
SENATE BILL 6251

State of Washington

68th Legislature

2024 Regular Session

By Senator Dhingra

1 AN ACT Relating to coordination of regional behavioral health
2 crisis response and suicide prevention services; 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
9 have the responsibility to coordinate the behavioral health crisis
10 response and suicide prevention system within each regional service
11 area, and the lead role in establishing a comprehensive plan for
12 dispatching mobile rapid response crisis teams and community-based
13 crisis teams. In furtherance of this:

14 (1) The behavioral health administrative services organization
15 shall be the primary system coordinator within each regional service
16 area with the authority to convene regional behavioral health crisis
17 response and suicide prevention system partners and stakeholders for
18 the purpose of establishing clear regional protocols which
19 memorialize expectations, understandings, lines of communication, and
20 strategies for optimizing crisis response. The protocols must
21 describe how crisis response and suicide prevention system partners

1 will share information, which must include real-time information
2 sharing between 988 contact hubs, regional crisis lines, or their
3 successors, to create a seamless delivery system that is person-
4 centered;

5 (2) A behavioral health administrative services organization may
6 designate the 988 contact hub or hubs which it determines to be the
7 best fit for partnership in its regional service area once they have
8 met necessary state and federal certification requirements. The 988
9 contact hub or hubs designated by the behavioral health
10 administrative services organization in each regional service area
11 must be able to collectively provide the full panoply of culturally
12 appropriate behavioral health crisis response services established
13 under this chapter. New hubs should only be designated when they are
14 needed to fulfill an articulated need identified in the coordinated
15 behavioral health crisis response and suicide prevention system
16 protocol established by the behavioral health administrative services
17 organization;

18 (3) The department shall certify additional 988 contact hubs
19 which are able to meet state and federal certification requirements
20 upon request from a behavioral health administrative services
21 organization and consistent with the need identified in the
22 coordinated behavioral health crisis response and suicide prevention
23 system protocol;

24 (4) The department and the authority shall facilitate behavioral
25 health administrative services organizations in their role as primary
26 system coordinators of the coordinated behavioral health crisis
27 response and suicide prevention system within each regional service
28 area, including providing support in the development of protocols
29 under subsection (1) of this section as requested by the behavioral
30 health administrative services organization;

31 (5) Protocols established under subsection (1) of this section
32 must be in writing and copies shall be provided to the department,
33 authority, and state 911 coordination office. Each protocol for each
34 regional service area must be updated as needed and at intervals of
35 no longer than three years; and

36 (6) For the purpose of subsection (1) of this section, partners
37 and stakeholders in the regional coordinated behavioral health crisis
38 response and suicide prevention system include but are not limited to
39 regional crisis lines, 988 contact hubs, certified public safety
40 telecommunicators, local governments, tribal governments, first

1 responders, co-response teams, hospitals, and behavioral health
2 agencies.

3 **Sec. 2.** RCW 71.24.025 and 2023 c 454 s 1 and 2023 c 433 s 1 are
4 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) "23-hour crisis relief center" means a community-based
8 facility or portion of a facility serving adults, which is licensed
9 or certified by the department of health and open 24 hours a day,
10 seven days a week, offering access to mental health and substance use
11 care for no more than 23 hours and 59 minutes at a time per patient,
12 and which accepts all behavioral health crisis walk-ins drop-offs
13 from first responders, and individuals referred through the 988
14 system regardless of behavioral health acuity, and meets the
15 requirements under RCW 71.24.916.

16 (2) "988 crisis hotline" means the universal telephone number
17 within the United States designated for the purpose of the national
18 suicide prevention and mental health crisis hotline system operating
19 through the national suicide prevention lifeline.

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

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

24 (b) Being gravely disabled as defined in RCW 71.05.020 or, in the
25 case of a child, a gravely disabled minor as defined in RCW
26 71.34.020; or

27 (c) Presenting a likelihood of serious harm as defined in RCW
28 71.05.020 or, in the case of a child, as defined in RCW 71.34.020.

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

35 (5) "Approved substance use disorder treatment program" means a
36 program for persons with a substance use disorder provided by a
37 treatment program licensed or certified by the department as meeting
38 standards adopted under this chapter.

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

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

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

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

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

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

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

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

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

1 (b) Has experienced a continuous psychiatric hospitalization or
2 residential treatment exceeding six months' duration within the
3 preceding year; or

4 (c) Has been unable to engage in any substantial gainful activity
5 by reason of any mental disorder which has lasted for a continuous
6 period of not less than twelve months. "Substantial gainful activity"
7 shall be defined by the authority by rule consistent with Public Law
8 92-603, as amended.

