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**SECOND SUBSTITUTE SENATE BILL 6251**

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**State of Washington**

**68th Legislature**

**2024 Regular Session**

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

READ FIRST TIME 02/05/24.

1 AN ACT Relating to coordination of regional behavioral health  
2 crisis response services; amending RCW 71.24.045; reenacting and  
3 amending RCW 71.24.025 and 71.24.890; and adding a new section to  
4 chapter 71.24 RCW.

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

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

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

14 (1) The behavioral health administrative services organization  
15 may convene regional behavioral health crisis response system  
16 partners and stakeholders within available resources for the purpose  
17 of establishing clear regional protocols which memorialize  
18 expectations, understandings, lines of communication, and strategies  
19 for optimizing crisis response in the regional service area. The  
20 regional protocols must describe how crisis response partners will  
21 share information consistent with data-sharing requirements under RCW

1 71.24.890, which should promote real-time information sharing between  
2 988 contact hubs, regional crisis lines, or their successors, to  
3 create a seamless delivery system that is person-centered;

4 (2) Behavioral health administrative services organizations shall  
5 submit regional protocols to the authority for approval. If the  
6 authority does not respond within 90 days of submission, the regional  
7 protocols shall be considered approved until such time as the  
8 behavioral health administrative services organization and the  
9 authority agree to updated protocols. A behavioral health  
10 administrative services organization must notify the authority by  
11 January 1, 2025, if it does not intend to develop and submit regional  
12 protocols;

13 (3) A behavioral health administrative services organization may  
14 recommend the 988 contact hub or hubs which it determines to be the  
15 best fit for partnership and implementation of regional protocols in  
16 its regional service area among candidates which are able to meet  
17 necessary state and federal certification requirements. The 988  
18 contact hub or hubs recommended by the behavioral health  
19 administrative services organization in each regional service area  
20 must be able to connect to the culturally appropriate behavioral  
21 health crisis response services established under this chapter;

22 (4) The department may designate additional 988 contact hubs  
23 which have been recommended by a behavioral health administrative  
24 services organization and are able to meet state and federal  
25 certification requirements within available resources and when the  
26 addition of more hubs is consistent with the rules adopted under RCW  
27 71.24.890 and a need identified in regional protocols. If the  
28 department declines to designate a 988 contact hub that has been  
29 recommended by a behavioral health administrative services  
30 organization, the department shall provide a written explanation of  
31 its reasons to the behavioral health administrative services  
32 organization;

33 (5) The department and the authority shall provide support to the  
34 behavioral health administrative services organization in the  
35 development of protocols under subsection (1) of this section as  
36 requested by the behavioral health administrative services  
37 organization;

38 (6) Protocols established under subsection (1) of this section  
39 must be in writing and copies shall be provided to the department,  
40 authority, and state 911 coordination office. The protocol for each

1 regional service area which creates one should be updated as needed  
2 and at intervals of no longer than three years; and

3 (7) For the purpose of subsection (1) of this section, partners  
4 and stakeholders in the coordinated regional behavioral health crisis  
5 response system include but are not limited to regional crisis lines,  
6 988 contact hubs, certified public safety telecommunicators, local  
7 governments, tribal governments, first responders, co-response teams,  
8 hospitals, organizations representing persons with lived experience,  
9 and behavioral health agencies.

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

12 Unless the context clearly requires otherwise, the definitions in  
13 this section apply throughout this chapter.

14 (1) "23-hour crisis relief center" means a community-based  
15 facility or portion of a facility serving adults, which is licensed  
16 or certified by the department of health and open 24 hours a day,  
17 seven days a week, offering access to mental health and substance use  
18 care for no more than 23 hours and 59 minutes at a time per patient,  
19 and which accepts all behavioral health crisis walk-ins drop-offs  
20 from first responders, and individuals referred through the 988  
21 system regardless of behavioral health acuity, and meets the  
22 requirements under RCW 71.24.916.

23 (2) "988 crisis hotline" means the universal telephone number  
24 within the United States designated for the purpose of the national  
25 suicide prevention and mental health crisis hotline system operating  
26 through the national suicide prevention lifeline.

