
Health Care & Wellness Committee

HB 1134

Brief Description: Implementing the 988 behavioral health crisis response and suicide prevention system.

Sponsors: Representatives Orwall, Bronoske, Peterson, Berry, Ramel, Leavitt, Callan, Doglio, Macri, Caldier, Simmons, Timmons, Reeves, Chopp, Lekanoff, Gregerson, Thai, Paul, Wylie, Stonier, Davis, Kloba, Riccelli, Fosse and Farivar.

Brief Summary of Bill

- Establishes an endorsement for mobile rapid response crisis teams that meet staffing, vehicle, and response time standards, as well as a grant program to support them.
- Directs the University of Washington to establish a crisis training and secondary trauma program to develop a training strategy for personnel in the behavioral health crisis system and to provide training support to regional behavioral health entities.
- Directs the Department of Health to develop informational materials and a social media campaign to promote the 988 crisis hotline and related crisis lines.
- Establishes liability protection for several entities and personnel for activities related to the dispatching decisions of 988 crisis hotline staff and the transfer of calls between the 911 line and the 988 crisis hotline.
- Extends several dates related to reporting, designated 988 crisis contact center hubs, and funding the new crisis call center system platform.

Hearing Date: 1/17/23

Staff: Christopher Blake (786-7392).

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.

Background:

Behavioral Health Crisis Services.

Crisis mental health services are intended to stabilize a person in mental health 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 (BHASOs) 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. In addition, each BHASO must maintain a behavioral health crisis hotline for its region.

National Suicide Prevention Hotline.

In October 2020, Congress passed the National Suicide Hotline Designation Act of 2020 (Act) which 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 National Suicide Prevention Lifeline and the Veterans Crisis Line. In addition, 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.

In 2021, House Bill 1477 was enacted which established several changes to the behavioral health crisis system in response to the adoption of 988 as the new phone number for the National Suicide Prevention and Mental Health Crisis Hotline. The bill established crisis call center hubs to provide crisis intervention services, case management, referrals, and connection to crisis system participants beginning July 1, 2024. The bill also charged the state with developing a new technology platform for managing communications with the 988 hotline and a tax was imposed upon phone lines to support the activities. In addition, the Crisis Response Improvement Strategy Committee was established to review and report on several items related to the behavioral health crisis system.

Summary of Bill:

Designated 988 Crisis Contact Center Hubs.

Crisis call center hubs are renamed "designated 988 crisis contact center hubs" (988 hubs). The date by which the Department of Health (Department) must adopt rules for designating 988 hubs is extended from July 1, 2023, to January 1, 2025, and the date for designating the 988 hubs is

extended from July 1, 2024, to January 1, 2026.

The 988 hubs must display 988 crisis hotline information on their websites, including a description of what a caller should expect when contacting the 988 hub, a description of the options available to the caller such as specialized call lines for veterans, American Indian and Alaska Native persons, Spanish-speaking persons, and LGBTQ populations.

The 988 hubs must develop and submit protocols regarding interactions between the 988 hub and the 911 call centers within the region to the Department and receive approval of those protocols. The 988 hubs must also develop and submit protocols related to the dispatching of mobile rapid response crisis teams to the Health Care Authority (Authority) and receive approval of those protocols.

The behavioral health and suicide prevention crisis call center system platform must be fully funded by July 1, 2024, rather than July 1, 2023. The Department and the Authority must include the 988 hubs in the decision-making process for selecting the technology platform.

988 Crisis Hotline Awareness.

The Department must develop informational materials and a social media campaign to promote the 988 crisis hotline and crisis hotlines for veterans, American Indians and Alaska Native persons, and other populations. The Department must make the informational materials available to medical clinics, behavioral health clinics, media, K-12 schools, higher education institutions, and health care professionals attending suicide prevention training.

Behavioral health agencies must display the 988 crisis hotline number in common areas and on after-hours phone messages.

Endorsed Mobile Rapid Response Crisis Teams.

By April 1, 2024, the Department must establish standards for issuing an endorsement to mobile rapid response crisis teams. Endorsed mobile rapid response crisis teams are to be considered a primary response team for individuals determined by the dispatching 988 hub to be experiencing a significant behavioral health emergency that requires an urgent in-person response. The decision for a mobile rapid response crisis team to become endorsed is voluntary.

The standards for an endorsement relate to staffing, training, transportation, and response times. The response times are established in two phases so that:

- between January 1, 2025, through December 1, 2026, at least 80 percent of the time endorsed mobile rapid response crisis teams must respond to a 988 hotline call within 30 minutes in urban areas, within 40 minutes in suburban areas, and within 60 minutes in rural areas; and
- on and after January 1, 2027, at least 80 percent of the time endorsed mobile rapid response crisis teams must respond to a 988 hotline call within 20 minutes in urban areas, within 30 minutes in suburban areas, and within 45 minutes in rural areas.

