RCW 71.24.903 Mobile rapid response crisis team endorsement.

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

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

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

(b) Capabilities for transporting an individual experiencing a significant behavioral health emergency to a location providing appropriate level crisis stabilization services, as determined by regional transportation procedures, such as crisis receiving centers, crisis stabilization units, and triage facilities. The standards must include vehicle and equipment requirements, including minimum requirements for vehicles and equipment to be able to safely transport the individual, as well as communication equipment standards. The vehicle standards must allow for an ambulance or aid vehicle licensed under chapter 18.73 RCW to be deemed to meet the standards; and

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

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

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

(b) The team operates under a memorandum of understanding with a licensed or certified behavioral health agency to provide direct, real-time consultation through a behavioral health provider employed

by a licensed or certified behavioral health agency while the team is responding to a call. The consultation may be provided by telephone, through remote technologies, or, if circumstances allow, in person; and

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

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

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

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

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

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

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

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

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

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

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

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

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

(iii) Issue supplemental performance payments in the form of an enhanced case rate higher than that available in (a)(ii) of this subsection (10) to mobile rapid response crisis teams and community-based crisis teams that have received an endorsement from the authority under either subsection (2) or (3) of this section and demonstrate to the authority that for the previous three months they met the following response time and in route time standards:

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

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

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

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

(B) On and after January 1, 2027:

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

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

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

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

(11) The authority shall contract with the actuaries responsible for development of medicaid managed care rates to conduct an analysis and develop options for payment mechanisms and levels for rate enhancements under subsection (10) of this section. The authority shall consult with staff from the office of financial management and the fiscal committees of the legislature in conducting this analysis. The payment mechanisms must be developed to maximize leverage of allowable federal medicaid match. The analysis must clearly identify assumptions, include cost projections for the rate level options broken out by fund source, and summarize data used for the cost analysis. The cost projections must be based on Washington state specific utilization and cost data. The analysis must identify low, medium, and high ranges of projected costs associated for each option accounting for varying scenarios regarding the numbers of teams estimated to qualify for the enhanced case rates and supplemental performance payments. The analysis must identify costs for both medicaid clients, and for state-funded nonmedicaid clients paid through contracts with behavioral health administrative services organizations. The analysis must account for phasing in of the number of teams that meet endorsement criteria over time and project annual costs for a four-year period associated with each of the scenarios. The authority shall submit a report summarizing the analysis, payment mechanism options, enhanced performance payment and supplemental performance payment rate level options, and related cost estimates to the office of financial management and the appropriate committees of the legislature by December 1, 2023.

(12) The authority shall conduct a review of the endorsed community-based crisis teams established under subsection (3) of this section and report to the governor and the health policy committees of the legislature by December 1, 2028. The report shall provide information about the engagement of the community-based crisis teams receiving an endorsement under subsection (3) of this section and their ability to provide a timely and appropriate response to persons experiencing a behavioral health crisis and any recommended changes to the teams to better meet the needs of the community including

personnel requirements, training standards, and behavioral health provider consultation. [2023 c 454 s 9.]