

2SHB 1134 - H AMD 312

By Representative Orwall

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

3 **"Sec. 1.** RCW 71.24.025 and 2021 c 302 s 402 are each reenacted
4 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) "988 crisis hotline" means the universal telephone number
8 within the United States designated for the purpose of the national
9 suicide prevention and mental health crisis hotline system operating
10 through the national suicide prevention lifeline.

11 (2) "Acutely mentally ill" means a condition which is limited to
12 a short-term severe crisis episode of:

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

15 (b) Being gravely disabled as defined in RCW 71.05.020 or, in the
16 case of a child, a gravely disabled minor as defined in RCW
17 71.34.020; or

18 (c) Presenting a likelihood of serious harm as defined in RCW
19 71.05.020 or, in the case of a child, as defined in RCW 71.34.020.

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

26 (4) "Approved substance use disorder treatment program" means a
27 program for persons with a substance use disorder provided by a
28 treatment program licensed or certified by the department as meeting
29 standards adopted under this chapter.

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

31 (6) "Available resources" means funds appropriated for the
32 purpose of providing community behavioral health programs, federal

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

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

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

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

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

32 (11) "Child" means a person under the age of eighteen years.

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

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

38 (b) Has experienced a continuous psychiatric hospitalization or
39 residential treatment exceeding six months' duration within the
40 preceding year; or

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

6 (13) "Clubhouse" means a community-based program that provides
7 rehabilitation services and is licensed or certified by the
8 department.

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

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

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

36 (17) "Community-based crisis team" means a team that is part of
37 an emergency medical services agency, a fire service agency, a public
38 health agency, a medical facility, or a city or county government
39 entity, other than a law enforcement agency, that provides the on-

1 site community-based interventions of a mobile rapid response crisis
2 team for individuals who are experiencing a behavioral health crisis.

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

8 ~~((18))~~ (19) "County authority" means the board of county
9 commissioners, county council, or county executive having authority
10 to establish a behavioral health administrative services
11 organization, or two or more of the county authorities specified in
12 this subsection which have entered into an agreement to establish a
13 behavioral health administrative services organization.

14 ~~((19) "Crisis call center hub" means a state-designated center~~
15 ~~participating in the national suicide prevention lifeline network to~~
16 ~~respond to statewide or regional 988 calls that meets the~~
17 ~~requirements of RCW 71.24.890.))~~

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

26 (21) "Department" means the department of health.

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

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

35 ~~((23))~~ (24) "Director" means the director of the authority.

36 ~~((24))~~ (25) "Drug addiction" means a disease characterized by a
37 dependency on psychoactive chemicals, loss of control over the amount
38 and circumstances of use, symptoms of tolerance, physiological or
39 psychological withdrawal, or both, if use is reduced or discontinued,

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

3 ~~((25))~~ (26) "Early adopter" means a regional service area for
4 which all of the county authorities have requested that the authority
5 purchase medical and behavioral health services through a managed
6 care health system as defined under RCW 71.24.380 ~~((6))~~ (7).

7 ~~((26))~~ (27) "Emerging best practice" or "promising practice"
8 means a program or practice that, based on statistical analyses or a
9 well 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 ~~((27))~~ (28) of this section.

13 ~~((27))~~ (28) "Evidence-based" means a program or practice that
14 has been tested in heterogeneous or intended populations with
15 multiple randomized, or statistically controlled evaluations, or
16 both; or one large multiple site randomized, or statistically
17 controlled evaluation, or both, where the weight of the evidence from
18 a systemic review demonstrates sustained improvements in at least one
19 outcome. "Evidence-based" also means a program or practice that can
20 be implemented with a set of procedures to allow successful
21 replication in Washington and, when possible, is determined to be
22 cost-beneficial.

23 ~~((28))~~ (29) "Indian health care provider" means a health care
24 program operated by the Indian health service or by a tribe, tribal
25 organization, or urban Indian organization as those terms are defined
26 in the Indian health care improvement act (25 U.S.C. Sec. 1603).

27 ~~((29))~~ (30) "Intensive behavioral health treatment facility"
28 means a community-based specialized residential treatment facility
29 for individuals with behavioral health conditions, including
30 individuals discharging from or being diverted from state and local
31 hospitals, whose impairment or behaviors do not meet, or no longer
32 meet, criteria for involuntary inpatient commitment under chapter
33 71.05 RCW, but whose care needs cannot be met in other community-
34 based placement settings.

35 ~~((30))~~ (31) "Licensed or certified behavioral health agency"
36 means:

37 (a) An entity licensed or certified according to this chapter or
38 chapter 71.05 RCW;

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

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

7 ~~((31))~~ (32) "Licensed physician" means a person licensed to
8 practice medicine or osteopathic medicine and surgery in the state of
9 Washington.

10 ~~((32))~~ (33) "Long-term inpatient care" means inpatient services
11 for persons committed for, or voluntarily receiving intensive
12 treatment for, periods of ninety days or greater under chapter 71.05
13 RCW. "Long-term inpatient care" as used in this chapter does not
14 include: (a) Services for individuals committed under chapter 71.05
15 RCW who are receiving services pursuant to a conditional release or a
16 court-ordered less restrictive alternative to detention; or (b)
17 services for individuals voluntarily receiving less restrictive
18 alternative treatment on the grounds of the state hospital.

19 ~~((33))~~ (34) "Managed care organization" means an organization,
20 having a certificate of authority or certificate of registration from
21 the office of the insurance commissioner, that contracts with the
22 authority under a comprehensive risk contract to provide prepaid
23 health care services to enrollees under the authority's managed care
24 programs under chapter 74.09 RCW.

25 ~~((34))~~ (35) "Mental health peer-run respite center" means a
26 peer-run program to serve individuals in need of voluntary, short-
27 term, noncrisis services that focus on recovery and wellness.

28 ~~((35))~~ (36) Mental health "treatment records" include
29 registration and all other records concerning persons who are
30 receiving or who at any time have received services for mental
31 illness, which are maintained by the department of social and health
32 services or the authority, by behavioral health administrative
33 services organizations and their staffs, by managed care
34 organizations and their staffs, or by treatment facilities.
35 "Treatment records" do not include notes or records maintained for
36 personal use by a person providing treatment services for the
37 entities listed in this subsection, or a treatment facility if the
38 notes or records are not available to others.

39 ~~((36))~~ (37) "Mentally ill persons," "persons who are mentally
40 ill," and "the mentally ill" mean persons and conditions defined in

1 subsections (2), (12), (~~(44)~~) (45), and (~~(45)~~) (46) of this
2 section.

3 (~~(37)~~) (38) "Mobile rapid response crisis team" means a team
4 that provides professional on-site community-based intervention such
5 as outreach, de-escalation, stabilization, resource connection, and
6 follow-up support for individuals who are experiencing a behavioral
7 health crisis, that shall include certified peer counselors as a best
8 practice to the extent practicable based on workforce availability,
9 and that meets standards for response times established by the
10 authority.

11 (~~(38)~~) (39) "Recovery" means a process of change through which
12 individuals improve their health and wellness, live a self-directed
13 life, and strive to reach their full potential.

14 (~~(39)~~) (40) "Research-based" means a program or practice that
15 has been tested with a single randomized, or statistically controlled
16 evaluation, or both, demonstrating sustained desirable outcomes; or
17 where the weight of the evidence from a systemic review supports
18 sustained outcomes as described in subsection (~~(27)~~) (28) of this
19 section but does not meet the full criteria for evidence-based.

20 (~~(40)~~) (41) "Residential services" means a complete range of
21 residences and supports authorized by resource management services
22 and which may involve a facility, a distinct part thereof, or
23 services which support community living, for persons who are acutely
24 mentally ill, adults who are chronically mentally ill, children who
25 are severely emotionally disturbed, or adults who are seriously
26 disturbed and determined by the behavioral health administrative
27 services organization or managed care organization to be at risk of
28 becoming acutely or chronically mentally ill. The services shall
29 include at least evaluation and treatment services as defined in
30 chapter 71.05 RCW, acute crisis respite care, long-term adaptive and
31 rehabilitative care, and supervised and supported living services,
32 and shall also include any residential services developed to service
33 persons who are mentally ill in nursing homes, residential treatment
34 facilities, assisted living facilities, and adult family homes, and
35 may include outpatient services provided as an element in a package
36 of services in a supported housing model. Residential services for
37 children in out-of-home placements related to their mental disorder
38 shall not include the costs of food and shelter, except for
39 children's long-term residential facilities existing prior to January
40 1, 1991.

1 (~~(41)~~) (42) "Resilience" means the personal and community
2 qualities that enable individuals to rebound from adversity, trauma,
3 tragedy, threats, or other stresses, and to live productive lives.

4 (~~(42)~~) (43) "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 (~~(43)~~) (44) "Secretary" means the secretary of the department
23 of health.

