
SECOND SUBSTITUTE HOUSE BILL 1477

State of Washington

67th Legislature

2021 Regular Session

By House Appropriations (originally sponsored by Representatives Orwall, Davis, Ortiz-Self, Callan, Simmons, J. Johnson, Goodman, Ryu, Ormsby, Valdez, Frame, Berg, Bergquist, Harris-Talley, Chopp, Macri, Peterson, and Pollet)

READ FIRST TIME 02/22/21.

1 AN ACT Relating to the implementation of the national 988 system
2 to enhance and expand behavioral health crisis response and suicide
3 prevention services statewide by imposing an excise tax on certain
4 telecommunications services; reenacting and amending RCW 71.24.025
5 and 71.24.025; adding new sections to chapter 71.24 RCW; adding a new
6 chapter to Title 82 RCW; creating new sections; prescribing
7 penalties; providing effective dates; providing expiration dates; and
8 declaring an emergency.

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

10 **PART I**

11 **CRISIS CALL CENTER HUBS AND CRISIS SERVICES**

12 NEW SECTION. **Sec. 101.** (1) The legislature finds that:

13 (a) Nearly 6,000 Washington adults and children died by suicide
14 in the last five years, according to the federal centers for disease
15 control and prevention, tragically reflecting a state increase of 36
16 percent in the last 10 years.

17 (b) Suicide is now the single leading cause of death for
18 Washington young people ages 10 through 24, with total deaths 22
19 percent higher than for vehicle crashes.

1 (c) Groups with suicide rates higher than the general population
2 include veterans, American Indians/Alaska Natives, LGBTQ youth, and
3 people living in rural counties across the state.

4 (d) More than one in five Washington residents are currently
5 living with a behavioral health disorder.

6 (e) The COVID-19 pandemic has increased stressors and substance
7 use among Washington residents.

8 (f) An improved crisis response system will reduce reliance on
9 emergency room services and the use of law enforcement response to
10 behavioral health crises and will stabilize individuals in the
11 community whenever possible.

12 (2) The legislature intends to establish crisis call center hubs
13 and expand the crisis delivery system in a deliberate, phased
14 approach that includes the involvement of partners from a range of
15 perspectives to:

16 (a) Save lives by improving the quality of and access to
17 behavioral health crisis services;

18 (b) Further equity in addressing mental health and substance use
19 treatment and assure a culturally and linguistically competent
20 response to behavioral health crises;

21 (c) Recognize that, historically, crisis response placed
22 marginalized communities, including those experiencing behavioral
23 health crises, at disproportionate risk of poor outcomes and criminal
24 justice involvement;

25 (d) Comply with the national suicide hotline designation act of
26 2020 and the federal communication commission's rules adopted July
27 16, 2020, to assure that all Washington residents receive a
28 consistent and effective level of 988 and crisis behavioral health
29 services no matter where they live, work, or travel in the state; and

30 (e) Provide higher quality support for people experiencing
31 behavioral health crises through investment in new technology to
32 create a crisis call center hub system to triage calls and link
33 individuals to follow-up care. Other investments include the
34 expansion of crisis teams, to be known as mobile rapid response
35 crisis teams, as well as a wide array of crisis stabilization
36 services such as 23-hour crisis stabilization units based on the
37 living room model, crisis stabilization centers, short-term respite
38 facilities, peer-operated respite services, and behavioral health
39 urgent care walk-in centers. The overall crisis system shall contain
40 components that operate like hospital emergency departments that

1 accept all walk-ins, and ambulance, fire, and police drop-offs. The
2 use of peers must be incorporated as often as possible within the
3 continuum of crisis care.

4 NEW SECTION. **Sec. 102.** A new section is added to chapter 71.24
5 RCW to read as follows:

6 (1) Establishing the state crisis call center hubs and crisis
7 response system will require collaborative work between the
8 department and the authority within their respective roles. The
9 department shall have primary responsibility for establishing and
10 designating the crisis call centers hubs. The authority shall have
11 primary responsibility for developing and implementing the crisis
12 system and services to support the work of the crisis call center
13 hubs. In any instance in which one agency is identified as the lead,
14 the expectation is that agency will be communicating and
15 collaborating with the other to ensure seamless, continuous, and
16 effective service delivery with the statewide crisis system.

17 (2) Prior to July 16, 2022, the department shall provide adequate
18 funding for an expected increase in the use of the state's crisis
19 lifeline call centers existing as of the effective date of this
20 section using the 988 crisis hotline. The funding level shall be
21 established at a level anticipated to achieve an in-state call
22 response rate of at least 90 percent and shall be determined by
23 considering call volume predictions, cost per call predictions
24 provided by the national suicide prevention lifeline, guidance on
25 center performance metrics, and necessary technology upgrades.

26 (3) By July 1, 2023, the department must adopt rules to establish
27 standards that crisis call centers must meet to be designated as
28 crisis call center hubs by the department as of July 1, 2024. The
29 standards must, at a minimum, address the elements identified in
30 subsection (4) of this section. The department shall collaborate with
31 the authority and other agencies to assure consistency in standards
32 and policies, and utilization of services. The department shall
33 consider recommendations from the crisis response improvement
34 strategy committee created in section 104 of this act in implementing
35 this section.

36 (4) No later than July 1, 2024, the department shall designate
37 crisis call center hubs to provide crisis intervention, triage,
38 referrals, and connections to individuals accessing the 988 crisis

1 hotline from any jurisdiction within Washington 24 hours a day, seven
2 days a week.

3 (a)(i) To be recognized as a crisis call center hub and perform
4 the duties of a crisis call center hub, an entity must be designated
5 by the department under this subsection (4). To become designated and
6 maintain that designation, a crisis call center hub must demonstrate
7 to the department the ability to support the requirements of this
8 section.

9 (ii) Upon being designated, a crisis call center hub shall
10 contract with the department to provide crisis call center hub
11 services, as described in this section. The department may revoke the
12 designation of any crisis call center hub that fails to substantially
13 comply with the contracts.

14 (iii) The department may incorporate recommendations from the
15 crisis response improvement strategy committee created in section 104
16 of this act into the agreements with crisis call center hubs, as
17 appropriate.