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

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

31 (b) Being gravely disabled as defined in RCW 71.05.020 or, in the  
32 case of a child, a gravely disabled minor as defined in RCW  
33 71.34.020; or

34 (c) Presenting a likelihood of serious harm as defined in RCW  
35 71.05.020 or, in the case of a child, as defined in RCW 71.34.020.

36 (4) "Alcoholism" means a disease, characterized by a dependency  
37 on alcoholic beverages, loss of control over the amount and  
38 circumstances of use, symptoms of tolerance, physiological or  
39 psychological withdrawal, or both, if use is reduced or discontinued,

1 and impairment of health or disruption of social or economic  
2 functioning.

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

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

8 (7) "Available resources" means funds appropriated for the  
9 purpose of providing community behavioral health programs, federal  
10 funds, except those provided according to Title XIX of the Social  
11 Security Act, and state funds appropriated under this chapter or  
12 chapter 71.05 RCW by the legislature during any biennium for the  
13 purpose of providing residential services, resource management  
14 services, community support services, and other behavioral health  
15 services. This does not include funds appropriated for the purpose of  
16 operating and administering the state psychiatric hospitals.

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

23 (9) "Behavioral health aide" means a counselor, health educator,  
24 and advocate who helps address individual and community-based  
25 behavioral health needs, including those related to alcohol, drug,  
26 and tobacco abuse as well as mental health problems such as grief,  
27 depression, suicide, and related issues and is certified by a  
28 community health aide program of the Indian health service or one or  
29 more tribes or tribal organizations consistent with the provisions of  
30 25 U.S.C. Sec. 16161 and RCW 43.71B.010 (7) and (8).

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

35 (11) "Behavioral health services" means mental health services,  
36 substance use disorder treatment services, and co-occurring disorder  
37 treatment services as described in this chapter and chapter 71.36 RCW  
38 that, depending on the type of service, are provided by licensed or  
39 certified behavioral health agencies, behavioral health providers, or  
40 integrated into other health care providers.

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

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

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

7 (b) Has experienced a continuous psychiatric hospitalization or  
8 residential treatment exceeding six months' duration within the  
9 preceding year; or

10 (c) Has been unable to engage in any substantial gainful activity  
11 by reason of any mental disorder which has lasted for a continuous  
12 period of not less than twelve months. "Substantial gainful activity"  
13 shall be defined by the authority by rule consistent with Public Law  
14 92-603, as amended.

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

18 (15) "Community behavioral health program" means all  
19 expenditures, services, activities, or programs, including reasonable  
20 administration and overhead, designed and conducted to prevent or  
21 treat substance use disorder, mental illness, or both in the  
22 community behavioral health system.

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

28 (17) "Community support services" means services authorized,  
29 planned, and coordinated through resource management services  
30 including, at a minimum, assessment, diagnosis, emergency crisis  
31 intervention available twenty-four hours, seven days a week,  
32 prescreening determinations for persons who are mentally ill being  
33 considered for placement in nursing homes as required by federal law,  
34 screening for patients being considered for admission to residential  
35 services, diagnosis and treatment for children who are acutely  
36 mentally ill or severely emotionally or behaviorally disturbed  
37 discovered under screening through the federal Title XIX early and  
38 periodic screening, diagnosis, and treatment program, investigation,  
39 legal, and other nonresidential services under chapter 71.05 RCW,  
40 case management services, psychiatric treatment including medication

1 supervision, counseling, psychotherapy, assuring transfer of relevant  
2 patient information between service providers, recovery services, and  
3 other services determined by behavioral health administrative  
4 services organizations.

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

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

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

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

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

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

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

1 (25) "Designated crisis responder" has the same meaning as in RCW  
2 71.05.020.

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

4 (27) "Drug addiction" means a disease characterized by a  
5 dependency on psychoactive chemicals, loss of control over the amount  
6 and circumstances of use, symptoms of tolerance, physiological or  
7 psychological withdrawal, or both, if use is reduced or discontinued,  
8 and impairment of health or disruption of social or economic  
9 functioning.