24 (~~(44)~~) (45) "Seriously disturbed person" means a person who:

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

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

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

34 (d) Exhibits suicidal preoccupation or attempts; or

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

1 (~~(45)~~) (46) "Severely emotionally disturbed child" or "child
2 who is severely emotionally disturbed" means a child who has been
3 determined by the behavioral health administrative services
4 organization or managed care organization, if applicable, to be
5 experiencing a mental disorder as defined in chapter 71.34 RCW,
6 including those mental disorders that result in a behavioral or
7 conduct disorder, that is clearly interfering with the child's
8 functioning in family or school or with peers and who meets at least
9 one of the following criteria:

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

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

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

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

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

20 (ii) Changes in custodial adult;

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

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

26 (v) Drug or alcohol abuse; or

27 (vi) Homelessness.

28 (~~(46)~~) (47) "State minimum standards" means minimum
29 requirements established by rules adopted and necessary to implement
30 this chapter by:

31 (a) The authority for:

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

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

35 (b) The department of health for:

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

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

1 (iii) Residential services.

2 (~~(47)~~) (48) "Substance use disorder" means a cluster of
3 cognitive, behavioral, and physiological symptoms indicating that an
4 individual continues using the substance despite significant
5 substance-related problems. The diagnosis of a substance use disorder
6 is based on a pathological pattern of behaviors related to the use of
7 the substances.

8 (~~(48)~~) (49) "Tribe," for the purposes of this section, means a
9 federally recognized Indian tribe.

10 **Sec. 2.** RCW 71.24.037 and 2019 c 446 s 23 and 2019 c 325 s 1007
11 are each reenacted and amended to read as follows:

12 (1) The secretary shall license or certify any agency or facility
13 that: (a) Submits payment of the fee established under RCW 43.70.110
14 and 43.70.250; (b) submits a complete application that demonstrates
15 the ability to comply with requirements for operating and maintaining
16 an agency or facility in statute or rule; and (c) successfully
17 completes the prelicensure inspection requirement.

18 (2) The secretary shall establish by rule minimum standards for
19 licensed or certified behavioral health agencies that must, at a
20 minimum, establish: (a) Qualifications for staff providing services
21 directly to persons with mental disorders, substance use disorders,
22 or both; (b) the intended result of each service; and (c) the rights
23 and responsibilities of persons receiving behavioral health services
24 pursuant to this chapter and chapter 71.05 RCW. The secretary shall
25 provide for deeming of licensed or certified behavioral health
26 agencies as meeting state minimum standards as a result of
27 accreditation by a recognized behavioral health accrediting body
28 recognized and having a current agreement with the department.

29 (3) The department shall review reports or other information
30 alleging a failure to comply with this chapter or the standards and
31 rules adopted under this chapter and may initiate investigations and
32 enforcement actions based on those reports.

33 (4) The department shall conduct inspections of agencies and
34 facilities, including reviews of records and documents required to be
35 maintained under this chapter or rules adopted under this chapter.

36 (5) The department may suspend, revoke, limit, restrict, or
37 modify an approval, or refuse to grant approval, for failure to meet
38 the provisions of this chapter, or the standards adopted under this
39 chapter. RCW 43.70.115 governs notice of a license or certification

1 denial, revocation, suspension, or modification and provides the
2 right to an adjudicative proceeding.

3 (6) No licensed or certified behavioral health (~~service~~
4 ~~provider~~) agency may advertise or represent itself as a licensed or
5 certified behavioral health (~~service-provider~~) agency if approval
6 has not been granted or has been denied, suspended, revoked, or
7 canceled.

8 (7) Licensure or certification as a behavioral health (~~service~~
9 ~~provider~~) agency is effective for one calendar year from the date of
10 issuance of the license or certification. The license or
11 certification must specify the types of services provided by the
12 behavioral health (~~service-provider~~) agency that meet the standards
13 adopted under this chapter. Renewal of a license or certification
14 must be made in accordance with this section for initial approval and
15 in accordance with the standards set forth in rules adopted by the
16 secretary.

17 (8) Licensure or certification as a licensed or certified
18 behavioral health (~~service-provider~~) agency must specify the types
19 of services provided that meet the standards adopted under this
20 chapter. Renewal of a license or certification must be made in
21 accordance with this section for initial approval and in accordance
22 with the standards set forth in rules adopted by the secretary.

23 (9) The department shall develop a process by which a provider
24 may obtain dual licensure as an evaluation and treatment facility and
25 secure withdrawal management and stabilization facility.

26 (10) Licensed or certified behavioral health (~~service~~
27 ~~providers~~) agencies may not provide types of services for which the
28 licensed or certified behavioral health (~~service-provider~~) agency
29 has not been certified. Licensed or certified behavioral health
30 (~~service-providers~~) agencies may provide services for which
31 approval has been sought and is pending, if approval for the services
32 has not been previously revoked or denied.

33 (11) The department periodically shall inspect licensed or
34 certified behavioral health (~~service-providers~~) agencies at
35 reasonable times and in a reasonable manner.

36 (12) Upon petition of the department and after a hearing held
37 upon reasonable notice to the facility, the superior court may issue
38 a warrant to an officer or employee of the department authorizing him
39 or her to enter and inspect at reasonable times, and examine the
40 books and accounts of, any licensed or certified behavioral health

1 ((~~service provider~~)) agency refusing to consent to inspection or
2 examination by the department or which the department has reasonable
3 cause to believe is operating in violation of this chapter.

4 (13) The department shall maintain and periodically publish a
5 current list of licensed or certified behavioral health ((~~service~~
6 ~~providers~~)) agencies.

7 (14) Each licensed or certified behavioral health ((~~service~~
8 ~~provider~~)) agency shall file with the department or the authority
9 upon request, data, statistics, schedules, and information the
10 department or the authority reasonably requires. A licensed or
11 certified behavioral health ((~~service provider~~)) agency that without
12 good cause fails to furnish any data, statistics, schedules, or
13 information as requested, or files fraudulent returns thereof, may
14 have its license or certification revoked or suspended.

15 (15) The authority shall use the data provided in subsection (14)
16 of this section to evaluate each program that admits children to
17 inpatient substance use disorder treatment upon application of their
18 parents. The evaluation must be done at least once every twelve
19 months. In addition, the authority shall randomly select and review
20 the information on individual children who are admitted on
21 application of the child's parent for the purpose of determining
22 whether the child was appropriately placed into substance use
23 disorder treatment based on an objective evaluation of the child's
24 condition and the outcome of the child's treatment.

25 (16) Any settlement agreement entered into between the department
26 and licensed or certified behavioral health ((~~service providers~~))
27 agencies to resolve administrative complaints, license or
28 certification violations, license or certification suspensions, or
29 license or certification revocations may not reduce the number of
30 violations reported by the department unless the department
31 concludes, based on evidence gathered by inspectors, that the
32 licensed or certified behavioral health ((~~service provider~~)) agency
33 did not commit one or more of the violations.

34 (17) In cases in which a behavioral health ((~~service provider~~))
35 agency that is in violation of licensing or certification standards
36 attempts to transfer or sell the behavioral health ((~~service~~
37 ~~provider~~)) agency to a family member, the transfer or sale may only
38 be made for the purpose of remedying license or certification
39 violations and achieving full compliance with the terms of the
40 license or certification. Transfers or sales to family members are

1 prohibited in cases in which the purpose of the transfer or sale is
2 to avoid liability or reset the number of license or certification
3 violations found before the transfer or sale. If the department finds
4 that the owner intends to transfer or sell, or has completed the
5 transfer or sale of, ownership of the behavioral health (~~service~~
6 ~~provider~~) agency to a family member solely for the purpose of
7 resetting the number of violations found before the transfer or sale,
8 the department may not renew the behavioral health (~~service~~
9 ~~provider's~~) agency's license or certification or issue a new license
10 or certification to the behavioral health service provider.

11 (18) Every licensed or certified outpatient behavioral health
12 agency shall display the 988 crisis hotline number in common areas of
13 the premises and include the number as a calling option on any phone
14 message for persons calling the agency after business hours.

15 (19) Every licensed or certified inpatient or residential
16 behavioral health agency must include the 988 crisis hotline number
17 in the discharge summary provided to individuals being discharged
18 from inpatient or residential services.

19 NEW SECTION. Sec. 3. A new section is added to chapter 71.24
20 RCW to read as follows:

21 The department shall develop informational materials and a social
22 media campaign related to the 988 crisis hotline, including call,
23 text, and chat options, and other crisis hotline lines for veterans,
24 American Indians and Alaska Natives, and other populations. The
25 informational materials must include appropriate information for
26 persons seeking services at behavioral health clinics and medical
27 clinics, as well as media audiences and students at K-12 schools and
28 higher education institutions. The department shall make the
29 informational materials available to behavioral health clinics,
30 medical clinics, media, K-12 schools, higher education institutions,
31 and other relevant settings. The informational materials shall be
32 made available to professionals during training in suicide
33 assessment, treatment, and management under RCW 43.70.442. To tailor
34 the messages of the informational materials and the social media
35 campaign, the department must consult with tribes, the American
36 Indian health commission of Washington state, the native and strong
37 lifeline, the Washington state department of veterans affairs,
38 representatives of agricultural communities, and persons with lived

1 experience related to mental health issues, substance use disorder
2 issues, a suicide attempt, or a suicide loss.

