient
2 appointment availability platform can facilitate more timely access
3 to care and other impacts and benefits;

4 (e) The necessary systems and capabilities that licensed or
5 certified behavioral health agencies, behavioral health providers,
6 and any other relevant parties will require to report, maintain, and
7 update inpatient and residential bed and outpatient service
8 availability in real time to correspond with the crisis call center
9 system platform or behavioral health integrated client referral
10 system identified in RCW 71.24.890, as appropriate;

11 (f) A work plan to establish the capacity for the (~~crisis call~~
12 ~~center~~) designated 988 contact hubs to integrate Spanish language
13 interpreters and Spanish-speaking call center staff into their
14 operations, and to ensure the availability of resources to meet the
15 unique needs of persons in the agricultural community who are
16 experiencing mental health stresses, which explicitly addresses
17 concerns regarding confidentiality;

18 (g) A work plan with timelines to enhance and expand the
19 availability of (~~community-based~~) mobile rapid response crisis
20 teams and community-based crisis teams endorsed under section 9 of
21 this act based in each region, including specialized teams as
22 appropriate to respond to the unique needs of youth, including
23 American Indian and Alaska Native youth and LGBTQ youth, and
24 geriatric populations, including older adults of color and older
25 adults with comorbid dementia;

26 (h) The identification of other personal and systemic behavioral
27 health challenges which implementation of the 988 crisis hotline has
28 the potential to address in addition to suicide response and
29 behavioral health crises;

30 (i) The development of a plan for the statewide equitable
31 distribution of crisis stabilization services, behavioral health
32 beds, and peer-run respite services;

33 (j) Recommendations concerning how health plans, managed care
34 organizations, and behavioral health administrative services
35 organizations shall fulfill requirements to provide assignment of a
36 care coordinator and to provide next-day appointments for enrollees
37 who contact the behavioral health crisis system;

38 (k) Appropriate allocation of crisis system funding
39 responsibilities among medicaid managed care organizations,

1 commercial insurers, and behavioral health administrative services
2 organizations;

3 (l) Recommendations for constituting a statewide behavioral
4 health crisis response and suicide prevention oversight board or
5 similar structure for ongoing monitoring of the behavioral health
6 crisis system and where this should be established; and

7 (m) Cost estimates for each of the components of the integrated
8 behavioral health crisis response and suicide prevention system.

9 (7) The steering committee shall consist only of members
10 appointed to the steering committee under this section. The steering
11 committee shall convene the committee, form subcommittees, assign
12 tasks to the subcommittees, and establish a schedule of meetings and
13 their agendas.

14 (8) The subcommittees of the crisis response improvement strategy
15 committee shall focus on discrete topics. The subcommittees may
16 include participants who are not members of the crisis response
17 improvement strategy committee, as needed to provide professional
18 expertise and community perspectives. Each subcommittee shall have at
19 least one member representing the interests of stakeholders in a
20 rural community, at least one member representing the interests of
21 stakeholders in an urban community, and at least one member
22 representing the interests of youth stakeholders. The steering
23 committee shall form the following subcommittees:

24 (a) A Washington tribal 988 subcommittee, which shall examine and
25 make recommendations with respect to the needs of tribes related to
26 the 988 system, and which shall include representation from the
27 American Indian health commission;

28 (b) A credentialing and training subcommittee, to recommend
29 workforce needs and requirements necessary to implement chapter 302,
30 Laws of 2021, including minimum education requirements such as
31 whether it would be appropriate to allow ~~((crisis call center))~~
32 designated 988 contact hubs to employ clinical staff without a
33 bachelor's degree or master's degree based on the person's skills and
34 life or work experience;

35 (c) A technology subcommittee, to examine issues and requirements
36 related to the technology needed to implement chapter 302, Laws of
37 2021;

38 (d) A cross-system crisis response collaboration subcommittee, to
39 examine and define the complementary roles and interactions between
40 mobile rapid response crisis teams and community-based crisis teams