18 (b) Subject to funds appropriated for this purpose, the
19 authority, in collaboration with the department, must develop a new
20 technologically advanced behavioral health crisis call center system
21 with a platform that includes the capacity to:

22 (i) Receive crisis assistance requests through phone calls,
23 texts, chats, and other similar methods of communication that may be
24 developed in the future and promote access to the behavioral health
25 crisis system;

26 (ii) Access real-time information relevant to the appropriate
27 coordination of behavioral health crisis services, including
28 information about less restrictive alternatives and mental health
29 advance directives, from managed care organizations, including both
30 primary care providers and behavioral health providers within the
31 networks of managed care organizations, behavioral health
32 administrative service organizations, and other health care payers;

33 (iii) Assign and track local response to behavioral health crisis
34 calls, including the capacity to rapidly deploy mobile crisis teams
35 through global positioning technology;

36 (iv) Arrange next-day outpatient appointments and follow-up
37 appointments with geographically, culturally, and linguistically
38 appropriate primary care or behavioral health providers within the
39 person's provider network, or, if uninsured, through the person's
40 behavioral health administrative service organization;

1 (v) Track and provide real-time bed availability to crisis
2 responders and individuals in crisis for all behavioral health bed
3 types, such as crisis stabilization, psychiatric inpatient, substance
4 use disorder inpatient, withdrawal management, and peer crisis
5 respite, including voluntary and involuntary beds; and

6 (vi) Assure follow-up services to individuals accessing the 988
7 crisis hotline consistent with policies established by the department
8 based upon recognized best practices.

9 (c) Crisis call center hubs must use the new technologically
10 advanced behavioral health crisis call center system with the
11 platform as described in this section.

12 (d) To provide crisis intervention services and crisis care
13 coordination using the platform capabilities required under (b) of
14 this subsection, crisis call center hubs must:

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

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

22 (iii) Provide data and reports and participate in evaluations and
23 related quality improvement activities as required by the department,
24 according to standards established in collaboration with the
25 authority, for the 988 crisis hotline system;

26 (iv) Use technology that is demonstrated to be interoperable
27 between and across crisis and emergency response systems used
28 throughout the state, such as 911 systems, emergency medical services
29 systems, and other nonbehavioral health crisis services, as well as
30 the national suicide prevention lifeline;

31 (e) To provide crisis care coordination using the platform
32 capabilities required under (b) of this subsection, the authority
33 must develop systems that will give crisis call centers the authority
34 to:

35 (i) Deploy crisis and outgoing services, including mobile crisis
36 teams and coresponder teams according to guidelines and best
37 practices established by the authority that are based upon recognized
38 best practices, as applicable;

39 (ii) Actively collaborate with managed care organizations,
40 including both primary care providers and behavioral health providers

1 within the networks of managed care organizations, behavioral health
2 administrative services organizations, and other health care payers
3 to coordinate linkages for persons contacting the 988 crisis hotline
4 with ongoing care needs, according to formal agreements established
5 by the authority, upon consultation with county authorities;

6 (iii) Coordinate access to crisis receiving and stabilization
7 services for individuals accessing the 988 crisis hotline through
8 appropriate information sharing regarding availability of services,
9 in accordance with information sharing rules established under (g) of
10 this subsection; and

11 (iv) Meet the requirements set forth by the authority for serving
12 high-risk and special populations, as identified by the federal
13 substance abuse and mental health services administration, including
14 training requirements and policies for transferring such callers to
15 an appropriate specialized center or subnetwork within or external to
16 the national suicide prevention lifeline network. Requirements for
17 high-risk and special populations shall be established with the goal
18 of promoting behavioral health equity for all populations
19 specifically in regards to race, ethnicity, gender, socioeconomic
20 status, sexual orientation, or geographic location. Appropriate
21 referrals must provide linguistically and culturally competent care.

22 (f) Crisis call center hubs must work in collaboration with the
23 authority and the national suicide prevention lifeline and veterans
24 crisis line networks for the purpose of assuring consistency of
25 public messaging about the 988 crisis hotline.

26 (g) The authority, in consultation with the department, must
27 adopt rules as necessary to implement this section. The rules must
28 allow appropriate information sharing and communication between and
29 across crisis and emergency response systems for the purpose of real-
30 time crisis care coordination including, but not limited to,
31 deployment of crisis and outgoing services, follow-up care, and
32 linked, flexible services specific to crisis response.

33 (5) The department must collaborate with the state enhanced 911
34 coordination office, emergency management division, and military
35 department to use technology that is demonstrated to be interoperable
36 between the 988 crisis hotline system and crisis and emergency
37 response systems used throughout the state, such as 911 systems,
38 emergency medical services systems, and other nonbehavioral health
39 crisis services, as well as the national suicide prevention lifeline,
40 to assure cohesive interoperability, develop training programs and

1 operations for both 911 public safety telecommunicators and crisis
2 line workers, develop suicide assessment and intervention strategies,
3 and establish efficient and equitable access to resources via crisis
4 hotlines.

5 NEW SECTION. **Sec. 103.** (1) The department of health, in
6 consultation with the health care authority, shall convene the 988
7 implementation team for the purpose of preparing for the successful
8 transition of the state's call centers that are contracted with the
9 national suicide prevention lifeline to the 988 crisis hotline.

10 (2) The 988 implementation team shall consist of the following
11 members:

12 (a) A representative of the department of health, who shall serve
13 as the chair of the 988 implementation team;

14 (b) A representative of the health care authority;

15 (c) A representative of the state enhanced 911 coordination
16 office;

17 (d) A representative from each call center in Washington that is
18 contracted with the national suicide prevention lifeline;

19 (e) A member with expertise in behavioral health crisis
20 responses;

21 (f) A member who is a person with lived experience with mental
22 health conditions and interaction with the behavioral health crisis
23 response system;

24 (g) A member who is a person with lived experience with substance
25 use disorder and interaction with the behavioral health crisis
26 response system; and

27 (h) A representative from the behavioral health crisis delivery
28 system.

29 (3) The 988 implementation team shall:

30 (a) Provide guidance and consultation to the department of health
31 in performing its responsibilities under section 102(2) of this act;

32 (b) Assist in determining the necessary activities and resources
33 required to achieve an in-state call response rate of at least 90
34 percent, including necessary staffing, training, and immediate
35 technology needs; and

36 (c) Review the adequacy of training for crisis hotline center
37 personnel and, in coordination with the state enhanced 911
38 coordination office, for 911 public safety telecommunicators with
39 respect to their interactions with the crisis hotline center.

1 (4) Staff support for the 988 implementation team must be
2 provided by the department of health.

3 (5) The 988 implementation team shall report its findings and
4 recommendations to the governor and the appropriate policy and fiscal
5 committees of the legislature by January 1, 2022.

6 (6) This section expires July 1, 2022.

7 NEW SECTION. **Sec. 104.** (1) The crisis response improvement
8 strategy committee is established for the purpose of developing an
9 integrated behavioral health crisis response system containing the
10 elements described in subsection (4) of this section.