3 **Sec. 4.** RCW 43.70.442 and 2020 c 229 s 1 and 2020 c 80 s 30 are
4 each reenacted and amended to read as follows:

5 (1)(a) Each of the following professionals certified or licensed
6 under Title 18 RCW shall, at least once every six years, complete
7 training in suicide assessment, treatment, and management that is
8 approved, in rule, by the relevant disciplining authority:

9 (i) An adviser or counselor certified under chapter 18.19 RCW;

10 (ii) A substance use disorder professional licensed under chapter
11 18.205 RCW;

12 (iii) A marriage and family therapist licensed under chapter
13 18.225 RCW;

14 (iv) A mental health counselor licensed under chapter 18.225 RCW;

15 (v) An occupational therapy practitioner licensed under chapter
16 18.59 RCW;

17 (vi) A psychologist licensed under chapter 18.83 RCW;

18 (vii) An advanced social worker or independent clinical social
19 worker licensed under chapter 18.225 RCW; and

20 (viii) A social worker associate—advanced or social worker
21 associate—independent clinical licensed under chapter 18.225 RCW.

22 (b) The requirements in (a) of this subsection apply to a person
23 holding a retired active license for one of the professions in (a) of
24 this subsection.

25 (c) The training required by this subsection must be at least six
26 hours in length, unless a disciplining authority has determined,
27 under subsection (10)(b) of this section, that training that includes
28 only screening and referral elements is appropriate for the
29 profession in question, in which case the training must be at least
30 three hours in length.

31 (d) Beginning July 1, 2017, the training required by this
32 subsection must be on the model list developed under subsection (6)
33 of this section. Nothing in this subsection (1)(d) affects the
34 validity of training completed prior to July 1, 2017.

35 (2)(a) Except as provided in (b) of this subsection:

36 (i) A professional listed in subsection (1)(a) of this section
37 must complete the first training required by this section by the end
38 of the first full continuing education reporting period after January
39 1, 2014, or during the first full continuing education reporting

1 period after initial licensure or certification, whichever occurs
2 later.

3 (ii) Beginning July 1, 2021, the second training for a
4 psychologist, a marriage and family therapist, a mental health
5 counselor, an advanced social worker, an independent clinical social
6 worker, a social worker associate-advanced, or a social worker
7 associate-independent clinical must be either: (A) An advanced
8 training focused on suicide management, suicide care protocols, or
9 effective treatments; or (B) a training in a treatment modality shown
10 to be effective in working with people who are suicidal, including
11 dialectical behavior therapy, collaborative assessment and management
12 of suicide risk, or cognitive behavior therapy-suicide prevention. If
13 a professional subject to the requirements of this subsection has
14 already completed the professional's second training prior to July 1,
15 2021, the professional's next training must comply with this
16 subsection. This subsection (2)(a)(ii) does not apply if the licensee
17 demonstrates that the training required by this subsection (2)(a)(ii)
18 is not reasonably available.

19 (b)(i) A professional listed in subsection (1)(a) of this section
20 applying for initial licensure may delay completion of the first
21 training required by this section for six years after initial
22 licensure if he or she can demonstrate successful completion of the
23 training required in subsection (1) of this section no more than six
24 years prior to the application for initial licensure.

25 (ii) Beginning July 1, 2021, a psychologist, a marriage and
26 family therapist, a mental health counselor, an advanced social
27 worker, an independent clinical social worker, a social worker
28 associate-advanced, or a social worker associate-independent clinical
29 exempt from his or her first training under (b)(i) of this subsection
30 must comply with the requirements of (a)(ii) of this subsection for
31 his or her first training after initial licensure. If a professional
32 subject to the requirements of this subsection has already completed
33 the professional's first training after initial licensure, the
34 professional's next training must comply with this subsection
35 (2)(b)(ii). This subsection (2)(b)(ii) does not apply if the licensee
36 demonstrates that the training required by this subsection (2)(b)(ii)
37 is not reasonably available.

38 (3) The hours spent completing training in suicide assessment,
39 treatment, and management under this section count toward meeting any

1 applicable continuing education or continuing competency requirements
2 for each profession.

3 (4) (a) A disciplining authority may, by rule, specify minimum
4 training and experience that is sufficient to exempt an individual
5 professional from the training requirements in subsections (1) and
6 (5) of this section. Nothing in this subsection (4) (a) allows a
7 disciplining authority to provide blanket exemptions to broad
8 categories or specialties within a profession.

9 (b) A disciplining authority may exempt a professional from the
10 training requirements of subsections (1) and (5) of this section if
11 the professional has only brief or limited patient contact.

12 (5) (a) Each of the following professionals credentialed under
13 Title 18 RCW shall complete a one-time training in suicide
14 assessment, treatment, and management that is approved by the
15 relevant disciplining authority:

16 (i) A chiropractor licensed under chapter 18.25 RCW;

17 (ii) A naturopath licensed under chapter 18.36A RCW;

18 (iii) A licensed practical nurse, registered nurse, or advanced
19 registered nurse practitioner, other than a certified registered
20 nurse anesthetist, licensed under chapter 18.79 RCW;

21 (iv) An osteopathic physician and surgeon licensed under chapter
22 18.57 RCW, other than a holder of a postgraduate osteopathic medicine
23 and surgery license issued under RCW 18.57.035;

24 (v) A physical therapist or physical therapist assistant licensed
25 under chapter 18.74 RCW;

26 (vi) A physician licensed under chapter 18.71 RCW, other than a
27 resident holding a limited license issued under RCW 18.71.095(3);

28 (vii) A physician assistant licensed under chapter 18.71A RCW;

29 (viii) A pharmacist licensed under chapter 18.64 RCW;

30 (ix) A dentist licensed under chapter 18.32 RCW;

31 (x) A dental hygienist licensed under chapter 18.29 RCW;

32 (xi) An athletic trainer licensed under chapter 18.250 RCW;

33 (xii) An optometrist licensed under chapter 18.53 RCW;

34 (xiii) An acupuncture and Eastern medicine practitioner licensed
35 under chapter 18.06 RCW; and

36 (xiv) A person holding a retired active license for one of the
37 professions listed in (a) (i) through (xiii) of this subsection.

38 (b) (i) A professional listed in (a) (i) through (vii) of this
39 subsection or a person holding a retired active license for one of
40 the professions listed in (a) (i) through (vii) of this subsection

1 must complete the one-time training by the end of the first full
2 continuing education reporting period after January 1, 2016, or
3 during the first full continuing education reporting period after
4 initial licensure, whichever is later. Training completed between
5 June 12, 2014, and January 1, 2016, that meets the requirements of
6 this section, other than the timing requirements of this subsection
7 (5)(b), must be accepted by the disciplining authority as meeting the
8 one-time training requirement of this subsection (5).

9 (ii) A licensed pharmacist or a person holding a retired active
10 pharmacist license must complete the one-time training by the end of
11 the first full continuing education reporting period after January 1,
12 2017, or during the first full continuing education reporting period
13 after initial licensure, whichever is later.

14 (iii) A licensed dentist, a licensed dental hygienist, or a
15 person holding a retired active license as a dentist shall complete
16 the one-time training by the end of the full continuing education
17 reporting period after August 1, 2020, or during the first full
18 continuing education reporting period after initial licensure,
19 whichever is later. Training completed between July 23, 2017, and
20 August 1, 2020, that meets the requirements of this section, other
21 than the timing requirements of this subsection (5)(b)(iii), must be
22 accepted by the disciplining authority as meeting the one-time
23 training requirement of this subsection (5).

24 (iv) A licensed optometrist or a licensed acupuncture and Eastern
25 medicine practitioner, or a person holding a retired active license
26 as an optometrist or an acupuncture and Eastern medicine
27 practitioner, shall complete the one-time training by the end of the
28 full continuing education reporting period after August 1, 2021, or
29 during the first full continuing education reporting period after
30 initial licensure, whichever is later. Training completed between
31 August 1, 2020, and August 1, 2021, that meets the requirements of
32 this section, other than the timing requirements of this subsection
33 (5)(b)(iv), must be accepted by the disciplining authority as meeting
34 the one-time training requirement of this subsection (5).

35 (c) The training required by this subsection must be at least six
36 hours in length, unless a disciplining authority has determined,
37 under subsection (10)(b) of this section, that training that includes
38 only screening and referral elements is appropriate for the
39 profession in question, in which case the training must be at least
40 three hours in length.

1 (d) Beginning July 1, 2017, the training required by this
2 subsection must be on the model list developed under subsection (6)
3 of this section. Nothing in this subsection (5)(d) affects the
4 validity of training completed prior to July 1, 2017.

5 (6)(a) The secretary and the disciplining authorities shall work
6 collaboratively to develop a model list of training programs in
7 suicide assessment, treatment, and management. Beginning July 1,
8 2021, for purposes of subsection (2)(a)(ii) of this section, the
9 model list must include advanced training and training in treatment
10 modalities shown to be effective in working with people who are
11 suicidal.

12 (b) The secretary and the disciplining authorities shall update
13 the list at least once every two years.

