
ENGROSSED SECOND SUBSTITUTE SENATE BILL 6251

State of Washington

68th Legislature

2024 Regular Session

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

READ FIRST TIME 02/05/24.

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

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

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

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

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

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

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

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

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

31 (5) The department and the authority shall provide support to a
32 behavioral health administrative services organization in the
33 development of protocols under subsection (1) of this section upon
34 request by the behavioral health administrative services
35 organization;

36 (6) Regional protocols established under subsection (1) of this
37 section must be in writing and, once approved, copies shall be
38 provided to the department, authority, and state 911 coordination
39 office. The regional protocols should be updated as needed and at
40 intervals of no longer than three years; and

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

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

10 Unless the context clearly requires otherwise, the definitions in
11 this section apply throughout this chapter.

12 (1) "23-hour crisis relief center" means a community-based
13 facility or portion of a facility serving adults, which is licensed
14 or certified by the department of health and open 24 hours a day,
15 seven days a week, offering access to mental health and substance use
16 care for no more than 23 hours and 59 minutes at a time per patient,
17 and which accepts all behavioral health crisis walk-ins drop-offs
18 from first responders, and individuals referred through the 988
19 system regardless of behavioral health acuity, and meets the
20 requirements under RCW 71.24.916.

21 (2) "988 crisis hotline" means the universal telephone number
22 within the United States designated for the purpose of the national
23 suicide prevention and mental health crisis hotline system operating
24 through the national suicide prevention lifeline.

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

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

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

32 (c) Presenting a likelihood of serious harm as defined in RCW
33 71.05.020 or, in the case of a child, as defined in RCW 71.34.020.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 patient information between service providers, recovery services, and
2 other services determined by behavioral health administrative
3 services organizations.

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

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

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

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

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

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

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

39 (25) "Designated crisis responder" has the same meaning as in RCW
40 71.05.020.

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

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

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

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

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

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

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

37 (33) "Intensive behavioral health treatment facility" means a
38 community-based specialized residential treatment facility for
39 individuals with behavioral health conditions, including individuals
40 discharging from or being diverted from state and local hospitals,

1 whose impairment or behaviors do not meet, or no longer meet,
2 criteria for involuntary inpatient commitment under chapter 71.05
3 RCW, but whose care needs cannot be met in other community-based
4 placement settings.

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

6 (a) An entity licensed or certified according to this chapter or
7 chapter 71.05 RCW;

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

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

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

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

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

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

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

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

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

1 treatment facilities. "Treatment records" do not include notes or
2 records maintained for personal use by a person providing treatment
3 services for the entities listed in this subsection, or a treatment
4 facility if the notes or records are not available to others.

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

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

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

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

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

1 in a supported housing model. Residential services for children in
2 out-of-home placements related to their mental disorder shall not
3 include the costs of food and shelter, except for children's long-
4 term residential facilities existing prior to January 1, 1991.

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

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

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

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

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

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

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

37 (d) Exhibits suicidal preoccupation or attempts; or

38 (e) Is a child diagnosed by a mental health professional, as
39 defined in chapter 71.34 RCW, as experiencing a mental disorder which
40 is clearly interfering with the child's functioning in family or

1 school or with peers or is clearly interfering with the child's
2 personality development and learning.

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

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

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

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

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

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

21 (ii) Changes in custodial adult;

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

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

27 (v) Drug or alcohol abuse; or

28 (vi) Homelessness.

29 (50) "State minimum standards" means minimum requirements
30 established by rules adopted and necessary to implement this chapter
31 by:

32 (a) The authority for:

33 (i) Delivery of mental health and substance use disorder
34 services; and

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

36 (b) The department of health for:

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

1 (ii) Licensed behavioral health providers for the provision of
2 mental health or substance use disorder services, or both; and
3 (iii) Residential services.

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

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

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

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

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

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

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

28 (i) A behavioral health crisis hotline for its assigned regional
29 service area;

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

32 (iii) Services related to involuntary commitments under chapters
33 71.05 and 71.34 RCW;

34 (iv) Tracking of less restrictive alternative orders issued
35 within the region by superior courts, and providing notification to a
36 managed care organization in the region when one of its enrollees
37 receives a less restrictive alternative order so that the managed
38 care organization may ensure that the person is connected to services
39 and that the requirements of RCW 71.05.585 are complied with. If the

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

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

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

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

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

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

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

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

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

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

40 (g) Establish and maintain quality assurance processes;

1 (h) Meet established limitations on administrative costs for
2 agencies that contract with the behavioral health administrative
3 services organization; and

4 (i) Maintain patient tracking information as required by the
5 authority.