1 endorsed under section 9 of this act, designated crisis responders,
2 law enforcement, emergency medical services teams, 911 and 988
3 operators, public and private health plans, behavioral health crisis
4 response agencies, nonbehavioral health crisis response agencies, and
5 others needed to implement chapter 302, Laws of 2021;

6 (e) A confidential information compliance and coordination
7 subcommittee, to examine issues relating to sharing and protection of
8 health information needed to implement chapter 302, Laws of 2021;
9 ((and))

10 (f) A 988 geolocation subcommittee, to examine privacy issues
11 related to federal planning efforts to route 988 crisis hotline calls
12 based on the person's location, rather than area code, including ways
13 to implement the federal efforts in a manner that maintains public
14 and clinical confidence in the 988 crisis hotline. The 988
15 geolocation subcommittee must include persons with lived experience
16 with behavioral health conditions as well as representatives of
17 crisis call centers, the behavioral health interests of persons of
18 color, and behavioral health providers; and

19 (g) Any other subcommittee needed to facilitate the work of the
20 committee, at the discretion of the steering committee.

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

27 (10) Legislative members of the crisis response improvement
28 strategy committee shall be reimbursed for travel expenses in
29 accordance with RCW 44.04.120. Nonlegislative members are not
30 entitled to be reimbursed for travel expenses if they are elected
31 officials or are participating on behalf of an employer, governmental
32 entity, or other organization. Any reimbursement for other
33 nonlegislative members is subject to chapter 43.03 RCW.

34 (11) The steering committee, with the advice of the crisis
35 response improvement strategy committee, shall provide a progress
36 report and the result of its comprehensive assessment under
37 subsection (5) of this section to the governor and appropriate policy
38 and fiscal committee of the legislature by January 1, 2022. The
39 steering committee shall report the crisis response improvement
40 strategy committee's further progress and the steering committee's

1 recommendations related to (~~erisis call center~~) designated 988
2 contact hubs to the governor and appropriate policy and fiscal
3 committees of the legislature by January 1, 2023, and January 1,
4 2024. The steering committee shall provide its final report to the
5 governor and the appropriate policy and fiscal committees of the
6 legislature by January 1, (~~2024~~) 2025.

7 (12) This section expires June 30, (~~2024~~) 2025.

8 **Sec. 7.** RCW 71.24.896 and 2021 c 302 s 108 are each amended to
9 read as follows:

10 (1) When acting in their statutory capacities pursuant to chapter
11 302, Laws of 2021, the state, department, authority, state
12 (~~enhanced~~) 911 coordination office, emergency management division,
13 military department, any other state agency, and their officers,
14 employees, and agents are deemed to be carrying out duties owed to
15 the public in general and not to any individual person or class of
16 persons separate and apart from the public. Nothing contained in
17 chapter 302, Laws of 2021 may be construed to evidence a legislative
18 intent that the duties to be performed by the state, department,
19 authority, state (~~enhanced~~) 911 coordination office, emergency
20 management division, military department, any other state agency, and
21 their officers, employees, and agents, as required by chapter 302,
22 Laws of 2021, are owed to any individual person or class of persons
23 separate and apart from the public in general.

24 (2) Each (~~erisis call center~~) designated 988 contact hub
25 designated by the department under any contract or agreement pursuant
26 to chapter 302, Laws of 2021 shall be deemed to be an independent
27 contractor, separate and apart from the department and the state.

28 **Sec. 8.** RCW 43.06.530 and 2021 c 302 s 107 are each amended to
29 read as follows:

30 (1) The governor shall appoint a 988 hotline and behavioral
31 health crisis system coordinator to provide project coordination and
32 oversight for the implementation and administration of the 988 crisis
33 hotline, other requirements of chapter 302, Laws of 2021, and other
34 projects supporting the behavioral health crisis system. The
35 coordinator shall:

36 (a) Oversee the collaboration between the department of health
37 and the health care authority in their respective roles in supporting
38 the crisis call center hubs, providing the necessary support services