14 (c) By June 30, 2016, the department shall adopt rules
15 establishing minimum standards for the training programs included on
16 the model list. The minimum standards must require that six-hour
17 trainings include content specific to veterans and the assessment of
18 issues related to imminent harm via lethal means or self-injurious
19 behaviors and that three-hour trainings for pharmacists or dentists
20 include content related to the assessment of issues related to
21 imminent harm via lethal means. By July 1, 2024, the minimum
22 standards must be updated to require that both the six-hour and
23 three-hour trainings include content specific to the availability of
24 and the services offered by the 988 crisis hotline and the behavioral
25 health crisis response and suicide prevention system and best
26 practices for assisting persons with accessing the 988 crisis hotline
27 and the system. Beginning September 1, 2024, trainings submitted to
28 the department for review and approval must include the updated
29 information in the minimum standards for the model list as well as
30 all subsequent submissions. When adopting the rules required under
31 this subsection (6)(c), the department shall:

32 (i) Consult with the affected disciplining authorities, public
33 and private institutions of higher education, educators, experts in
34 suicide assessment, treatment, and management, the Washington
35 department of veterans affairs, and affected professional
36 associations; and

37 (ii) Consider standards related to the best practices registry of
38 the American foundation for suicide prevention and the suicide
39 prevention resource center.

40 (d) Beginning January 1, 2017:

1 (i) The model list must include only trainings that meet the
2 minimum standards established in the rules adopted under (c) of this
3 subsection and any three-hour trainings that met the requirements of
4 this section on or before July 24, 2015;

5 (ii) The model list must include six-hour trainings in suicide
6 assessment, treatment, and management, and three-hour trainings that
7 include only screening and referral elements; and

8 (iii) A person or entity providing the training required in this
9 section may petition the department for inclusion on the model list.
10 The department shall add the training to the list only if the
11 department determines that the training meets the minimum standards
12 established in the rules adopted under (c) of this subsection.

13 (e) By January 1, 2021, the department shall adopt minimum
14 standards for advanced training and training in treatment modalities
15 shown to be effective in working with people who are suicidal.
16 Beginning July 1, 2021, all such training on the model list must meet
17 the minimum standards. When adopting the minimum standards, the
18 department must consult with the affected disciplining authorities,
19 public and private institutions of higher education, educators,
20 experts in suicide assessment, treatment, and management, the
21 Washington department of veterans affairs, and affected professional
22 associations.

23 (7) The department shall provide the health profession training
24 standards created in this section to the professional educator
25 standards board as a model in meeting the requirements of RCW
26 28A.410.226 and provide technical assistance, as requested, in the
27 review and evaluation of educator training programs. The educator
28 training programs approved by the professional educator standards
29 board may be included in the department's model list.

30 (8) Nothing in this section may be interpreted to expand or limit
31 the scope of practice of any profession regulated under chapter
32 18.130 RCW.

33 (9) The secretary and the disciplining authorities affected by
34 this section shall adopt any rules necessary to implement this
35 section.

36 (10) For purposes of this section:

37 (a) "Disciplining authority" has the same meaning as in RCW
38 18.130.020.

39 (b) "Training in suicide assessment, treatment, and management"
40 means empirically supported training approved by the appropriate

1 disciplining authority that contains the following elements: Suicide
2 assessment, including screening and referral, suicide treatment, and
3 suicide management. However, the disciplining authority may approve
4 training that includes only screening and referral elements if
5 appropriate for the profession in question based on the profession's
6 scope of practice. The board of occupational therapy may also approve
7 training that includes only screening and referral elements if
8 appropriate for occupational therapy practitioners based on practice
9 setting.

10 (11) A state or local government employee is exempt from the
11 requirements of this section if he or she receives a total of at
12 least six hours of training in suicide assessment, treatment, and
13 management from his or her employer every six years. For purposes of
14 this subsection, the training may be provided in one six-hour block
15 or may be spread among shorter training sessions at the employer's
16 discretion.

17 (12) An employee of a community mental health agency licensed
18 under chapter 71.24 RCW or a chemical dependency program certified
19 under chapter 71.24 RCW is exempt from the requirements of this
20 section if he or she receives a total of at least six hours of
21 training in suicide assessment, treatment, and management from his or
22 her employer every six years. For purposes of this subsection, the
23 training may be provided in one six-hour block or may be spread among
24 shorter training sessions at the employer's discretion.

25 **Sec. 5.** RCW 71.24.890 and 2021 c 302 s 102 are each amended to
26 read as follows:

27 (1) Establishing the state (~~(crisis call center)~~) designated 988
28 contact hubs and enhancing the crisis response system will require
29 collaborative work between the department and the authority within
30 their respective roles. The department shall have primary
31 responsibility for establishing and designating the (~~(crisis call~~
32 ~~center)~~) designated 988 contact hubs. The authority shall have
33 primary responsibility for developing and implementing the crisis
34 response system and services to support the work of the (~~(crisis call~~
35 ~~center)~~) designated 988 contact hubs. In any instance in which one
36 agency is identified as the lead, the expectation is that agency will
37 be communicating and collaborating with the other to ensure seamless,
38 continuous, and effective service delivery within the statewide
39 crisis response system.

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

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

19 (b) Shall require that crisis call centers enter into data-
20 sharing agreements, when appropriate, with the department, the
21 authority, and applicable regional behavioral health administrative
22 services organizations to provide reports and client level data
23 regarding 988 crisis hotline calls, as allowed by and in compliance
24 with existing federal and state law governing the sharing and use of
25 protected health information, including dispatch time, arrival time,
26 and disposition of the outreach for each call referred for outreach
27 by each region. The department and the authority shall establish
28 requirements that the crisis call centers report the data identified
29 in this subsection (2)(b) to regional behavioral health
30 administrative services organizations for the purposes of maximizing
31 medicaid reimbursement, as appropriate, and implementing this chapter
32 and chapters 71.05 and 71.34 RCW including, but not limited to,
33 administering crisis services for the assigned regional service area,
34 contracting with a sufficient number or licensed or certified
35 providers for crisis services, establishing and maintaining quality
36 assurance processes, maintaining patient tracking, and developing and
37 implementing strategies to coordinate care for individuals with a
38 history of frequent crisis system utilization.

39 (3) The department shall adopt rules by (~~July~~) January 1,
40 (~~2023~~) 2025, to establish standards for designation of crisis call

1 centers as (~~erisis call center~~) designated 988 contact hubs. The
2 department shall collaborate with the authority and other agencies to
3 assure coordination and availability of services, and shall consider
4 national guidelines for behavioral health crisis care as determined
5 by the federal substance abuse and mental health services
6 administration, national behavioral health accrediting bodies, and
7 national behavioral health provider associations to the extent they
8 are appropriate, and recommendations from the crisis response
9 improvement strategy committee created in RCW 71.24.892.

10 (4) The department shall designate (~~erisis call center~~)
11 designated 988 contact hubs by (~~July~~) January 1, (2024) 2026. The
12 (~~erisis call center~~) designated 988 contact hubs shall provide
13 crisis intervention services, triage, care coordination, referrals,
14 and connections to individuals contacting the 988 crisis hotline from
15 any jurisdiction within Washington 24 hours a day, seven days a week,
16 using the system platform developed under subsection (5) of this
17 section.

18 (a) To be designated as a (~~erisis call center~~) designated 988
19 contact hub, the applicant must demonstrate to the department the
20 ability to comply with the requirements of this section and to
21 contract to provide (~~erisis call center~~) designated 988 contact hub
22 services. The department may revoke the designation of any (~~erisis~~
23 ~~call center~~) designated 988 contact hub that fails to substantially
24 comply with the contract.

25 (b) The contracts entered shall require designated (~~erisis call~~
26 ~~center~~) 988 contact hubs to:

27 (i) Have an active agreement with the administrator of the
28 national suicide prevention lifeline for participation within its
29 network;

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

34 (iii) Employ highly qualified, skilled, and trained clinical
35 staff who have sufficient training and resources to provide empathy
36 to callers in acute distress, de-escalate crises, assess behavioral
37 health disorders and suicide risk, triage to system partners for
38 callers that need additional clinical interventions, and provide case
39 management and documentation. Call center staff shall be trained to
40 make every effort to resolve cases in the least restrictive

1 environment and without law enforcement involvement whenever
2 possible. Call center staff shall coordinate with certified peer
3 counselors to provide follow-up and outreach to callers in distress
4 as available. It is intended for transition planning to include a
5 pathway for continued employment and skill advancement as needed for
6 experienced crisis call center employees;

7 (iv) Train employees to screen persons contacting the designated
8 988 contact hub to determine if they are associated with the
9 agricultural community and if they prefer to be connected to a crisis
10 hotline that specializes in working with members from the
11 agricultural community. The training shall prepare staff to be able
12 to provide appropriate assessments, interventions, and resources to
13 members of the agricultural community in a way that maintains the
14 anonymity of the person making contact;

15 (v) Prominently display 988 crisis hotline information on their
16 websites, including a description of what the caller should expect
17 when contacting the crisis call center and a description of the
18 various options available to the caller, including call lines
19 specialized in the behavioral health needs of veterans, American
20 Indian and Alaska Native persons, Spanish-speaking persons, LGBTQ
21 populations, and persons connected with the agricultural community;