A grant program administered by the Authority is created to support the establishment of new endorsed mobile rapid response crisis teams and the participation of existing endorsed mobile rapid response crisis teams. Specifically, the grant program shall issue:

- system expansion grants to support mobile rapid response crisis teams meeting endorsement standards in locations in which there is a lack of such services;
- technical assistance grants to endorsed mobile rapid response crisis teams with unique challenges in meeting the endorsement standards; and
- participation grants to endorsed mobile rapid response crisis teams based on response volumes, the characteristics of the response area, such as the rural nature of the area or the particular cultural and linguistic needs for serving the population.

Ten percent of the annual receipts for the Statewide 988 Behavioral Health Crisis Response and Suicide Prevention Line Account must be dedicated to the grant program and the endorsement activities. Up to 30 percent of these funds for the grant program and endorsement activities must be dedicated to mobile rapid response crisis teams affiliated with a tribe in Washington.

Training.

The University of Washington must establish a crisis training and secondary trauma program to support the development of high-quality training for crisis responders to assist individuals receiving crisis response services and to preserve the well-being of crisis responders. The crisis training and secondary trauma program must develop a statewide 988 behavioral health crisis response and suicide prevention training strategy (training strategy) for persons staffing 988 hotlines and certified public safety communicators, as well as personnel with mobile rapid response crisis teams, emergency medical services, and law enforcement. The training strategy must include recommendations related to topics of instruction for different persons responding to behavioral health crises, curriculum development, tailoring curricula for different populations, developing curricula for rural and agricultural communities, criteria for training trainers, timing of the training, assuring statewide availability of the training, and ways for agencies to incorporate the training into reimbursement and credentialing standards. The training strategy must be submitted to the Crisis Response Improvement Strategy Committee (Strategy Committee) by December 1, 2023, for inclusion in the Strategy Committee's January 1, 2024 report.

The crisis training and secondary trauma program must also provide training support to regional behavioral health entities to assure regional coordination of training for providers in the crisis response continuum. The training must address cultural competency, best practices for working with veterans, intellectually and developmentally disabled populations, youth, LGBTQ populations, agricultural communities, and American Indian and Alaska Native populations. In addition, the crisis training and secondary trauma program must develop and regionally implement a course for mobile rapid response team personnel, emergency medical services, and law enforcement personnel. The course must cover topics such as safety, basic verbal de-escalation, basic suicide brief interventions, practices for follow-up care, state laws and resources, and secondary trauma. Lastly, the crisis training and secondary trauma program must offer an annual training conference in crisis response and secondary trauma.

By July 1, 2024, suicide prevention training for health care providers must include instruction on the 988 behavioral health crisis response and suicide prevention system, as recommended by the University of Washington's crisis training and secondary trauma program.

Liability Protection.

Acts or omissions related to the dispatching decisions of 988 crisis call center staff or designated 988 crisis contact center hub staff with dispatching responsibilities do not impose liability upon a 988 crisis call center or designated 988 crisis contact center hub and their staff, members of a mobile rapid response crisis team, or public safety answering points and their staff. The liability protection applies to acts or omissions occurring in good faith, within the scope of the staff person's responsibilities, and in accordance with approved dispatching procedures.

Acts or omissions related to the transfer of calls from the 911 line to the 988 crisis hotline or from the 988 crisis hotline to the 911 line by certified public safety telecommunicators, 988 crisis call center staff, or designated 988 crisis contact center hub staff do not impose liability upon public safety answering points and their staff, a 988 crisis call center or designated 988 crisis contact center hub and their staff, or members of a mobile rapid response crisis team. The liability protection applies to acts or omissions occurring in good faith, within the scope of the staff person's responsibilities, and in accordance with approved call system transfer protocols.

Strategy Committee.

A member of the Strategy Committee with lived experience is added to the Steering Committee.

The 988 Geolocation Subcommittee is created to examine privacy issues related to federal planning efforts to route 988 crisis hotline calls based on a person's location. The 988 Geolocation Subcommittee must examine ways to implement federal recommendations in a manner that maintains public and clinical confidence in the 988 crisis hotline.

The Strategy Committee is extended by one year until June 30, 2025. The Strategy Committee must submit an additional progress report by January 1, 2024, and the final report is delayed until January 1, 2025.

Appropriation: None.

Fiscal Note: Requested on January 11, 2023.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.