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**ENGROSSED SECOND SUBSTITUTE HOUSE BILL 1477**

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AS RECOMMENDED BY THE CONFERENCE COMMITTEE

Passed Legislature - 2021 Regular Session

**State of Washington**

**67th Legislature**

**2021 Regular Session**

**By** House Appropriations (originally sponsored by Representatives Orwall, Davis, Ortiz-Self, Callan, Simmons, J. Johnson, Goodman, Ryu, Ormsby, Valdez, Frame, Berg, Bergquist, Harris-Talley, Chopp, Macri, Peterson, and Pollet)

READ FIRST TIME 02/22/21.

1 AN ACT Relating to the implementation of the national 988 system  
2 to enhance and expand behavioral health crisis response and suicide  
3 prevention services statewide by imposing an excise tax on certain  
4 telecommunications services; amending RCW 71.24.649; reenacting and  
5 amending RCW 71.24.025 and 71.24.025; adding new sections to chapter  
6 71.24 RCW; adding a new section to chapter 48.43 RCW; adding a new  
7 section to chapter 43.06 RCW; adding a new chapter to Title 82 RCW;  
8 creating a new section; prescribing penalties; making appropriations;  
9 providing effective dates; providing expiration dates; and declaring  
10 an emergency.

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

12 **PART I**

13 **CRISIS CALL CENTER HUBS AND CRISIS SERVICES**

14 NEW SECTION. **Sec. 101.** (1) The legislature finds that:

15 (a) Nearly 6,000 Washington adults and children died by suicide  
16 in the last five years, according to the federal centers for disease  
17 control and prevention, tragically reflecting a state increase of 36  
18 percent in the last 10 years.

1 (b) Suicide is now the single leading cause of death for  
2 Washington young people ages 10 through 24, with total deaths 22  
3 percent higher than for vehicle crashes.

4 (c) Groups with suicide rates higher than the general population  
5 include veterans, American Indians/Alaska Natives, LGBTQ youth, and  
6 people living in rural counties across the state.

7 (d) More than one in five Washington residents are currently  
8 living with a behavioral health disorder.

9 (e) The COVID-19 pandemic has increased stressors and substance  
10 use among Washington residents.

11 (f) An improved crisis response system will reduce reliance on  
12 emergency room services and the use of law enforcement response to  
13 behavioral health crises and will stabilize individuals in the  
14 community whenever possible.

15 (g) To accomplish effective crisis response and suicide  
16 prevention, Washington state must continue its integrated approach to  
17 address mental health and substance use disorder in tandem under the  
18 umbrella of behavioral health disorders, consistently with chapter  
19 71.24 RCW and the state's approach to integrated health care. This is  
20 particularly true in the domain of suicide prevention, because of the  
21 prevalence of substance use as both a risk factor and means for  
22 suicide.

23 (2) The legislature intends to:

24 (a) Establish crisis call center hubs and expand the crisis  
25 response system in a deliberate, phased approach that includes the  
26 involvement of partners from a range of perspectives to:

27 (i) Save lives by improving the quality of and access to  
28 behavioral health crisis services;

29 (ii) Further equity in addressing mental health and substance use  
30 treatment and assure a culturally and linguistically competent  
31 response to behavioral health crises;

32 (iii) Recognize that, historically, crisis response placed  
33 marginalized communities, including those experiencing behavioral  
34 health crises, at disproportionate risk of poor outcomes and criminal  
35 justice involvement;

36 (iv) Comply with the national suicide hotline designation act of  
37 2020 and the federal communications commission's rules adopted July  
38 16, 2020, to assure that all Washington residents receive a  
39 consistent and effective level of 988 suicide prevention and other

1 behavioral health crisis response and suicide prevention services no  
2 matter where they live, work, or travel in the state; and

3 (v) Provide higher quality support for people experiencing  
4 behavioral health crises through investment in new technology to  
5 create a crisis call center hub system to triage calls and link  
6 individuals to follow-up care.

7 (b) Make additional investments to enhance the crisis response  
8 system, including the expansion of crisis teams, to be known as  
9 mobile rapid response crisis teams, and deployment of a wide array of  
10 crisis stabilization services, such as 23-hour crisis stabilization  
11 units based on the living room model, crisis stabilization centers,  
12 short-term respite facilities, peer-run respite centers, and same-day  
13 walk-in behavioral health services. The overall crisis system shall  
14 contain components that operate like hospital emergency departments  
15 that accept all walk-ins and ambulance, fire, and police drop-offs.  
16 Certified peer counselors as well as peers in other roles providing  
17 support must be incorporated within the crisis system and along the  
18 continuum of crisis care.

19 NEW SECTION. **Sec. 102.** A new section is added to chapter 71.24  
20 RCW to read as follows:

21 (1) Establishing the state crisis call center hubs and enhancing  
22 the crisis response system will require collaborative work between  
23 the department and the authority within their respective roles. The  
24 department shall have primary responsibility for establishing and  
25 designating the crisis call center hubs. The authority shall have  
26 primary responsibility for developing and implementing the crisis  
27 response system and services to support the work of the crisis call  
28 center hubs. In any instance in which one agency is identified as the  
29 lead, the expectation is that agency will be communicating and  
30 collaborating with the other to ensure seamless, continuous, and  
31 effective service delivery within the statewide crisis response  
32 system.

33 (2) The department shall provide adequate funding for the state's  
34 crisis call centers to meet an expected increase in the use of the  
35 call centers based on the implementation of the 988 crisis hotline.  
36 The funding level shall be established at a level anticipated to  
37 achieve an in-state call response rate of at least 90 percent by July  
38 22, 2022. The funding level shall be determined by considering  
39 standards and cost per call predictions provided by the administrator

1 of the national suicide prevention lifeline, call volume predictions,  
2 guidance on crisis call center performance metrics, and necessary  
3 technology upgrades.

4 (3) The department shall adopt rules by July 1, 2023, to  
5 establish standards for designation of crisis call centers as crisis  
6 call center hubs. The department shall collaborate with the authority  
7 and other agencies to assure coordination and availability of  
8 services, and shall consider national guidelines for behavioral  
9 health crisis care as determined by the federal substance abuse and  
10 mental health services administration, national behavioral health  
11 accrediting bodies, and national behavioral health provider  
12 associations to the extent they are appropriate, and recommendations  
13 from the crisis response improvement strategy committee created in  
14 section 103 of this act.

15 (4) The department shall designate crisis call center hubs by  
16 July 1, 2024. The crisis call center hubs shall provide crisis  
17 intervention services, triage, care coordination, referrals, and  
18 connections to individuals contacting the 988 crisis hotline from any  
19 jurisdiction within Washington 24 hours a day, seven days a week,  
20 using the system platform developed under subsection (5) of this  
21 section.

22 (a) To be designated as a crisis call center hub, the applicant  
23 must demonstrate to the department the ability to comply with the  
24 requirements of this section and to contract to provide crisis call  
25 center hub services. The department may revoke the designation of any  
26 crisis call center hub that fails to substantially comply with the  
27 contract.

28 (b) The contracts entered shall require designated crisis call  
29 center hubs to:

30 (i) Have an active agreement with the administrator of the  
31 national suicide prevention lifeline for participation within its  
32 network;

33 (ii) Meet the requirements for operational and clinical standards  
34 established by the department and based upon the national suicide  
35 prevention lifeline best practices guidelines and other recognized  
36 best practices;

37 (iii) Employ highly qualified, skilled, and trained clinical  
38 staff who have sufficient training and resources to provide empathy  
39 to callers in acute distress, de-escalate crises, assess behavioral  
40 health disorders and suicide risk, triage to system partners, and

1 provide case management and documentation. Call center staff shall be  
2 trained to make every effort to resolve cases in the least  
3 restrictive environment and without law enforcement involvement  
4 whenever possible. Call center staff shall coordinate with certified  
5 peer counselors to provide follow-up and outreach to callers in  
6 distress as available. It is intended for transition planning to  
7 include a pathway for continued employment and skill advancement as  
8 needed for experienced crisis call center employees;

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

12 (v) Provide data and reports and participate in evaluations and  
13 related quality improvement activities, according to standards  
14 established by the department in collaboration with the authority.

