
SENATE BILL 6308

State of Washington

68th Legislature

2024 Regular Session

By Senators Dhingra, Robinson, Kuderer, Nobles, and Trudeau

Read first time 01/29/24. Referred to Committee on Ways & Means.

1 AN ACT Relating to extending timelines for implementation of the
2 988 system; amending RCW 71.24.892 and 71.24.908; reenacting and
3 amending RCW 71.24.890; and providing an expiration date.

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

5 **Sec. 1.** RCW 71.24.890 and 2023 c 454 s 5 and 2023 c 433 s 16 are
6 each reenacted and amended to read as follows:

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

19 (2) The department shall provide adequate funding for the state's
20 crisis call centers to meet an expected increase in the use of the
21 call centers based on the implementation of the 988 crisis hotline.

1 The funding level shall be established at a level anticipated to
2 achieve an in-state call response rate of at least 90 percent by July
3 22, 2022. The funding level shall be determined by considering
4 standards and cost per call predictions provided by the administrator
5 of the national suicide prevention lifeline, call volume predictions,
6 guidance on crisis call center performance metrics, and necessary
7 technology upgrades. In contracting with the crisis call centers, the
8 department:

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

16 (b) Shall require that crisis call centers enter into data-
17 sharing agreements, when appropriate, with the department, the
18 authority, and applicable regional behavioral health administrative
19 services organizations to provide reports and client level data
20 regarding 988 crisis hotline calls, as allowed by and in compliance
21 with existing federal and state law governing the sharing and use of
22 protected health information, including dispatch time, arrival time,
23 and disposition of the outreach for each call referred for outreach
24 by each region. The department and the authority shall establish
25 requirements that the crisis call centers report the data identified
26 in this subsection (2)(b) to regional behavioral health
27 administrative services organizations for the purposes of maximizing
28 medicaid reimbursement, as appropriate, and implementing this chapter
29 and chapters 71.05 and 71.34 RCW including, but not limited to,
30 administering crisis services for the assigned regional service area,
31 contracting with a sufficient number of licensed or certified
32 providers for crisis services, establishing and maintaining quality
33 assurance processes, maintaining patient tracking, and developing and
34 implementing strategies to coordinate care for individuals with a
35 history of frequent crisis system utilization.

36 (3) The department shall adopt rules by January 1, 2025, to
37 establish standards for designation of crisis call centers as
38 designated 988 contact hubs. The department shall collaborate with
39 the authority and other agencies to assure coordination and
40 availability of services, and shall consider national guidelines for

1 behavioral health crisis care as determined by the federal substance
2 abuse and mental health services administration, national behavioral
3 health accrediting bodies, and national behavioral health provider
4 associations to the extent they are appropriate, and recommendations
5 from the crisis response improvement strategy committee created in
6 RCW 71.24.892.

7 (4) The department shall designate designated 988 contact hubs by
8 January 1, 2026. The designated 988 contact hubs shall provide crisis
9 intervention services, triage, care coordination, referrals, and
10 connections to individuals contacting the 988 crisis hotline from any
11 jurisdiction within Washington 24 hours a day, seven days a week,
12 using the system platform developed under subsection (5) of this
13 section.

14 (a) To be designated as a designated 988 contact hub, the
15 applicant must demonstrate to the department the ability to comply
16 with the requirements of this section and to contract to provide
17 designated 988 contact hub services. The department may revoke the
18 designation of any designated 988 contact hub that fails to
19 substantially comply with the contract.

20 (b) The contracts entered shall require designated 988 contact
21 hubs to:

22 (i) Have an active agreement with the administrator of the
23 national suicide prevention lifeline for participation within its
24 network;

25 (ii) Meet the requirements for operational and clinical standards
26 established by the department and based upon the national suicide
27 prevention lifeline best practices guidelines and other recognized
28 best practices;

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

1 pathway for continued employment and skill advancement as needed for
2 experienced crisis call center employees;

3 (iv) Train employees on agricultural community cultural
4 competencies for suicide prevention, which may include sharing
5 resources with callers that are specific to members from the
6 agricultural community. The training must prepare staff to provide
7 appropriate assessments, interventions, and resources to members of
8 the agricultural community. Employees may make warm transfers and
9 referrals to a crisis hotline that specializes in working with
10 members from the agricultural community, provided that no person
11 contacting 988 shall be transferred or referred to another service if
12 they are currently in crisis and in need of emotional support;