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

11 (3) The behavioral health administrative services organization
12 shall:

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

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

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

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

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

28 (1) Establishing the state designated 988 contact hubs and
29 enhancing the crisis response system will require collaborative work
30 between the department ~~((and))~~, the authority, and regional system
31 partners within their respective roles. The department shall have
32 primary responsibility for ~~((establishing and))~~ designating ~~((the~~
33 ~~designated))~~ 988 contact hubs, and shall seek recommendations from
34 the behavioral health administrative services organizations to
35 determine which 988 contact hubs best meet regional needs. The
36 authority shall have primary responsibility for developing ~~((and))~~,
37 implementing, and facilitating coordination of the crisis response
38 system and services to support the work of the designated 988 contact
39 hubs, regional crisis lines, and other coordinated regional

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

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

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

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

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

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

29 (4) The department shall designate (~~designated~~) 988 contact
30 hubs considering the recommendations of behavioral health
31 administrative services organizations by January 1, 2026. The
32 designated 988 contact hubs shall provide connections to crisis
33 intervention services, triage, care coordination, and referrals(~~(7~~
34 ~~and connections to))~~ for individuals contacting the 988 (~~crisis~~
35 ~~hotline~~) contact hubs from any jurisdiction within Washington 24
36 hours a day, seven days a week, using the system platform developed
37 under subsection (5) of this section.

38 (a) To be designated as a (~~designated~~) 988 contact hub, the
39 applicant must demonstrate to the department the ability to comply
40 with the requirements of this section and to contract to provide

1 ((designated)) 988 contact hub services. ((The department may revoke
2 the designation of any designated 988 contact hub that fails to
3 substantially comply with the contract)) If a 988 contact hub fails
4 to substantially comply with the contract, data-sharing requirements,
5 or approved regional protocols developed under section 1 of this act,
6 the department shall revoke the designation of the 988 contact hub
7 and, after consulting with the affected behavioral health
8 administrative services organization, may designate a 988 contact hub
9 recommended by a behavioral health administrative services
10 organization which is able to meet necessary state and federal
11 requirements.

12 (b) The contracts entered shall require designated 988 contact
13 hubs to:

14 (i) Have an active agreement with the administrator of the
15 national suicide prevention lifeline for participation within its
16 network;

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

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

34 (iv) Train employees on agricultural community cultural
35 competencies for suicide prevention, which may include sharing
36 resources with callers that are specific to members from the
37 agricultural community. The training must prepare staff to provide
38 appropriate assessments, interventions, and resources to members of
39 the agricultural community. Employees may make warm transfers and
40 referrals to a crisis hotline that specializes in working with

1 members from the agricultural community, provided that no person
2 contacting 988 shall be transferred or referred to another service if
3 they are currently in crisis and in need of emotional support;

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

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

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

21 ~~(viii) Develop, in collaboration with the region's behavioral
22 health administrative services organizations, and jointly submit to
23 the authority))~~ Collaborate with coordinated regional behavioral
24 health crisis response system partners within the 988 contact hub's
25 regional service area to develop protocols under section 1 of this
26 act, including protocols related to the dispatching of mobile rapid
27 response crisis teams and community-based crisis teams endorsed under
28 RCW 71.24.903 ~~((and receive approval of the protocols by the
29 authority));~~

30 ~~((ix))~~ (viii) Provide data and reports and participate in
31 evaluations and related quality improvement activities, according to
32 standards established by the department in collaboration with the
33 authority; and

34 ~~((x))~~ (ix) Enter into data-sharing agreements with the
35 department, the authority, regional crisis lines, and applicable
36 ~~((regional))~~ behavioral health administrative services organizations
37 to provide reports and client level data regarding 988 ~~((crisis
38 hotline))~~ contact hub calls, as allowed by and in compliance with
39 existing federal and state law governing the sharing and use of
40 protected health information, ~~((including dispatch time, arrival~~

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

28 (7) The authority shall:

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

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

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

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

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

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

29 (8) The department shall monitor trends in 988 crisis hotline
30 caller data, as reported by designated 988 contact hubs under
31 subsection (4)(b)(~~(x)~~) (ix) of this section, and submit an annual
32 report to the governor and the appropriate committees of the
33 legislature summarizing the data and trends beginning December 1,
34 2027.

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