1 for 988 callers, and establishing adequate requirements and guidance
2 for their contractors to fulfill the requirements of chapter 302,
3 Laws of 2021;

4 (b) Ensure coordination and facilitate communication between
5 stakeholders such as crisis call center hub contractors, behavioral
6 health administrative service organizations, county authorities,
7 other crisis hotline centers, managed care organizations, and, in
8 collaboration with the state (~~enhanced~~) 911 coordination office,
9 with 911 emergency communications systems;

10 (c) Review the development of adequate and consistent training
11 for crisis call center personnel and, in coordination with the state
12 (~~enhanced~~) 911 coordination office, for 911 operators with respect
13 to their interactions with the crisis hotline center; and

14 (d) Coordinate implementation of other behavioral health
15 initiatives among state agencies and educational institutions, as
16 appropriate, including coordination of data between agencies.

17 (2) This section expires June 30, (~~2024~~) 2028.

18 NEW SECTION. **Sec. 9.** A new section is added to chapter 71.24
19 RCW to read as follows:

20 (1) By April 1, 2024, the authority shall establish standards for
21 issuing an endorsement to any mobile rapid response crisis team or
22 community-based crisis team that meets the criteria under either
23 subsection (2) or (3) of this section, as applicable. The endorsement
24 is a voluntary credential that a mobile rapid response crisis team or
25 community-based crisis team may obtain to signify that it maintains
26 the capacity to respond to persons who are experiencing a significant
27 behavioral health emergency requiring an urgent, in-person response.
28 The attainment of an endorsement allows the mobile rapid response
29 crisis team or community-based crisis team to become eligible for
30 performance payments as provided in subsection (10) of this section.

31 (2) The authority's standards for issuing an endorsement to a
32 mobile rapid response crisis team or a community-based crisis team
33 must consider:

34 (a) Minimum staffing requirements to effectively respond in-
35 person to individuals experiencing a significant behavioral health
36 emergency. Except as provided in subsection (3) of this section, the
37 team must include appropriately credentialed and supervised staff
38 employed by a licensed or certified behavioral health agency and may
39 include other personnel from participating entities listed in

1 subsection (3) of this section. The team shall include certified peer
2 counselors as a best practice to the extent practicable based on
3 workforce availability. The team may include fire departments,
4 emergency medical services, public health, medical facilities,
5 nonprofit organizations, and city or county governments. The team may
6 not include law enforcement personnel;

7 (b) Capabilities for transporting an individual experiencing a
8 significant behavioral health emergency to a location providing
9 appropriate level crisis stabilization services, as determined by
10 regional transportation procedures, such as crisis receiving centers,
11 crisis stabilization units, and triage facilities. The standards must
12 include vehicle and equipment requirements, including minimum
13 requirements for vehicles and equipment to be able to safely
14 transport the individual, as well as communication equipment
15 standards. The vehicle standards must allow for an ambulance or aid
16 vehicle licensed under chapter 18.73 RCW to be deemed to meet the
17 standards; and

18 (c) Standards for the initial and ongoing training of personnel
19 and for providing clinical supervision to personnel.

20 (3) The authority must adjust the standards for issuing an
21 endorsement to a community-based crisis team under subsection (2) of
22 this section if the team is comprised solely of an emergency medical
23 services agency, whether it is part of a fire service agency or a
24 private entity, that is located in a rural county in eastern
25 Washington with a population of less than 60,000 residents. Under the
26 adjusted standards, until January 1, 2030, the authority shall exempt
27 a team from the personnel standards under subsection (2)(a) of this
28 section and issue an endorsement to a team if:

29 (a) The personnel assigned to the team have met training
30 requirements established by the authority under subsection (2)(c) of
31 this section, as those requirements apply to emergency medical
32 service and fire service personnel, including completion of the
33 three-hour training in suicide assessment, treatment, and management
34 under RCW 43.70.442;

35 (b) The team operates under a memorandum of understanding with a
36 licensed or certified behavioral health agency to provide direct,
37 real-time consultation through a behavioral health provider employed
38 by a licensed or certified behavioral health agency while the team is
39 responding to a call. The consultation may be provided by telephone,

1 through remote technologies, or, if circumstances allow, in person;
2 and

3 (c) The team does not include law enforcement personnel.