15 (c) The department and the authority shall incorporate  
16 recommendations from the crisis response improvement strategy  
17 committee created under section 103 of this act in its agreements  
18 with crisis call center hubs, as appropriate.

19 (5) The department and authority must coordinate to develop the  
20 technology and platforms necessary to manage and operate the  
21 behavioral health crisis response and suicide prevention system. The  
22 technologies developed must include:

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

35 (b) A behavioral health integrated client referral system capable  
36 of providing system coordination information to crisis call center  
37 hubs and the other entities involved in behavioral health care. This  
38 system shall be developed by the authority.

39 (6) In developing the new technologies under subsection (5) of  
40 this section, the department and the authority must coordinate to

1 designate a primary technology system to provide each of the  
2 following:

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

6 (i) Real-time bed availability for all behavioral health bed  
7 types, including but not limited to crisis stabilization services,  
8 triage facilities, psychiatric inpatient, substance use disorder  
9 inpatient, withdrawal management, peer-run respite centers, and  
10 crisis respite services, inclusive of both voluntary and involuntary  
11 beds, for use by crisis response workers, first responders, health  
12 care providers, emergency departments, and individuals in crisis; and

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

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

18 (B) Information necessary to enable the crisis call center hub to  
19 actively collaborate with emergency departments, primary care  
20 providers and behavioral health providers within managed care  
21 organizations, behavioral health administrative services  
22 organizations, and other health care payers to establish a safety  
23 plan for the person in accordance with best practices and provide the  
24 next steps for the person's transition to follow-up noncrisis care.  
25 To establish information-sharing guidelines that fulfill the intent  
26 of this section the authority shall consider input from the  
27 confidential information compliance and coordination subcommittee  
28 established under section 103 of this act;

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

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

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

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

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

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

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

39 (8) The authority shall:

1 (a) Collaborate with county authorities and behavioral health  
2 administrative services organizations to develop procedures to  
3 dispatch behavioral health crisis services in coordination with  
4 crisis call center hubs to effectuate the intent of this section;

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

16 (c) Create best practices guidelines by July 1, 2023, for  
17 deployment of appropriate and available crisis response services by  
18 crisis call center hubs to assist 988 hotline callers to minimize  
19 nonessential reliance on emergency room services and the use of law  
20 enforcement, considering input from relevant stakeholders and  
21 recommendations made by the crisis response improvement strategy  
22 committee created under section 103 of this act;

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

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



1 NEW SECTION. **Sec. 103.** A new section is added to chapter 71.24

2 RCW to read as follows:

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

10 (2) The office of financial management shall contract with the  
11 behavioral health institute at Harborview medical center to  
12 facilitate and provide staff support to the steering committee and to  
13 the crisis response improvement strategy committee.

14 (3) The steering committee shall select three cochairs from among  
15 its members to lead the crisis response improvement strategy  
16 committee. The crisis response improvement strategy committee shall  
17 consist of the following members, who shall be appointed or requested  
18 by the authority, unless otherwise noted:

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

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

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

25 (d) The Washington state insurance commissioner, or his or her  
26 designee;

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

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

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

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

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

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

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

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

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

9 (d) The necessary components of each of the new technologically  
10 advanced behavioral health crisis call center system platform and the  
11 new behavioral health integrated client referral system, as provided  
12 under section 102 of this act, for assigning and tracking response to  
13 behavioral health crisis calls and providing real-time bed and  
14 outpatient appointment availability to 988 operators, emergency  
15 departments, designated crisis responders, and other behavioral  
16 health crisis responders, which shall include but not be limited to:

17 (i) Identification of the components crisis call center hub staff  
18 need to effectively coordinate crisis response services and find  
19 available beds and available primary care and behavioral health  
20 outpatient appointments;

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

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

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

29 (e) The necessary systems and capabilities that licensed or  
30 certified behavioral health agencies, behavioral health providers,  
31 and any other relevant parties will require to report, maintain, and  
32 update inpatient and residential bed and outpatient service  
33 availability in real time to correspond with the crisis call center  
34 system platform or behavioral health integrated client referral  
35 system identified in section 102 of this act, as appropriate;

36 (f) A work plan to establish the capacity for the crisis call  
37 center hubs to integrate Spanish language interpreters and Spanish-  
38 speaking call center staff into their operations, and to ensure the  
39 availability of resources to meet the unique needs of persons in the

1 agricultural community who are experiencing mental health stresses,  
2 which explicitly addresses concerns regarding confidentiality;

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

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

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

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

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

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

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

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

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

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

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

11 (b) A credentialing and training subcommittee, to recommend  
12 workforce needs and requirements necessary to implement this act,  
13 including minimum education requirements such as whether it would be  
14 appropriate to allow crisis call center hubs to employ clinical staff  
15 without a bachelor's degree or master's degree based on the person's  
16 skills and life or work experience;

17 (c) A technology subcommittee, to examine issues and requirements  
18 related to the technology needed to implement this act;

19 (d) A cross-system crisis response collaboration subcommittee, to  
20 examine and define the complementary roles and interactions between  
21 mobile rapid response crisis teams, designated crisis responders, law  
22 enforcement, emergency medical services teams, 911 and 988 operators,  
23 public and private health plans, behavioral health crisis response  
24 agencies, nonbehavioral health crisis response agencies, and others  
25 needed to implement this act;

26 (e) A confidential information compliance and coordination  
27 subcommittee, to examine issues relating to sharing and protection of  
28 health information needed to implement this act; and

29 (f) Any other subcommittee needed to facilitate the work of the  
30 committee, at the discretion of the steering committee.

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

37 (10) Legislative members of the crisis response improvement  
38 strategy committee shall be reimbursed for travel expenses in  
39 accordance with RCW 44.04.120. Nonlegislative members are not  
40 entitled to be reimbursed for travel expenses if they are elected

1 officials or are participating on behalf of an employer, governmental  
2 entity, or other organization. Any reimbursement for other  
3 nonlegislative members is subject to chapter 43.03 RCW.

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

16 (12) This section expires June 30, 2024.

17 NEW SECTION. **Sec. 104.** A new section is added to chapter 71.24  
18 RCW to read as follows:

19 (1) The steering committee of the crisis response improvement  
20 strategy committee established under section 103 of this act must  
21 monitor and make recommendations related to the funding of crisis  
22 response services out of the account created in section 205 of this  
23 act. The crisis response improvement strategy steering committee must  
24 analyze:

25 (a) The projected expenditures from the account created under  
26 section 205 of this act, taking into account call volume, utilization  
27 projections, and other operational impacts;

28 (b) The costs of providing statewide coverage of mobile rapid  
29 response crisis teams or other behavioral health first responder  
30 services recommended by the crisis response improvement strategy  
31 committee, based on 988 crisis hotline utilization and taking into  
32 account existing state and local funding;

33 (c) Potential options to reduce the tax imposed in section 202 of  
34 this act, given the expected level of costs related to infrastructure  
35 development and operational support of the 988 crisis hotline and  
36 crisis call center hubs; and

37 (d) The viability of providing funding for in-person mobile rapid  
38 response crisis services or other behavioral health first responder  
39 services recommended by the crisis response improvement strategy

1 committee funded from the account created in section 205 of this act,  
2 given the expected revenues to the account and the level of  
3 expenditures required under (a) of this subsection.

