

SB 6308 - H COMM AMD
By Committee on Appropriations

1 Strike everything after the enacting clause and insert the
2 following:

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

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

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

28 (a) May provide funding to support crisis call centers and
29 designated 988 contact hubs to enter into limited on-site
30 partnerships with the public safety answering point to increase the
31 coordination and transfer of behavioral health calls received by
32 certified public safety telecommunicators that are better addressed

1 by clinic interventions provided by the 988 system. Tax revenue may
2 be used to support on-site partnerships;

3 (b) Shall require that crisis call centers enter into data-
4 sharing agreements, when appropriate, with the department, the
5 authority, and applicable regional behavioral health administrative
6 services organizations to provide reports and client level data
7 regarding 988 crisis hotline calls, as allowed by and in compliance
8 with existing federal and state law governing the sharing and use of
9 protected health information, including dispatch time, arrival time,
10 and disposition of the outreach for each call referred for outreach
11 by each region. The department and the authority shall establish
12 requirements that the crisis call centers report the data identified
13 in this subsection (2)(b) to regional behavioral health
14 administrative services organizations for the purposes of maximizing
15 medicaid reimbursement, as appropriate, and implementing this chapter
16 and chapters 71.05 and 71.34 RCW including, but not limited to,
17 administering crisis services for the assigned regional service area,
18 contracting with a sufficient number of licensed or certified
19 providers for crisis services, establishing and maintaining quality
20 assurance 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 (3) The department shall adopt rules by January 1, 2025, to
24 establish standards for designation of crisis call centers as
25 designated 988 contact hubs. The department shall collaborate with
26 the authority and other agencies to assure coordination and
27 availability of services, and shall consider national guidelines for
28 behavioral health crisis care as determined by the federal substance
29 abuse and mental health services administration, national behavioral
30 health accrediting bodies, and national behavioral health provider
31 associations to the extent they are appropriate, and recommendations
32 from the crisis response improvement strategy committee created in
33 RCW 71.24.892.

34 (4) The department shall designate designated 988 contact hubs by
35 January 1, 2026. The designated 988 contact hubs shall provide crisis
36 intervention services, triage, care coordination, referrals, and
37 connections to individuals contacting the 988 crisis hotline from any
38 jurisdiction within Washington 24 hours a day, seven days a week,
39 using the system platform developed under subsection (5) of this
40 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 the
5 designation of any designated 988 contact hub that fails to
6 substantially comply with the contract.

7 (b) The contracts entered shall require designated 988 contact
8 hubs to:

9 (i) Have an active agreement with the administrator of the
10 national suicide prevention lifeline for participation within its
11 network;

12 (ii) Meet the requirements for operational and clinical standards
13 established by the department and based upon the national suicide
14 prevention lifeline best practices guidelines and other recognized
15 best practices;

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

29 (iv) Train employees on agricultural community cultural
30 competencies for suicide prevention, which may include sharing
31 resources with callers that are specific to members from the
32 agricultural community. The training must prepare staff to provide
33 appropriate assessments, interventions, and resources to members of
34 the agricultural community. Employees may make warm transfers and
35 referrals to a crisis hotline that specializes in working with
36 members from the agricultural community, provided that no person
37 contacting 988 shall be transferred or referred to another service if
38 they are currently in crisis and in need of emotional support;

39 (v) Prominently display 988 crisis hotline information on their
40 websites and social media, including a description of what the caller

1 should expect when contacting the crisis call center and a
2 description of the various options available to the caller, including
3 call lines specialized in the behavioral health needs of veterans,
4 American Indian and Alaska Native persons, Spanish-speaking persons,
5 and LGBTQ populations. The website may also include resources for
6 programs and services related to suicide prevention for the
7 agricultural community;

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

11 (vii) Develop and submit to the department protocols between the
12 designated 988 contact hub and 911 call centers within the region in
13 which the designated crisis call center operates and receive approval
14 of the protocols by the department and the state 911 coordination
15 office;

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

21 (ix) Provide data and reports and participate in evaluations and
22 related quality improvement activities, according to standards
23 established by the department in collaboration with the authority;
24 and

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

1 assurance processes, maintaining patient tracking, and developing and
2 implementing strategies to coordinate care for individuals with a
3 history of frequent crisis system utilization.