11 (2) The office of financial management shall select a private
12 entity to facilitate the proceedings and the development of findings
13 and recommendations of the strategy committee. In addition, the
14 entity shall serve as a liaison between agencies with
15 responsibilities in the enhancement and expansion of behavioral
16 health and suicide prevention crisis services as well as between the
17 crisis response improvement strategy committee and the blue ribbon
18 commission on the intersection of the criminal justice and behavioral
19 health crisis systems established in the governor's executive order
20 21-02.

21 (3) The crisis response improvement strategy committee shall
22 consist of the following members appointed by the health care
23 authority, unless otherwise noted:

24 (a) A representative of the health care authority, who shall
25 serve as the chair of the crisis response improvement strategy
26 committee;

27 (b) A representative of the department of health;

28 (c) A representative of the state enhanced 911 coordination
29 office;

30 (d) A representative from each call center in Washington that is
31 contracted with the national suicide prevention lifeline;

32 (e) A member with expertise in behavioral health crisis
33 responses;

34 (f) A member who is a person with lived experience with mental
35 health conditions and interaction with the behavioral health crisis
36 response system;

37 (g) A member who is a person with lived experience with substance
38 use disorder and interaction with the behavioral health crisis
39 response system;

1 (h) A representative from the behavioral health crisis delivery
2 system;

3 (i) One member and one alternate member from each of the two
4 largest caucuses of the senate, as appointed by the president of the
5 senate;

6 (j) One member and one alternate member from each of the two
7 largest caucuses of the house of representatives, as appointed by the
8 speaker of the house of representatives;

9 (k) A representative of the American Indian health commission for
10 Washington state;

11 (l) A representative of behavioral health administrative services
12 organizations; and

13 (m) A representative of medicaid managed care organizations.

14 (4) The crisis response improvement strategy committee shall
15 identify barriers and make recommendations to implement and monitor
16 the progress of the 988 crisis hotline in Washington and make
17 recommendations on statewide improvement of behavioral health crisis
18 response services. The implementation coalition must develop, review,
19 and report on the following:

20 (a) A comprehensive assessment of the behavioral health crisis
21 services system, including an inventory of existing statewide and
22 regional behavioral health crisis services and resources, the
23 identification of statewide and regional insufficiencies in necessary
24 behavioral health crisis services and resources to meet population
25 needs, goals for the provision of statewide and regional behavioral
26 health crisis services and resources, and potential funding sources
27 for each element of the statewide and regional behavioral health
28 crisis services and resources;

29 (b) A recommended vision for an integrated crisis network in
30 Washington that includes, but is not limited to: An integrated 988
31 crisis hotline and crisis call center hubs; mobile crisis response
32 units for youth, adult, and geriatric populations; crisis
33 stabilization facilities; an integrated involuntary treatment system;
34 peer and respite services; and data resources;

35 (c) Recommendations for ensuring equity in services for
36 individuals of diverse cultures and in tribal, urban, and rural
37 communities;

38 (d) A work plan with timelines to implement local responses to
39 calls to the 988 crisis hotline within Washington in accordance with

1 the time frames required by the national suicide hotline designation
2 act of 2020;

3 (e) The necessary components of a new statewide, technologically
4 advanced behavioral health crisis call center system with a platform,
5 as described in section 102 of this act, for assigning and tracking
6 response to behavioral health crisis calls and providing real-time
7 bed availability to crisis responders;

8 (f) The establishment of a system that requires behavioral health
9 providers to maintain and update real-time information regarding the
10 availability of behavioral health inpatient and residential bed
11 availability, and outpatient appointment availability to the crisis
12 call center system platform, as well as standards for hospitals
13 providing mental health treatment to a person pursuant to a single
14 bed certification issued under RCW 71.05.745 to similarly provide and
15 maintain updated, real-time information regarding those persons;

16 (g) A work plan with timelines to enhance and expand the
17 availability of community-based mobile rapid response crisis teams in
18 each behavioral health administrative services organization,
19 including specialized teams to respond to the unique needs of youth,
20 including American Indian and Alaska Native youth and LGBTQ youth,
21 and geriatric populations, including older adults of color and older
22 adults with comorbid dementia;

23 (h) The identification of the behavioral health challenges that
24 implementation of the 988 crisis hotline will address in addition to
25 suicide response and mental health and substance use crises;

26 (i) The development of a plan for the statewide equal
27 distribution of crisis stabilization services and beds, peer respite
28 services, and behavioral health urgent care;

29 (j) Requirements for health plans, managed care organizations,
30 and behavioral health administrative services organizations to
31 include coverage to assign a care coordinator to and provide next day
32 appointments for enrollees who seek services from the behavioral
33 health crisis system;

34 (k) The allocation of funding responsibilities among medicaid
35 managed care organizations, commercial insurers, and behavioral
36 health administrative services organizations;

37 (l) The recommended composition of a statewide behavioral health
38 crisis response oversight board for ongoing monitoring of the system
39 and where this should be established; and

1 (m) Cost estimates for each of the components recommended by the
2 crisis response improvement strategy committee.

3 (5) The crisis response improvement strategy committee may form
4 subcommittees to focus on discrete topics to be addressed in the
5 reporting requirements. The subcommittees may include participants
6 who are not members of the steering committee, as necessary to
7 provide expertise and professional and community perspectives.

8 (6) The proceedings of the crisis response improvement strategy
9 committee must be open to the public and invite testimony from a
10 broad range of professional and community perspectives. The crisis
11 response improvement strategy committee shall seek input from tribes,
12 veterans, the LGBTQ community, and communities of color to determine
13 how well the crisis response system is currently working and ways to
14 improve the crisis response system.

15 (7) Staff support for the crisis response improvement strategy
16 committee must be provided by the private entity selected by the
17 office of financial management.

18 (8) Legislative members of the implementation coalition shall be
19 reimbursed for travel expenses in accordance with RCW 44.04.120.
20 Nonlegislative members are not entitled to be reimbursed for travel
21 expenses if they are elected officials or are participating on behalf
22 of an employer, governmental entity, or other organization. Any
23 reimbursement for other nonlegislative members is subject to chapter
24 43.03 RCW.

25 (9) The crisis response improvement strategy committee shall
26 report its findings and recommendations of the items in subsection
27 (4) of this section to the governor and the appropriate policy and
28 fiscal committees of the legislature by January 1, 2023.

29 (10) This section expires August 1, 2023.