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

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

20 (30) "Evidence-based" means a program or practice that has been  
21 tested in heterogeneous or intended populations with multiple  
22 randomized, or statistically controlled evaluations, or both; or one  
23 large multiple site randomized, or statistically controlled  
24 evaluation, or both, where the weight of the evidence from a systemic  
25 review demonstrates sustained improvements in at least one outcome.  
26 "Evidence-based" also means a program or practice that can be  
27 implemented with a set of procedures to allow successful replication  
28 in Washington and, when possible, is determined to be cost-  
29 beneficial.

30 (31) "First responders" includes ambulance, fire, mobile rapid  
31 response crisis team, coresponder team, designated crisis responder,  
32 fire department mobile integrated health team, community assistance  
33 referral and education services program under RCW 35.21.930, and law  
34 enforcement personnel.

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

39 (33) "Intensive behavioral health treatment facility" means a  
40 community-based specialized residential treatment facility for

1 individuals with behavioral health conditions, including individuals  
2 discharging from or being diverted from state and local hospitals,  
3 whose impairment or behaviors do not meet, or no longer meet,  
4 criteria for involuntary inpatient commitment under chapter 71.05  
5 RCW, but whose care needs cannot be met in other community-based  
6 placement settings.

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

8 (a) An entity licensed or certified according to this chapter or  
9 chapter 71.05 RCW;

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

13 (c) An entity with a tribal attestation that it meets state  
14 minimum standards for a licensed or certified behavioral health  
15 agency.

16 (35) "Licensed physician" means a person licensed to practice  
17 medicine or osteopathic medicine and surgery in the state of  
18 Washington.

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

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

23 (a) Services for individuals committed under chapter 71.05 RCW who  
24 are receiving services pursuant to a conditional release or a court-  
25 ordered less restrictive alternative to detention; or (b) services  
26 for individuals voluntarily receiving less restrictive alternative  
27 treatment on the grounds of the state hospital.

28 (37) "Managed care organization" means an organization, having a  
29 certificate of authority or certificate of registration from the  
30 office of the insurance commissioner, that contracts with the  
31 authority under a comprehensive risk contract to provide prepaid  
32 health care services to enrollees under the authority's managed care  
33 programs under chapter 74.09 RCW.

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

37 (39) Mental health "treatment records" include registration and  
38 all other records concerning persons who are receiving or who at any  
39 time have received services for mental illness, which are maintained  
40 by the department of social and health services or the authority, by



1 behavioral health administrative services organizations and their  
2 staffs, by managed care organizations and their staffs, or by  
3 treatment facilities. "Treatment records" do not include notes or  
4 records maintained for personal use by a person providing treatment  
5 services for the entities listed in this subsection, or a treatment  
6 facility if the notes or records are not available to others.

7 (40) "Mentally ill persons," "persons who are mentally ill," and  
8 "the mentally ill" mean persons and conditions defined in subsections  
9 (3), (13), (48), and (49) of this section.

10 (41) "Mobile rapid response crisis team" means a team that  
11 provides professional on-site community-based intervention such as  
12 outreach, de-escalation, stabilization, resource connection, and  
13 follow-up support for individuals who are experiencing a behavioral  
14 health crisis, that shall include certified peer counselors as a best  
15 practice to the extent practicable based on workforce availability,  
16 and that meets standards for response times established by the  
17 authority.

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

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

27 (44) "Residential services" means a complete range of residences  
28 and supports authorized by resource management services and which may  
29 involve a facility, a distinct part thereof, or services which  
30 support community living, for persons who are acutely mentally ill,  
31 adults who are chronically mentally ill, children who are severely  
32 emotionally disturbed, or adults who are seriously disturbed and  
33 determined by the behavioral health administrative services  
34 organization or managed care organization to be at risk of becoming  
35 acutely or chronically mentally ill. The services shall include at  
36 least evaluation and treatment services as defined in chapter 71.05  
37 RCW, acute crisis respite care, long-term adaptive and rehabilitative  
38 care, and supervised and supported living services, and shall also  
39 include any residential services developed to service persons who are  
40 mentally ill in nursing homes, residential treatment facilities,

1 assisted living facilities, and adult family homes, and may include  
2 outpatient services provided as an element in a package of services  
3 in a supported housing model. Residential services for children in  
4 out-of-home placements related to their mental disorder shall not  
5 include the costs of food and shelter, except for children's long-  
6 term residential facilities existing prior to January 1, 1991.