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

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

20 (a) A new technologically advanced behavioral health and suicide
21 prevention crisis call center system platform for use in designated
22 988 contact hubs designated by the department under subsection (4) of
23 this section. This platform, which shall be fully funded by (~~July 1,~~
24 ~~2024~~) January 1, 2026, shall be developed by the department and must
25 include the capacity to receive crisis assistance requests through
26 phone calls, texts, chats, and other similar methods of communication
27 that may be developed in the future that promote access to the
28 behavioral health crisis system; and

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

33 (6) In developing the new technologies under subsection (5) of
34 this section, the department and the authority must coordinate to
35 designate a primary technology system to provide each of the
36 following:

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

1 (i) Real-time bed availability for all behavioral health bed
2 types and recliner chairs, including but not limited to crisis
3 stabilization services, 23-hour crisis relief centers, psychiatric
4 inpatient, substance use disorder inpatient, withdrawal management,
5 peer-run respite centers, and crisis respite services, inclusive of
6 both voluntary and involuntary beds, for use by crisis response
7 workers, first responders, health care providers, emergency
8 departments, and individuals in crisis; and

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

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

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

25 (~~(b)~~) (b) The means to track the outcome of the 988 call to
26 enable appropriate follow-up, cross-system coordination, and
27 accountability, including as appropriate: (i) Any immediate services
28 dispatched and reports generated from the encounter; (ii) the
29 validation of a safety plan established for the caller in accordance
30 with best practices; (iii) the next steps for the caller to follow in
31 transition to noncrisis follow-up care, including a next-day
32 appointment for callers experiencing urgent, symptomatic behavioral
33 health care needs; and (iv) the means to verify and document whether
34 the caller was successful in making the transition to appropriate
35 noncrisis follow-up care indicated in the safety plan for the person,
36 to be completed either by the care coordinator provided through the
37 person's managed care organization, health plan, or behavioral health
38 administrative services organization, or if such a care coordinator
39 is not available or does not follow through, by the staff of the
40 designated 988 contact hub;

1 (c) A means to facilitate actions to verify and document whether
2 the person's transition to follow-up noncrisis care was completed and
3 services offered, to be performed by a care coordinator provided
4 through the person's managed care organization, health plan, or
5 behavioral health administrative services organization, or if such a
6 care coordinator is not available or does not follow through, by the
7 staff of the designated 988 contact hub;

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

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

15 (7) The authority shall:

16 (a) Collaborate with county authorities and behavioral health
17 administrative services organizations to develop procedures to
18 dispatch behavioral health crisis services in coordination with
19 designated 988 contact hubs to effectuate the intent of this section;

20 (b) Establish formal agreements with managed care organizations
21 and behavioral health administrative services organizations by
22 January 1, 2023, to provide for the services, capacities, and
23 coordination necessary to effectuate the intent of this section,
24 which shall include a requirement to arrange next-day appointments
25 for persons contacting the 988 crisis hotline experiencing urgent,
26 symptomatic behavioral health care needs with geographically,
27 culturally, and linguistically appropriate primary care or behavioral
28 health providers within the person's provider network, or, if
29 uninsured, through the person's behavioral health administrative
30 services organization;

31 (c) Create best practices guidelines by July 1, 2023, for
32 deployment of appropriate and available crisis response services by
33 designated 988 contact hubs to assist 988 hotline callers to minimize
34 nonessential reliance on emergency room services and the use of law
35 enforcement, considering input from relevant stakeholders and
36 recommendations made by the crisis response improvement strategy
37 committee created under RCW 71.24.892;

38 (d) Develop procedures to allow appropriate information sharing
39 and communication between and across crisis and emergency response
40 systems for the purpose of real-time crisis care coordination

1 including, but not limited to, deployment of crisis and outgoing
2 services, follow-up care, and linked, flexible services specific to
3 crisis response; and

4 (e) Establish guidelines to appropriately serve high-risk
5 populations who request crisis services. The authority shall design
6 these guidelines to promote behavioral health equity for all
7 populations with attention to circumstances of race, ethnicity,
8 gender, socioeconomic status, sexual orientation, and geographic
9 location, and include components such as training requirements for
10 call response workers, policies for transferring such callers to an
11 appropriate specialized center or subnetwork within or external to
12 the national suicide prevention lifeline network, and procedures for
13 referring persons who access the 988 crisis hotline to linguistically
14 and culturally competent care.

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

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

22 (1) The crisis response improvement strategy committee is
23 established for the purpose of providing advice in developing an
24 integrated behavioral health crisis response and suicide prevention
25 system containing the elements described in this section. The work of
26 the committee shall be received and reviewed by a steering committee,
27 which shall in turn form subcommittees to provide the technical
28 analysis and input needed to formulate system change recommendations.

29 (2) The behavioral health institute at Harborview medical center
30 shall facilitate and provide staff support to the steering committee
31 and to the crisis response improvement strategy committee. The
32 behavioral health institute may contract for the provision of these
33 services.