4 (2) If the steering committee finds that funding in-person mobile  
5 rapid response crisis services or other behavioral health first  
6 responder services recommended by the crisis response improvement  
7 strategy committee is viable from the account given the level of  
8 expenditures necessary to support the infrastructure development and  
9 operational support of the 988 crisis hotline and crisis call center  
10 hubs, the steering committee must analyze options for the location  
11 and composition of such services given need and available resources  
12 with the requirement that funds from the account supplement, not  
13 supplant, existing behavioral health crisis funding.

14 (3) The work of the steering committee under this section must be  
15 facilitated by the behavioral health institute at Harborview medical  
16 center through its contract with the office of financial management  
17 under section 103 of this act with assistance provided by staff from  
18 senate committee services, the office of program research, and the  
19 office of financial management.

20 (4) The steering committee shall submit preliminary  
21 recommendations to the governor and the appropriate policy and fiscal  
22 committees of the legislature by January 1, 2022, and final  
23 recommendations to the governor and the appropriate policy and fiscal  
24 committees of the legislature by January 1, 2023.

25 (5) This section expires on July 1, 2023.

26 NEW SECTION. **Sec. 105.** A new section is added to chapter 71.24  
27 RCW to read as follows:

28 (1) The department and authority shall provide an annual report  
29 regarding the usage of the 988 crisis hotline, call outcomes, and the  
30 provision of crisis services inclusive of mobile rapid response  
31 crisis teams and crisis stabilization services. The report shall be  
32 submitted to the governor and the appropriate committees of the  
33 legislature each November beginning in 2023. The report shall include  
34 information on the fund deposits and expenditures of the account  
35 created in section 205 of this act.

36 (2) The department and authority shall coordinate with the  
37 department of revenue, and any other agency that is appropriated  
38 funding under the account created in section 205 of this act, to  
39 develop and submit information to the federal communications



1 commission required for the completion of fee accountability reports  
2 pursuant to the national suicide hotline designation act of 2020.

3 (3) The joint legislative audit and review committee shall  
4 schedule an audit to begin after the full implementation of this act,  
5 to provide transparency as to how funds from the statewide 988  
6 behavioral health crisis response and suicide prevention line account  
7 have been expended, and to determine whether funds used to provide  
8 acute behavioral health, crisis outreach, and stabilization services  
9 are being used to supplement services identified as baseline services  
10 in the comprehensive analysis provided under section 103 of this act,  
11 or to supplant baseline services. The committee shall provide a  
12 report by November 1, 2027, which includes recommendations as to the  
13 adequacy of the funding provided to accomplish the intent of the act  
14 and any other recommendations for alteration or improvement.

15 NEW SECTION. **Sec. 106.** A new section is added to chapter 48.43  
16 RCW to read as follows:

17 Health plans issued or renewed on or after January 1, 2023, must  
18 make next-day appointments available to enrollees experiencing  
19 urgent, symptomatic behavioral health conditions to receive covered  
20 behavioral health services. The appointment may be with a licensed  
21 provider other than a licensed behavioral health professional, as  
22 long as that provider is acting within their scope of practice, and  
23 may be provided through telemedicine consistent with RCW 48.43.735.  
24 Need for urgent symptomatic care is associated with the presentation  
25 of behavioral health signs or symptoms that require immediate  
26 attention, but are not emergent.

27 NEW SECTION. **Sec. 107.** A new section is added to chapter 43.06  
28 RCW to read as follows:

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

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

1 for 988 callers, and establishing adequate requirements and guidance  
2 for their contractors to fulfill the requirements of this act;

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

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

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

16 (2) This section expires June 30, 2024.

17 NEW SECTION. **Sec. 108.** A new section is added to chapter 71.24  
18 RCW to read as follows:

19 (1) When acting in their statutory capacities pursuant to this  
20 act, the state, department, authority, state enhanced 911  
21 coordination office, emergency management division, military  
22 department, any other state agency, and their officers, employees,  
23 and agents are deemed to be carrying out duties owed to the public in  
24 general and not to any individual person or class of persons separate  
25 and apart from the public. Nothing contained in this act may be  
26 construed to evidence a legislative intent that the duties to be  
27 performed by the state, department, authority, state enhanced 911  
28 coordination office, emergency management division, military  
29 department, any other state agency, and their officers, employees,  
30 and agents, as required by this act, are owed to any individual  
31 person or class of persons separate and apart from the public in  
32 general.

33 (2) Each crisis call center hub designated by the department  
34 under any contract or agreement pursuant to this act shall be deemed  
35 to be an independent contractor, separate and apart from the  
36 department and the state.

37 NEW SECTION. **Sec. 109.** A new section is added to chapter 71.24  
38 RCW to read as follows:

1 For the purpose of development and implementation of technology  
2 and platforms by the department and the authority under section 102  
3 of this act, the department and the authority shall create a  
4 sophisticated technical and operational plan. The plan shall not  
5 conflict with, nor delay, the department meeting and satisfying  
6 existing 988 federal requirements that are already underway and must  
7 be met by July 16, 2022, nor is it intended to delay the initial  
8 planning phase of the project, or the planning and deliverables tied  
9 to any grant award received and allotted by the department or the  
10 authority prior to April 1, 2021. To the extent that funds are  
11 appropriated for this specific purpose, the department and the  
12 authority must contract for a consultant to critically analyze the  
13 development and implementation technology and platforms and  
14 operational challenges to best position the solutions for success.  
15 Prior to initiation of a new information technology development,  
16 which does not include the initial planning phase of this project or  
17 any contracting needed to complete the initial planning phase, the  
18 department and authority shall submit the technical and operational  
19 plan to the governor, office of financial management, steering  
20 committee of the crisis response improvement strategy committee  
21 created under section 103 of this act, and appropriate policy and  
22 fiscal committees of the legislature, which shall include the  
23 committees referenced in this section. The plan must be approved by  
24 the office of the chief information officer, the director of the  
25 office of financial management, and the steering committee of the  
26 crisis response improvement strategy committee, which shall consider  
27 any feedback received from the senate ways and means committee chair,  
28 the house of representatives appropriations committee chair, the  
29 senate environment, energy and technology committee chair, the senate  
30 behavioral health subcommittee chair, and the house of  
31 representatives health care and wellness committee chair, before any  
32 funds are expended for the solutions, other than those funds needed  
33 to complete the initial planning phase. A draft technical and  
34 operational plan must be submitted no later than January 1, 2022, and  
35 a final plan by August 31, 2022.

36 The plan submitted must include, but not be limited to:

- 37 (1) Data management;
- 38 (2) Data security;
- 39 (3) Data flow;
- 40 (4) Data access and permissions;

- 1 (5) Protocols to ensure staff are following proper health  
2 information privacy procedures;
- 3 (6) Cybersecurity requirements and how to meet these;
- 4 (7) Service level agreements by vendor;
- 5 (8) Maintenance and operations costs;
- 6 (9) Identification of what existing software as a service  
7 products might be applicable, to include the:
- 8 (a) Vendor name;
- 9 (b) Vendor offerings to include product module and functionality  
10 detail and whether each represent add-ons that must be paid  
11 separately;
- 12 (c) Vendor pricing structure by year through implementation; and
- 13 (d) Vendor pricing structure by year post implementation;
- 14 (10) Integration limitations by system;
- 15 (11) Data analytic and performance metrics to be required by  
16 system;
- 17 (12) Liability;
- 18 (13) Which agency will host the electronic health record software  
19 as a service;
- 20 (14) Regulatory agency;
- 21 (15) The timeline by fiscal year from initiation to  
22 implementation for each solution in this act;
- 23 (16) How to plan in a manner that ensures efficient use of state  
24 resources and maximizes federal financial participation; and
- 25 (17) A complete comprehensive business plan analysis.

