

CERTIFICATION OF ENROLLMENT

SENATE BILL 6308

68th Legislature
2024 Regular Session

Passed by the Senate March 5, 2024
Yeas 49 Nays 0

President of the Senate

Passed by the House February 29, 2024
Yeas 96 Nays 0

**Speaker of the House of
Representatives**

Approved

Governor of the State of Washington

CERTIFICATE

I, Sarah Bannister, Secretary of the Senate of the State of Washington, do hereby certify that the attached is **SENATE BILL 6308** as passed by the Senate and the House of Representatives on the dates hereon set forth.

Secretary

FILED

**Secretary of State
State of Washington**

SENATE BILL 6308

AS AMENDED BY THE HOUSE

Passed Legislature - 2024 Regular Session

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; reenacting and amending RCW
3 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 implemented as soon as
38 possible and fully funded by (~~July 1, 2024~~) January 1, 2026, shall
39 be developed by the department and must include the capacity to
40 receive crisis assistance requests through phone calls, texts, chats,

1 and other similar methods of communication that may be developed in
2 the future that promote access to the behavioral health crisis
3 system; and

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

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

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

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

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

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

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

39 (~~((b))~~) (b) The means to track the outcome of the 988 call to
40 enable appropriate follow-up, cross-system coordination, and

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

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

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

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

29 (7) The authority shall:

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

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

1 culturally, and linguistically appropriate primary care or behavioral
2 health providers within the person's provider network, or, if
3 uninsured, through the person's behavioral health administrative
4 services organization;

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

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

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

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

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

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

1 the committee shall be received and reviewed by a steering committee,
2 which shall in turn form subcommittees to provide the technical
3 analysis and input needed to formulate system change recommendations.

4 (2) ~~((The))~~ (a) Through January 1, 2025, the behavioral health
5 institute at Harborview medical center shall facilitate and provide
6 staff support to the steering committee and to the crisis response
7 improvement strategy committee. The behavioral health institute may
8 contract for the provision of these services.

9 (b) Beginning January 2, 2025, the authority shall facilitate and
10 provide staff support to the steering committee and to the crisis
11 response improvement strategy committee. The authority may contract
12 for the provision of these services.

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

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

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

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

28 (d) The Washington state insurance commissioner, or his or her
29 designee;

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

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

36 (g) One member from each of the two largest caucuses of the house
37 of representatives, one of whom shall also be designated to
38 participate on the steering committee, to be appointed by the speaker
39 of the house of representatives;

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

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

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

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

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

18 (a) Statewide and regional insufficiencies and gaps in behavioral
19 health crisis response and suicide prevention services and resources
20 needed to meet population needs;

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

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

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

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

37 (a) A recommended vision for an integrated crisis network in
38 Washington that includes, but is not limited to: An integrated 988
39 crisis hotline and designated 988 contact hubs; mobile rapid response
40 crisis teams and community-based crisis teams endorsed under RCW

1 71.24.903; mobile crisis response units for youth, adult, and
2 geriatric population; a range of crisis stabilization services; an
3 integrated involuntary treatment system; access to peer-run services,
4 including peer-run respite centers; adequate crisis respite services;
5 and data resources;

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

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

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

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

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

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

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

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

1 (f) A work plan to establish the capacity for the designated 988
2 contact hubs to integrate Spanish language interpreters and Spanish-
3 speaking call center staff into their operations, and to ensure the
4 availability of resources to meet the unique needs of persons in the
5 agricultural community who are experiencing mental health stresses,
6 which explicitly addresses concerns regarding confidentiality;

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

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

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

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

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

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

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

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

1 (8) The subcommittees of the crisis response improvement strategy
2 committee shall focus on discrete topics. The subcommittees may
3 include participants who are not members of the crisis response
4 improvement strategy committee, as needed to provide professional
5 expertise and community perspectives. Each subcommittee shall have at
6 least one member representing the interests of stakeholders in a
7 rural community, at least one member representing the interests of
8 stakeholders in an urban community, and at least one member
9 representing the interests of youth stakeholders. The steering
10 committee shall form the following subcommittees:

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

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

21 (c) A technology subcommittee, to examine issues and requirements
22 related to the technology needed to implement chapter 302, Laws of
23 2021;

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

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

35 (f) A 988 geolocation subcommittee, to examine privacy issues
36 related to federal planning efforts to route 988 crisis hotline calls
37 based on the person's location, rather than area code, including ways
38 to implement the federal efforts in a manner that maintains public
39 and clinical confidence in the 988 crisis hotline. The 988
40 geolocation subcommittee must include persons with lived experience

1 with behavioral health conditions as well as representatives of
2 crisis call centers, the behavioral health interests of persons of
3 color, and behavioral health providers; and

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

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

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

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

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

--- END ---