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

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

25 (vii) Develop and submit to the department protocols between the
26 designated 988 contact hub and 911 call centers within the region in
27 which the designated crisis call center operates and receive approval
28 of the protocols by the department and the state 911 coordination
29 office;

30 (viii) Develop, in collaboration with the region's behavioral
31 health administrative services organizations, and jointly submit to
32 the authority protocols related to the dispatching of mobile rapid
33 response crisis teams and community-based crisis teams endorsed under
34 RCW 71.24.903 and receive approval of the protocols by the authority;

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

39 (x) Enter into data-sharing agreements with the department, the
40 authority, and applicable regional behavioral health administrative

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

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

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

34 (a) A new technologically advanced behavioral health and suicide
35 prevention crisis call center system platform for use in designated
36 988 contact hubs designated by the department under subsection (4) of
37 this section. This platform, which shall be fully funded by (~~July 1,~~
38 ~~2024~~) January 1, 2026, shall be developed by the department and must
39 include the capacity to receive crisis assistance requests through
40 phone calls, texts, chats, and other similar methods of communication

1 that may be developed in the future that promote access to the
2 behavioral health crisis system; and

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

7 (6) In developing the new technologies under subsection (5) of
8 this section, the department and the authority must coordinate to
9 designate a primary technology system to provide each of the
10 following:

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

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

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

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

27 (B) Information necessary to enable the designated 988 contact
28 hub to actively collaborate with emergency departments, primary care
29 providers and behavioral health providers within managed care
30 organizations, behavioral health administrative services
31 organizations, and other health care payers to establish a safety
32 plan for the person in accordance with best practices and provide the
33 next steps for the person's transition to follow-up noncrisis care.
34 To establish information-sharing guidelines that fulfill the intent
35 of this section the authority shall consider input from the
36 confidential information compliance and coordination subcommittee
37 established under RCW 71.24.892;

38 (~~(b)~~) (b) The means to track the outcome of the 988 call to
39 enable appropriate follow-up, cross-system coordination, and
40 accountability, including as appropriate: (i) Any immediate services

1 dispatched and reports generated from the encounter; (ii) the
2 validation of a safety plan established for the caller in accordance
3 with best practices; (iii) the next steps for the caller to follow in
4 transition to noncrisis follow-up care, including a next-day
5 appointment for callers experiencing urgent, symptomatic behavioral
6 health care needs; and (iv) the means to verify and document whether
7 the caller was successful in making the transition to appropriate
8 noncrisis follow-up care indicated in the safety plan for the person,
9 to be completed either by the care coordinator provided through the
10 person's managed care organization, health plan, or behavioral health
11 administrative services organization, or if such a care coordinator
12 is not available or does not follow through, by the staff of the
13 designated 988 contact hub;

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

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

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

28 (7) The authority shall:

29 (a) Collaborate with county authorities and behavioral health
30 administrative services organizations to develop procedures to
31 dispatch behavioral health crisis services in coordination with
32 designated 988 contact hubs to effectuate the intent of this section;

33 (b) Establish formal agreements with managed care organizations
34 and behavioral health administrative services organizations by
35 January 1, 2023, to provide for the services, capacities, and
36 coordination necessary to effectuate the intent of this section,
37 which shall include a requirement to arrange next-day appointments
38 for persons contacting the 988 crisis hotline experiencing urgent,
39 symptomatic behavioral health care needs with geographically,
40 culturally, and linguistically appropriate primary care or behavioral

1 health providers within the person's provider network, or, if
2 uninsured, through the person's behavioral health administrative
3 services organization;

4 (c) Create best practices guidelines by July 1, 2023, for
5 deployment of appropriate and available crisis response services by
6 designated 988 contact hubs to assist 988 hotline callers to minimize
7 nonessential reliance on emergency room services and the use of law
8 enforcement, considering input from relevant stakeholders and
9 recommendations made by the crisis response improvement strategy
10 committee created under RCW 71.24.892;

11 (d) Develop procedures to allow appropriate information sharing
12 and communication between and across crisis and emergency response
13 systems for the purpose of real-time crisis care coordination
14 including, but not limited to, deployment of crisis and outgoing
15 services, follow-up care, and linked, flexible services specific to
16 crisis response; and

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

28 (8) The department shall monitor trends in 988 crisis hotline
29 caller data, as reported by designated 988 contact hubs under
30 subsection (4)(b)(x) of this section, and submit an annual report to
31 the governor and the appropriate committees of the legislature
32 summarizing the data and trends beginning December 1, 2027.