30 NEW SECTION. **Sec. 105.** A new section is added to chapter 71.24
31 RCW to read as follows:

32 (1) The department and authority shall provide an annual report
33 of the 988 crisis hotline's usage and call outcomes and crisis
34 services inclusive of the mobile rapid response crisis teams and
35 crisis stabilization services. The report must be submitted to the
36 governor and the appropriate committees of the legislature each
37 November beginning in 2023. The report must include information on
38 the fund deposits and expenditures of the account created in section
39 205 of this act.

1 (2) The department and authority shall coordinate with the
2 department of revenue, and any other agency that is appropriated
3 funding under the account created in section 205 of this act to
4 develop and submit information to the federal communication's
5 commission required for the completion of fee accountability reports
6 pursuant to the national suicide hotline designation act of 2020.

7 **PART II**
8 **TAX**

9 NEW SECTION. **Sec. 201.** DEFINITIONS. (1) The definitions in this
10 section apply throughout this chapter unless the context clearly
11 requires otherwise.

12 (a) "988 crisis hotline" has the same meaning as in RCW
13 71.24.025.

14 (b) "Crisis call center hub" has the same meaning as in RCW
15 71.24.025.

16 (c) "Fiscal growth factor" has the same meaning as in RCW
17 43.135.025.

18 (2) The definitions in RCW 82.14B.020 apply to this chapter.

19 NEW SECTION. **Sec. 202.** TAX IMPOSED. (1)(a) A statewide 988
20 behavioral health crisis response line tax is imposed on the use of
21 all radio access lines:

22 (i) By subscribers whose place of primary use is located within
23 the state in the amount set forth in (a)(ii) of this subsection (1)
24 per month for each radio access line. The tax must be uniform for
25 each radio access line under this subsection (1); and

26 (ii) By consumers whose retail transaction occurs within the
27 state in the amount set forth in this subsection (1)(a)(ii) per
28 retail transaction. The amount of tax must be uniform for each retail
29 transaction under this subsection (1) and is as follows:

30 (A) Beginning October 1, 2021, through December 31, 2022, the tax
31 rate is 30 cents for each radio access line;

32 (B) Beginning January 1, 2023, through June 30, 2024, the tax
33 rate is 50 cents for each radio access line; and

34 (C) Beginning July 1, 2024, the tax rate is 75 cents for each
35 radio access line.

36 (b) The tax imposed under this subsection (1) must be remitted to
37 the department by radio communications service companies, including

1 those companies that resell radio access lines, and sellers of
2 prepaid wireless telecommunications service, on a tax return provided
3 by the department. Tax proceeds must be deposited by the treasurer
4 into the statewide 988 behavioral health crisis response line account
5 created in section 205 of this act.

6 (c) For the purposes of this subsection (1), the retail
7 transaction is deemed to occur at the location where the transaction
8 is sourced under RCW 82.32.520(3)(c).

9 (2) A statewide 988 behavioral health crisis response line tax is
10 imposed on all interconnected voice over internet protocol service
11 lines in the state. The amount of tax must be uniform for each line
12 and must be levied on no more than the number of voice over internet
13 protocol service lines on an account that is capable of simultaneous
14 unrestricted outward calling to the public switched telephone
15 network. The tax imposed under this subsection (2) must be remitted
16 to the department by interconnected voice over internet protocol
17 service companies on a tax return provided by the department. The
18 amount of tax for each interconnected voice over internet protocol
19 service line whose place of primary use is located in the state is as
20 follows:

21 (a) Beginning October 1, 2021, through December 31, 2022, the tax
22 rate is 30 cents for an interconnected voice over internet protocol
23 service line;

24 (b) Beginning January 1, 2023, through June 30, 2024, the tax
25 rate is 50 cents for an interconnected voice over internet protocol
26 service line; and

27 (c) Beginning July 1, 2024, the tax rate is 75 cents for an
28 interconnected voice over internet protocol service line.

29 (3) By March 1, 2025, and March 1st of each odd year thereafter,
30 the department must revise the amount of the statewide 988 behavioral
31 health crisis response line tax imposed by subsections (1) through
32 (3) of this section for the upcoming biennium using the fiscal growth
33 factor. The new statewide 988 behavioral health crisis response line
34 tax amount shall be effective for the upcoming biennium starting July
35 1, 2025, or July 1st of each odd year thereafter.

36 (4) Tax proceeds collected pursuant to this section must be
37 deposited by the treasurer into the statewide 988 behavioral health
38 crisis response line account created in section 205 of this act.

1 NEW SECTION. **Sec. 203.** COLLECTION OF TAX. (1) Except as
2 provided otherwise in subsection (2) of this section:

3 (a) The statewide 988 behavioral health crisis response line tax
4 on radio access lines must be collected from the subscriber by the
5 radio communications service company, including those companies that
6 resell radio access lines, providing the radio access line to the
7 subscriber, and the seller of prepaid wireless telecommunications
8 services.

9 (b) The statewide 988 behavioral health crisis response line tax
10 on interconnected voice over internet protocol service lines must be
11 collected from the subscriber by the interconnected voice over
12 internet protocol service company providing the interconnected voice
13 over internet protocol service line to the subscriber.

14 (c) The statewide 988 behavioral health crisis response line tax
15 on switched access lines must be collected from the subscriber by the
16 local exchange company.

17 (d) The amount of the tax must be stated separately on the
18 billing statement which is sent to the subscriber.

19 (2)(a) The statewide 988 behavioral health crisis response line
20 tax imposed by this chapter must be collected from the consumer by
21 the seller of a prepaid wireless telecommunications service for each
22 retail transaction occurring in this state.

23 (b) The department must transfer all tax proceeds remitted by a
24 seller under this subsection (2) to the statewide 988 behavioral
25 health crisis response line account created in section 205 of this
26 act.

27 (c) The taxes required by this subsection to be collected by the
28 seller must be separately stated in any sales invoice or instrument
29 of sale provided to the consumer.

30 NEW SECTION. **Sec. 204.** PAYMENT AND COLLECTION. (1)(a) The
31 statewide 988 behavioral health crisis response line tax imposed by
32 this chapter must be paid by the subscriber to the radio
33 communications service company providing the radio access line, the
34 local exchange company, or the interconnected voice over internet
35 protocol service company providing the interconnected voice over
36 internet protocol service line.

37 (b) Each radio communications service company, each local
38 exchange company, and each interconnected voice over internet
39 protocol service company, must collect from the subscriber the full

1 amount of the taxes payable. The statewide 988 behavioral health
2 crisis response line tax required by this chapter to be collected by
3 a company or seller, are deemed to be held in trust by the company or
4 seller until paid to the department. Any radio communications service
5 company, local exchange company, or interconnected voice over
6 internet protocol service company that appropriates or converts the
7 tax collected to its own use or to any use other than the payment of
8 the tax to the extent that the money collected is not available for
9 payment on the due date as prescribed in this chapter is guilty of a
10 gross misdemeanor.

