

# SENATE BILL REPORT

## SB 5209

---

---

As of January 29, 2021

**Title:** An act relating to statewide enhancement and expansion of behavioral health and suicide prevention crisis response services.

**Brief Description:** Enhancing and expanding behavioral health and suicide prevention crisis response services.

**Sponsors:** Senators Dhingra, Darneille, Das, Keiser, Kuderer, Lovelett, Randall, Conway, Frockt, Hasegawa, Lias, Nguyen, Pedersen, Wagoner and Wilson, C..

**Brief History:**

**Committee Activity:** Health & Long Term Care: 1/20/21 [w/oRec-BH].  
Behavioral Health Subcommittee to Health & Long Term Care: 1/29/21.

### Brief Summary of Bill

- Creates a 988 crisis hotline to respond to behavioral health crises statewide, using interoperable technology across crisis and emergency response systems.
- Requires the 988 system to dispatch community-based rapid mobile crisis response services with embedded peers and behavioral health teams.
- Requires the 988 system to track local responses, monitor real-time statewide bed availability, and to provide same-day or next-day behavioral health appointments to all callers.
- Establishes a 55-member implementation coalition with a Legislative co-chair to meet until December 2022 to make recommendations to implement the 988 crisis system.
- Imposes a tax on radio access lines and interconnected voice over Internet protocol service lines to fund the 988 crisis system and behavioral health crisis services.

---

*This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.*

---

## SENATE COMMITTEE ON BEHAVIORAL HEALTH SUBCOMMITTEE TO HEALTH & LONG TERM CARE

**Staff:** Kevin Black (786-7747)

**Background:** Behavioral Health Crisis Services. Crisis mental health services are intended to stabilize a person in crisis to prevent further deterioration, provide immediate treatment and intervention, and provide treatment services in the least restrictive environment available. Substance use disorder detoxification services are provided to persons to assist with the safe and effective withdrawal from substances. Behavioral health crisis services include: crisis telephone support, crisis outreach services, crisis stabilization services, crisis peer support services, withdrawal management services, and emergency involuntary detention services.

Behavioral health administrative services organizations (BH-ASOs) are entities contracted with the Health Care Authority to administer certain behavioral health services and programs for all individuals within a regional service area, including behavioral health crisis services and the administration of the Involuntary Treatment Act. Each BH-ASO must maintain a behavioral health crisis hotline for its region.

National Suicide Prevention Hotline. The Substance Abuse and Mental Health Services Administration (SAMHSA) partially funds the National Suicide Prevention Lifeline (Lifeline). The Lifeline is a national network of about 180 crisis centers that are linked by a single toll-free number. The Lifeline is available to people in suicidal crisis or emotional distress. When a person calls the number, the call is routed to a local crisis center based upon the caller's area code. Counselors at the local crisis center assess callers for suicidal risk, provide crisis counseling services and crisis intervention, engage emergency services when necessary, and offer referrals to behavioral health services. In addition, SAMHSA and the Department of Veterans Affairs have established the Veterans Crisis Line which links veterans with suicide prevention coordinators. In Washington, there are currently three local crisis centers participating in the Lifeline.

In October 2020, Congress passed the National Suicide Hotline Designation Act of 2020 (Act). The Act designates the number 988 as the universal telephone number within the United States for the purpose of accessing the National Suicide Prevention and Mental Health Crisis Hotline system that is maintained by the Lifeline and the Veterans Crisis Line. The Act expressly authorizes states to collect a fee on commercial mobile services or Internet protocol-enabled voice services for: (1) ensuring the efficient and effective routing of calls made to the 988 National Suicide Prevention and Mental Health Crisis Hotline to an appropriate crisis center; and (2) personnel and the provision of acute mental health crisis outreach and stabilization services by directly responding to calls to the crisis centers.

**Summary of Bill:** 988 Crisis Hotline. The Governor must appoint a 988 crisis hotline system director to direct and oversee implementation of the 988 crisis hotline and assure

coordination and communication.

The Department of Health (DOH) must provide adequate funding for the use of crisis lifeline call centers before July 16, 2022, after estimating increased call volume based on the implementation of the 988 crisis hotline.

The 988 crisis hotline must, before July 16, 2022, provide crisis intervention and crisis care coordination to persons in every jurisdiction of Washington, 24 hours a day, seven days a week.

DOH must designate 988 crisis hotline centers (988 centers) that can receive information through calls, texts, chats, and similar methods of communication.