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

25 (v)) (vii) Develop and submit to the department protocols
26 between the designated 988 contact hub and 911 call centers within
27 the region in which the designated crisis call center operates and
28 receive approval of the protocols by the department and the state 911
29 coordination office;

30 (viii) Develop, in collaboration with the region's behavioral
31 health administrative services organizations, and jointly submit to
32 the authority protocols related to the dispatching of mobile rapid
33 response crisis teams and community-based crisis teams endorsed under
34 section 8 of this act and receive approval of the protocols by the
35 authority;

36 (ix) Provide data and reports and participate in evaluations and
37 related quality improvement activities, according to standards
38 established by the department in collaboration with the authority.
39 The data must include deidentified information regarding the number

1 of contacts connected to the agricultural community and the nature of
2 those contacts; and

3 (x) Enter into data-sharing agreements with the department, the
4 authority, and applicable regional behavioral health administrative
5 services organizations to provide reports and client level data
6 regarding 988 crisis hotline calls, including dispatch time, arrival
7 time, and disposition of the outreach for each call referred for
8 outreach by each region. The department and the authority shall
9 establish requirements that the designated 988 contact hubs report
10 the data identified in this subsection (4)(b)(x) to regional
11 behavioral health administrative services organizations for the
12 purposes of maximizing medicaid reimbursement, as appropriate, and
13 implementing this chapter and chapters 71.05 and 71.34 RCW including,
14 but not limited to, administering crisis services for the assigned
15 regional service area, contracting with a sufficient number or
16 licensed or certified providers for crisis services, establishing and
17 maintaining quality assurance processes, maintaining patient
18 tracking, and developing and implementing strategies to coordinate
19 care for individuals with a history of frequent crisis system
20 utilization.

21 (c) The department and the authority shall incorporate
22 recommendations from the crisis response improvement strategy
23 committee created under RCW 71.24.892 in its agreements with (~~crisis~~
24 ~~call center~~) designated 988 contact hubs, as appropriate.

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

37 (a) A new technologically advanced behavioral health and suicide
38 prevention crisis call center system platform (~~using technology~~
39 ~~demonstrated to be interoperable across crisis and emergency response~~
40 ~~systems used throughout the state, such as 911 systems, emergency~~

1 ~~medical services systems, and other nonbehavioral health crisis~~
2 ~~services,))~~ for use in ((~~erisis call center~~)) designated 988 contact
3 hubs designated by the department under subsection (4) of this
4 section. This platform, which shall be fully funded by July 1,
5 ((2023)) 2024, shall be developed by the department and must include
6 the capacity to receive crisis assistance requests through phone
7 calls, texts, chats, and other similar methods of communication that
8 may be developed in the future that promote access to the behavioral
9 health crisis system; and

10 (b) A behavioral health integrated client referral system capable
11 of providing system coordination information to ((~~erisis call~~
12 ~~center~~)) designated 988 contact hubs and the other entities involved
13 in behavioral health care. This system shall be developed by the
14 authority.

15 (6) In developing the new technologies under subsection (5) of
16 this section, the department and the authority must coordinate to
17 designate a primary technology system to provide each of the
18 following:

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

22 (i) Real-time bed availability for all behavioral health bed
23 types, including but not limited to crisis stabilization services,
24 triage facilities, psychiatric inpatient, substance use disorder
25 inpatient, withdrawal management, peer-run respite centers, and
26 crisis respite services, inclusive of both voluntary and involuntary
27 beds, for use by crisis response workers, first responders, health
28 care providers, emergency departments, and individuals in crisis; and

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

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

34 (B) Information necessary to enable the ((~~erisis call center~~))
35 designated 988 contact hub to actively collaborate with emergency
36 departments, primary care providers and behavioral health providers
37 within managed care organizations, behavioral health administrative
38 services organizations, and other health care payers to establish a
39 safety plan for the person in accordance with best practices and
40 provide the next steps for the person's transition to follow-up

1 noncrisis care. To establish information-sharing guidelines that
2 fulfill the intent of this section the authority shall consider input
3 from the confidential information compliance and coordination
4 subcommittee established under RCW 71.24.892;

5 ~~((b) The means to request deployment of appropriate crisis
6 response services, which may include mobile rapid response crisis
7 teams, co-responder teams, designated crisis responders, fire
8 department mobile integrated health teams, or community assistance
9 referral and educational services programs under RCW 35.21.930,
10 according to best practice guidelines established by the authority,
11 and track local response through global positioning technology; and~~

12 ~~(e))~~ The means to track the outcome of the 988 call to enable
13 appropriate follow up, cross-system coordination, and accountability,
14 including as appropriate: (i) Any immediate services dispatched and
15 reports generated from the encounter; (ii) the validation of a safety
16 plan established for the caller in accordance with best practices;
17 (iii) the next steps for the caller to follow in transition to
18 noncrisis follow-up care, including a next-day appointment for
19 callers experiencing urgent, symptomatic behavioral health care
20 needs; and (iv) the means to verify and document whether the caller
21 was successful in making the transition to appropriate noncrisis
22 follow-up care indicated in the safety plan for the person, to be
23 completed either by the care coordinator provided through the
24 person's managed care organization, health plan, or behavioral health
25 administrative services organization, or if such a care coordinator
26 is not available or does not follow through, by the staff of the
27 ~~((erisis call center))~~ designated 988 contact hub;

28 ~~((d))~~ (c) A means to facilitate actions to verify and document
29 whether the person's transition to follow up noncrisis care was
30 completed and services offered, to be performed by a care coordinator
31 provided through the person's managed care organization, health plan,
32 or behavioral health administrative services organization, or if such
33 a care coordinator is not available or does not follow through, by
34 the staff of the ~~((erisis call center))~~ designated 988 contact hub;

35 ~~((e))~~ (d) The means to provide geographically, culturally, and
36 linguistically appropriate services to persons who are part of high-
37 risk populations or otherwise have need of specialized services or
38 accommodations, and to document these services or accommodations; and

1 ~~((f))~~ (e) When appropriate, consultation with tribal
2 governments to ensure coordinated care in government-to-government
3 relationships, and access to dedicated services to tribal members.

4 (7) ~~((To implement this section the department and the authority
5 shall collaborate with the state enhanced 911 coordination office,
6 emergency management division, and military department to develop
7 technology that is demonstrated to be interoperable between the 988
8 crisis hotline system and crisis and emergency response systems used
9 throughout the state, such as 911 systems, emergency medical services
10 systems, and other nonbehavioral health crisis services, as well as
11 the national suicide prevention lifeline, to assure cohesive
12 interoperability, develop training programs and operations for both
13 911 public safety telecommunicators and crisis line workers, develop
14 suicide and other behavioral health crisis assessments and
15 intervention strategies, and establish efficient and equitable access
16 to resources via crisis hotlines.~~

17 ~~(8))~~ The authority shall:

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

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

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

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

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

18 (f) Monitor trends in 988 crisis hotline caller data, as reported
19 by designated 988 contact hubs in subsection (4)(b)(x) of this
20 section and submit an annual report to the governor and the
21 appropriate committees of the legislature summarizing the data and
22 trends in the information beginning December 1, 2027.

23 **Sec. 6.** RCW 71.24.892 and 2021 c 302 s 103 are each amended to
24 read as follows:

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

32 (2) The ~~((office of financial management shall contract with~~
33 ~~the))~~ behavioral health institute at Harborview medical center ~~((to))~~
34 shall facilitate and provide staff support to the steering committee
35 and to the crisis response improvement strategy committee. The
36 behavioral health institute may contract for the provision of these
37 services.

38 (3) The steering committee shall consist of the five members
39 specified as serving on the steering committee in this subsection and

1 one additional member who has been appointed to serve pursuant to the
2 criteria in either (j), (k), (l), or (m) of this subsection. The
3 steering committee shall select three cochairs from among its members
4 to lead the crisis response improvement strategy committee. The
5 crisis response improvement strategy committee shall consist of the
6 following members, who shall be appointed or requested by the
7 authority, unless otherwise noted:

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

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

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

14 (d) The Washington state insurance commissioner, or his or her
15 designee;

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

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

22 (g) One member from each of the two largest caucuses of the house
23 of representatives, one of whom shall also be designated to
24 participate on the steering committee, to be appointed by the speaker
25 of the house of representatives;

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

28 (i) The state (~~enhanced~~) 911 coordinator, or his or her
29 designee;

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

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

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

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

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

38 (o) Up to two members representing behavioral health
39 administrative services organizations, one from an urban region and
40 one from a rural region;

1 (p) A member representing the Washington council for behavioral
2 health;

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

5 (r) A member representing the Washington state hospital
6 association;

7 (s) A member representing the national alliance on mental illness
8 Washington;

9 (t) A member representing the behavioral health interests of
10 persons of color recommended by Sea Mar community health centers;

11 (u) A member representing the behavioral health interests of
12 persons of color recommended by Asian counseling and referral
13 service;

14 (v) A member representing law enforcement;

15 (w) A member representing a university-based suicide prevention
16 center of excellence;

17 (x) A member representing an emergency medical services
18 department with a CARES program;

19 (y) A member representing medicaid managed care organizations, as
20 recommended by the association of Washington healthcare plans;

21 (z) A member representing commercial health insurance, as
22 recommended by the association of Washington healthcare plans;

23 (aa) A member representing the Washington association of
24 designated crisis responders;

25 (bb) A member representing the children and youth behavioral
26 health work group;

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

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

31 (4) The crisis response improvement strategy committee shall
32 assist the steering committee to identify potential barriers and make
33 recommendations necessary to implement and effectively monitor the
34 progress of the 988 crisis hotline in Washington and make
35 recommendations for the statewide improvement of behavioral health
36 crisis response and suicide prevention services.