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

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

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

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

39 (18) "Community-based crisis team" means a team that is part of
40 an emergency medical services agency, a fire service agency, a public

1 health agency, a medical facility, a nonprofit crisis response
2 provider, or a city or county government entity, other than a law
3 enforcement agency, that provides the on-site community-based
4 interventions of a mobile rapid response crisis team for individuals
5 who are experiencing a behavioral health crisis.

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

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

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

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

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

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

34 (25) "Designated crisis responder" has the same meaning as in RCW
35 71.05.020.

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

37 (27) "Drug addiction" means a disease characterized by a
38 dependency on psychoactive chemicals, loss of control over the amount
39 and circumstances of use, symptoms of tolerance, physiological or
40 psychological withdrawal, or both, if use is reduced or discontinued,

1 and impairment of health or disruption of social or economic
2 functioning.

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

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

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

23 (31) "First responders" includes ambulance, fire, mobile rapid
24 response crisis team, coresponder team, designated crisis responder,
25 fire department mobile integrated health team, community assistance
26 referral and education services program under RCW 35.21.930, and law
27 enforcement personnel.

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

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

40 (34) "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 (35) "Licensed physician" means a person licensed to practice
10 medicine or osteopathic medicine and surgery in the state of
11 Washington.

12 (36) "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 (37) "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 (38) "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 (39) 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 (40) "Mentally ill persons," "persons who are mentally ill," and
2 "the mentally ill" mean persons and conditions defined in subsections
3 (3), (13), (48), and (49) of this section.

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

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

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

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

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

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

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

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

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

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

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

33 (d) Exhibits suicidal preoccupation or attempts; or

34 (e) Is a child diagnosed by a mental health professional, as
35 defined in chapter 71.34 RCW, as experiencing a mental disorder which
36 is clearly interfering with the child's functioning in family or
37 school or with peers or is clearly interfering with the child's
38 personality development and learning.

39 (49) "Severely emotionally disturbed child" or "child who is
40 severely emotionally disturbed" means a child who has been determined

1 by the behavioral health administrative services organization or
2 managed care organization, if applicable, to be experiencing a mental
3 disorder as defined in chapter 71.34 RCW, including those mental
4 disorders that result in a behavioral or conduct disorder, that is
5 clearly interfering with the child's functioning in family or school
6 or with peers and who meets at least one of the following criteria:

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

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

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

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

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

17 (ii) Changes in custodial adult;

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

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

23 (v) Drug or alcohol abuse; or

24 (vi) Homelessness.

25 (50) "State minimum standards" means minimum requirements
26 established by rules adopted and necessary to implement this chapter
27 by:

28 (a) The authority for:

29 (i) Delivery of mental health and substance use disorder
30 services; and

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

32 (b) The department of health for:

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

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

38 (iii) Residential services.

39 (51) "Substance use disorder" means a cluster of cognitive,
40 behavioral, and physiological symptoms indicating that an individual

1 continues using the substance despite significant substance-related
2 problems. The diagnosis of a substance use disorder is based on a
3 pathological pattern of behaviors related to the use of the
4 substances.

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

7 (53) "Coordinated behavioral health crisis response and suicide
8 prevention system" means the coordinated operation of 988 call
9 centers, regional crisis lines, certified public safety
10 telecommunicators, and other behavioral health crisis system partners
11 within each regional service area, with the behavioral health
12 administrative services organization acting as primary system
13 coordinator, operating by regionally generated and agreed-upon
14 protocols developed under section 1 of this act.

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

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

24 (1) Establishing the state designated 988 contact hubs and
25 enhancing the crisis response system will require collaborative work
26 between the department (~~and~~), the authority, and regional system
27 partners within their respective roles. The department shall have
28 primary responsibility for (~~establishing and designating the~~
29 ~~designated~~) certifying 988 contact hubs. The authority shall have
30 primary responsibility for developing (~~and~~), implementing, and
31 facilitating coordination of the crisis response system and services
32 to support the work of the (~~designated~~) 988 contact hubs, regional
33 crisis lines, and other coordinated behavioral health crisis response
34 and suicide prevention system partners. In any instance in which one
35 agency is identified as the lead, the expectation is that agency will
36 (~~be communicating and collaborating~~) communicate and collaborate
37 with the other to facilitate and support development and execution of
38 protocols for regional coordination of behavioral health crisis
39 response and suicide prevention services that ensure seamless,

1 continuous, and effective service delivery within the statewide
2 crisis response system.