11 (2) If any radio communications service company, local exchange
12 company, or interconnected voice over internet protocol service
13 company fails to collect the statewide 988 behavioral health crisis
14 response line tax or, after collecting the tax, fails to pay it to
15 the department in the manner prescribed by this chapter, whether such
16 failure is the result of its own act or the result of acts or
17 conditions beyond its control, the company or seller is personally
18 liable to the state for the amount of the tax, unless the company or
19 seller has taken from the buyer in good faith documentation, in a
20 form and manner prescribed by the department, stating that the buyer
21 is not a subscriber or consumer or is otherwise not liable for the
22 statewide 988 behavioral health crisis response line tax.

23 (3) The amount of tax, until paid by the subscriber to the radio
24 communications service company, local exchange company, the
25 interconnected voice over internet protocol service company, or to
26 the department, constitutes a debt from the subscriber to the
27 company, or from the consumer to the seller. Any company or seller
28 that fails or refuses to collect the tax as required with intent to
29 violate the provisions of this chapter or to gain some advantage or
30 benefit, either direct or indirect, and any subscriber or consumer
31 who refuses to pay any tax due under this chapter is guilty of a
32 misdemeanor. The statewide 988 behavioral health crisis response line
33 tax required by this chapter to be collected by the radio
34 communications service company, local exchange company, or
35 interconnected voice over internet protocol service company must be
36 stated separately on the billing statement that is sent to the
37 subscriber.

38 (4) If a subscriber has failed to pay to the radio communications
39 service company, local exchange company, or interconnected voice over
40 internet protocol service company, the statewide 988 behavioral

1 health crisis response line tax imposed by this chapter and the
2 company or seller has not paid the amount of the tax to the
3 department, the department may, in its discretion, proceed directly
4 against the subscriber or consumer for collection of the tax, in
5 which case a penalty of 10 percent may be added to the amount of the
6 tax for failure of the subscriber or consumer to pay the tax to the
7 company or seller, regardless of when the tax is collected by the
8 department.

9 NEW SECTION. **Sec. 205.** ACCOUNT CREATION. (1) The statewide 988
10 behavioral health crisis response line account is created in the
11 state treasury. All receipts from the statewide 988 behavioral health
12 crisis response line tax imposed pursuant to this chapter must be
13 deposited into the account. Moneys may only be spent after
14 appropriation.

15 (2) Expenditures from the account may only be used for (a)
16 ensuring the efficient and effective routing of calls made to the 988
17 crisis hotline to an appropriate crisis hotline center or crisis call
18 center hub; and (b) personnel and the provision of acute behavioral
19 health, crisis outreach, stabilization services, and follow-up case
20 management by directly responding to the 988 crisis hotline.

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

24 **PART III**
25 **DEFINITIONS AND MISCELLANEOUS**

26 **Sec. 301.** RCW 71.24.025 and 2020 c 256 s 201 are each reenacted
27 and amended to read as follows:

28 Unless the context clearly requires otherwise, the definitions in
29 this section apply throughout this chapter.

30 (1) "Acutely mentally ill" means a condition which is limited to
31 a short-term severe crisis episode of:

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

34 (b) Being gravely disabled as defined in RCW 71.05.020 or, in the
35 case of a child, a gravely disabled minor as defined in RCW
36 71.34.020; or

1 (c) Presenting a likelihood of serious harm as defined in RCW
2 71.05.020 or, in the case of a child, as defined in RCW 71.34.020.

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

9 (3) "Approved substance use disorder treatment program" means a
10 program for persons with a substance use disorder provided by a
11 treatment program licensed or certified by the department as meeting
12 standards adopted under this chapter.

13 (4) "Authority" means the Washington state health care authority.

14 (5) "Available resources" means funds appropriated for the
15 purpose of providing community behavioral health programs, federal
16 funds, except those provided according to Title XIX of the Social
17 Security Act, and state funds appropriated under this chapter or
18 chapter 71.05 RCW by the legislature during any biennium for the
19 purpose of providing residential services, resource management
20 services, community support services, and other behavioral health
21 services. This does not include funds appropriated for the purpose of
22 operating and administering the state psychiatric hospitals.

23 (6) "Behavioral health administrative services organization"
24 means an entity contracted with the authority to administer
25 behavioral health services and programs under RCW 71.24.381,
26 including crisis services and administration of chapter 71.05 RCW,
27 the involuntary treatment act, for all individuals in a defined
28 regional service area.

29 (7) "Behavioral health aide" means a counselor, health educator,
30 and advocate who helps address individual and community-based
31 behavioral health needs, including those related to alcohol, drug,
32 and tobacco abuse as well as mental health problems such as grief,
33 depression, suicide, and related issues and is certified by a
34 community health aide program of the Indian health service or one or
35 more tribes or tribal organizations consistent with the provisions of
36 25 U.S.C. Sec. 16161 and RCW 43.71B.010 (7) and (8).

37 (8) "Behavioral health provider" means a person licensed under
38 chapter 18.57, 18.57A, 18.71, 18.71A, 18.83, 18.205, 18.225, or 18.79
39 RCW, as it applies to registered nurses and advanced registered nurse
40 practitioners.

1 (9) "Behavioral health services" means mental health services as
2 described in this chapter and chapter 71.36 RCW and substance use
3 disorder treatment services as described in this chapter that,
4 depending on the type of service, are provided by licensed or
5 certified behavioral health agencies, behavioral health providers, or
6 integrated into other health care providers.

7 (10) "Child" means a person under the age of eighteen years.

8 (11) "Chronically mentally ill adult" or "adult who is
9 chronically mentally ill" means an adult who has a mental disorder
10 and meets at least one of the following criteria:

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

13 (b) Has experienced a continuous psychiatric hospitalization or
14 residential treatment exceeding six months' duration within the
15 preceding year; or

16 (c) Has been unable to engage in any substantial gainful activity
17 by reason of any mental disorder which has lasted for a continuous
18 period of not less than twelve months. "Substantial gainful activity"
19 shall be defined by the authority by rule consistent with Public Law
20 92-603, as amended.

21 (12) "Clubhouse" means a community-based program that provides
22 rehabilitation services and is licensed or certified by the
23 department.