37 (5) The steering committee must develop a comprehensive
38 assessment of the behavioral health crisis response and suicide
39 prevention services system by January 1, 2022, including an inventory
40 of existing statewide and regional behavioral health crisis response,

1 suicide prevention, and crisis stabilization services and resources,
2 and taking into account capital projects which are planned and
3 funded. The comprehensive assessment shall identify:

4 (a) Statewide and regional insufficiencies and gaps in behavioral
5 health crisis response and suicide prevention services and resources
6 needed to meet population needs;

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

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

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

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

23 (a) A recommended vision for an integrated crisis network in
24 Washington that includes, but is not limited to: An integrated 988
25 crisis hotline and (~~crisis call center~~) designated 988 contact
26 hubs; mobile rapid response crisis teams and community-based crisis
27 teams endorsed under section 8 of this act; mobile crisis response
28 units for youth, adult, and geriatric population; a range of crisis
29 stabilization services; an integrated involuntary treatment system;
30 access to peer-run services, including peer-run respite centers;
31 adequate crisis respite services; and data resources;

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

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

1 (d) The necessary components of each of the new technologically
2 advanced behavioral health crisis call center system platform and the
3 new behavioral health integrated client referral system, as provided
4 under RCW 71.24.890, for assigning and tracking response to
5 behavioral health crisis calls and providing real-time bed and
6 outpatient appointment availability to 988 operators, emergency
7 departments, designated crisis responders, and other behavioral
8 health crisis responders, which shall include but not be limited to:

9 (i) Identification of the components (~~(erisis-call-center)~~) that
10 designated 988 contact hub staff need to effectively coordinate
11 crisis response services and find available beds and available
12 primary care and behavioral health outpatient appointments;

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

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

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

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

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

35 (g) A work plan with timelines to enhance and expand the
36 availability of (~~(community-based)~~) mobile rapid response crisis
37 teams and community-based crisis teams endorsed under section 8 of
38 this act based in each region, including specialized teams as
39 appropriate to respond to the unique needs of youth, including
40 American Indian and Alaska Native youth and LGBTQ youth, and

1 geriatric populations, including older adults of color and older
2 adults with comorbid dementia;

3 (h) The identification of other personal and systemic behavioral
4 health challenges which implementation of the 988 crisis hotline has
5 the potential to address in addition to suicide response and
6 behavioral health crises;

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

10 (j) Recommendations concerning how health plans, managed care
11 organizations, and behavioral health administrative services
12 organizations shall fulfill requirements to provide assignment of a
13 care coordinator and to provide next-day appointments for enrollees
14 who contact the behavioral health crisis system;

15 (k) Appropriate allocation of crisis system funding
16 responsibilities among medicaid managed care organizations,
17 commercial insurers, and behavioral health administrative services
18 organizations;

19 (l) Recommendations for constituting a statewide behavioral
20 health crisis response and suicide prevention oversight board or
21 similar structure for ongoing monitoring of the behavioral health
22 crisis system and where this should be established; and

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

25 (7) The steering committee shall consist only of members
26 appointed to the steering committee under this section. The steering
27 committee shall convene the committee, form subcommittees, assign
28 tasks to the subcommittees, and establish a schedule of meetings and
29 their agendas.

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

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

5 (b) A credentialing and training subcommittee, to recommend
6 workforce needs and requirements necessary to implement chapter 302,
7 Laws of 2021, including minimum education requirements such as
8 whether it would be appropriate to allow ~~((crisis call center))~~
9 designated 988 contact hubs to employ clinical staff without a
10 bachelor's degree or master's degree based on the person's skills and
11 life or work experience;

12 (c) A technology subcommittee, to examine issues and requirements
13 related to the technology needed to implement chapter 302, Laws of
14 2021;

15 (d) A cross-system crisis response collaboration subcommittee, to
16 examine and define the complementary roles and interactions between
17 mobile rapid response crisis teams and community-based crisis teams
18 endorsed under section 8 of this act, designated crisis responders,
19 law enforcement, emergency medical services teams, 911 and 988
20 operators, public and private health plans, behavioral health crisis
21 response agencies, nonbehavioral health crisis response agencies, and
22 others needed to implement chapter 302, Laws of 2021;

23 (e) A confidential information compliance and coordination
24 subcommittee, to examine issues relating to sharing and protection of
25 health information needed to implement chapter 302, Laws of 2021;
26 ~~((and))~~

27 (f) A 988 geolocation subcommittee, to examine privacy issues
28 related to federal planning efforts to route 988 crisis hotline calls
29 based on the person's location, rather than area code, including ways
30 to implement the federal efforts in a manner that maintains public
31 and clinical confidence in the 988 crisis hotline. The 988
32 geolocation subcommittee must include persons with lived experience
33 with behavioral health conditions as well as representatives of
34 crisis call centers, the behavioral health interests of persons of
35 color, and behavioral health providers; and

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

38 (9) The proceedings of the crisis response improvement strategy
39 committee must be open to the public and invite testimony from a
40 broad range of perspectives. The committee shall seek input from

1 tribes, veterans, the LGBTQ community, and communities of color to
2 help discern how well the crisis response system is currently working
3 and recommend ways to improve the crisis response system.

4 (10) Legislative members of the crisis response improvement
5 strategy committee shall be reimbursed for travel expenses in
6 accordance with RCW 44.04.120. Nonlegislative members are not
7 entitled to be reimbursed for travel expenses if they are elected
8 officials or are participating on behalf of an employer, governmental
9 entity, or other organization. Any reimbursement for other
10 nonlegislative members is subject to chapter 43.03 RCW.

11 (11) The steering committee, with the advice of the crisis
12 response improvement strategy committee, shall provide a progress
13 report and the result of its comprehensive assessment under
14 subsection (5) of this section to the governor and appropriate policy
15 and fiscal committee of the legislature by January 1, 2022. The
16 steering committee shall report the crisis response improvement
17 strategy committee's further progress and the steering committee's
18 recommendations related to ~~((crisis call center))~~ designated 988
19 contact hubs to the governor and appropriate policy and fiscal
20 committees of the legislature by January 1, 2023, and January 1,
21 2024. The steering committee shall provide its final report to the
22 governor and the appropriate policy and fiscal committees of the
23 legislature by January 1, ~~((2024))~~ 2025.

24 (12) This section expires June 30, ~~((2024))~~ 2025.

25 **Sec. 7.** RCW 71.24.896 and 2021 c 302 s 108 are each amended to
26 read as follows:

27 (1) When acting in their statutory capacities pursuant to chapter
28 302, Laws of 2021, the state, department, authority, state
29 ~~((enhanced))~~ 911 coordination office, emergency management division,
30 military department, any other state agency, and their officers,
31 employees, and agents are deemed to be carrying out duties owed to
32 the public in general and not to any individual person or class of
33 persons separate and apart from the public. Nothing contained in
34 chapter 302, Laws of 2021 may be construed to evidence a legislative
35 intent that the duties to be performed by the state, department,
36 authority, state ~~((enhanced))~~ 911 coordination office, emergency
37 management division, military department, any other state agency, and
38 their officers, employees, and agents, as required by chapter 302,

1 Laws of 2021, are owed to any individual person or class of persons
2 separate and apart from the public in general.

3 (2) Each (~~erisis call center~~) designated 988 contact hub
4 designated by the department under any contract or agreement pursuant
5 to chapter 302, Laws of 2021 shall be deemed to be an independent
6 contractor, separate and apart from the department and the state.

7 NEW SECTION. **Sec. 8.** A new section is added to chapter 71.24
8 RCW to read as follows:

9 (1) By April 1, 2024, the authority shall establish standards for
10 issuing an endorsement to any mobile rapid response crisis team or
11 community-based crisis team that meets the criteria under either
12 subsection (2) or (3) of this section, as applicable. The endorsement
13 is a voluntary credential that a mobile rapid response crisis team or
14 community-based crisis team may obtain to signify that it maintains
15 the capacity to respond to persons who are experiencing a significant
16 behavioral health emergency requiring an urgent, in-person response.
17 The attainment of an endorsement allows the mobile rapid response
18 crisis team or community-based crisis team to become eligible for
19 performance payments as provided in subsection (10) of this section.

