

**Chapter 246-350 WAC**  
**STANDARDS FOR DESIGNATION OF 988 CONTACT HUBS**

Last Update: 12/26/24

**WAC**

246-350-001	Purpose.
246-350-010	Definitions.
246-350-020	Standards for designation as a 988 contact hub.
246-350-030	Designation process.

**WAC 246-350-001 Purpose.** The purpose of this rule is to establish consistent standards and a process for the department to designate crisis centers as 988 contact hubs. To qualify for designation as a 988 contact hub, a crisis center must comply with this chapter and any other state or federal requirements.

[Statutory Authority: 2021 c 302, 2023 c 454, RCW 43.70.040(1), and 71.24.890(3). WSR 25-02-079, s 246-350-001, filed 12/26/24, effective 1/26/25.]

**WAC 246-350-010 Definitions.** The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "988 contact hub" means a state-designated contact center that streamlines clinical interventions and access to resources for people experiencing a behavioral health crisis, participates in the 988 Suicide and Crisis Lifeline network to respond to statewide or regional 988 contacts, and meets the requirements of RCW 71.24.890.

(2) "988 Suicide and Crisis Lifeline" means the national network of local crisis centers, reachable by dialing or texting "988," providing free and confidential emotional support to people in crisis or emotional distress 24 hours a day, seven days a week.

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

(4) "Behavioral health services" means either mental health services as described in chapters 71.24 and 71.36 RCW, substance use disorder treatment services as described in chapter 71.24 RCW, or both, which, depending on the type of service, are provided by licensed or certified behavioral health agencies, or behavioral health providers, or are integrated into services offered by other health care providers.

(5) "Care coordination" means the coordination of an individual's health care needs with the assistance of a primary point of contact.

(6) "Certified peer counselor" means a person who has met the requirements of WAC 182-115-0200 and has been recognized by the Washington state health care authority as a certified peer counselor.

(7) "Community-based crisis team" means a team that is part of an emergency medical services agency, a fire service agency, a public health agency, a medical facility, a nonprofit crisis response provider, or a city or county government entity other than a law enforcement agency, that provides the on-site community-based interventions of a mobile rapid response crisis team for individuals who are experiencing a behavioral health crisis.

(8) "Crisis center" means a resource for people in behavioral health crisis that responds to crisis contacts via phone, text, or chat capabilities.

(9) "Culturally appropriate services" means effective, equitable, understandable, respectful, western and indigenous quality care and

treatment services that are responsive to a community's cultural health beliefs, practices, and preferences.

(10) "Cultural humility" means the ability to remain open to another person's identity, including their cultural background, beliefs, values, and traditions, and its effects on behavioral health care decision-making.

(11) "Department" means the Washington state department of health.

(12) "Help seeker" means an individual in crisis, as defined by that individual, who contacts 988 via any of the available modalities.

(13) "Indian health care provider" means a health care program operated by the Indian health service or by an Indian tribe, tribal organization, or urban Indian organization as those terms are defined in section 4 of the Indian Health Care Improvement Act (25 U.S.C. § 1603).

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

(15) "Mobile response and stabilization services (MRSS) teams" are mobile rapid response crisis teams that provide developmentally appropriate crisis intervention and a separate but connected in-home stabilization phase for youth and families.

(16) "Primary point of contact" means the person who provides information to the individual and their caregivers and works with the individual to ensure they receive the most appropriate treatment without duplication of care.

(17) "Secretary" means the secretary of the Washington state department of health.

(18) "Tribe" means any Indian tribe, band, nation, or other organized group or community, including any Alaska Native village or group or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (43 U.S.C. § 1601 et seq.), which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians.

[Statutory Authority: 2021 c 302, 2023 c 454, RCW 43.70.040(1), and 71.24.890(3). WSR 25-02-079, s 246-350-010, filed 12/26/24, effective 1/26/25.]

**WAC 246-350-020 Standards for designation as a 988 contact hub.**

A crisis center must meet the requirements of this section in order to be designated as a 988 contact hub. At a minimum, a crisis center must:

(1) Obtain and maintain an active agreement with the administrator of the 988 Suicide and Crisis Lifeline and remain in substantial compliance with that agreement to the satisfaction of the administrator.

(2) Participate in the 988 Suicide and Crisis Lifeline network.

(3) Adopt and use a technology platform approved by the department and maintain the necessary infrastructure, including equipment

and software, maintenance, upgrades, and technical support, to operate all required 988 services and respond to help seekers via phone calls, text, chat, and other similar methods of communication that may be developed in the future.