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

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

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

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

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

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

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

39 (d) Exhibits suicidal preoccupation or attempts; or

1 (e) Is a child diagnosed by a mental health professional, as  
2 defined in chapter 71.34 RCW, as experiencing a mental disorder which  
3 is clearly interfering with the child's functioning in family or  
4 school or with peers or is clearly interfering with the child's  
5 personality development and learning.

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

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

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

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

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

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

24 (ii) Changes in custodial adult;

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

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

30 (v) Drug or alcohol abuse; or

31 (vi) Homelessness.

32 (50) "State minimum standards" means minimum requirements  
33 established by rules adopted and necessary to implement this chapter  
34 by:

35 (a) The authority for:

36 (i) Delivery of mental health and substance use disorder  
37 services; and

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

39 (b) The department of health for:

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

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

6 (iii) Residential services.

7 (51) "Substance use disorder" means a cluster of cognitive,  
8 behavioral, and physiological symptoms indicating that an individual  
9 continues using the substance despite significant substance-related  
10 problems. The diagnosis of a substance use disorder is based on a  
11 pathological pattern of behaviors related to the use of the  
12 substances.

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

15 (53) "Coordinated regional behavioral health crisis response  
16 system" means the coordinated operation of 988 call centers, regional  
17 crisis lines, certified public safety telecommunicators, and other  
18 behavioral health crisis system partners within each regional service  
19 area.

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

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

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

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

31 (i) A behavioral health crisis hotline for its assigned regional  
32 service area;

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

35 (iii) Services related to involuntary commitments under chapters  
36 71.05 and 71.34 RCW;

37 (iv) Tracking of less restrictive alternative orders issued  
38 within the region by superior courts, and providing notification to a  
39 managed care organization in the region when one of its enrollees

1 receives a less restrictive alternative order so that the managed  
2 care organization may ensure that the person is connected to services  
3 and that the requirements of RCW 71.05.585 are complied with. If the  
4 person receives a less restrictive alternative order and is returning  
5 to another region, the behavioral health administrative services  
6 organization shall notify the behavioral health administrative  
7 services organization in the home region of the less restrictive  
8 alternative order so that the home behavioral health administrative  
9 services organization may notify the person's managed care  
10 organization or provide services if the person is not enrolled in  
11 medicaid and does not have other insurance which can pay for those  
12 services;

13 (v) Additional noncrisis behavioral health services, within  
14 available resources, to individuals who meet certain criteria set by  
15 the authority in its contracts with the behavioral health  
16 administrative services organization. These services may include  
17 services provided through federal grant funds, provisos, and general  
18 fund state appropriations;

19 (vi) Care coordination, diversion services, and discharge  
20 planning for nonmedicaid individuals transitioning from state  
21 hospitals or inpatient settings to reduce rehospitalization and  
22 utilization of crisis services, as required by the authority in  
23 contract; (~~and~~)

24 (vii) Regional coordination, cross-system and cross-jurisdiction  
25 coordination with tribal governments, and capacity building efforts,  
26 such as supporting the behavioral health advisory board and efforts  
27 to support access to services or to improve the behavioral health  
28 system; and

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

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

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

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

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

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

3 (g) Establish and maintain quality assurance processes;

4 (h) Meet established limitations on administrative costs for  
5 agencies that contract with the behavioral health administrative  
6 services organization; and

7 (i) Maintain patient tracking information as required by the  
8 authority.

9 (2) The behavioral health administrative services organization  
10 must collaborate with the authority and its contracted managed care  
11 organizations to develop and implement strategies to coordinate care  
12 with tribes and community behavioral health providers for individuals  
13 with a history of frequent crisis system utilization.