20 (2) The authority's standards for issuing an endorsement to a
21 mobile rapid response crisis team or a community-based crisis team
22 must consider:

23 (a) Minimum staffing requirements to effectively respond in-
24 person to individuals experiencing a significant behavioral health
25 emergency. Except as provided in subsection (3) of this section, the
26 team must include appropriately credentialed and supervised staff
27 employed by a licensed or certified behavioral health agency and may
28 include other personnel from participating entities listed in
29 subsection (3) of this section. The team shall include certified peer
30 counselors as a best practice to the extent practicable based on
31 workforce availability. The team may include fire departments,
32 emergency medical services, public health, medical facilities,
33 nonprofit organizations, and city or county governments. The team may
34 not include law enforcement personnel;

35 (b) Capabilities for transporting an individual experiencing a
36 significant behavioral health emergency to a location providing
37 appropriate level crisis stabilization services, as determined by
38 regional transportation procedures, such as crisis receiving centers,
39 crisis stabilization units, and triage facilities. The standards must

1 include vehicle and equipment requirements, including minimum
2 requirements for vehicles and equipment to be able to safely
3 transport the individual, as well as communication equipment
4 standards. The vehicle standards must allow for an ambulance or aid
5 vehicle licensed under chapter 18.73 RCW to be deemed to meet the
6 standards; and

7 (c) Standards for the initial and ongoing training of personnel
8 and for providing clinical supervision to personnel.

9 (3) The authority must adjust the standards for issuing an
10 endorsement to a community-based crisis team under subsection (2) of
11 this section if the team is comprised solely of an emergency medical
12 services agency, whether it is part of a fire service agency or a
13 private entity, that is located in a rural county in eastern
14 Washington with a population of less than 60,000 residents. Under the
15 adjusted standards, until January 1, 2030, the authority shall exempt
16 a team from the personnel standards under subsection (2)(a) of this
17 section and issue an endorsement to a team if:

18 (a) The personnel assigned to the team have met training
19 requirements established by the authority under subsection (2)(c) of
20 this section, as those requirements apply to emergency medical
21 service and fire service personnel, including completion of the
22 three-hour training in suicide assessment, treatment, and management
23 under RCW 43.70.442;

24 (b) The team operates under a memorandum of understanding with a
25 licensed or certified behavioral health agency to provide direct,
26 real-time consultation through a behavioral health provider employed
27 by a licensed or certified behavioral health agency while the team is
28 responding to a call. The consultation may be provided by telephone,
29 through remote technologies, or, if circumstances allow, in person;
30 and

31 (c) The team does not include law enforcement personnel.

32 (4) Prior to issuing an initial endorsement or renewing an
33 endorsement, the authority shall conduct an on-site survey of the
34 applicant's operation.

35 (5) An endorsement must be renewed every three years.

36 (6) The authority shall establish forms and procedures for
37 issuing and renewing an endorsement.

38 (7) The authority shall establish procedures for the denial,
39 suspension, or revocation of an endorsement.

1 (8) (a) The decision of a mobile rapid response crisis team or
2 community-based crisis team to seek endorsement is voluntary and does
3 not prohibit a nonendorsed team from participating in the crisis
4 response system when (i) responding to individuals who are not
5 experiencing a significant behavioral health emergency that requires
6 an urgent in-person response or (ii) responding to individuals who
7 are experiencing a significant behavioral health emergency that
8 requires an urgent in-person response when there is not an endorsed
9 team available.

10 (b) The decision of a mobile rapid response crisis team not to
11 pursue an endorsement under this section does not affect its
12 obligation to comply with any standards adopted by the authority with
13 respect to mobile rapid response crisis teams.

14 (c) The decision of a mobile rapid response crisis team not to
15 pursue an endorsement under this section does not affect its
16 responsibilities and reimbursement for services as they may be
17 defined in contracts with managed care organizations or behavioral
18 health administrative services organizations.

19 (9) The costs associated with endorsement activities shall be
20 supported with funding from the statewide 988 behavioral health
21 crisis response and suicide prevention line account established in
22 RCW 82.86.050.

23 (10) The authority shall establish an endorsed mobile rapid
24 response crisis team and community-based crisis team performance
25 program with receipts from the statewide 988 behavioral health crisis
26 response and suicide prevention line account.

27 (a) Subject to funding provided for this specific purpose, the
28 performance program shall:

29 (i) Issue establishment grants to support mobile rapid response
30 crisis teams and community-based crisis teams seeking to meet the
31 elements necessary to become endorsed under either subsection (2) or
32 (3) of this section;

33 (ii) Issue performance payments in the form of an enhanced case
34 rate to mobile rapid response crisis teams and community-based crisis
35 teams that have received an endorsement from the authority under
36 either subsection (2) or (3) of this section; and

37 (iii) Issue supplemental performance payments in the form of an
38 enhanced case rate higher than that available in (a)(ii) of this
39 subsection (10) to mobile rapid response crisis teams and community-
40 based crisis teams that have received an endorsement from the

1 authority under either subsection (2) or (3) of this section and
2 demonstrate to the authority that for the previous three months they
3 met the following response time and in route time standards:

4 (A) Between January 1, 2025, through December 31, 2026:

5 (I) Arrive to the individual's location within 30 minutes of
6 being dispatched by the designated 988 contact hub, at least 80
7 percent of the time in urban areas;

8 (II) Arrive to the individual's location within 40 minutes of
9 being dispatched by the designated 988 contact hub, at least 80
10 percent of the time in suburban areas; and

11 (III) Be in route within 15 minutes of being dispatched by the
12 designated 988 contact hub, at least 80 percent of the time in rural
13 areas; and

14 (B) On and after January 1, 2027:

15 (I) Arrive to the individual's location within 20 minutes of
16 being dispatched by the designated 988 contact hub, at least 80
17 percent of the time in urban areas;

18 (II) Arrive to the individual's location within 30 minutes of
19 being dispatched by the designated 988 contact hub, at least 80
20 percent of the time in suburban areas; and

21 (III) Be in route within 10 minutes of being dispatched by the
22 designated 988 contact hub, at least 80 percent of the time in rural
23 areas.

24 (b) The authority shall design the program in a manner that
25 maximizes the state's ability to receive federal matching funds.

26 (11) The authority shall contract with the actuaries responsible
27 for development of medicaid managed care rates to conduct an analysis
28 and develop options for payment mechanisms and levels for rate
29 enhancements under subsection (10) of this section. The authority
30 shall consult with staff from the office of financial management and
31 the fiscal committees of the legislature in conducting this analysis.
32 The payment mechanisms must be developed to maximize leverage of
33 allowable federal medicaid match. The analysis must clearly identify
34 assumptions, include cost projections for the rate level options
35 broken out by fund source, and summarize data used for the cost
36 analysis. The cost projections must be based on Washington state
37 specific utilization and cost data. The analysis must identify low,
38 medium, and high ranges of projected costs associated for each option
39 accounting for varying scenarios regarding the numbers of teams
40 estimated to qualify for the enhanced case rates and supplemental

1 performance payments. The analysis must identify costs for both
2 medicaid clients, and for state-funded nonmedicaid clients paid
3 through contracts with behavioral health administrative services
4 organizations. The analysis must account for phasing in of the number
5 of teams that meet endorsement criteria over time and project annual
6 costs for a four-year period associated with each of the scenarios.
7 The authority shall submit a report summarizing the analysis, payment
8 mechanism options, enhanced performance payment and supplemental
9 performance payment rate level options, and related cost estimates to
10 the office of financial management and the appropriate committees of
11 the legislature by December 1, 2023.

12 (12) The authority shall conduct a review of the endorsed
13 community-based crisis teams established under subsection (3) of this
14 section and report to the governor and the health policy committees
15 of the legislature by December 1, 2028. The report shall provide
16 information about the engagement of the community-based crisis teams
17 receiving an endorsement under subsection (3) of this section and
18 their ability to provide a timely and appropriate response to persons
19 experiencing a behavioral health crisis and any recommended changes
20 to the teams to better meet the needs of the community including
21 personnel requirements, training standards, and behavioral health
22 provider consultation.

23 **Sec. 9.** RCW 82.86.050 and 2021 c 302 s 205 are each amended to
24 read as follows:

25 (1) The statewide 988 behavioral health crisis response and
26 suicide prevention line account is created in the state treasury. All
27 receipts from the statewide 988 behavioral health crisis response and
28 suicide prevention line tax imposed pursuant to this chapter must be
29 deposited into the account. Moneys may only be spent after
30 appropriation.

31 (2) Expenditures from the account may only be used for:

32 (a) (~~ensuring~~) Ensuring the efficient and effective routing of
33 calls made to the 988 crisis hotline to an appropriate crisis hotline
34 center or (~~crisis call center~~) designated 988 contact hub; and

35 (b) (~~personnel~~) Personnel and the provision of acute behavioral
36 health, crisis outreach, and crisis stabilization services, as
37 defined in RCW 71.24.025, by directly responding to the 988 crisis
38 hotline and enhancing mobile crisis service standards and performance
39 provided through mobile rapid response crisis teams and community-

1 based crisis teams endorsed under section 8 of this act. Ten percent
2 of the annual receipts from the tax must be dedicated to the
3 establishment grants, performance payments, and supplemental
4 performance payments for mobile rapid response crisis teams and
5 community-based crisis teams endorsed under section 8 of this act and
6 endorsement activities in section 8 of this act, up to 30 percent of
7 which is dedicated to mobile rapid response crisis teams and
8 community-based crisis teams endorsed under section 8 of this act
9 that are affiliated with a tribe in Washington.