33 **Sec. 2.** RCW 71.24.892 and 2023 c 454 s 6 are each amended to
34 read as follows:

35 (1) The crisis response improvement strategy committee is
36 established for the purpose of providing advice in developing an
37 integrated behavioral health crisis response and suicide prevention
38 system containing the elements described in this section. The work of
39 the committee shall be received and reviewed by a steering committee,

1 which shall in turn form subcommittees to provide the technical
2 analysis and input needed to formulate system change recommendations.

3 (2) The behavioral health institute at Harborview medical center
4 shall facilitate and provide staff support to the steering committee
5 and to the crisis response improvement strategy committee. The
6 behavioral health institute may contract for the provision of these
7 services.

8 (3) The steering committee shall consist of the five members
9 specified as serving on the steering committee in this subsection and
10 one additional member who has been appointed to serve pursuant to the
11 criteria in either (j), (k), (l), or (m) of this subsection. The
12 steering committee shall select three cochairs from among its members
13 to lead the crisis response improvement strategy committee. The
14 crisis response improvement strategy committee shall consist of the
15 following members, who shall be appointed or requested by the
16 authority, unless otherwise noted:

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

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

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

23 (d) The Washington state insurance commissioner, or his or her
24 designee;

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

28 (f) One member from each of the two largest caucuses of the
29 senate, one of whom shall also be designated to participate on the
30 steering committee, to be appointed by the president of the senate;

31 (g) One member from each of the two largest caucuses of the house
32 of representatives, one of whom shall also be designated to
33 participate on the steering committee, to be appointed by the speaker
34 of the house of representatives;

35 (h) The director of the Washington state department of veterans
36 affairs, or his or her designee;

37 (i) The state 911 coordinator, or his or her designee;

38 (j) A member with lived experience of a suicide attempt;

39 (k) A member with lived experience of a suicide loss;

- 1 (l) A member with experience of participation in the crisis
2 system related to lived experience of a mental health disorder;
- 3 (m) A member with experience of participation in the crisis
4 system related to lived experience with a substance use disorder;
- 5 (n) A member representing each crisis call center in Washington
6 that is contracted with the national suicide prevention lifeline;
- 7 (o) Up to two members representing behavioral health
8 administrative services organizations, one from an urban region and
9 one from a rural region;
- 10 (p) A member representing the Washington council for behavioral
11 health;
- 12 (q) A member representing the association of alcoholism and
13 addiction programs of Washington state;
- 14 (r) A member representing the Washington state hospital
15 association;
- 16 (s) A member representing the national alliance on mental illness
17 Washington;
- 18 (t) A member representing the behavioral health interests of
19 persons of color recommended by Sea Mar community health centers;
- 20 (u) A member representing the behavioral health interests of
21 persons of color recommended by Asian counseling and referral
22 service;
- 23 (v) A member representing law enforcement;
- 24 (w) A member representing a university-based suicide prevention
25 center of excellence;
- 26 (x) A member representing an emergency medical services
27 department with a CARES program;
- 28 (y) A member representing medicaid managed care organizations, as
29 recommended by the association of Washington healthcare plans;
- 30 (z) A member representing commercial health insurance, as
31 recommended by the association of Washington healthcare plans;
- 32 (aa) A member representing the Washington association of
33 designated crisis responders;
- 34 (bb) A member representing the children and youth behavioral
35 health work group;
- 36 (cc) A member representing a social justice organization
37 addressing police accountability and the use of deadly force; and
- 38 (dd) A member representing an organization specializing in
39 facilitating behavioral health services for LGBTQ populations.

1 (4) The crisis response improvement strategy committee shall
2 assist the steering committee to identify potential barriers and make
3 recommendations necessary to implement and effectively monitor the
4 progress of the 988 crisis hotline in Washington and make
5 recommendations for the statewide improvement of behavioral health
6 crisis response and suicide prevention services.

