

SENATE BILL REPORT

E2SHB 1477

As of March 19, 2021

Title: An act relating to the implementation of the national 988 system to enhance and expand behavioral health crisis response and suicide prevention services statewide by imposing an excise tax on certain telecommunications services.

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

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

Brief History: Passed House: 3/17/21, 78-18.

Committee Activity: Behavioral Health Subcommittee to Health & Long Term Care: 3/19/21.

Brief Summary of Bill

- Requires the Department of Health and Health Care Authority to collaborate to establish state crisis call center hubs and an enhanced crisis response system to prepare for implementation of the 988 crisis hotline.
- Empanels a 988 Implementation Team and Crisis Response Improvement Strategy Committee to plan for crisis response system enhancements.
- Imposes a tax on radio access lines, voice over Internet protocol service lines, and switched access lines to fund activities related to an enhanced crisis response.

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

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.

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

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

National Suicide Prevention Hotline. The Substance Abuse and Mental Health Services Administration (SAMHSA) partially funds the National Suicide Prevention Lifeline (Lifeline). Lifeline is a national network of about 180 crisis centers linked by a single toll-free number, 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. 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 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 accessing the National Suicide Prevention and Mental Health Crisis Hotline system maintained by Lifeline and the Veterans Crisis Line. The act expressly authorizes states to collect a fee on commercial mobile services or Internet protocol-enabled voice services for 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 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: The Health Care Authority (HCA) must collaborate with the Department of Health (DOH) to establish state crisis call center hubs and an enhanced crisis response system. DOH must take primary responsibility for designating crisis call center hubs. HCA must take primary responsibility to develop the crisis system and support the work of the crisis call center hubs.

DOH must:

- provide adequate funding to achieve a 90 percent in-state call response rate for Lifeline calls by July 16, 2022, anticipating an expected increase in call volume based on the implementation of the 988 crisis hotline; and
- adopt rules for designation of crisis call center hubs by July 1, 2023, allowing for designation of hubs by July 1, 2024.

HCA must develop a new technologically advanced behavioral health crisis call center system which can:

- receive assistance requests through calls, texts, chats, and other similar methods of communication;
- use technology which is interoperable across crisis and emergency response systems such as 911 and 988;
- access real-time information from managed care organizations and BH-ASOs relevant to coordinating care, such as a person's contacts with primary and specialty behavioral health care providers and information about less restrictive alternative orders and mental health advance directives;
- assign and track local response to behavioral health crisis calls through global positioning service technology, including the ability to deploy mobile rapid response crisis teams and co-responder teams;
- track real-time bed availability for crisis responders for all behavioral health bed types;
- assure that callers receive follow-up services; and
- serve high-risk and special populations and promote behavioral health equity by establishing training requirements, transferring callers to a specialized center or subnetwork, or providing referrals to linguistically and culturally competent care.

Crisis call center hubs must:

- have an active agreement with Lifeline;
- meet Lifeline best practices guidelines for operational and clinical standards; and
- collaborate with Lifeline, HCA, and veteran's crisis line networks to assure consistency of public messaging.

988 Implementation Team. DOH must convene, staff, and chair a 988 implementation team to prepare for the transition of contracted Lifeline call centers into the 988 crisis hotline. In addition to DOH, the team must include representatives from HCA, the state enhanced 911 coordination office, Lifeline call centers, crisis response and service delivery systems, and persons with lived experience with mental health and substance use disorders. The team must provide guidance to DOH, review the adequacy of training for crisis hotline center personnel and 911 public safety telecommunicators, and provide a report to the Governor and the Legislature by January 1, 2022.

Crisis Response Improvement Strategy Committee. The Office of Financial Management

must select a private entity to staff and convene a Crisis Response Improvement Strategy Committee (CRIS) chaired by HCA to develop an integrated behavioral health crisis response system. CRIS must have 12 members appointed by HCA representing specified groups, four legislative members appointed by their respective caucuses, and four alternate legislative members. CRIS must be open to public testimony and develop recommendations in many specified areas to be reported to the Governor and Legislature by January 1, 2023, including:

- strategies, funding sources, and cost estimates to provide for equitable distribution of statewide behavioral health crisis services;
- a vision for an integrated crisis network addressing the needs of distinct communities, including youth, geriatric populations, American Indians and Alaska Natives, LGBTQ youth, persons in the agricultural community;
- recommendations for ensuring equity;
- a work plan with implementation timelines for the bill requirements;
- requirements for health plans, managed care organizations, and BH-ASOs;
- allocation of funding responsibilities between public and private insurers; and
- the composition of a statewide behavioral health crisis response oversight board.

Annual Report. DOH and HCA must provide an annual report of the 988 crisis hotline usage, call outcomes, and crisis services starting in November 2023.

988 Behavioral Health Crisis Response Line Tax. A tax is imposed on radio access lines, voice over Internet protocol service lines, and switched access lines purchased or subscribed to by state residents of \$0.30 per line per month beginning October 1, 2021, and increasing to \$0.50 on January 1, 2023. Collection and penalty provisions are provided. Proceeds must be deposited in a Statewide 988 Behavioral Health Crisis Response Line Account. Expenditures from the account must be used to ensure the effective routing of 988 crisis hotline calls and for personnel and services provided directly in response to 988 calls. Moneys from the account may not be used to supplant general fund appropriations for behavioral health services or for Medicaid-covered services provided to Medicaid enrollees.

Appropriation: None.

Fiscal Note: Available.

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

Effective Date: The bill contains several effective dates. Please refer to the bill.