4 (4) Prior to issuing an initial endorsement or renewing an
5 endorsement, the authority shall conduct an on-site survey of the
6 applicant's operation.

7 (5) An endorsement must be renewed every three years.

8 (6) The authority shall establish forms and procedures for
9 issuing and renewing an endorsement.

10 (7) The authority shall establish procedures for the denial,
11 suspension, or revocation of an endorsement.

12 (8) (a) The decision of a mobile rapid response crisis team or
13 community-based crisis team to seek endorsement is voluntary and does
14 not prohibit a nonendorsed team from participating in the crisis
15 response system when (i) responding to individuals who are not
16 experiencing a significant behavioral health emergency that requires
17 an urgent in-person response or (ii) responding to individuals who
18 are experiencing a significant behavioral health emergency that
19 requires an urgent in-person response when there is not an endorsed
20 team available.

21 (b) The decision of a mobile rapid response crisis team not to
22 pursue an endorsement under this section does not affect its
23 obligation to comply with any standards adopted by the authority with
24 respect to mobile rapid response crisis teams.

25 (c) The decision of a mobile rapid response crisis team not to
26 pursue an endorsement under this section does not affect its
27 responsibilities and reimbursement for services as they may be
28 defined in contracts with managed care organizations or behavioral
29 health administrative services organizations.

30 (9) The costs associated with endorsement activities shall be
31 supported with funding from the statewide 988 behavioral health
32 crisis response and suicide prevention line account established in
33 RCW 82.86.050.

34 (10) The authority shall establish an endorsed mobile rapid
35 response crisis team and community-based crisis team performance
36 program with receipts from the statewide 988 behavioral health crisis
37 response and suicide prevention line account.

38 (a) Subject to funding provided for this specific purpose, the
39 performance program shall:

1 (i) Issue establishment grants to support mobile rapid response
2 crisis teams and community-based crisis teams seeking to meet the
3 elements necessary to become endorsed under either subsection (2) or
4 (3) of this section;

5 (ii) Issue performance payments in the form of an enhanced case
6 rate to mobile rapid response crisis teams and community-based crisis
7 teams that have received an endorsement from the authority under
8 either subsection (2) or (3) of this section; and

9 (iii) Issue supplemental performance payments in the form of an
10 enhanced case rate higher than that available in (a)(ii) of this
11 subsection (10) to mobile rapid response crisis teams and community-
12 based crisis teams that have received an endorsement from the
13 authority under either subsection (2) or (3) of this section and
14 demonstrate to the authority that for the previous three months they
15 met the following response time and in route time standards:

16 (A) Between January 1, 2025, through December 31, 2026:

17 (I) Arrive to the individual's location within 30 minutes of
18 being dispatched by the designated 988 contact hub, at least 80
19 percent of the time in urban areas;

20 (II) Arrive to the individual's location within 40 minutes of
21 being dispatched by the designated 988 contact hub, at least 80
22 percent of the time in suburban areas; and

23 (III) Be in route within 15 minutes of being dispatched by the
24 designated 988 contact hub, at least 80 percent of the time in rural
25 areas; and

26 (B) On and after January 1, 2027:

27 (I) Arrive to the individual's location within 20 minutes of
28 being dispatched by the designated 988 contact hub, at least 80
29 percent of the time in urban areas;

30 (II) Arrive to the individual's location within 30 minutes of
31 being dispatched by the designated 988 contact hub, at least 80
32 percent of the time in suburban areas; and

33 (III) Be in route within 10 minutes of being dispatched by the
34 designated 988 contact hub, at least 80 percent of the time in rural
35 areas.

36 (b) The authority shall design the program in a manner that
37 maximizes the state's ability to receive federal matching funds.