DOH must establish best practice guidelines for 988 centers based on National Suicide Prevention Lifeline requirements. 988 centers must:

- access real-time information relevant to coordination of behavioral health services from managed care organizations (MCOs), BH-ASOs, and other health care players, and coordinate access to those services, including linguistically and culturally competent care;
- assign and track local response to calls, including capacity and authority to rapidly deploy mobile crisis teams and co-responder teams;
- arrange same-day and next-day appointments and follow up appointments with appropriate providers;
- track and provide real-time bed availability to crisis responders;
- assure follow-up services to individuals who call;
- provide data and reports and participate in evaluations;
- use interoperable technology across crisis and emergency systems across the state;
- collaborate actively with MCOs, BH-ASOs and other providers to coordinate linkages;
- establish requirements for high-risk and special populations to promote behavioral health equity; and
- collaborate with DOH, the National Suicide Prevention Hotline, and Veterans Crisis Line to assure consistency of public messaging.

The Health Care Authority (HCA) must:

- establish agreements between 988 centers, MCOs, BH-ASOs, and other providers after consultation with county authorities;
- require each BH-ASO to have community-based mobile rapid crisis response team services that must:
  1. include embedded peers and behavioral health teams;
  2. collaborate with law enforcement;
  3. include police as co-responders only when public safety is an issue and the situation cannot be managed without law enforcement assistance;
  4. be designed in partnership with community members;

5. be staffed by personnel that reflect the demographics of the community served;  
and
  6. collect race, ethnicity, and other demographic data from the people served;
- require BH-ASOs to offer peer respite services and crisis stabilization services;
  - require BH-ASOs to offer care coordination, diversion services, and discharge planning for individuals in crisis stabilization services;
  - require BH-ASOs to provide an adequate network of secure withdrawal management and stabilization service to ensure access to treatment by July 1, 2026;
  - create specialized mobile rapid crisis teams to respond to the unique needs of youth and the geriatric population;
  - consult with tribes to create tribal mobile rapid crisis response teams;
  - adopt rules for 988 centers that assure that non-English speaking callers will receive assistance in their own language;
  - adopt rules requiring behavioral health agencies and hospitals to provide real-time bed availability information;
  - develop a plan to equally distribute crisis stabilization services, peer respite services, and behavioral health urgent care around the state; and
  - require MCOs and BH-ASOs to assign a care coordinator for persons who are uninsured to provide same-day or next-day appointments in the behavioral health system.

Commercial health plans must include coverage of a care coordinator and provide same-day and next-day appointments for their enrollees who seek behavioral health services by January 1, 2022.

The state enhanced 911 coordination office must collaborate with the state military department to assure that callers of 911 and 988 receive consistency and equity of care, by applying consistent procedures across systems, including use of deescalation techniques.

Implementation Coalition. The Governor must convene an implementation coalition staffed by the William D. Ruckelshaus Center, or another neutral party, to make recommendations to implement the 988 crisis hotline and the provisions of this act, and to improve behavioral health crisis response services. The coalition must include four appointed legislative members, four appointed alternate legislative members, and at least 47 members representing different constituencies, agencies, and groups, plus a representative of tribal governments. The coalition must choose three co-chairs that include one legislative member, one executive member, and one additional person. Executive agency representatives must be nonvoting members. The coalition must provide reports by December 1, 2021, and November 1, 2022.

Annual Report. DOH and HCA must provide an annual report starting in November 2023 describing 988 crisis hotline usage, call outcomes, and crisis services. DOH and HCA must also submit information to the Federal Communication Commission regarding fee accountability reports.

Statewide 988 Behavioral Health Crisis Response Line Tax. A monthly tax is imposed on radio access lines and interconnected voice over Internet protocol service lines, effective July 1, 2022, increasing from \$0.30 to \$0.75 per line by July 1, 2024. Starting March 1, 2025, the amount of the tax must be revised every two years using the fiscal growth factor. The tax must be collected by radio communications service companies and sellers of prepaid wireless telecommunications service companies and deposited into a Statewide 988 Behavioral Health Crisis Response Line Account located within the State Treasury. The tax must be collected from subscribers and stated separately on the billing statement which is sent to the subscriber. A company that fails to remit the tax is guilty of a gross misdemeanor. Collection may be enforced by the Department of Revenue.

Moneys deposited in the Statewide 988 Behavioral Health Crisis Response Line Account must be appropriated. Moneys may only be used for routing calls to the 988 crisis hotline to a crisis hotline center and for crisis services in response to 988 crisis calls, but may not be used for Medicaid services.

**Appropriation:** The bill contains a section or sections to limit implementation to the availability of amounts appropriated for that specific purpose.

**Fiscal Note:** Requested on January 13, 2021.

**Creates Committee/Commission/Task Force that includes Legislative members:** Yes.

**Effective Date:** The bill contains several effective dates, including an emergency clause relating to the implementation coalition which takes effect immediately. Please refer to the bill.