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

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

34 (15) "Community support services" means services authorized,
35 planned, and coordinated through resource management services
36 including, at a minimum, assessment, diagnosis, emergency crisis
37 intervention available twenty-four hours, seven days a week,
38 prescreening determinations for persons who are mentally ill being
39 considered for placement in nursing homes as required by federal law,
40 screening for patients being considered for admission to residential

1 services, diagnosis and treatment for children who are acutely
2 mentally ill or severely emotionally or behaviorally disturbed
3 discovered under screening through the federal Title XIX early and
4 periodic screening, diagnosis, and treatment program, investigation,
5 legal, and other nonresidential services under chapter 71.05 RCW,
6 case management services, psychiatric treatment including medication
7 supervision, counseling, psychotherapy, assuring transfer of relevant
8 patient information between service providers, recovery services, and
9 other services determined by behavioral health administrative
10 services organizations.

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

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

22 (18) "Department" means the department of health.

23 (19) "Designated crisis responder" has the same meaning as in RCW
24 71.05.020.

25 (20) "Director" means the director of the authority.

26 (21) "Drug addiction" means a disease characterized by a
27 dependency on psychoactive chemicals, loss of control over the amount
28 and circumstances of use, symptoms of tolerance, physiological or
29 psychological withdrawal, or both, if use is reduced or discontinued,
30 and impairment of health or disruption of social or economic
31 functioning.

32 (22) "Early adopter" means a regional service area for which all
33 of the county authorities have requested that the authority purchase
34 medical and behavioral health services through a managed care health
35 system as defined under RCW 71.24.380(6).

36 (23) "Emerging best practice" or "promising practice" means a
37 program or practice that, based on statistical analyses or a well
38 established theory of change, shows potential for meeting the
39 evidence-based or research-based criteria, which may include the use

1 of a program that is evidence-based for outcomes other than those
2 listed in subsection (24) of this section.

3 (24) "Evidence-based" means a program or practice that has been
4 tested in heterogeneous or intended populations with multiple
5 randomized, or statistically controlled evaluations, or both; or one
6 large multiple site randomized, or statistically controlled
7 evaluation, or both, where the weight of the evidence from a systemic
8 review demonstrates sustained improvements in at least one outcome.
9 "Evidence-based" also means a program or practice that can be
10 implemented with a set of procedures to allow successful replication
11 in Washington and, when possible, is determined to be cost-
12 beneficial.

13 (25) "Indian health care provider" means a health care program
14 operated by the Indian health service or by a tribe, tribal
15 organization, or urban Indian organization as those terms are defined
16 in the Indian health care improvement act (25 U.S.C. Sec. 1603).

17 (26) "Intensive behavioral health treatment facility" means a
18 community-based specialized residential treatment facility for
19 individuals with behavioral health conditions, including individuals
20 discharging from or being diverted from state and local hospitals,
21 whose impairment or behaviors do not meet, or no longer meet,
22 criteria for involuntary inpatient commitment under chapter 71.05
23 RCW, but whose care needs cannot be met in other community-based
24 placement settings.

25 (27) "Licensed or certified behavioral health agency" means:

26 (a) An entity licensed or certified according to this chapter or
27 chapter 71.05 RCW;

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

31 (c) An entity with a tribal attestation that it meets state
32 minimum standards for a licensed or certified behavioral health
33 agency.

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

37 (29) "Long-term inpatient care" means inpatient services for
38 persons committed for, or voluntarily receiving intensive treatment
39 for, periods of ninety days or greater under chapter 71.05 RCW.
40 "Long-term inpatient care" as used in this chapter does not include:

1 (a) Services for individuals committed under chapter 71.05 RCW who
2 are receiving services pursuant to a conditional release or a court-
3 ordered less restrictive alternative to detention; or (b) services
4 for individuals voluntarily receiving less restrictive alternative
5 treatment on the grounds of the state hospital.

6 (30) "Managed care organization" means an organization, having a
7 certificate of authority or certificate of registration from the
8 office of the insurance commissioner, that contracts with the
9 authority under a comprehensive risk contract to provide prepaid
10 health care services to enrollees under the authority's managed care
11 programs under chapter 74.09 RCW.

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

15 (32) Mental health "treatment records" include registration and
16 all other records concerning persons who are receiving or who at any
17 time have received services for mental illness, which are maintained
18 by the department of social and health services or the authority, by
19 behavioral health administrative services organizations and their
20 staffs, by managed care organizations and their staffs, or by
21 treatment facilities. "Treatment records" do not include notes or
22 records maintained for personal use by a person providing treatment
23 services for the entities listed in this subsection, or a treatment
24 facility if the notes or records are not available to others.

25 (33) "Mentally ill persons," "persons who are mentally ill," and
26 "the mentally ill" mean persons and conditions defined in subsections
27 (1), (11), (40), and (41) of this section.

28 (34) "Recovery" means a process of change through which
29 individuals improve their health and wellness, live a self-directed
30 life, and strive to reach their full potential.

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

37 (36) "Residential services" means a complete range of residences
38 and supports authorized by resource management services and which may
39 involve a facility, a distinct part thereof, or services which
40 support community living, for persons who are acutely mentally ill,

1 adults who are chronically mentally ill, children who are severely
2 emotionally disturbed, or adults who are seriously disturbed and
3 determined by the behavioral health administrative services
4 organization or managed care organization to be at risk of becoming
5 acutely or chronically mentally ill. The services shall include at
6 least evaluation and treatment services as defined in chapter 71.05
7 RCW, acute crisis respite care, long-term adaptive and rehabilitative
8 care, and supervised and supported living services, and shall also
9 include any residential services developed to service persons who are
10 mentally ill in nursing homes, residential treatment facilities,
11 assisted living facilities, and adult family homes, and may include
12 outpatient services provided as an element in a package of services
13 in a supported housing model. Residential services for children in
14 out-of-home placements related to their mental disorder shall not
15 include the costs of food and shelter, except for children's long-
16 term residential facilities existing prior to January 1, 1991.

17 (37) "Resilience" means the personal and community qualities that
18 enable individuals to rebound from adversity, trauma, tragedy,
19 threats, or other stresses, and to live productive lives.

20 (38) "Resource management services" mean the planning,
21 coordination, and authorization of residential services and community
22 support services administered pursuant to an individual service plan
23 for: (a) Adults and children who are acutely mentally ill; (b) adults
24 who are chronically mentally ill; (c) children who are severely
25 emotionally disturbed; or (d) adults who are seriously disturbed and
26 determined by a behavioral health administrative services
27 organization or managed care organization to be at risk of becoming
28 acutely or chronically mentally ill. Such planning, coordination, and
29 authorization shall include mental health screening for children
30 eligible under the federal Title XIX early and periodic screening,
31 diagnosis, and treatment program. Resource management services
32 include seven day a week, twenty-four hour a day availability of
33 information regarding enrollment of adults and children who are
34 mentally ill in services and their individual service plan to
35 designated crisis responders, evaluation and treatment facilities,
36 and others as determined by the behavioral health administrative
37 services organization or managed care organization, as applicable.