26 **PART II**

27 **TAX**

28 NEW SECTION. **Sec. 201.** DEFINITIONS. (1) The definitions in this  
29 section apply throughout this chapter unless the context clearly  
30 requires otherwise.

31 (a) "988 crisis hotline" has the same meaning as in RCW  
32 71.24.025.

33 (b) "Crisis call center hub" has the same meaning as in RCW  
34 71.24.025.

35 (2) The definitions in RCW 82.14B.020 apply to this chapter.

1 NEW SECTION. **Sec. 202.** TAX IMPOSED. (1)(a) A statewide 988

2 behavioral health crisis response and suicide prevention line tax is  
3 imposed on the use of all radio access lines:

4 (i) By subscribers whose place of primary use is located within  
5 the state in the amount set forth in (a)(ii) of this subsection (1)  
6 per month for each radio access line. The tax must be uniform for  
7 each radio access line under this subsection (1); and

8 (ii) By consumers whose retail transaction occurs within the  
9 state in the amount set forth in this subsection (1)(a)(ii) per  
10 retail transaction. The amount of tax must be uniform for each retail  
11 transaction under this subsection (1) and is as follows:

12 (A) Beginning October 1, 2021, through December 31, 2022, the tax  
13 rate is 24 cents for each radio access line; and

14 (B) Beginning January 1, 2023, the tax rate is 40 cents for each  
15 radio access line.

16 (b) The tax imposed under this subsection (1) must be remitted to  
17 the department by radio communications service companies, including  
18 those companies that resell radio access lines, and sellers of  
19 prepaid wireless telecommunications service, on a tax return provided  
20 by the department. Tax proceeds must be deposited by the treasurer  
21 into the statewide 988 behavioral health crisis response and suicide  
22 prevention line account created in section 205 of this act.

23 (c) For the purposes of this subsection (1), the retail  
24 transaction is deemed to occur at the location where the transaction  
25 is sourced under RCW 82.32.520(3)(c).

26 (2) A statewide 988 behavioral health crisis response and suicide  
27 prevention line tax is imposed on all interconnected voice over  
28 internet protocol service lines in the state. The amount of tax must  
29 be uniform for each line and must be levied on no more than the  
30 number of voice over internet protocol service lines on an account  
31 that is capable of simultaneous unrestricted outward calling to the  
32 public switched telephone network. The tax imposed under this  
33 subsection (2) must be remitted to the department by interconnected  
34 voice over internet protocol service companies on a tax return  
35 provided by the department. The amount of tax for each interconnected  
36 voice over internet protocol service line whose place of primary use  
37 is located in the state is as follows:

38 (a) Beginning October 1, 2021, through December 31, 2022, the tax  
39 rate is 24 cents for an interconnected voice over internet protocol  
40 service line; and

1 (b) Beginning January 1, 2023, the tax rate is 40 cents for an  
2 interconnected voice over internet protocol service line.

3 (3) A statewide 988 behavioral health crisis response and suicide  
4 prevention line tax is imposed on all switched access lines in the  
5 state. The amount of tax must be uniform for each line and must be  
6 levied on no more than the number of switched access lines on an  
7 account that is capable of simultaneous unrestricted outward calling  
8 to the public switched telephone network. The tax imposed under this  
9 subsection (3) must be remitted to the department by local exchange  
10 companies on a tax return provided by the department. The amount of  
11 tax for each switched access line whose place of primary use is  
12 located in the state is as follows:

13 (a) Beginning October 1, 2021, through December 31, 2022, the tax  
14 rate is 24 cents for each switched access line; and

15 (b) Beginning January 1, 2023, the tax rate is 40 cents for each  
16 switched access line.

17 (4) Tax proceeds collected pursuant to this section must be  
18 deposited by the treasurer into the statewide 988 behavioral health  
19 crisis response and suicide prevention line account created in  
20 section 205 of this act.

21 NEW SECTION. **Sec. 203.** COLLECTION OF TAX. (1) Except as  
22 provided otherwise in subsection (2) of this section:

23 (a) The statewide 988 behavioral health crisis response and  
24 suicide prevention line tax on radio access lines must be collected  
25 from the subscriber by the radio communications service company,  
26 including those companies that resell radio access lines, providing  
27 the radio access line to the subscriber, and the seller of prepaid  
28 wireless telecommunications services.

29 (b) The statewide 988 behavioral health crisis response and  
30 suicide prevention line tax on interconnected voice over internet  
31 protocol service lines must be collected from the subscriber by the  
32 interconnected voice over internet protocol service company providing  
33 the interconnected voice over internet protocol service line to the  
34 subscriber.

35 (c) The statewide 988 behavioral health crisis response and  
36 suicide prevention line tax on switched access lines must be  
37 collected from the subscriber by the local exchange company.

38 (d) The amount of the tax must be stated separately on the  
39 billing statement which is sent to the subscriber.

1 (2) (a) The statewide 988 behavioral health crisis response and  
2 suicide prevention line tax imposed by this chapter must be collected  
3 from the consumer by the seller of a prepaid wireless  
4 telecommunications service for each retail transaction occurring in  
5 this state.

6 (b) The department must transfer all tax proceeds remitted by a  
7 seller under this subsection (2) to the statewide 988 behavioral  
8 health crisis response and suicide prevention line account created in  
9 section 205 of this act.

10 (c) The taxes required by this subsection to be collected by the  
11 seller must be separately stated in any sales invoice or instrument  
12 of sale provided to the consumer.

13 NEW SECTION. **Sec. 204.** PAYMENT AND COLLECTION. (1) (a) The  
14 statewide 988 behavioral health crisis response and suicide  
15 prevention line tax imposed by this chapter must be paid by the  
16 subscriber to the radio communications service company providing the  
17 radio access line, the local exchange company, or the interconnected  
18 voice over internet protocol service company providing the  
19 interconnected voice over internet protocol service line.

20 (b) Each radio communications service company, each local  
21 exchange company, and each interconnected voice over internet  
22 protocol service company, must collect from the subscriber the full  
23 amount of the taxes payable. The statewide 988 behavioral health  
24 crisis response and suicide prevention line tax required by this  
25 chapter to be collected by a company or seller, are deemed to be held  
26 in trust by the company or seller until paid to the department. Any  
27 radio communications service company, local exchange company, or  
28 interconnected voice over internet protocol service company that  
29 appropriates or converts the tax collected to its own use or to any  
30 use other than the payment of the tax to the extent that the money  
31 collected is not available for payment on the due date as prescribed  
32 in this chapter is guilty of a gross misdemeanor.

33 (2) If any radio communications service company, local exchange  
34 company, or interconnected voice over internet protocol service  
35 company fails to collect the statewide 988 behavioral health crisis  
36 response and suicide prevention line tax or, after collecting the  
37 tax, fails to pay it to the department in the manner prescribed by  
38 this chapter, whether such failure is the result of its own act or  
39 the result of acts or conditions beyond its control, the company or

1 seller is personally liable to the state for the amount of the tax,  
2 unless the company or seller has taken from the buyer in good faith  
3 documentation, in a form and manner prescribed by the department,  
4 stating that the buyer is not a subscriber or consumer or is  
5 otherwise not liable for the statewide 988 behavioral health crisis  
6 response and suicide prevention line tax.

