Washington State
House of Representatives
Office of Program Research

BILL ANALYSIS

Health Care & Wellness Committee

HB 1477

Brief Description: Implementing the national 988 system to enhance and expand behavioral health crisis response and suicide prevention services.

Sponsors: Representatives Orwall and Davis.

Brief Summary of Bill

- Directs the Department of Health to designate crisis hotline centers that meet standards related to technology and the ability to identify and deploy community crisis resources for persons experiencing a behavioral health crisis.
- Requires behavioral health administrative services organizations to have community-based rapid crisis response services for persons who contact the 988 Crisis Hotline in need of stabilization services.
- Establishes a 988 Crisis Hotline System Director to provide direction and oversight in the implementation and administration of the 988 Crisis Hotline and behavioral health crisis system.
- Creates an implementation coalition to monitor the implementation of the 988 Crisis Hotline System and the improvements to behavioral health crisis services.
- Establishes the Statewide 988 Behavioral Health Crisis Response Line Tax on phone lines to fund the crisis hotline centers and response services.

Hearing Date: 2/4/21

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

In October 2020, Congress passed the National Suicide Hotline Designation Act of 2020 (Act). The Act designates the number 988 as the universal telephone number within the United States for the purpose of accessing the National Suicide Prevention and Mental Health Crisis Hotline system that is maintained by the Lifeline and the Veterans Crisis Line. 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.

Summary of Bill:

Crisis Hotline Centers.
The Department of Health (Department) must designate one or more crisis hotline centers to provide crisis intervention services and crisis care coordination to persons who access the 988

Crisis Hotline within Washington. Prior to becoming recognized as a crisis hotline center, an entity must be designated as a crisis hotline center by the Department. Once a crisis hotline center is designated, it must contract with the Department to receive reimbursement for providing crisis hotline services.

To provide crisis intervention services and crisis coordination, a crisis hotline center must meet several standards. The crisis hotline center must participate in the National Suicide Prevention Lifeline network and meet operational, clinical, reporting, and quality improvement standards established by the Department. Crisis hotline centers must be able to deploy both crisis and ongoing services, including mobile crisis teams and co-responder teams. Crisis hotline centers must collaborate with managed care organizations, behavioral health administrative services organizations, and other health care payers to coordinate linkages for persons who contact the 988 Crisis Hotline with ongoing care needs. Crisis hotline centers must communicate across crisis and emergency response systems to coordinate access to crisis receiving and stabilization services for persons who access the 988 Crisis Hotline. Crisis hotline centers must also meet Department standards for serving high-risk and special populations with the goal of promoting behavioral health equity for all populations. Lastly, crisis hotline centers must use technology that is interoperable between the state's crisis and emergency response systems, such as 911 systems, emergency medical services systems, other nonbehavioral health crisis services, and the National Suicide Prevention Lifeline.

Crisis hotline centers must operate a technologically advanced behavioral health crisis call center system with the capacity to: (1) receive crisis assistance requests through phone calls and other methods of communication; (2) access real-time information from behavioral health payers for the coordination of behavioral health crisis services; (3) assign and track local responses to behavioral health crisis calls; (4) arrange appropriate same-day, next-day, and follow-up appointments for persons contacting the crisis hotline center; (5) track and provide real-time bed availability information to crisis responders and persons in crisis; and (6) assure follow-up services to individuals accessing the 988 Crisis Hotline.

Crisis Response Services.
Each behavioral health administrative services organization (BHASO) must have community-based rapid crisis response services for persons who contact the 988 Crisis Hotline in need of stabilization services. The crisis response services must be provided by enhancing and expanding mobile rapid response crisis teams. Mobile rapid response crisis teams are teams that include peers and provide professional, on-site, community-based interventions such as outreach, de-escalation, stabilization, resource connection, and follow-up support for persons experiencing a behavioral health crisis. Mobile rapid response crisis teams may either be jurisdiction-based or embedded in emergency medical services and must collaborate with local law enforcement and include police as co-responders when public safety is an issue and law enforcement assistance is necessary. In addition, specialized mobile rapid response crisis teams must be created to respond to the unique needs of youth and geriatric populations. The Health Care Authority (Authority) must consult with tribes to create tribal mobile rapid response crisis teams.

Medicaid managed care organizations, the BHASOs, and health plans must assign a care coordinator to, and provide same-day and next-day appointments for, their enrollees or clients who seek services from the behavioral health crisis system.

Before July 16, 2022, the Authority must develop a plan for the equal statewide distribution of crisis stabilization services and beds, peer respite services, and behavioral health urgent care. Crisis services administered by the BHASOs must include adult, youth, and geriatric mobile rapid response crisis teams; crisis stabilization services; and peer respite services. Crisis receiving and stabilization services, short-term residential facilities, and peer-operated respite services must meet minimum expectations and best practices adopted by the Authority. By July 1, 2026, the BHASOs must provide for the availability of an adequate network of secure withdrawal management and stabilization services to ensure access to treatment, investigation, transportation, court-related and other services under the Involuntary Treatment Act.