(4) Ensure interpretation services are available in the help seeker's preferred language.

(5) Ensure services are accessible to those who are deaf or hard of hearing.

(6) Employ sufficient staff to respond to 90 percent of initial incoming contacts within 30 seconds without placing those contacts on hold.

(7) Provide designated 988 contact hub staff with initial and ongoing trauma-informed training in skills including, but not limited to, best practices in risk assessment; effective triage to system partners when additional clinical intervention is needed; cultural humility; providing developmentally appropriate, culturally appropriate services to support members of communities at higher risk for suicide, including members of the agricultural community; crisis de-escalation; information security; and collecting basic safety information. Training shall also include a self-care component designed to address secondary trauma.

(8) Provide crisis line counseling, intervention services, triage, care coordination, referrals, and connections to incoming contacts from any jurisdiction within Washington 24 hours a day, seven days a week, every day of the year.

(9) Provide referrals in the help seeker's geographical region to developmentally and needs-appropriate services including, but not limited to:

(a) Emergency medical care;

(b) Behavioral health crisis services;

(c) Tribal behavioral health services and, where needed, tribal first responders.

(10) Coordinate with certified peer counselors as available to respond to follow-up calls with the help seeker's consent.

(11) Maintain sufficient resources to provide follow-up communications with help seekers as appropriate.

(12) Provide services to help seekers regardless of the ability or willingness of the help seeker to disclose all information requested by crisis center staff and regardless of whether the help seeker is communicating through a third party.

(13) Collect and maintain current information on local resources that could be used as alternate interventions to 911, and ensure that staff are guided on how to access such services so that emergency services (911, police, sheriff) are contacted for assistance only in cases where risk of harm to self or others is imminent or in progress, and when a less invasive plan for the help seeker's safety cannot be collaborated on with the individual.

(14) Adopt and implement policies and procedures for connecting self-identified tribal members in crisis to appropriate tribal services when the help seeker wishes to use tribal services; follow the tribe's established tribal crisis coordination protocols; and coordinate responses whenever possible with tribes, including tribal behavioral health agencies, Indian health care providers, and, where necessary, tribal police.

(15) Ensure messaging about the 988 and the Suicide and Crisis Lifeline is consistent with messaging released by the authority, the department, the National 988 Administrator, the Substance Abuse and

Mental Health Services Administration, and the Veterans Crisis Line networks.

(16) Comply with all reporting requirements established by the department.

(17) Enter into and comply with an agreement with the department.

[Statutory Authority: 2021 c 302, 2023 c 454, RCW 43.70.040(1), and 71.24.890(3). WSR 25-02-079, s 246-350-020, filed 12/26/24, effective 1/26/25.]

**WAC 246-350-030 Designation process.** (1) The department may issue a 988 contact hub designation to a crisis center that demonstrates to the satisfaction of the department that it meets the standards under this chapter.

(2) To apply for designation, a crisis center shall submit to the department an application on forms provided by the department.

(3) To recommend a crisis center for designation as a 988 contact hub, behavioral health administrative services organizations shall comply with the recommendation process established by the department.

(4) 988 contact hub designations are valid for five years and may be renewed by the department upon application by the crisis center to the department.

(5) The department may deny, suspend, or revoke the designation of any 988 contact hub at any time for failure to meet minimum standards under this chapter or for failure to substantially comply with the contract specified in subsection (6) of this section.

(a) If an application is suspended, revoked, or denied, the department shall provide the designated 988 contact hub or hub applicant a letter of denial, suspension, or revocation, including a statement of the reasons for the action. Letters of suspension and revocation shall be effective 28 days after the designated 988 contact hub receives the notice.

(b) A designated 988 contact hub or hub applicant that is aggrieved by the decision to suspend, revoke, or deny designation has the right to an adjudicative proceeding. The proceeding is governed by the Administrative Procedure Act, chapter 34.05 RCW. The application for adjudicative proceeding must be in writing, state the basis for contesting the adverse action, include a copy of the adverse notice, and be served on or received by the department within 28 days of the effective date of the decision.

(6) Upon designation, a 988 contact hub shall enter into a contract and data sharing agreement with the department.

[Statutory Authority: 2021 c 302, 2023 c 454, RCW 43.70.040(1), and 71.24.890(3). WSR 25-02-079, s 246-350-030, filed 12/26/24, effective 1/26/25.]