38 (11) The authority shall contract with the actuaries responsible
39 for development of medicaid managed care rates to conduct an analysis
40 and develop options for payment mechanisms and levels for rate

1 enhancements under subsection (10) of this section. The authority
2 shall consult with staff from the office of financial management and
3 the fiscal committees of the legislature in conducting this analysis.
4 The payment mechanisms must be developed to maximize leverage of
5 allowable federal medicaid match. The analysis must clearly identify
6 assumptions, include cost projections for the rate level options
7 broken out by fund source, and summarize data used for the cost
8 analysis. The cost projections must be based on Washington state
9 specific utilization and cost data. The analysis must identify low,
10 medium, and high ranges of projected costs associated for each option
11 accounting for varying scenarios regarding the numbers of teams
12 estimated to qualify for the enhanced case rates and supplemental
13 performance payments. The analysis must identify costs for both
14 medicaid clients, and for state-funded nonmedicaid clients paid
15 through contracts with behavioral health administrative services
16 organizations. The analysis must account for phasing in of the number
17 of teams that meet endorsement criteria over time and project annual
18 costs for a four-year period associated with each of the scenarios.
19 The authority shall submit a report summarizing the analysis, payment
20 mechanism options, enhanced performance payment and supplemental
21 performance payment rate level options, and related cost estimates to
22 the office of financial management and the appropriate committees of
23 the legislature by December 1, 2023.

24 (12) The authority shall conduct a review of the endorsed
25 community-based crisis teams established under subsection (3) of this
26 section and report to the governor and the health policy committees
27 of the legislature by December 1, 2028. The report shall provide
28 information about the engagement of the community-based crisis teams
29 receiving an endorsement under subsection (3) of this section and
30 their ability to provide a timely and appropriate response to persons
31 experiencing a behavioral health crisis and any recommended changes
32 to the teams to better meet the needs of the community including
33 personnel requirements, training standards, and behavioral health
34 provider consultation.

35 **Sec. 10.** RCW 82.86.050 and 2021 c 302 s 205 are each amended to
36 read as follows:

37 (1) The statewide 988 behavioral health crisis response and
38 suicide prevention line account is created in the state treasury. All
39 receipts from the statewide 988 behavioral health crisis response and

1 suicide prevention line tax imposed pursuant to this chapter must be
2 deposited into the account. Moneys may only be spent after
3 appropriation.

4 (2) Expenditures from the account may only be used for:

5 (a) (~~ensuring~~) Ensuring the efficient and effective routing of
6 calls made to the 988 crisis hotline to an appropriate crisis hotline
7 center or (~~crisis call center~~) designated 988 contact hub; and

8 (b) (~~personnel~~) Personnel and the provision of acute behavioral
9 health, crisis outreach, and crisis stabilization services, as
10 defined in RCW 71.24.025, by directly responding to the 988 crisis
11 hotline and enhancing mobile crisis service standards and performance
12 provided through mobile rapid response crisis teams and community-
13 based crisis teams endorsed under section 9 of this act. Ten percent
14 of the annual receipts from the tax must be dedicated to the
15 establishment grants, performance payments, and supplemental
16 performance payments for mobile rapid response crisis teams and
17 community-based crisis teams endorsed under section 9 of this act and
18 endorsement activities in section 9 of this act, up to 30 percent of
19 which is dedicated to mobile rapid response crisis teams and
20 community-based crisis teams endorsed under section 9 of this act
21 that are affiliated with a tribe in Washington.

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

25 NEW SECTION. Sec. 11. A new section is added to chapter 71.24
26 RCW to read as follows:

27 (1) The authority and behavioral health administrative services
28 organizations, in collaboration with the University of Washington,
29 the Harborview behavioral health institute, the Washington council
30 for behavioral health, and the statewide 988 coordinator, shall plan
31 for regional collaboration among behavioral health providers and
32 first responders working within the 988 crisis response and suicide
33 prevention system, standardize practices and protocols, and develop a
34 needs assessment for trainings. Under leadership by the authority and
35 behavioral health administrative services organizations this work
36 shall be divided as described in this section.