7 (3) The amount of tax, until paid by the subscriber to the radio  
8 communications service company, local exchange company, the  
9 interconnected voice over internet protocol service company, or to  
10 the department, constitutes a debt from the subscriber to the  
11 company, or from the consumer to the seller. Any company or seller  
12 that fails or refuses to collect the tax as required with intent to  
13 violate the provisions of this chapter or to gain some advantage or  
14 benefit, either direct or indirect, and any subscriber or consumer  
15 who refuses to pay any tax due under this chapter is guilty of a  
16 misdemeanor. The statewide 988 behavioral health crisis response and  
17 suicide prevention line tax required by this chapter to be collected  
18 by the radio communications service company, local exchange company,  
19 or interconnected voice over internet protocol service company must  
20 be stated separately on the billing statement that is sent to the  
21 subscriber.

22 (4) If a subscriber has failed to pay to the radio communications  
23 service company, local exchange company, or interconnected voice over  
24 internet protocol service company, the statewide 988 behavioral  
25 health crisis response and suicide prevention line tax imposed by  
26 this chapter and the company or seller has not paid the amount of the  
27 tax to the department, the department may, in its discretion, proceed  
28 directly against the subscriber or consumer for collection of the  
29 tax, in which case a penalty of 10 percent may be added to the amount  
30 of the tax for failure of the subscriber or consumer to pay the tax  
31 to the company or seller, regardless of when the tax is collected by  
32 the department.

33 NEW SECTION. **Sec. 205.** ACCOUNT CREATION. (1) The statewide 988  
34 behavioral health crisis response and suicide prevention line account  
35 is created in the state treasury. All receipts from the statewide 988  
36 behavioral health crisis response and suicide prevention line tax  
37 imposed pursuant to this chapter must be deposited into the account.  
38 Moneys may only be spent after appropriation.



1 (2) Expenditures from the account may only be used for (a)  
2 ensuring the efficient and effective routing of calls made to the 988  
3 crisis hotline to an appropriate crisis hotline center or crisis call  
4 center hub; and (b) personnel and the provision of acute behavioral  
5 health, crisis outreach, and crisis stabilization services, as  
6 defined in RCW 71.24.025, by directly responding to the 988 crisis  
7 hotline.

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

11 NEW SECTION. **Sec. 206.** PREEMPTION. A city or county may not  
12 impose a tax, measured on a per line basis, on radio access lines,  
13 interconnected voice over internet protocol service lines, or  
14 switched access lines, for the purpose of ensuring the efficient and  
15 effective routing of calls made to the 988 crisis hotline to an  
16 appropriate crisis hotline center or crisis call center hub; or  
17 providing personnel or acute behavioral health, crisis outreach, or  
18 crisis stabilization services, as defined in RCW 71.24.025,  
19 associated with directly responding to the 988 crisis hotline.

20 **PART III**  
21 **APPROPRIATIONS**

22 NEW SECTION. **Sec. 301.** The appropriations in this section are  
23 provided to the department of health and are subject to the following  
24 conditions and limitations:

25 (1) The sum of \$23,016,000, or as much thereof as may be  
26 necessary, is appropriated for the fiscal biennium ending June 30,  
27 2023, from the statewide 988 behavioral health crisis response and  
28 suicide prevention line account. The amount in this subsection is  
29 provided solely for the department to route calls to and contract for  
30 the operations of call centers and call center hubs. This includes  
31 funding for operations, training, and call center information  
32 technology and program staff.

33 (2) The sum of \$1,000,000, or as much thereof as may be  
34 necessary, is appropriated for the fiscal biennium ending June 30,  
35 2023, from the statewide 988 behavioral health crisis response and  
36 suicide prevention line account. The amount in this subsection is

1 provided solely for the department to contract for the development  
2 and operations of a tribal crisis line.

3 (3) The following sums, or so much thereof as may be necessary,  
4 are each appropriated: \$189,000 from the statewide 988 behavioral  
5 health crisis response and suicide prevention line account for the  
6 fiscal biennium ending June 30, 2023; and \$80,000 from the state  
7 general fund—federal account for the fiscal biennium ending June 30,  
8 2023. The amounts in this subsection are provided solely for the  
9 department to provide staff support necessary to critically analyze  
10 the planning, development, and implementation of technology solutions  
11 to create the technical and operational plan pursuant to section 109  
12 of this act.

13 (4) The sum of \$420,000, or as much thereof as may be necessary,  
14 is appropriated for the fiscal biennium ending June 30, 2023, from  
15 the statewide 988 behavioral health crisis response and suicide  
16 prevention line account. The amount in this subsection is provided  
17 solely for the department to participate in and provide support to  
18 the committee created in section 103 of this act.

19 NEW SECTION. **Sec. 302.** The appropriations in this section are  
20 provided to the state health care authority and are subject to the  
21 following conditions and limitations:

22 (1) The following sums, or as much thereof as may be necessary,  
23 are each appropriated: \$770,000 from the statewide 988 behavioral  
24 health crisis response and suicide prevention line account for the  
25 fiscal biennium ending June 30, 2023; and \$326,000 from the state  
26 general fund—federal account for the fiscal biennium ending June 30,  
27 2023. The amounts in this subsection are provided solely for the  
28 authority to provide staff and contracted support necessary to  
29 critically analyze the planning, development, and implementation of  
30 technology solutions to create the technical and operational plan  
31 pursuant to section 109 of this act.

32 (2) The following sums, or so much thereof as may be necessary,  
33 are each appropriated: \$644,000 from the statewide 988 behavioral  
34 health crisis response and suicide prevention line account for the  
35 fiscal biennium ending June 30, 2023; and \$127,000 from the state  
36 general fund—federal account for the fiscal biennium ending June 30,  
37 2023. The amounts in this subsection are provided solely for the

1 authority to participate in and provide support to the committee  
2 created in section 103 of this act.

3 (3) The following sums, or as much thereof as may be necessary,  
4 are each appropriated: \$381,000 from the statewide 988 behavioral  
5 health crisis response and suicide prevention line account for the  
6 fiscal biennium ending June 30, 2023; and \$381,000 from the state  
7 general fund—federal account for the fiscal biennium ending June 30,  
8 2023. The amounts in this subsection are provided solely for the  
9 authority to fulfill its duties as described in section 102(8) of  
10 this act. This includes funding for collaboration with managed care  
11 organizations, county authorities, and behavioral health  
12 administrative services organizations related to crisis services, and  
13 the development of processes and best practices for crisis services.

14 NEW SECTION. **Sec. 303.** The sum of \$200,000, or as much thereof  
15 as may be necessary, is appropriated for the fiscal biennium ending  
16 June 30, 2023, from the statewide 988 behavioral health crisis  
17 response and suicide prevention line account to the office of  
18 financial management and provided solely to provide staff and  
19 contracted services support to the committee created in section 103  
20 of this act.

#### 21 **PART IV**

#### 22 **DEFINITIONS AND MISCELLANEOUS**

23 **Sec. 401.** RCW 71.24.025 and 2020 c 256 s 201 are each reenacted  
24 and amended to read as follows:

25 Unless the context clearly requires otherwise, the definitions in  
26 this section apply throughout this chapter.

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

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

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

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

36 (2) "Alcoholism" means a disease, characterized by a dependency  
37 on alcoholic beverages, loss of control over the amount and

1 circumstances of use, symptoms of tolerance, physiological or  
2 psychological withdrawal, or both, if use is reduced or discontinued,  
3 and impairment of health or disruption of social or economic  
4 functioning.

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

9 (4) "Authority" means the Washington state health care authority.

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

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

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

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

37 (9) "Behavioral health services" means mental health services as  
38 described in this chapter and chapter 71.36 RCW and substance use  
39 disorder treatment services as described in this chapter that,  
40 depending on the type of service, are provided by licensed or

1 certified behavioral health agencies, behavioral health providers, or  
2 integrated into other health care providers.

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

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

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

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

12 (c) Has been unable to engage in any substantial gainful activity  
13 by reason of any mental disorder which has lasted for a continuous  
14 period of not less than twelve months. "Substantial gainful activity"  
15 shall be defined by the authority by rule consistent with Public Law  
16 92-603, as amended.