The responsibility for payment of crisis services is established for managed care organizations, the BHASOs, the Authority, and private health care plans. Every fiscal biennium the Legislature must appropriate funds to managed care organizations, the BHASOs, and the Authority to reimburse providers of crisis services. In addition, the Department must provide adequate funding for the expected increase in call volume to the state's crisis hotline centers.

Administrative Coordination.
The Governor must appoint a 988 Crisis Hotline System Director (Director) to provide direction and oversight in the implementation and administration of the 988 Crisis Hotline and behavioral health crisis system components. The Director must assure coordination between the 988 Crisis Hotline, the crisis hotline centers, and the 911 emergency communications system; assure proper communication between crisis hotline centers and behavioral health crisis services; review the adequacy of training for crisis hotline personnel and 911 operators, with respect to their interactions with the crisis hotline center; oversee the coordination and adequacy of behavioral health crisis services; assure that Authority contracts with managed care organizations and the BHASOs support the behavioral health crisis system; and oversee the collaboration between the Department and the Authority with respect to their roles in the behavioral health crisis system.

The State Enhanced 911 Coordination Office must collaborate with the Department to assure consistency and equity of care for individuals in crisis whether they call 911 or 988.

The Department and the Authority must provide an annual report of the 988 Crisis Hotline's usage and call outcomes, as well as information about crisis services, including mobile rapid response crisis teams and crisis stabilization services. The report must also include information about fund deposits to and expenditures from the Statewide 988 Behavioral Health Crisis Response Line Account (988 Account). Beginning in 2023, the report must be submitted each November to the Governor and the appropriate committees of the Legislature.

Implementation Coalition.
The Governor is directed to establish an implementation coalition to enhance and expand

behavioral health and suicide prevention crisis services in Washington. The William D. Ruckelshaus Center or another neutral party is responsible for providing staff support and facilitation services to the implementation coalition.

The membership of the implementation coalition includes at least 50 members. Members represent interests including the Legislature, executive branch agencies, local government, health carriers, behavioral health providers and facilities, recipients of and family members of recipients of crisis response services, family members of persons killed by law enforcement during a behavioral health crisis, peer support service providers, behavioral health crisis stabilization experts, crisis hotline centers, the BHASOs, community mental health and substance use disorder agencies, behavioral health advocates, law enforcement, police accountability groups, local health jurisdictions, physicians, and hospitals. In addition, the Governor must request the participation of a person representing the interests of tribal governments. All members may vote, except those representing the executive branch.

The implementation coalition must make recommendations on: (1) the implementation and monitoring of the progress of the 988 Crisis Hotline in Washington; and (2) statewide improvement of behavioral health crisis response services. Specifically, the implementation coalition must report on:

- a recommended vision for an integrated crisis network, including an integrated 988 Crisis Hotline and crisis hotline centers, mobile crisis response units, crisis stabilization facilities, an integrated involuntary treatment system, peer and respite services, data resources, and a youth tip line;
- a workplan for implementing local response calls to the 988 Crisis Hotline;
- a workplan to implement mobile crisis teams and crisis receiving and stabilization services;
- the implementation of the new statewide behavioral health crisis call center system;
- the identification of the behavioral health challenges that the 988 Crisis Hotline will address in addition to suicide response, mental health, and substance use crises;
- the identification of intercepts with law enforcement and the 911 system and training to assure that the 988 Crisis Hotline and the 911 system are coordinated;
- standards of accountability within the integrated network;
- recommendations for ensuring equity in services for diverse cultures and communities;
- the allocation of funding responsibilities for same-day appointments, next-day appointments, and care coordination;
- a public relations campaign to highlight the 988 Crisis Hotline; and
- the recommended composition of a statewide behavioral health crisis response oversight board.

The implementation coalition must report to the Governor and the appropriate committees of the Legislature by December 1, 2021, with a preliminary report, and by November 1, 2022, with a final report.

Statewide 988 Behavioral Health Crisis Response Line Tax.

The Statewide 988 Behavioral Health Crisis Response Line Tax (988 Tax) is imposed on all radio access lines and interconnected voice over internet protocol service line. A radio access line is a telephone number assigned to or used by a subscriber for two-way local wireless voice service from a radio communications company, including cellular telephone service, personal communications services, and network radio access lines. An interconnected voice over internet protocol service line is a service that enables real-time, two way voice communications using a broadband connection. The 988 Tax amount for each of these lines is gradually increased so that the 988 Tax is 30 cents per line per month between October 1, 2021, and December 31, 2022; 50 cents per line per month between January 1, 2023, and June 30, 2024; and 75 cents per line per month beginning July 1, 2024.

Proceeds from the 988 Tax must be deposited into the 988 Account. The 988 Account is an appropriated account in the State Treasury. Money from the 988 Account may only be used for the routing of calls from the 988 Crisis Hotline to an appropriate crisis hotline center and for personnel and the provision of acute behavioral health, crisis outreach, stabilization services and follow-up case management.

Appropriation: None.

Fiscal Note: Not requested.

Effective Date: The bill takes effect 90 days after the adjournment of the session in which the bill is passed, except for section 201, relating to the implementation coalition, which takes effect immediately, sections 301 through 305, relating to the Statewide 988 Behavioral Health Crisis Response Line Tax, which take effect January 1, 2022, and section 402, relating to definitions, which takes effect July 1, 2022.