37 (2) The University of Washington, through the Harborview
38 behavioral health institute, shall develop an assessment of training
39 needs, a mapping of current and future funded crisis response

1 providers, and a comprehensive review of all behavioral health
2 training required in statute and in rule. The training needs
3 assessment, mapping of crisis providers, and research on existing
4 training requirements must be completed by June 30, 2024. The
5 Harborview behavioral health institute may contract for all or any
6 portion of this work. The Harborview behavioral health institute
7 shall consult with, at a minimum, the following key stakeholders:

8 (a) At least two representatives from the behavioral health
9 administrative services organizations, one from each side of the
10 Cascade crest;

11 (b) At least three crisis services providers identified by the
12 Washington council for behavioral health, one from each side of the
13 Cascade crest, and one dedicated to serving communities of color;

14 (c) A representative of crisis call centers;

15 (d) The authority and the department;

16 (e) At least two members who are persons with lived experience
17 related to mental health issues, substance use disorder issues, a
18 suicide attempt, or a suicide loss;

19 (f) A representative of a statewide organization of field experts
20 consisting of first responders, behavioral health professionals, and
21 project managers working in co-response programs in Washington; and

22 (g) Advocates for and organizations representing persons with
23 developmental disabilities, veterans, American Indians and Alaska
24 Native populations, LGBTQ populations, and persons connected with the
25 agricultural community, as deemed appropriate by each stakeholder
26 group, including persons with lived experience related to mental
27 health issues, substance use disorder issues, a suicide attempt, or a
28 suicide loss.

29 (3) The authority and behavioral health services organizations,
30 in collaboration with the stakeholders specified in subsection (1) of
31 this section, shall develop recommendations for establishing crisis
32 workforce and resilience training collaboratives that would offer
33 voluntary regional trainings for behavioral health providers, peers,
34 first responders, co-responders, 988 contact center personnel,
35 designated 988 contact hub personnel, 911 operators, regional
36 leaders, and interested members of the public, specific to a
37 geographic region and the population they serve as informed by the
38 needs assessment. The collaboratives shall encourage the development
39 of foundational and advanced skills and practices in crisis response
40 as well as foster regional collaboration. The recommendations must:

1 (a) Include strategies for better coordination and integration of
2 988-specific training into the broader scope of behavioral health
3 trainings that are already required;

4 (b) Identify effective trainings to explain how the 988 system
5 works with the 911 emergency response system, trauma-informed care,
6 secondary trauma, suicide protocols and practices for crisis
7 responders, supervisory best practices for first responders, lethal
8 means safety, violence assessments, cultural competency, and
9 essential care for serving individuals with serious mental illness,
10 substance use disorder, or co-occurring disorders;

11 (c) Identify best practice approaches to working with veterans,
12 intellectually and developmentally disabled populations, youth, LGBTQ
13 populations, communities of color, agricultural communities, and
14 American Indian and Alaska Native populations;

15 (d) Identify ways to provide the designated 988 contact hubs and
16 other crisis providers with training that is tailored to the
17 agricultural community using training that is agriculture-specific
18 with information relating to the stressors unique to persons
19 connected with the agricultural community such as weather conditions,
20 financial obligations, market conditions, and other relevant issues.
21 When developing the recommendations, consideration must be given to
22 national experts, such as the AgriSafe network and other entities;

23 (e) Identify ways to promote a better informed and more involved
24 community on topics related to the behavioral health crisis system by
25 increasing public access to and participation in trainings on the
26 topics identified in (b) and (c) of this subsection (3), including
27 through remote audiovisual technology;

28 (f) Establish suggested protocols for ways to sustain the
29 collaboratives as new mobile rapid response crisis teams and
30 community-based crisis teams endorsed under section 9 of this act,
31 co-responder teams, and crisis facilities are funded and
32 operationalized;

33 (g) Discuss funding needs to sustain the collaboratives and
34 support participation in attending the trainings; and

35 (h) Offer a potential timeline for implementing the
36 collaboratives on a region-by-region basis.