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

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

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

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

1 legal, and other nonresidential services under chapter 71.05 RCW,  
2 case management services, psychiatric treatment including medication  
3 supervision, counseling, psychotherapy, assuring transfer of relevant  
4 patient information between service providers, recovery services, and  
5 other services determined by behavioral health administrative  
6 services organizations.

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

12 (17) "County authority" means the board of county commissioners,  
13 county council, or county executive having authority to establish a  
14 behavioral health administrative services organization, or two or  
15 more of the county authorities specified in this subsection which  
16 have entered into an agreement to establish a behavioral health  
17 administrative services organization.

18 (18) "Department" means the department of health.

19 (19) "Designated crisis responder" has the same meaning as in RCW  
20 71.05.020.

21 (20) "Director" means the director of the authority.

22 (21) "Drug addiction" means a disease characterized by a  
23 dependency on psychoactive chemicals, loss of control over the amount  
24 and circumstances of use, symptoms of tolerance, physiological or  
25 psychological withdrawal, or both, if use is reduced or discontinued,  
26 and impairment of health or disruption of social or economic  
27 functioning.

28 (22) "Early adopter" means a regional service area for which all  
29 of the county authorities have requested that the authority purchase  
30 medical and behavioral health services through a managed care health  
31 system as defined under RCW 71.24.380(6).

32 (23) "Emerging best practice" or "promising practice" means a  
33 program or practice that, based on statistical analyses or a well  
34 established theory of change, shows potential for meeting the  
35 evidence-based or research-based criteria, which may include the use  
36 of a program that is evidence-based for outcomes other than those  
37 listed in subsection (24) of this section.

38 (24) "Evidence-based" means a program or practice that has been  
39 tested in heterogeneous or intended populations with multiple  
40 randomized, or statistically controlled evaluations, or both; or one

1 large multiple site randomized, or statistically controlled  
2 evaluation, or both, where the weight of the evidence from a systemic  
3 review demonstrates sustained improvements in at least one outcome.  
4 "Evidence-based" also means a program or practice that can be  
5 implemented with a set of procedures to allow successful replication  
6 in Washington and, when possible, is determined to be cost-  
7 beneficial.

8 (25) "Indian health care provider" means a health care program  
9 operated by the Indian health service or by a tribe, tribal  
10 organization, or urban Indian organization as those terms are defined  
11 in the Indian health care improvement act (25 U.S.C. Sec. 1603).

12 (26) "Intensive behavioral health treatment facility" means a  
13 community-based specialized residential treatment facility for  
14 individuals with behavioral health conditions, including individuals  
15 discharging from or being diverted from state and local hospitals,  
16 whose impairment or behaviors do not meet, or no longer meet,  
17 criteria for involuntary inpatient commitment under chapter 71.05  
18 RCW, but whose care needs cannot be met in other community-based  
19 placement settings.

20 (27) "Licensed or certified behavioral health agency" means:

21 (a) An entity licensed or certified according to this chapter or  
22 chapter 71.05 RCW;

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

26 (c) An entity with a tribal attestation that it meets state  
27 minimum standards for a licensed or certified behavioral health  
28 agency.

29 (28) "Licensed physician" means a person licensed to practice  
30 medicine or osteopathic medicine and surgery in the state of  
31 Washington.

32 (29) "Long-term inpatient care" means inpatient services for  
33 persons committed for, or voluntarily receiving intensive treatment  
34 for, periods of ninety days or greater under chapter 71.05 RCW.

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

36 (a) Services for individuals committed under chapter 71.05 RCW who  
37 are receiving services pursuant to a conditional release or a court-  
38 ordered less restrictive alternative to detention; or (b) services  
39 for individuals voluntarily receiving less restrictive alternative  
40 treatment on the grounds of the state hospital.

1 (30) "Managed care organization" means an organization, having a  
2 certificate of authority or certificate of registration from the  
3 office of the insurance commissioner, that contracts with the  
4 authority under a comprehensive risk contract to provide prepaid  
5 health care services to enrollees under the authority's managed care  
6 programs under chapter 74.09 RCW.

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

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

20 (33) "Mentally ill persons," "persons who are mentally ill," and  
21 "the mentally ill" mean persons and conditions defined in subsections  
22 (1), (11), (40), and (41) of this section.

23 (34) "Recovery" means a process of change through which  
24 individuals improve their health and wellness, live a self-directed  
25 life, and strive to reach their full potential.

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

32 (36) "Residential services" means a complete range of residences  
33 and supports authorized by resource management services and which may  
34 involve a facility, a distinct part thereof, or services which  
35 support community living, for persons who are acutely mentally ill,  
36 adults who are chronically mentally ill, children who are severely  
37 emotionally disturbed, or adults who are seriously disturbed and  
38 determined by the behavioral health administrative services  
39 organization or managed care organization to be at risk of becoming  
40 acutely or chronically mentally ill. The services shall include at



1 least evaluation and treatment services as defined in chapter 71.05  
2 RCW, acute crisis respite care, long-term adaptive and rehabilitative  
3 care, and supervised and supported living services, and shall also  
4 include any residential services developed to service persons who are  
5 mentally ill in nursing homes, residential treatment facilities,  
6 assisted living facilities, and adult family homes, and may include  
7 outpatient services provided as an element in a package of services  
8 in a supported housing model. Residential services for children in  
9 out-of-home placements related to their mental disorder shall not  
10 include the costs of food and shelter, except for children's long-  
11 term residential facilities existing prior to January 1, 1991.

12 (37) "Resilience" means the personal and community qualities that  
13 enable individuals to rebound from adversity, trauma, tragedy,  
14 threats, or other stresses, and to live productive lives.

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

33 (39) "Secretary" means the secretary of the department of health.

34 (40) "Seriously disturbed person" means a person who:

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

38 (b) Has been on conditional release status, or under a less  
39 restrictive alternative order, at some time during the preceding two

1 years from an evaluation and treatment facility or a state mental  
2 health hospital;

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

5 (d) Exhibits suicidal preoccupation or attempts; or

6 (e) Is a child diagnosed by a mental health professional, as  
7 defined in chapter 71.34 RCW, as experiencing a mental disorder which  
8 is clearly interfering with the child's functioning in family or  
9 school or with peers or is clearly interfering with the child's  
10 personality development and learning.

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

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

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

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

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

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

29 (ii) Changes in custodial adult;

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

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

35 (v) Drug or alcohol abuse; or

36 (vi) Homelessness.

37 (42) "State minimum standards" means minimum requirements  
38 established by rules adopted and necessary to implement this chapter  
39 by:

40 (a) The authority for:

1 (i) Delivery of mental health and substance use disorder  
2 services; and

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

4 (b) The department of health for:

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

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

10 (iii) Residential services.

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

17 (44) "Tribe," for the purposes of this section, means a federally  
18 recognized Indian tribe.

19 (45) "Crisis call center hub" means a state-designated center  
20 participating in the national suicide prevention lifeline network to  
21 respond to statewide or regional 988 calls that meets the  
22 requirements of section 102 of this act.

23 (46) "Crisis stabilization services" means services such as 23-  
24 hour crisis stabilization units based on the living room model,  
25 crisis stabilization units as provided in RCW 71.05.020, triage  
26 facilities as provided in RCW 71.05.020, short-term respite  
27 facilities, peer-run respite services, and same-day walk-in  
28 behavioral health services, including within the overall crisis  
29 system components that operate like hospital emergency departments  
30 that accept all walk-ins, and ambulance, fire, and police drop-offs.