34 (3) The steering committee shall consist of the five members
35 specified as serving on the steering committee in this subsection and
36 one additional member who has been appointed to serve pursuant to the
37 criteria in either (j), (k), (l), or (m) of this subsection. The
38 steering committee shall select three cochairs from among its members
39 to lead the crisis response improvement strategy committee. The

1 crisis response improvement strategy committee shall consist of the
2 following members, who shall be appointed or requested by the
3 authority, unless otherwise noted:

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

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

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

10 (d) The Washington state insurance commissioner, or his or her
11 designee;

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

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

18 (g) One member from each of the two largest caucuses of the house
19 of representatives, one of whom shall also be designated to
20 participate on the steering committee, to be appointed by the speaker
21 of the house of representatives;

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

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

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

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

27 (l) A member with experience of participation in the crisis
28 system related to lived experience of a mental health disorder;

29 (m) A member with experience of participation in the crisis
30 system related to lived experience with a substance use disorder;

31 (n) A member representing each crisis call center in Washington
32 that is contracted with the national suicide prevention lifeline;

33 (o) Up to two members representing behavioral health
34 administrative services organizations, one from an urban region and
35 one from a rural region;

36 (p) A member representing the Washington council for behavioral
37 health;

38 (q) A member representing the association of alcoholism and
39 addiction programs of Washington state;

- 1 (r) A member representing the Washington state hospital
2 association;
- 3 (s) A member representing the national alliance on mental illness
4 Washington;
- 5 (t) A member representing the behavioral health interests of
6 persons of color recommended by Sea Mar community health centers;
- 7 (u) A member representing the behavioral health interests of
8 persons of color recommended by Asian counseling and referral
9 service;
- 10 (v) A member representing law enforcement;
- 11 (w) A member representing a university-based suicide prevention
12 center of excellence;
- 13 (x) A member representing an emergency medical services
14 department with a CARES program;
- 15 (y) A member representing medicaid managed care organizations, as
16 recommended by the association of Washington healthcare plans;
- 17 (z) A member representing commercial health insurance, as
18 recommended by the association of Washington healthcare plans;
- 19 (aa) A member representing the Washington association of
20 designated crisis responders;
- 21 (bb) A member representing the children and youth behavioral
22 health work group;
- 23 (cc) A member representing a social justice organization
24 addressing police accountability and the use of deadly force; and
- 25 (dd) A member representing an organization specializing in
26 facilitating behavioral health services for LGBTQ populations.
- 27 (4) The crisis response improvement strategy committee shall
28 assist the steering committee to identify potential barriers and make
29 recommendations necessary to implement and effectively monitor the
30 progress of the 988 crisis hotline in Washington and make
31 recommendations for the statewide improvement of behavioral health
32 crisis response and suicide prevention services.
- 33 (5) The steering committee must develop a comprehensive
34 assessment of the behavioral health crisis response and suicide
35 prevention services system by January 1, 2022, including an inventory
36 of existing statewide and regional behavioral health crisis response,
37 suicide prevention, and crisis stabilization services and resources,
38 and taking into account capital projects which are planned and
39 funded. The comprehensive assessment shall identify:

1 (a) Statewide and regional insufficiencies and gaps in behavioral
2 health crisis response and suicide prevention services and resources
3 needed to meet population needs;

4 (b) Quantifiable goals for the provision of statewide and
5 regional behavioral health crisis services and targeted deployment of
6 resources, which consider factors such as reported rates of
7 involuntary commitment detentions, single-bed certifications, suicide
8 attempts and deaths, substance use disorder-related overdoses,
9 overdose or withdrawal-related deaths, and incarcerations due to a
10 behavioral health incident;

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

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

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

20 (a) A recommended vision for an integrated crisis network in
21 Washington that includes, but is not limited to: An integrated 988
22 crisis hotline and designated 988 contact hubs; mobile rapid response
23 crisis teams and community-based crisis teams endorsed under RCW
24 71.24.903; mobile crisis response units for youth, adult, and
25 geriatric population; a range of crisis stabilization services; an
26 integrated involuntary treatment system; access to peer-run services,
27 including peer-run respite centers; adequate crisis respite services;
28 and data resources;

29 (b) Recommendations to promote equity in services for individuals
30 of diverse circumstances of culture, race, ethnicity, gender,
31 socioeconomic status, sexual orientation, and for individuals in
32 tribal, urban, and rural communities;

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

37 (d) The necessary components of each of the new technologically
38 advanced behavioral health crisis call center system platform and the
39 new behavioral health integrated client referral system, as provided
40 under RCW 71.24.890, for assigning and tracking response to

1 behavioral health crisis calls and providing real-time bed and
2 outpatient appointment availability to 988 operators, emergency
3 departments, designated crisis responders, and other behavioral
4 health crisis responders, which shall include but not be limited to:

5 (i) Identification of the components that designated 988 contact
6 hub staff need to effectively coordinate crisis response services and
7 find available beds and available primary care and behavioral health
8 outpatient appointments;

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

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

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

17 (e) The necessary systems and capabilities that licensed or
18 certified behavioral health agencies, behavioral health providers,
19 and any other relevant parties will require to report, maintain, and
20 update inpatient and residential bed and outpatient service
21 availability in real time to correspond with the crisis call center
22 system platform or behavioral health integrated client referral
23 system identified in RCW 71.24.890, as appropriate;

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

30 (g) A work plan with timelines to enhance and expand the
31 availability of mobile rapid response crisis teams and community-
32 based crisis teams endorsed under RCW 71.24.903 based in each region,
33 including specialized teams as appropriate to respond to the unique
34 needs of youth, including American Indian and Alaska Native youth and
35 LGBTQ youth, and geriatric populations, including older adults of
36 color and older adults with comorbid dementia;

37 (h) The identification of other personal and systemic behavioral
38 health challenges which implementation of the 988 crisis hotline has
39 the potential to address in addition to suicide response and
40 behavioral health crises;

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

4 (j) Recommendations concerning how health plans, managed care
5 organizations, and behavioral health administrative services
6 organizations shall fulfill requirements to provide assignment of a
7 care coordinator and to provide next-day appointments for enrollees
8 who contact the behavioral health crisis system;

9 (k) Appropriate allocation of crisis system funding
10 responsibilities among medicaid managed care organizations,
11 commercial insurers, and behavioral health administrative services
12 organizations;

13 (l) Recommendations for constituting a statewide behavioral
14 health crisis response and suicide prevention oversight board or
15 similar structure for ongoing monitoring of the behavioral health
16 crisis system and where this should be established; and

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

19 (7) The steering committee shall consist only of members
20 appointed to the steering committee under this section. The steering
21 committee shall convene the committee, form subcommittees, assign
22 tasks to the subcommittees, and establish a schedule of meetings and
23 their agendas.

24 (8) The subcommittees of the crisis response improvement strategy
25 committee shall focus on discrete topics. The subcommittees may
26 include participants who are not members of the crisis response
27 improvement strategy committee, as needed to provide professional
28 expertise and community perspectives. Each subcommittee shall have at
29 least one member representing the interests of stakeholders in a
30 rural community, at least one member representing the interests of
31 stakeholders in an urban community, and at least one member
32 representing the interests of youth stakeholders. The steering
33 committee shall form the following subcommittees:

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

38 (b) A credentialing and training subcommittee, to recommend
39 workforce needs and requirements necessary to implement chapter 302,
40 Laws of 2021, including minimum education requirements such as

1 whether it would be appropriate to allow designated 988 contact hubs
2 to employ clinical staff without a bachelor's degree or master's
3 degree based on the person's skills and life or work experience;

4 (c) A technology subcommittee, to examine issues and requirements
5 related to the technology needed to implement chapter 302, Laws of
6 2021;

7 (d) A cross-system crisis response collaboration subcommittee, to
8 examine and define the complementary roles and interactions between
9 mobile rapid response crisis teams and community-based crisis teams
10 endorsed under RCW 71.24.903, designated crisis responders, law
11 enforcement, emergency medical services teams, 911 and 988 operators,
12 public and private health plans, behavioral health crisis response
13 agencies, nonbehavioral health crisis response agencies, and others
14 needed to implement chapter 302, Laws of 2021;

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

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

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

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

35 (10) Legislative members of the crisis response improvement
36 strategy committee shall be reimbursed for travel expenses in
37 accordance with RCW 44.04.120. Nonlegislative members are not
38 entitled to be reimbursed for travel expenses if they are elected
39 officials or are participating on behalf of an employer, governmental

1 entity, or other organization. Any reimbursement for other
2 nonlegislative members is subject to chapter 43.03 RCW.

3 (11) The steering committee, with the advice of the crisis
4 response improvement strategy committee, shall provide a progress
5 report and the result of its comprehensive assessment under
6 subsection (5) of this section to the governor and appropriate policy
7 and fiscal committee of the legislature by January 1, 2022. The
8 steering committee shall report the crisis response improvement
9 strategy committee's further progress and the steering committee's
10 recommendations related to designated 988 contact hubs to the
11 governor and appropriate policy and fiscal committees of the
12 legislature by January 1, 2023, and January 1, 2024. The steering
13 committee shall provide its final report to the governor and the
14 appropriate policy and fiscal committees of the legislature by
15 (~~January 1, 2025~~) July 1, 2026.

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

17 Correct the title.

EFFECT: Removes the extension of the implementation date for the diversion data integration platform.

--- END ---