14 (3) The behavioral health administrative services organization  
15 shall:

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

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

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

25 (4) The behavioral health administrative services organization  
26 shall employ an assisted outpatient treatment program coordinator to  
27 oversee system coordination and legal compliance for assisted  
28 outpatient treatment under RCW 71.05.148 and 71.34.815.

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

31 (1) Establishing the state designated 988 contact hubs and  
32 enhancing the crisis response system will require collaborative work  
33 between the department ~~((and))~~, the authority, and regional system  
34 partners within their respective roles. The department shall have  
35 primary responsibility for ~~((establishing and))~~ designating ~~((the~~  
36 ~~designated))~~ 988 contact hubs upon the recommendation of behavioral  
37 health administrative services organizations. The authority shall  
38 have primary responsibility for developing ~~((and))~~, implementing, and  
39 facilitating coordination of the crisis response system and services

1 to support the work of the designated 988 contact hubs, regional  
2 crisis lines, and other coordinated regional behavioral health crisis  
3 response system partners. In any instance in which one agency is  
4 identified as the lead, the expectation is that agency will ~~((be~~  
5 ~~communicating and collaborating))~~ communicate and collaborate with  
6 the other to ensure seamless, continuous, and effective service  
7 delivery within the statewide crisis response system.

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

20 (a) May provide funding to support regional crisis ~~((call~~  
21 ~~centers))~~ lines administered by behavioral health administrative  
22 services organizations and designated 988 contact hubs to enter into  
23 limited on-site partnerships with the public safety answering point  
24 to increase the coordination and transfer of behavioral health calls  
25 received by certified public safety telecommunicators that are better  
26 addressed by clinic interventions provided by the ~~((988))~~ coordinated  
27 regional behavioral health crisis response system. Tax revenue may be  
28 used to support on-site partnerships;

29 (b) Shall require that ~~((crisis call centers))~~ 988 contact hubs  
30 enter into data-sharing agreements, when appropriate, with the  
31 department, the authority, regional crisis lines, and applicable  
32 regional behavioral health administrative services organizations to  
33 provide reports and client level data regarding 988 ~~((crisis~~  
34 ~~hotline))~~ contact hub calls, as allowed by and in compliance with  
35 existing federal and state law governing the sharing and use of  
36 protected health information~~((, including))~~. Data-sharing agreements  
37 with regional crisis lines must include real-time information  
38 sharing. All coordinated regional behavioral health crisis response  
39 system partners must share dispatch time, arrival time, and  
40 disposition ~~((of the outreach for each call))~~ for behavioral health

1 calls referred for outreach by each region consistent with any  
2 regional protocols developed under section 1 of this act. The  
3 department and the authority shall establish requirements (~~that the~~  
4 ~~crisis~~) for 988 call centers to report (~~the~~) data (~~identified in~~  
5 ~~this subsection (2)(b)~~) to regional behavioral health administrative  
6 services organizations for the purposes of maximizing medicaid  
7 reimbursement, as appropriate, and implementing this chapter and  
8 chapters 71.05 and 71.34 RCW (~~including, but not limited to,~~). The  
9 behavioral health administrative services organization may use  
10 information received from the 988 contact hubs in administering  
11 crisis services for the assigned regional service area, contracting  
12 with a sufficient number of licensed or certified providers for  
13 crisis services, establishing and maintaining quality assurance  
14 processes, maintaining patient tracking, and developing and  
15 implementing strategies to coordinate care for individuals with a  
16 history of frequent crisis system utilization.

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

30 (4) The department shall designate (~~designated~~) 988 contact  
31 hubs recommended by behavioral health administrative services  
32 organizations under section 1 of this act which are able to meet  
33 state and federal certification standards by January 1, 2026. The  
34 designated 988 contact hubs shall provide connections to crisis  
35 intervention services, triage, care coordination, and referrals(~~(~~  
36 ~~and connections to~~) for individuals contacting the 988 (~~crisis~~  
37 ~~hotline~~) contact hubs from any jurisdiction within Washington 24  
38 hours a day, seven days a week, using the system platform developed  
39 under subsection (5) of this section.