31 (47) "Mobile rapid response crisis team" means a team that  
32 provides professional on-site community-based intervention such as  
33 outreach, de-escalation, stabilization, resource connection, and  
34 follow-up support for individuals who are experiencing a behavioral  
35 health crisis, that shall include certified peer counselors as a best  
36 practice to the extent practicable based on workforce availability,  
37 and that meets standards for response times established by the  
38 authority.

39 (48) "988 crisis hotline" means the universal telephone number  
40 within the United States designated for the purpose of the national

1 suicide prevention and mental health crisis hotline system operating  
2 through the national suicide prevention lifeline.

3 **Sec. 402.** RCW 71.24.025 and 2020 c 256 s 201 and 2020 c 80 s 52  
4 are each reenacted and amended to read as follows:

5 Unless the context clearly requires otherwise, the definitions in  
6 this section apply throughout this chapter.

7 (1) "Acutely mentally ill" means a condition which is limited to  
8 a short-term severe crisis episode of:

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

11 (b) Being gravely disabled as defined in RCW 71.05.020 or, in the  
12 case of a child, a gravely disabled minor as defined in RCW  
13 71.34.020; or

14 (c) Presenting a likelihood of serious harm as defined in RCW  
15 71.05.020 or, in the case of a child, as defined in RCW 71.34.020.

16 (2) "Alcoholism" means a disease, characterized by a dependency  
17 on alcoholic beverages, loss of control over the amount and  
18 circumstances of use, symptoms of tolerance, physiological or  
19 psychological withdrawal, or both, if use is reduced or discontinued,  
20 and impairment of health or disruption of social or economic  
21 functioning.

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

26 (4) "Authority" means the Washington state health care authority.

27 (5) "Available resources" means funds appropriated for the  
28 purpose of providing community behavioral health programs, federal  
29 funds, except those provided according to Title XIX of the Social  
30 Security Act, and state funds appropriated under this chapter or  
31 chapter 71.05 RCW by the legislature during any biennium for the  
32 purpose of providing residential services, resource management  
33 services, community support services, and other behavioral health  
34 services. This does not include funds appropriated for the purpose of  
35 operating and administering the state psychiatric hospitals.

36 (6) "Behavioral health administrative services organization"  
37 means an entity contracted with the authority to administer  
38 behavioral health services and programs under RCW 71.24.381,  
39 including crisis services and administration of chapter 71.05 RCW,

1 the involuntary treatment act, for all individuals in a defined  
2 regional service area.

3 (7) "Behavioral health aide" means a counselor, health educator,  
4 and advocate who helps address individual and community-based  
5 behavioral health needs, including those related to alcohol, drug,  
6 and tobacco abuse as well as mental health problems such as grief,  
7 depression, suicide, and related issues and is certified by a  
8 community health aide program of the Indian health service or one or  
9 more tribes or tribal organizations consistent with the provisions of  
10 25 U.S.C. Sec. 16161 and RCW 43.71B.010 (7) and (8).

11 (8) "Behavioral health provider" means a person licensed under  
12 chapter 18.57, 18.71, 18.71A, 18.83, 18.205, 18.225, or 18.79 RCW, as  
13 it applies to registered nurses and advanced registered nurse  
14 practitioners.

15 (9) "Behavioral health services" means mental health services as  
16 described in this chapter and chapter 71.36 RCW and substance use  
17 disorder treatment services as described in this chapter that,  
18 depending on the type of service, are provided by licensed or  
19 certified behavioral health agencies, behavioral health providers, or  
20 integrated into other health care providers.

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

22 (11) "Chronically mentally ill adult" or "adult who is  
23 chronically mentally ill" means an adult who has a mental disorder  
24 and meets at least one of the following criteria:

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

27 (b) Has experienced a continuous psychiatric hospitalization or  
28 residential treatment exceeding six months' duration within the  
29 preceding year; or

30 (c) Has been unable to engage in any substantial gainful activity  
31 by reason of any mental disorder which has lasted for a continuous  
32 period of not less than twelve months. "Substantial gainful activity"  
33 shall be defined by the authority by rule consistent with Public Law  
34 92-603, as amended.

35 (12) "Clubhouse" means a community-based program that provides  
36 rehabilitation services and is licensed or certified by the  
37 department.

38 (13) "Community behavioral health program" means all  
39 expenditures, services, activities, or programs, including reasonable  
40 administration and overhead, designed and conducted to prevent or

1 treat substance use disorder, mental illness, or both in the  
2 community behavioral health system.

3 (14) "Community behavioral health service delivery system" means  
4 public, private, or tribal agencies that provide services  
5 specifically to persons with mental disorders, substance use  
6 disorders, or both, as defined under RCW 71.05.020 and receive  
7 funding from public sources.

8 (15) "Community support services" means services authorized,  
9 planned, and coordinated through resource management services  
10 including, at a minimum, assessment, diagnosis, emergency crisis  
11 intervention available twenty-four hours, seven days a week,  
12 prescreening determinations for persons who are mentally ill being  
13 considered for placement in nursing homes as required by federal law,  
14 screening for patients being considered for admission to residential  
15 services, diagnosis and treatment for children who are acutely  
16 mentally ill or severely emotionally or behaviorally disturbed  
17 discovered under screening through the federal Title XIX early and  
18 periodic screening, diagnosis, and treatment program, investigation,  
19 legal, and other nonresidential services under chapter 71.05 RCW,  
20 case management services, psychiatric treatment including medication  
21 supervision, counseling, psychotherapy, assuring transfer of relevant  
22 patient information between service providers, recovery services, and  
23 other services determined by behavioral health administrative  
24 services organizations.

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

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

36 (18) "Department" means the department of health.

37 (19) "Designated crisis responder" has the same meaning as in RCW  
38 71.05.020.

39 (20) "Director" means the director of the authority.

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

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

11 (23) "Emerging best practice" or "promising practice" means a  
12 program or practice that, based on statistical analyses or a well  
13 established theory of change, shows potential for meeting the  
14 evidence-based or research-based criteria, which may include the use  
15 of a program that is evidence-based for outcomes other than those  
16 listed in subsection (24) of this section.

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

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

31 (26) "Intensive behavioral health treatment facility" means a  
32 community-based specialized residential treatment facility for  
33 individuals with behavioral health conditions, including individuals  
34 discharging from or being diverted from state and local hospitals,  
35 whose impairment or behaviors do not meet, or no longer meet,  
36 criteria for involuntary inpatient commitment under chapter 71.05  
37 RCW, but whose care needs cannot be met in other community-based  
38 placement settings.

39 (27) "Licensed or certified behavioral health agency" means:

1 (a) An entity licensed or certified according to this chapter or  
2 chapter 71.05 RCW;

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

6 (c) An entity with a tribal attestation that it meets state  
7 minimum standards for a licensed or certified behavioral health  
8 agency.

9 (28) "Licensed physician" means a person licensed to practice  
10 medicine or osteopathic medicine and surgery in the state of  
11 Washington.

12 (29) "Long-term inpatient care" means inpatient services for  
13 persons committed for, or voluntarily receiving intensive treatment  
14 for, periods of ninety days or greater under chapter 71.05 RCW.

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

16 (a) Services for individuals committed under chapter 71.05 RCW who  
17 are receiving services pursuant to a conditional release or a court-  
18 ordered less restrictive alternative to detention; or (b) services  
19 for individuals voluntarily receiving less restrictive alternative  
20 treatment on the grounds of the state hospital.

21 (30) "Managed care organization" means an organization, having a  
22 certificate of authority or certificate of registration from the  
23 office of the insurance commissioner, that contracts with the  
24 authority under a comprehensive risk contract to provide prepaid  
25 health care services to enrollees under the authority's managed care  
26 programs under chapter 74.09 RCW.