7 (5) The steering committee must develop a comprehensive
8 assessment of the behavioral health crisis response and suicide
9 prevention services system by January 1, 2022, including an inventory
10 of existing statewide and regional behavioral health crisis response,
11 suicide prevention, and crisis stabilization services and resources,
12 and taking into account capital projects which are planned and
13 funded. The comprehensive assessment shall identify:

14 (a) Statewide and regional insufficiencies and gaps in behavioral
15 health crisis response and suicide prevention services and resources
16 needed to meet population needs;

17 (b) Quantifiable goals for the provision of statewide and
18 regional behavioral health crisis services and targeted deployment of
19 resources, which consider factors such as reported rates of
20 involuntary commitment detentions, single-bed certifications, suicide
21 attempts and deaths, substance use disorder-related overdoses,
22 overdose or withdrawal-related deaths, and incarcerations due to a
23 behavioral health incident;

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

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

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

33 (a) A recommended vision for an integrated crisis network in
34 Washington that includes, but is not limited to: An integrated 988
35 crisis hotline and designated 988 contact hubs; mobile rapid response
36 crisis teams and community-based crisis teams endorsed under RCW
37 71.24.903; mobile crisis response units for youth, adult, and
38 geriatric population; a range of crisis stabilization services; an
39 integrated involuntary treatment system; access to peer-run services,

1 including peer-run respite centers; adequate crisis respite services;
2 and data resources;

3 (b) Recommendations to promote equity in services for individuals
4 of diverse circumstances of culture, race, ethnicity, gender,
5 socioeconomic status, sexual orientation, and for individuals in
6 tribal, urban, and rural communities;

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

11 (d) The necessary components of each of the new technologically
12 advanced behavioral health crisis call center system platform and the
13 new behavioral health integrated client referral system, as provided
14 under RCW 71.24.890, for assigning and tracking response to
15 behavioral health crisis calls and providing real-time bed and
16 outpatient appointment availability to 988 operators, emergency
17 departments, designated crisis responders, and other behavioral
18 health crisis responders, which shall include but not be limited to:

19 (i) Identification of the components that designated 988 contact
20 hub staff need to effectively coordinate crisis response services and
21 find available beds and available primary care and behavioral health
22 outpatient appointments;

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

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

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

31 (e) The necessary systems and capabilities that licensed or
32 certified behavioral health agencies, behavioral health providers,
33 and any other relevant parties will require to report, maintain, and
34 update inpatient and residential bed and outpatient service
35 availability in real time to correspond with the crisis call center
36 system platform or behavioral health integrated client referral
37 system identified in RCW 71.24.890, as appropriate;

38 (f) A work plan to establish the capacity for the designated 988
39 contact hubs to integrate Spanish language interpreters and Spanish-
40 speaking call center staff into their operations, and to ensure the

1 availability of resources to meet the unique needs of persons in the
2 agricultural community who are experiencing mental health stresses,
3 which explicitly addresses concerns regarding confidentiality;

4 (g) A work plan with timelines to enhance and expand the
5 availability of mobile rapid response crisis teams and community-
6 based crisis teams endorsed under RCW 71.24.903 based in each region,
7 including specialized teams as appropriate to respond to the unique
8 needs of youth, including American Indian and Alaska Native youth and
9 LGBTQ youth, and geriatric populations, including older adults of
10 color and older adults with comorbid dementia;

11 (h) The identification of other personal and systemic behavioral
12 health challenges which implementation of the 988 crisis hotline has
13 the potential to address in addition to suicide response and
14 behavioral health crises;

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

18 (j) Recommendations concerning how health plans, managed care
19 organizations, and behavioral health administrative services
20 organizations shall fulfill requirements to provide assignment of a
21 care coordinator and to provide next-day appointments for enrollees
22 who contact the behavioral health crisis system;

23 (k) Appropriate allocation of crisis system funding
24 responsibilities among medicaid managed care organizations,
25 commercial insurers, and behavioral health administrative services
26 organizations;

27 (l) Recommendations for constituting a statewide behavioral
28 health crisis response and suicide prevention oversight board or
29 similar structure for ongoing monitoring of the behavioral health
30 crisis system and where this should be established; and

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

33 (7) The steering committee shall consist only of members
34 appointed to the steering committee under this section. The steering
35 committee shall convene the committee, form subcommittees, assign
36 tasks to the subcommittees, and establish a schedule of meetings and
37 their agendas.