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

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

23 (b) Shall require that (~~crisis~~) 988 call centers enter into
24 data-sharing agreements, when appropriate, with the department, the
25 authority, regional crisis lines, and applicable regional behavioral
26 health administrative services organizations to provide reports and
27 client level data regarding 988 crisis hotline calls, as allowed by
28 and in compliance with existing federal and state law governing the
29 sharing and use of protected health information (~~, including~~). Data-
30 sharing agreements with regional crisis lines must include real-time
31 information sharing. All coordinated behavioral health crisis
32 response and suicide prevention system partners must share dispatch
33 time, arrival time, and disposition (~~of the outreach for each call~~)
34 for behavioral health calls referred for outreach by each region as
35 agreed through regional protocols developed under section 1 of this
36 act. The department and the authority shall establish requirements
37 (~~that the crisis~~) for 988 call centers to report (~~the~~) data
38 (~~identified in this subsection (2)(b)~~) to regional behavioral
39 health administrative services organizations for the purposes of
40 maximizing medicaid reimbursement, as appropriate, and implementing

1 this chapter and chapters 71.05 and 71.34 RCW (~~including, but not~~
2 ~~limited to,~~). The behavioral health administrative services
3 organization may use information received from the 988 call centers
4 to assist with administering crisis services for the assigned
5 regional service area, contracting with a sufficient number of
6 licensed or certified providers for crisis services, establishing and
7 maintaining quality assurance processes, maintaining patient
8 tracking, and developing and implementing strategies to coordinate
9 care for individuals with a history of frequent crisis system
10 utilization.

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

23 (4) The department shall (~~designate designated~~) certify 988
24 contact hubs designated by behavioral health administrative services
25 organizations under section 1 of this act which are able to meet
26 state and federal certification standards by January 1, 2026. The
27 designated 988 contact hubs shall provide crisis intervention
28 services, triage, care coordination, referrals, and connections to
29 individuals contacting the 988 crisis hotline from any jurisdiction
30 within Washington 24 hours a day, seven days a week, using the system
31 platform developed under subsection (5) of this section.

32 (a) To be (~~designated~~) certified as a (~~designated~~) 988
33 contact hub, the applicant must demonstrate to the department the
34 ability to comply with the requirements of this section and to
35 contract to provide (~~designated~~) 988 contact hub services. The
36 department may revoke the (~~designation~~) certification of any
37 (~~designated~~) 988 contact hub that fails to substantially comply
38 with the contract.

39 (b) The contracts entered shall require (~~designated~~) certified
40 988 contact hubs to:

1 (i) Have an active agreement with the administrator of the
2 national suicide prevention lifeline for participation within its
3 network;

4 (ii) Meet the requirements for operational and clinical standards
5 established by the department and based upon the national suicide
6 prevention lifeline best practices guidelines and other recognized
7 best practices;

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

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

31 (v) Prominently display 988 crisis hotline information on their
32 websites and social media, including a description of what the caller
33 should expect when contacting the crisis call center and a
34 description of the various options available to the caller, including
35 call lines specialized in the behavioral health needs of veterans,
36 American Indian and Alaska Native persons, Spanish-speaking persons,
37 and LGBTQ populations. The website may also include resources for
38 programs and services related to suicide prevention for the
39 agricultural community;

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

4 ~~(vii) ((Develop and submit to the department protocols between
5 the designated 988 contact hub and 911 call centers within the region
6 in which the designated crisis call center operates and receive
7 approval of the protocols by the department and the state 911
8 coordination office;~~

9 ~~(viii) Develop, in collaboration with the region's behavioral
10 health administrative services organizations, and jointly submit to
11 the authority))~~ Collaborate with coordinated behavioral health crisis
12 response and suicide prevention system partners within the 988
13 contact hub's regional service area to develop and submit to the
14 department, authority, and state 911 coordination office protocols
15 under section 1 of this act between the designated 988 contact hub,
16 regional crisis lines, 911 call centers, and other system partners
17 within the region in which the 988 contact hub operates, including
18 protocols related to the dispatching of mobile rapid response crisis
19 teams and community-based crisis teams endorsed under RCW 71.24.903
20 ((and receive approval of the protocols)), which must be approved by
21 the authority;