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

30 (32) Mental health "treatment records" include registration and  
31 all other records concerning persons who are receiving or who at any  
32 time have received services for mental illness, which are maintained  
33 by the department of social and health services or the authority, by  
34 behavioral health administrative services organizations and their  
35 staffs, by managed care organizations and their staffs, or by  
36 treatment facilities. "Treatment records" do not include notes or  
37 records maintained for personal use by a person providing treatment  
38 services for the entities listed in this subsection, or a treatment  
39 facility if the notes or records are not available to others.



1 (33) "Mentally ill persons," "persons who are mentally ill," and  
2 "the mentally ill" mean persons and conditions defined in subsections  
3 (1), (11), (40), and (41) of this section.

4 (34) "Recovery" means a process of change through which  
5 individuals improve their health and wellness, live a self-directed  
6 life, and strive to reach their full potential.

7 (35) "Research-based" means a program or practice that has been  
8 tested with a single randomized, or statistically controlled  
9 evaluation, or both, demonstrating sustained desirable outcomes; or  
10 where the weight of the evidence from a systemic review supports  
11 sustained outcomes as described in subsection (24) of this section  
12 but does not meet the full criteria for evidence-based.

13 (36) "Residential services" means a complete range of residences  
14 and supports authorized by resource management services and which may  
15 involve a facility, a distinct part thereof, or services which  
16 support community living, for persons who are acutely mentally ill,  
17 adults who are chronically mentally ill, children who are severely  
18 emotionally disturbed, or adults who are seriously disturbed and  
19 determined by the behavioral health administrative services  
20 organization or managed care organization to be at risk of becoming  
21 acutely or chronically mentally ill. The services shall include at  
22 least evaluation and treatment services as defined in chapter 71.05  
23 RCW, acute crisis respite care, long-term adaptive and rehabilitative  
24 care, and supervised and supported living services, and shall also  
25 include any residential services developed to service persons who are  
26 mentally ill in nursing homes, residential treatment facilities,  
27 assisted living facilities, and adult family homes, and may include  
28 outpatient services provided as an element in a package of services  
29 in a supported housing model. Residential services for children in  
30 out-of-home placements related to their mental disorder shall not  
31 include the costs of food and shelter, except for children's long-  
32 term residential facilities existing prior to January 1, 1991.

33 (37) "Resilience" means the personal and community qualities that  
34 enable individuals to rebound from adversity, trauma, tragedy,  
35 threats, or other stresses, and to live productive lives.

36 (38) "Resource management services" mean the planning,  
37 coordination, and authorization of residential services and community  
38 support services administered pursuant to an individual service plan  
39 for: (a) Adults and children who are acutely mentally ill; (b) adults  
40 who are chronically mentally ill; (c) children who are severely

1 emotionally disturbed; or (d) adults who are seriously disturbed and  
2 determined by a behavioral health administrative services  
3 organization or managed care organization to be at risk of becoming  
4 acutely or chronically mentally ill. Such planning, coordination, and  
5 authorization shall include mental health screening for children  
6 eligible under the federal Title XIX early and periodic screening,  
7 diagnosis, and treatment program. Resource management services  
8 include seven day a week, twenty-four hour a day availability of  
9 information regarding enrollment of adults and children who are  
10 mentally ill in services and their individual service plan to  
11 designated crisis responders, evaluation and treatment facilities,  
12 and others as determined by the behavioral health administrative  
13 services organization or managed care organization, as applicable.

14 (39) "Secretary" means the secretary of the department of health.

15 (40) "Seriously disturbed person" means a person who:

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

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

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

25 (d) Exhibits suicidal preoccupation or attempts; or

26 (e) Is a child diagnosed by a mental health professional, as  
27 defined in chapter 71.34 RCW, as experiencing a mental disorder which  
28 is clearly interfering with the child's functioning in family or  
29 school or with peers or is clearly interfering with the child's  
30 personality development and learning.

31 (41) "Severely emotionally disturbed child" or "child who is  
32 severely emotionally disturbed" means a child who has been determined  
33 by the behavioral health administrative services organization or  
34 managed care organization, if applicable, to be experiencing a mental  
35 disorder as defined in chapter 71.34 RCW, including those mental  
36 disorders that result in a behavioral or conduct disorder, that is  
37 clearly interfering with the child's functioning in family or school  
38 or with peers and who meets at least one of the following criteria:

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

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

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

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

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

9 (ii) Changes in custodial adult;

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

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

15 (v) Drug or alcohol abuse; or

16 (vi) Homelessness.

17 (42) "State minimum standards" means minimum requirements  
18 established by rules adopted and necessary to implement this chapter  
19 by:

20 (a) The authority for:

21 (i) Delivery of mental health and substance use disorder  
22 services; and

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

24 (b) The department of health for:

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

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

30 (iii) Residential services.

31 (43) "Substance use disorder" means a cluster of cognitive,  
32 behavioral, and physiological symptoms indicating that an individual  
33 continues using the substance despite significant substance-related  
34 problems. The diagnosis of a substance use disorder is based on a  
35 pathological pattern of behaviors related to the use of the  
36 substances.

37 (44) "Tribe," for the purposes of this section, means a federally  
38 recognized Indian tribe.

39 (45) "Crisis call center hub" means a state-designated center  
40 participating in the national suicide prevention lifeline network to

1 respond to statewide or regional 988 calls that meets the  
2 requirements of section 102 of this act.

3 (46) "Crisis stabilization services" means services such as 23-  
4 hour crisis stabilization units based on the living room model,  
5 crisis stabilization units as provided in RCW 71.05.020, triage  
6 facilities as provided in RCW 71.05.020, short-term respite  
7 facilities, peer-run respite services, and same-day walk-in  
8 behavioral health services, including within the overall crisis  
9 system components that operate like hospital emergency departments  
10 that accept all walk-ins, and ambulance, fire, and police drop-offs.

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

19 (48) "988 crisis hotline" means the universal telephone number  
20 within the United States designated for the purpose of the national  
21 suicide prevention and mental health crisis hotline system operating  
22 through the national suicide prevention lifeline.

23 **Sec. 403.** RCW 71.24.649 and 2019 c 324 s 5 are each amended to  
24 read as follows:

25 The secretary shall license or certify mental health peer-run  
26 respite centers that meet state minimum standards. In consultation  
27 with the authority and the department of social and health services,  
28 the secretary must:

29 (1) Establish requirements for licensed and certified community  
30 behavioral health agencies to provide mental health peer-run respite  
31 center services and establish physical plant and service requirements  
32 to provide voluntary, short-term, noncrisis services that focus on  
33 recovery and wellness;

34 (2) Require licensed and certified agencies to partner with the  
35 local crisis system including, but not limited to, evaluation and  
36 treatment facilities and designated crisis responders;

37 (3) Establish staffing requirements, including rules to ensure  
38 that facilities are peer-run;

39 (4) Limit services to a maximum of seven days in a month;

1 (5) Limit services to individuals who are experiencing  
2 psychiatric distress, but do not meet legal criteria for involuntary  
3 hospitalization under chapter 71.05 RCW; and

4 (6) Limit services to persons at least eighteen years of age.

5 NEW SECTION. **Sec. 404.** Sections 201 through 206 of this act  
6 constitute a new chapter in Title 82 RCW.

7 NEW SECTION. **Sec. 405.** Sections 201 through 205 of this act  
8 take effect October 1, 2021.

9 NEW SECTION. **Sec. 406.** Section 401 of this act expires July 1,  
10 2022.

11 NEW SECTION. **Sec. 407.** Section 402 of this act takes effect  
12 July 1, 2022.

13 NEW SECTION. **Sec. 408.** Section 103 of this act is necessary for  
14 the immediate preservation of the public peace, health, or safety, or  
15 support of the state government and its existing public institutions,  
16 and takes effect immediately.

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