38 (39) "Secretary" means the secretary of the department of health.

39 (40) "Seriously disturbed person" means a person who:

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

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

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

10 (d) Exhibits suicidal preoccupation or attempts; or

11 (e) Is a child diagnosed by a mental health professional, as
12 defined in chapter 71.34 RCW, as experiencing a mental disorder which
13 is clearly interfering with the child's functioning in family or
14 school or with peers or is clearly interfering with the child's
15 personality development and learning.

16 (41) "Severely emotionally disturbed child" or "child who is
17 severely emotionally disturbed" means a child who has been determined
18 by the behavioral health administrative services organization or
19 managed care organization, if applicable, to be experiencing a mental
20 disorder as defined in chapter 71.34 RCW, including those mental
21 disorders that result in a behavioral or conduct disorder, that is
22 clearly interfering with the child's functioning in family or school
23 or with peers and who meets at least one of the following criteria:

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

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

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

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

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

34 (ii) Changes in custodial adult;

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

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

40 (v) Drug or alcohol abuse; or

1 (vi) Homelessness.

2 (42) "State minimum standards" means minimum requirements
3 established by rules adopted and necessary to implement this chapter
4 by:

5 (a) The authority for:

6 (i) Delivery of mental health and substance use disorder
7 services; and

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

9 (b) The department of health for:

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

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

15 (iii) Residential services.

16 (43) "Substance use disorder" means a cluster of cognitive,
17 behavioral, and physiological symptoms indicating that an individual
18 continues using the substance despite significant substance-related
19 problems. The diagnosis of a substance use disorder is based on a
20 pathological pattern of behaviors related to the use of the
21 substances.

22 (44) "Tribe," for the purposes of this section, means a federally
23 recognized Indian tribe.

24 (45) "Crisis call center hub" means a state-designated center
25 participating in the national suicide prevention lifeline network to
26 respond to statewide or regional 988 calls.

27 (46) "Crisis stabilization unit" has the same meaning as provided
28 in RCW 71.05.020.

29 (47) "Mobile crisis team" means a team which includes peers that
30 provide professional on-site community-based intervention such as
31 outreach, de-escalation, stabilization, resource connection, and
32 follow-up support for individuals who are experiencing a behavioral
33 health crisis.

34 (48) "Triage facility" has the same meaning as provided in RCW
35 71.05.020.

36 (49) "988 crisis hotline" means the universal telephone number
37 within the United States designated for the purpose of the national
38 suicide prevention and mental health crisis hotline system operating
39 through the national suicide prevention lifeline.

1 **Sec. 302.** RCW 71.24.025 and 2020 c 256 s 201 and 2020 c 80 s 52
2 are each reenacted and amended to read as follows:

3 Unless the context clearly requires otherwise, the definitions in
4 this section apply throughout this chapter.

5 (1) "Acutely mentally ill" means a condition which is limited to
6 a short-term severe crisis episode of:

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

9 (b) Being gravely disabled as defined in RCW 71.05.020 or, in the
10 case of a child, a gravely disabled minor as defined in RCW
11 71.34.020; or

12 (c) Presenting a likelihood of serious harm as defined in RCW
13 71.05.020 or, in the case of a child, as defined in RCW 71.34.020.

14 (2) "Alcoholism" means a disease, characterized by a dependency
15 on alcoholic beverages, loss of control over the amount and
16 circumstances of use, symptoms of tolerance, physiological or
17 psychological withdrawal, or both, if use is reduced or discontinued,
18 and impairment of health or disruption of social or economic
19 functioning.

20 (3) "Approved substance use disorder treatment program" means a
21 program for persons with a substance use disorder provided by a
22 treatment program licensed or certified by the department as meeting
23 standards adopted under this chapter.

24 (4) "Authority" means the Washington state health care authority.

25 (5) "Available resources" means funds appropriated for the
26 purpose of providing community behavioral health programs, federal
27 funds, except those provided according to Title XIX of the Social
28 Security Act, and state funds appropriated under this chapter or
29 chapter 71.05 RCW by the legislature during any biennium for the
30 purpose of providing residential services, resource management
31 services, community support services, and other behavioral health
32 services. This does not include funds appropriated for the purpose of
33 operating and administering the state psychiatric hospitals.

34 (6) "Behavioral health administrative services organization"
35 means an entity contracted with the authority to administer
36 behavioral health services and programs under RCW 71.24.381,
37 including crisis services and administration of chapter 71.05 RCW,
38 the involuntary treatment act, for all individuals in a defined
39 regional service area.

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

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

13 (9) "Behavioral health services" means mental health services as
14 described in this chapter and chapter 71.36 RCW and substance use
15 disorder treatment services as described in this chapter that,
16 depending on the type of service, are provided by licensed or
17 certified behavioral health agencies, behavioral health providers, or
18 integrated into other health care providers.

19 (10) "Child" means a person under the age of eighteen years.

20 (11) "Chronically mentally ill adult" or "adult who is
21 chronically mentally ill" means an adult who has a mental disorder
22 and meets at least one of the following criteria:

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

25 (b) Has experienced a continuous psychiatric hospitalization or
26 residential treatment exceeding six months' duration within the
27 preceding year; or

28 (c) Has been unable to engage in any substantial gainful activity
29 by reason of any mental disorder which has lasted for a continuous
30 period of not less than twelve months. "Substantial gainful activity"
31 shall be defined by the authority by rule consistent with Public Law
32 92-603, as amended.

33 (12) "Clubhouse" means a community-based program that provides
34 rehabilitation services and is licensed or certified by the
35 department.

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

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

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

23 (16) "Consensus-based" means a program or practice that has
24 general support among treatment providers and experts, based on
25 experience or professional literature, and may have anecdotal or case
26 study support, or that is agreed but not possible to perform studies
27 with random assignment and controlled groups.

28 (17) "County authority" means the board of county commissioners,
29 county council, or county executive having authority to establish a
30 behavioral health administrative services organization, or two or
31 more of the county authorities specified in this subsection which
32 have entered into an agreement to establish a behavioral health
33 administrative services organization.

34 (18) "Department" means the department of health.

35 (19) "Designated crisis responder" has the same meaning as in RCW
36 71.05.020.

37 (20) "Director" means the director of the authority.

38 (21) "Drug addiction" means a disease characterized by a
39 dependency on psychoactive chemicals, loss of control over the amount
40 and circumstances of use, symptoms of tolerance, physiological or

1 psychological withdrawal, or both, if use is reduced or discontinued,
2 and impairment of health or disruption of social or economic
3 functioning.