1 (a) To be designated as a (~~designated~~) 988 contact hub, the  
2 applicant must demonstrate to the department the ability to comply  
3 with the requirements of this section and to contract to provide  
4 (~~designated~~) 988 contact hub services. (~~The department may revoke~~  
5 ~~the designation of any designated 988 contact hub that fails to~~  
6 ~~substantially comply with the contract~~) If a 988 contact hub fails  
7 to substantially comply with the contract, data-sharing requirements,  
8 or approved regional protocols developed under section 1 of this act,  
9 the department shall revoke the designation of the 988 contact hub  
10 and instead designate a 988 contact hub recommended by a behavioral  
11 health administrative services organization which it determines to be  
12 the best fit for partnership in its regional service area among  
13 candidates which are able to meet necessary state and federal  
14 certification requirements.

15 (b) The contracts entered shall require designated 988 contact  
16 hubs to:

17 (i) Have an active agreement with the administrator of the  
18 national suicide prevention lifeline for participation within its  
19 network;

20 (ii) Meet the requirements for operational and clinical standards  
21 established by the department and based upon the national suicide  
22 prevention lifeline best practices guidelines and other recognized  
23 best practices;

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

37 (iv) Train employees on agricultural community cultural  
38 competencies for suicide prevention, which may include sharing  
39 resources with callers that are specific to members from the  
40 agricultural community. The training must prepare staff to provide

1 appropriate assessments, interventions, and resources to members of  
2 the agricultural community. Employees may make warm transfers and  
3 referrals to a crisis hotline that specializes in working with  
4 members from the agricultural community, provided that no person  
5 contacting 988 shall be transferred or referred to another service if  
6 they are currently in crisis and in need of emotional support;

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

16 (vi) Collaborate with the authority, the national suicide  
17 prevention lifeline, and veterans crisis line networks to assure  
18 consistency of public messaging about the 988 (~~(crisis hotline)~~)  
19 contact hub;

20 (~~vii) ((Develop and submit to the department protocols between~~  
21 ~~the designated 988 contact hub and 911 call centers within the region~~  
22 ~~in which the designated crisis call center operates and receive~~  
23 ~~approval of the protocols by the department and the state 911~~  
24 ~~coordination office;~~

25 ~~(viii) Develop, in collaboration with the region's behavioral~~  
26 ~~health administrative services organizations, and jointly submit to~~  
27 ~~the authority)) Collaborate with coordinated regional behavioral  
28 health crisis response system partners within the 988 contact hub's  
29 regional service area to develop protocols under section 1 of this  
30 act between the 988 contact hubs, regional crisis lines, 911 call  
31 centers, and other system partners within the region in which the 988  
32 contact hub operates, including protocols related to the dispatching  
33 of mobile rapid response crisis teams and community-based crisis  
34 teams endorsed under RCW 71.24.903 (~~(and receive approval of the~~  
35 ~~protocols by the authority))~~);~~

36 (~~(ix))~~) (viii) Provide data and reports and participate in  
37 evaluations and related quality improvement activities, according to  
38 standards established by the department in collaboration with the  
39 authority; and

1       (~~(x)~~) (ix) Enter into data-sharing agreements with the  
2 department, the authority, regional crisis lines, and applicable  
3 (~~regional~~) behavioral health administrative services organizations  
4 to provide reports and client level data regarding 988 (~~crisis~~  
5 ~~hotline~~) contact hub calls, as allowed by and in compliance with  
6 existing federal and state law governing the sharing and use of  
7 protected health information, (~~including dispatch time, arrival~~  
8 ~~time, and disposition of the outreach for each call referred for~~  
9 ~~outreach by each region~~) which shall include sharing real-time  
10 information with regional crisis lines. The department and the  
11 authority shall establish requirements that the designated 988  
12 contact hubs report (~~the~~) data (~~identified in this subsection~~  
13 ~~(4)(b)(x)~~) to regional behavioral health administrative services  
14 organizations for the purposes of maximizing medicaid reimbursement,  
15 as appropriate, and implementing this chapter and chapters 71.05 and  
16 71.34 RCW including, but not limited to, administering crisis  
17 services for the assigned regional service area, contracting with a  
18 sufficient number (~~of~~) of licensed or certified providers for  
19 crisis services, establishing and maintaining quality assurance  
20 processes, maintaining patient tracking, and developing and  
21 implementing strategies to coordinate care for individuals with a  
22 history of frequent crisis system utilization.