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

26 ~~((x))~~ (ix) Enter into data-sharing agreements with the
27 department, the authority, regional crisis lines, and applicable
28 ((regional)) behavioral health administrative services organizations
29 to provide reports and client level data regarding 988 crisis hotline
30 calls, as allowed by and in compliance with existing federal and
31 state law governing the sharing and use of protected health
32 information, ((including dispatch time, arrival time, and disposition
33 of the outreach for each call referred for outreach by each region))
34 which shall include sharing real-time information with regional
35 crisis lines. The department and the authority shall establish
36 requirements that the ((designated)) 988 contact hubs report ((the))
37 data ((identified in this subsection (4)(b)(x))) to regional
38 behavioral health administrative services organizations for the
39 purposes of maximizing medicaid reimbursement, as appropriate, and
40 ((implementing)) to facilitate implementation of this chapter and

1 chapters 71.05 and 71.34 RCW (~~including, but not limited to,~~
2 ~~administering crisis services for the assigned regional service area,~~
3 ~~contracting with a sufficient number of licensed or certified~~
4 ~~providers for crisis services, establishing and maintaining quality~~
5 ~~assurance processes, maintaining patient tracking, and developing and~~
6 ~~implementing strategies to coordinate~~) and to facilitate
7 coordination of care for individuals with a history of frequent
8 crisis system utilization.

9 (c) The department and the authority shall incorporate
10 recommendations from the crisis response improvement strategy
11 committee created under RCW 71.24.892 in its agreements with
12 (~~designated~~) 988 contact hubs, as appropriate.

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

26 (a) A new technologically advanced behavioral health and suicide
27 prevention crisis call center system platform for use in
28 (~~designated~~) 988 contact hubs (~~designated~~) certified by the
29 department under subsection (4) of this section. This platform, which
30 shall be fully funded by July 1, 2024, 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 (~~designated~~) 988
37 contact hubs and the other entities involved in behavioral health
38 care. This 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 and recliner chairs, including but not limited to crisis
8 stabilization services, 23-hour crisis relief centers, psychiatric
9 inpatient, substance use disorder inpatient, withdrawal management,
10 peer-run respite centers, and crisis respite services, inclusive of
11 both voluntary and involuntary beds, for use by crisis response
12 workers, first responders, health care providers, emergency
13 departments, and individuals in crisis; and

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

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

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

30 ~~((+(b)))~~ (b) The means to track the outcome of the 988 call to
31 enable appropriate follow-up, cross-system coordination, and
32 accountability, including as appropriate: (i) Any immediate services
33 dispatched and reports generated from the encounter; (ii) the
34 validation of a safety plan established for the caller in accordance
35 with best practices; (iii) the next steps for the caller to follow in
36 transition to noncrisis follow-up care, including a next-day
37 appointment for callers experiencing urgent, symptomatic behavioral
38 health care needs; and (iv) the means to verify and document whether
39 the caller was successful in making the transition to appropriate
40 noncrisis follow-up care indicated in the safety plan for the person,

1 to be completed either by the care coordinator provided through the
2 person's managed care organization, health plan, or behavioral health
3 administrative services organization, or if such a care coordinator
4 is not available or does not follow through, by the staff of the
5 ((designated)) 988 contact hub;

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

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

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

20 (7) The authority shall:

21 (a) Collaborate with county authorities and behavioral health
22 administrative services organizations to develop procedures to
23 dispatch behavioral health crisis services in coordination with
24 ((designated)) 988 contact hubs to effectuate the intent of this
25 section;

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

37 (c) Create best practices guidelines by July 1, 2023, for
38 deployment of appropriate and available crisis response services by
39 ((designated)) behavioral health administrative services
40 organizations in coordination with 988 contact hubs to assist 988

1 hotline callers to minimize nonessential reliance on emergency room
2 services and the use of law enforcement, considering input from
3 relevant stakeholders and recommendations made by the crisis response
4 improvement strategy committee created under RCW 71.24.892;

5 (d) Develop procedures to allow appropriate information sharing
6 and communication between and across crisis and emergency response
7 systems for the purpose of real-time crisis care coordination
8 including, but not limited to, deployment of crisis and outgoing
9 services, follow-up care, and linked, flexible services specific to
10 crisis response; and

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

22 (8) The department shall monitor trends in 988 crisis hotline
23 caller data, as reported by (~~designated~~) 988 contact hubs under
24 subsection (4)(b)(~~(*)~~) (ix) of this section, and submit an annual
25 report to the governor and the appropriate committees of the
26 legislature summarizing the data and trends beginning December 1,
27 2027.

--- END ---