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

13 NEW SECTION. Sec. 10. A new section is added to chapter 28B.20
14 RCW to read as follows:

15 (1) (a) The University of Washington school of social work, in
16 consultation with the Washington council for behavioral health and
17 the state's behavioral health administrative services organizations,
18 shall plan for regional collaboration among behavioral health
19 providers and first responders working within the 988 crisis response
20 and suicide prevention system, standardize practices and protocols,
21 and develop a needs assessment for trainings.

22 (b) The University of Washington shall convene, at a minimum, the
23 following key stakeholders to assist in developing an assessment of
24 training needs, a mapping of current and future funded crisis
25 response providers, and a comprehensive review of all behavioral
26 health training required in statute and in rule:

27 (i) At least two representatives from the behavioral health
28 administrative services organizations, one from each side of the
29 Cascade crest;

30 (ii) At least three crisis services providers identified by the
31 Washington council for behavioral health, one from each side of the
32 Cascade crest, and one dedicated to serving communities of color;

33 (iii) A representative of crisis call centers;

34 (iv) At least two members who are persons with lived experience
35 related to mental health issues, substance use disorder issues, a
36 suicide attempt, or a suicide loss; and

37 (v) A representative of a statewide organization of field experts
38 consisting of first responders, behavioral health professionals, and
39 project managers working in co-response programs in Washington.

1 (c) When making recommendations on future crisis provider
2 training needs related to serving persons with developmental
3 disabilities, veterans, American Indians and Alaska Native
4 populations, LGBTQ populations, and persons connected with the
5 agricultural community, the University of Washington school of social
6 work must solicit public comment on the needs assessment from
7 advocates from those populations and others as deemed appropriate by
8 the stakeholder group, including persons with lived experience
9 related to mental health issues, substance use disorder issues, a
10 suicide attempt, or a suicide loss.

11 (d) The training needs assessment, mapping of crisis providers,
12 and research on existing training requirements must be completed by
13 June 30, 2024.

14 (2) The University of Washington school of social work, in
15 collaboration with the stakeholder group established in subsection
16 (1) of this section, shall develop recommendations for establishing
17 crisis workforce and resilience training collaboratives that would
18 offer voluntary regional trainings for behavioral health providers,
19 peers, first responders, co-responders, 988 contact center personnel,
20 designated 988 contact hub personnel, 911 operators, and interested
21 members of the public, specific to a geographic region and the
22 population they serve as informed by the needs assessment. The
23 collaboratives shall encourage the development of foundational and
24 advanced skills and practices in crisis response as well as foster
25 regional collaboration. The recommendations must:

26 (a) Include strategies for better coordination and integration of
27 988-specific training into the broader scope of behavioral health
28 trainings that are already required;

29 (b) Identify effective trainings to explain how the 988 system
30 works with the 911 emergency response system, trauma-informed care,
31 secondary trauma, suicide protocols and practices for crisis
32 responders, supervisory best practices for first responders, lethal
33 means safety, violence assessments, cultural competency, and
34 essential care for serving individuals with serious mental illness,
35 substance use disorder, or co-occurring disorders;

36 (c) Identify best practice approaches to working with veterans,
37 intellectually and developmentally disabled populations, youth, LGBTQ
38 populations, communities of color, agricultural communities, and
39 American Indian and Alaska Native populations;

1 (d) Identify ways to provide the designated 988 contact hubs and
2 other crisis providers with training that is tailored to the
3 agricultural community using training that is agriculture-specific
4 with information relating to the stressors unique to persons
5 connected with the agricultural community such as weather conditions,
6 financial obligations, market conditions, and other relevant issues.
7 When developing the recommendations, consideration must be given to
8 national experts, such as the AgriSafe network and other entities;

9 (e) Identify ways to promote a better informed and more involved
10 community on topics related to the behavioral health crisis system by
11 increasing public access to and participation in trainings on the
12 topics identified in (b) and (c) of this subsection (2), including
13 through remote audiovisual technology;

14 (f) Establish suggested protocols for ways to sustain the
15 collaboratives as new mobile rapid response crisis teams and
16 community-based crisis teams endorsed under section 8 of this act,
17 co-responder teams, and crisis facilities are funded and
18 operationalized;

19 (g) Discuss funding needs to sustain the collaboratives and
20 support participation in attending the trainings; and

21 (h) Offer a potential timeline for implementing the
22 collaboratives on a region-by-region basis.

23 (3) The University of Washington school of social work shall
24 submit a report on the items developed in this section to the
25 governor and the appropriate committees of the legislature by
26 December 31, 2024. Prior to submission of the report, the University
27 of Washington school of social work shall consult with the department
28 of health and the health care authority.

29 NEW SECTION. **Sec. 11.** A new section is added to chapter 71.24
30 RCW to read as follows:

31 (1) No act or omission related to the dispatching decisions of
32 any crisis call center staff or designated 988 contact hub staff with
33 endorsed mobile rapid response crisis team and community-based crisis
34 team dispatching responsibilities done or omitted in good faith
35 within the scope of the individual's employment responsibilities with
36 the crisis call center or designated 988 contact hub and in
37 accordance with dispatching procedures adopted both by the behavioral
38 health administrative services organization and the crisis call

1 center or the designated 988 contact hub and approved by the
2 authority shall impose liability upon:

3 (a) The clinical staff of the crisis call center or designated
4 988 contact hub or their clinical supervisors;

5 (b) The crisis call center or designated 988 contact hub or its
6 officers, staff, or employees;

7 (c) Any member of a mobile rapid response crisis team or
8 community-based crisis team endorsed under section 8 of this act;

9 (d) The certified public safety telecommunicator or the certified
10 public safety telecommunicator's supervisor; or

11 (e) The public safety answering point or its officers, staff, or
12 employees.

13 (2) This section shall not apply to any act or omission which
14 constitutes either gross negligence or willful or wanton misconduct.

15 NEW SECTION. **Sec. 12.** A new section is added to chapter 38.60
16 RCW to read as follows:

17 (1) No act or omission of any certified public safety
18 telecommunicator or crisis call center staff or designated 988
19 contact hub staff related to the transfer of calls from the 911 line
20 to the 988 crisis hotline or from the 988 crisis hotline to the 911
21 line, done or omitted in good faith, within the scope of the
22 certified public safety telecommunicator's employment
23 responsibilities with the public safety answering point and the
24 crisis call center or designated 988 contact hub and in accordance
25 with call system transfer protocols adopted by both the department of
26 health and the emergency management division shall impose liability
27 upon:

28 (a) The certified public safety telecommunicator or the certified
29 public safety telecommunicator's supervisor;

30 (b) The public safety answering point or its officers, staff, or
31 employees;

32 (c) The clinical staff of the crisis call center or designated
33 988 contact hub or their clinical supervisors;

34 (d) The crisis call center or designated 988 contact hub or its
35 officers, staff, or employees; or

36 (e) Any member of a mobile rapid response crisis team or
37 community-based crisis team endorsed under section 8 of this act.

38 (2) This section shall not apply to any act or omission which
39 constitutes either gross negligence or willful or wanton misconduct.

1 NEW SECTION. **Sec. 13.** If specific funding for the purposes of
2 this act, referencing this act by bill or chapter number, is not
3 provided by June 30, 2023, in the omnibus appropriations act, this
4 act is null and void."

5 Correct the title.

EFFECT: Eliminates the term "988 rapid response crisis team" and restores the definition of a "mobile rapid response crisis team." Defines a "community-based crisis team" as a team that is part of an emergency medical services agency, fire service agency, public health agency, medical facility, or city or county, other than a law enforcement agency, that provides the on-site community interventions of a mobile rapid response crisis team. Specifies that the endorsement from the Health Care Authority (HCA) is available to both mobile rapid response crisis teams and community-based crisis teams. Removes the response time and in route time standards as requirements for receiving an endorsement.

Maintains the establishment grants and replaces the technical assistance grants and participation grants with performance payments and enhanced performance payments. Allows mobile rapid response crisis teams and community-based crisis teams with an endorsement to receive a performance payment in the form of an enhanced case rate. Allows mobile rapid response crisis teams and community-based crisis teams with an endorsement and that also meet response time and in route time standards to receive, subject to funding, a supplemental performance payment in the form of a higher enhanced case rate. Directs the HCA to design the payments in a manner that maximizes the ability to receive federal matching funds. Clarifies that the use of the Statewide 988 Behavioral Health Crisis Response and Suicide Prevention Line Account includes the establishment grants, performance payments, and supplemental performance payments. Directs the HCA to contract with the Medicaid managed care rate actuary to conduct an analysis and develop options for payment mechanisms and levels for the rate enhancements in a way that allows for maximum leverage of Medicaid federal match. Directs the HCA to submit a report to the Governor and the appropriate committees of the Legislature by December 1, 2023, with a summary of the actuarial analysis, payment mechanism options, payment rate level options, and related cost estimates.

Directs the Department and the Authority to require crisis call centers and designated 988 contact hubs to enter into data-sharing agreements with the DOH, the HCA, and behavioral health administrative services organizations to provide reports and data regarding 988 crisis hotline calls.

Removes the requirement that the new crisis call center platform be interoperable across crisis and emergency response systems throughout the state.

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