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

27       (5) The department and authority must coordinate to develop the  
28 technology and platforms necessary to manage and operate the  
29 behavioral health crisis response and suicide prevention system. The  
30 department and the authority must include (~~the crisis call centers~~  
31 ~~and~~) designated 988 contact hubs, regional crisis lines, and  
32 behavioral health administrative services organizations in the  
33 decision-making process for selecting any technology platforms that  
34 will be used to operate the system. No decisions made by the  
35 department or the authority shall interfere with the routing of the  
36 988 (~~crisis hotline~~) contact hubs calls, texts, or chat as part of  
37 Washington's active agreement with the administrator of the national  
38 suicide prevention lifeline or 988 administrator that routes 988  
39 contacts into Washington's system. The technologies developed must  
40 include:

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

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

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

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

21 (i) Real-time bed availability for all behavioral health bed  
22 types and recliner chairs, including but not limited to crisis  
23 stabilization services, 23-hour crisis relief centers, psychiatric  
24 inpatient, substance use disorder inpatient, withdrawal management,  
25 peer-run respite centers, and crisis respite services, inclusive of  
26 both voluntary and involuntary beds, for use by crisis response  
27 workers, first responders, health care providers, emergency  
28 departments, and individuals in crisis; and

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

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

34 (B) Information necessary to enable the designated 988 contact  
35 (~~hub~~) hubs to actively collaborate with regional crisis lines,  
36 emergency departments, primary care providers and behavioral health  
37 providers within managed care organizations, behavioral health  
38 administrative services organizations, and other health care payers  
39 to establish a safety plan for the person in accordance with best  
40 practices and provide the next steps for the person's transition to

1 follow-up noncrisis care. To establish information-sharing guidelines  
2 that fulfill the intent of this section the authority shall consider  
3 input from the confidential information compliance and coordination  
4 subcommittee established under RCW 71.24.892;

5 ~~((b))~~ (b) The means to track the outcome of the 988 call to  
6 enable appropriate follow-up, cross-system coordination, and  
7 accountability, including as appropriate: (i) Any immediate services  
8 dispatched and reports generated from the encounter; (ii) the  
9 validation of a safety plan established for the caller in accordance  
10 with best practices; (iii) the next steps for the caller to follow in  
11 transition to noncrisis follow-up care, including a next-day  
12 appointment for callers experiencing urgent, symptomatic behavioral  
13 health care needs; and (iv) the means to verify and document whether  
14 the caller was successful in making the transition to appropriate  
15 noncrisis follow-up care indicated in the safety plan for the person,  
16 to be completed either by the care coordinator provided through the  
17 person's managed care organization, health plan, or behavioral health  
18 administrative services organization, or if such a care coordinator  
19 is not available or does not follow through, by the staff of the  
20 designated 988 contact hub;

21 (c) A means to facilitate actions to verify and document whether  
22 the person's transition to follow-up noncrisis care was completed and  
23 services offered, to be performed by a care coordinator provided  
24 through the person's managed care organization, health plan, or  
25 behavioral health administrative services organization, or if such a  
26 care coordinator is not available or does not follow through, by the  
27 staff of the designated 988 contact hub;

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

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

35 (7) The authority shall:

36 (a) Collaborate with county authorities and behavioral health  
37 administrative services organizations to develop procedures to  
38 dispatch behavioral health crisis services in coordination with  
39 designated 988 contact hubs to effectuate the intent of this section;

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

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

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

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

37 (8) The department shall monitor trends in 988 (~~(erisis-hotline)~~)  
38 contact hubs caller data, as reported by designated 988 contact hubs  
39 under subsection (4)(b)(~~(\*)~~) (ix) of this section, and submit an  
40 annual report to the governor and the appropriate committees of the

1 legislature summarizing the data and trends beginning December 1,  
2 2027.

--- END ---