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

8 (23) "Emerging best practice" or "promising practice" means a
9 program or practice that, based on statistical analyses or a well
10 established theory of change, shows potential for meeting the
11 evidence-based or research-based criteria, which may include the use
12 of a program that is evidence-based for outcomes other than those
13 listed in subsection (24) of this section.

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

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

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

36 (27) "Licensed or certified behavioral health agency" 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 (28) "Licensed physician" means a person licensed to practice
8 medicine or osteopathic medicine and surgery in the state of
9 Washington.

10 (29) "Long-term inpatient care" means inpatient services for
11 persons committed for, or voluntarily receiving intensive treatment
12 for, periods of ninety days or greater under chapter 71.05 RCW.
13 "Long-term inpatient care" as used in this chapter does not include:

14 (a) Services for individuals committed under chapter 71.05 RCW who
15 are receiving services pursuant to a conditional release or a court-
16 ordered less restrictive alternative to detention; or (b) services
17 for individuals voluntarily receiving less restrictive alternative
18 treatment on the grounds of the state hospital.

19 (30) "Managed care organization" means an organization, having a
20 certificate of authority or certificate of registration from the
21 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 (31) "Mental health peer respite center" means a peer-run program
26 to serve individuals in need of voluntary, short-term, noncrisis
27 services that focus on recovery and wellness.

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

38 (33) "Mentally ill persons," "persons who are mentally ill," and
39 "the mentally ill" mean persons and conditions defined in subsections
40 (1), (11), (40), and (41) of this section.

1 (34) "Recovery" means a process of change through which
2 individuals improve their health and wellness, live a self-directed
3 life, and strive to reach their full potential.

4 (35) "Research-based" means a program or practice that has been
5 tested with a single randomized, or statistically controlled
6 evaluation, or both, demonstrating sustained desirable outcomes; or
7 where the weight of the evidence from a systemic review supports
8 sustained outcomes as described in subsection (24) of this section
9 but does not meet the full criteria for evidence-based.

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

30 (37) "Resilience" means the personal and community qualities that
31 enable individuals to rebound from adversity, trauma, tragedy,
32 threats, or other stresses, and to live productive lives.

33 (38) "Resource management services" mean the planning,
34 coordination, and authorization of residential services and community
35 support services administered pursuant to an individual service plan
36 for: (a) Adults and children who are acutely mentally ill; (b) adults
37 who are chronically mentally ill; (c) children who are severely
38 emotionally disturbed; or (d) adults who are seriously disturbed and
39 determined by a behavioral health administrative services
40 organization or managed care organization to be at risk of becoming

1 acutely or chronically mentally ill. Such planning, coordination, and
2 authorization shall include mental health screening for children
3 eligible under the federal Title XIX early and periodic screening,
4 diagnosis, and treatment program. Resource management services
5 include seven day a week, twenty-four hour a day availability of
6 information regarding enrollment of adults and children who are
7 mentally ill in services and their individual service plan to
8 designated crisis responders, evaluation and treatment facilities,
9 and others as determined by the behavioral health administrative
10 services organization or managed care organization, as applicable.

11 (39) "Secretary" means the secretary of the department of health.

12 (40) "Seriously disturbed person" means a person who:

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

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

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

22 (d) Exhibits suicidal preoccupation or attempts; or

23 (e) Is a child diagnosed by a mental health professional, as
24 defined in chapter 71.34 RCW, as experiencing a mental disorder which
25 is clearly interfering with the child's functioning in family or
26 school or with peers or is clearly interfering with the child's
27 personality development and learning.

28 (41) "Severely emotionally disturbed child" or "child who is
29 severely emotionally disturbed" means a child who has been determined
30 by the behavioral health administrative services organization or
31 managed care organization, if applicable, to be experiencing a mental
32 disorder as defined in chapter 71.34 RCW, including those mental
33 disorders that result in a behavioral or conduct disorder, that is
34 clearly interfering with the child's functioning in family or school
35 or with peers and who meets at least one of the following criteria:

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

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

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

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

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

7 (ii) Changes in custodial adult;

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

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

13 (v) Drug or alcohol abuse; or

14 (vi) Homelessness.

15 (42) "State minimum standards" means minimum requirements
16 established by rules adopted and necessary to implement this chapter
17 by:

18 (a) The authority for:

19 (i) Delivery of mental health and substance use disorder
20 services; and

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

22 (b) The department of health for:

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

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

28 (iii) Residential services.

29 (43) "Substance use disorder" means a cluster of cognitive,
30 behavioral, and physiological symptoms indicating that an individual
31 continues using the substance despite significant substance-related
32 problems. The diagnosis of a substance use disorder is based on a
33 pathological pattern of behaviors related to the use of the
34 substances.

35 (44) "Tribe," for the purposes of this section, means a federally
36 recognized Indian tribe.

37 (45) "Crisis call center hub" means a state-designated center
38 participating in the national suicide prevention lifeline network to
39 respond to statewide or regional 988 calls.

1 (46) "Crisis stabilization unit" has the same meaning as provided
2 in RCW 71.05.020.

3 (47) "Mobile crisis team" means a team which includes peers that
4 provide professional on-site community-based intervention such as
5 outreach, de-escalation, stabilization, resource connection, and
6 follow-up support for individuals who are experiencing a behavioral
7 health crisis.

8 (48) "Triage facility" has the same meaning as provided in RCW
9 71.05.020.

10 (49) "988 crisis hotline" means the universal telephone number
11 within the United States designated for the purpose of the national
12 suicide prevention and mental health crisis hotline system operating
13 through the national suicide prevention lifeline.

14 NEW SECTION. **Sec. 303.** Sections 201 through 205 of this act
15 constitute a new chapter in Title 82 RCW.

16 NEW SECTION. **Sec. 304.** Sections 201 through 205 of this act
17 take effect October 1, 2021.

18 NEW SECTION. **Sec. 305.** Section 301 of this act expires July 1,
19 2022.

20 NEW SECTION. **Sec. 306.** Section 302 of this act takes effect
21 July 1, 2022.

22 NEW SECTION. **Sec. 307.** Section 103 of this act is necessary for
23 the immediate preservation of the public peace, health, or safety, or
24 support of the state government and its existing public institutions,
25 and takes effect immediately.

26 NEW SECTION. **Sec. 308.** If specific funding for the purposes of
27 this act, referencing this act by bill or chapter number, is not
28 provided by June 30, 2021, in the omnibus appropriations act, this
29 act is null and void.

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