37 (4) The authority shall submit a report on the items developed in
38 this section to the governor and the appropriate committees of the
39 legislature by December 31, 2024.

1 NEW SECTION. **Sec. 12.** A new section is added to chapter 71.24
2 RCW to read as follows:

3 Behavioral health administrative services organizations in their
4 role as regional behavioral health system leaders, in partnership
5 with the authority, shall convene an annual crisis continuum of care
6 forum, led by the behavioral health administrative services
7 organizations, with participation from partners serving regional
8 service areas, including managed care organizations, behavioral
9 health providers, mobile rapid response crisis teams, 988 call center
10 hubs, counties, tribes, and other regional partners, to identify and
11 develop collaborative regional-based solutions which may include
12 capital infrastructure requests, local capacity building, or
13 community investments including joint funding opportunities,
14 innovative and scalable pilot initiatives, or other funder and
15 stakeholder partnerships. The authority shall provide funding for
16 this annual crisis continuum of care forum. Behavioral health
17 administrative services organizations and the authority shall jointly
18 submit recommendations, as appropriate, supporting these efforts to
19 the joint legislative executive committee on behavioral health.

20 NEW SECTION. **Sec. 13.** A new section is added to chapter 71.24
21 RCW to read as follows:

22 (1) No act or omission related to the dispatching decisions of
23 any crisis call center staff or designated 988 contact hub staff with
24 endorsed mobile rapid response crisis team and community-based crisis
25 team dispatching responsibilities done or omitted in good faith
26 within the scope of the individual's employment responsibilities with
27 the crisis call center or designated 988 contact hub and in
28 accordance with dispatching procedures adopted both by the behavioral
29 health administrative services organization and the crisis call
30 center or the designated 988 contact hub and approved by the
31 authority shall impose liability upon:

32 (a) The clinical staff of the crisis call center or designated
33 988 contact hub or their clinical supervisors;

34 (b) The crisis call center or designated 988 contact hub or its
35 officers, staff, or employees;

36 (c) Any member of a mobile rapid response crisis team or
37 community-based crisis team endorsed under section 9 of this act;

38 (d) The certified public safety telecommunicator or the certified
39 public safety telecommunicator's supervisor; or

1 (e) The public safety answering point or its officers, staff, or
2 employees.

3 (2) This section shall not apply to any act or omission which
4 constitutes either gross negligence or willful or wanton misconduct.

5 NEW SECTION. **Sec. 14.** A new section is added to chapter 38.60
6 RCW to read as follows:

7 (1) No act or omission of any certified public safety
8 telecommunicator or crisis call center staff or designated 988
9 contact hub staff related to the transfer of calls from the 911 line
10 to the 988 crisis hotline or from the 988 crisis hotline to the 911
11 line, done or omitted in good faith, within the scope of the
12 certified public safety telecommunicator's employment
13 responsibilities with the public safety answering point and the
14 crisis call center or designated 988 contact hub and in accordance
15 with call system transfer protocols adopted by both the department of
16 health and the emergency management division shall impose liability
17 upon:

18 (a) The certified public safety telecommunicator or the certified
19 public safety telecommunicator's supervisor;

20 (b) The public safety answering point or its officers, staff, or
21 employees;

22 (c) The clinical staff of the crisis call center or designated
23 988 contact hub or their clinical supervisors;

24 (d) The crisis call center or designated 988 contact hub or its
25 officers, staff, or employees; or

26 (e) Any member of a mobile rapid response crisis team or
27 community-based crisis team endorsed under section 9 of this act.

28 (2) This section shall not apply to any act or omission which
29 constitutes either gross negligence or willful or wanton misconduct.

30 NEW SECTION. **Sec. 15.** If specific funding for the purposes of
31 this act, referencing this act by bill or chapter number, is not
32 provided by June 30, 2023, in the omnibus appropriations act, this
33 act is null and void.

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