38 (8) The subcommittees of the crisis response improvement strategy
39 committee shall focus on discrete topics. The subcommittees may
40 include participants who are not members of the crisis response

1 improvement strategy committee, as needed to provide professional
2 expertise and community perspectives. Each subcommittee shall have at
3 least one member representing the interests of stakeholders in a
4 rural community, at least one member representing the interests of
5 stakeholders in an urban community, and at least one member
6 representing the interests of youth stakeholders. The steering
7 committee shall form the following subcommittees:

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

12 (b) A credentialing and training subcommittee, to recommend
13 workforce needs and requirements necessary to implement chapter 302,
14 Laws of 2021, including minimum education requirements such as
15 whether it would be appropriate to allow designated 988 contact hubs
16 to employ clinical staff without a bachelor's degree or master's
17 degree based on the person's skills and life or work experience;

18 (c) A technology subcommittee, to examine issues and requirements
19 related to the technology needed to implement chapter 302, Laws of
20 2021;

21 (d) A cross-system crisis response collaboration subcommittee, to
22 examine and define the complementary roles and interactions between
23 mobile rapid response crisis teams and community-based crisis teams
24 endorsed under RCW 71.24.903, designated crisis responders, law
25 enforcement, emergency medical services teams, 911 and 988 operators,
26 public and private health plans, behavioral health crisis response
27 agencies, nonbehavioral health crisis response agencies, and others
28 needed to implement chapter 302, Laws of 2021;

29 (e) A confidential information compliance and coordination
30 subcommittee, to examine issues relating to sharing and protection of
31 health information needed to implement chapter 302, Laws of 2021;

32 (f) A 988 geolocation subcommittee, to examine privacy issues
33 related to federal planning efforts to route 988 crisis hotline calls
34 based on the person's location, rather than area code, including ways
35 to implement the federal efforts in a manner that maintains public
36 and clinical confidence in the 988 crisis hotline. The 988
37 geolocation subcommittee must include persons with lived experience
38 with behavioral health conditions as well as representatives of
39 crisis call centers, the behavioral health interests of persons of
40 color, and behavioral health providers; and

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

3 (9) The proceedings of the crisis response improvement strategy
4 committee must be open to the public and invite testimony from a
5 broad range of perspectives. The committee shall seek input from
6 tribes, veterans, the LGBTQ community, and communities of color to
7 help discern how well the crisis response system is currently working
8 and recommend ways to improve the crisis response system.

9 (10) Legislative members of the crisis response improvement
10 strategy committee shall be reimbursed for travel expenses in
11 accordance with RCW 44.04.120. Nonlegislative members are not
12 entitled to be reimbursed for travel expenses if they are elected
13 officials or are participating on behalf of an employer, governmental
14 entity, or other organization. Any reimbursement for other
15 nonlegislative members is subject to chapter 43.03 RCW.

16 (11) The steering committee, with the advice of the crisis
17 response improvement strategy committee, shall provide a progress
18 report and the result of its comprehensive assessment under
19 subsection (5) of this section to the governor and appropriate policy
20 and fiscal committee of the legislature by January 1, 2022. The
21 steering committee shall report the crisis response improvement
22 strategy committee's further progress and the steering committee's
23 recommendations related to designated 988 contact hubs to the
24 governor and appropriate policy and fiscal committees of the
25 legislature by January 1, 2023, and January 1, 2024. The steering
26 committee shall provide its final report to the governor and the
27 appropriate policy and fiscal committees of the legislature by
28 (~~January 1, 2025~~) July 1, 2026.

29 (12) This section expires (~~June 30, 2025~~) December 31, 2026.

30 **Sec. 3.** RCW 71.24.908 and 2023 sp.s. c 1 s 22 are each amended
31 to read as follows:

32 (1) The authority must develop and implement a data integration
33 platform by (~~June 30, 2025~~) December 31, 2026, to support recovery
34 navigator programs, law enforcement assisted diversion programs,
35 arrest and jail alternative programs, and similar diversion efforts.
36 The data integration platform shall:

37 (a) Serve as a statewide common database available for tracking
38 diversion efforts across the state;

1 (b) Serve as a data collection and management tool for
2 practitioners, allowing practitioners to input data and information
3 relating to the utilization and outcomes of pretrial diversions,
4 including whether such diversions were terminated, were successfully
5 completed and resulted in dismissal, or are still ongoing;

6 (c) Assist in standardizing definitions and practices; and

7 (d) Track pretrial diversion participants by race, ethnicity,
8 gender, gender expression or identity, disability status, and age.

9 (2) If possible, the authority must leverage and interact with
10 existing platforms already in use in efforts funded by the authority.
11 The authority must establish a quality assurance process for
12 behavioral health administrative services organizations and employ
13 data validation for fields in the data collection workbook. The
14 authority must engage and consult with the law enforcement assisted
15 diversion national support bureau on data integration approaches,
16 platforms, quality assurance protocols, and validation practices.

17 (3) Information submitted to the data integration platform is
18 exempt from public disclosure requirements under chapter 42.56 RCW.

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