
SUBSTITUTE HOUSE BILL 1477

State of Washington

67th Legislature

2021 Regular Session

By House Finance (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 02/17/21.

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; amending RCW 71.24.045; reenacting and
5 amending RCW 71.24.385, 71.24.025, and 71.24.025; adding new sections
6 to chapter 71.24 RCW; adding a new section to chapter 48.43 RCW;
7 adding a new section to chapter 38.52 RCW; adding a new section to
8 chapter 43.06 RCW; adding a new chapter to Title 82 RCW; creating new
9 sections; prescribing penalties; providing effective dates; providing
10 expiration dates; and declaring an emergency.

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

12 **PART I**

13 **988 CRISIS HOTLINE CENTER AND CRISIS SERVICES**

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

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

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

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

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

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

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

15 (2) The legislature intends to establish a coordinated crisis
16 hotline center and crisis services system to:

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

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

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

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

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

1 components that operate like hospital emergency departments that
2 accept all walk-ins, and ambulance, fire, and police drop-offs.

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

5 (1) The department shall provide adequate funding for an expected
6 increase in the use of the state's crisis lifeline call centers using
7 the 988 crisis hotline prior to July 16, 2022. The funding level
8 shall be determined by considering call volume predictions, cost per
9 call predictions provided by the national suicide prevention
10 lifeline, and guidance on center performance metrics.

11 (2) The department shall, prior to July 16, 2022, and based on
12 recommendations from the implementation coalition created in section
13 201 of this act, designate one or more crisis hotline centers to
14 provide crisis intervention services and crisis care coordination to
15 individuals accessing the 988 crisis hotline from any jurisdiction
16 within Washington 24 hours a day, seven days a week. The department
17 shall collaborate with other agencies to assure consistency in
18 standards and policies.

19 (a)(i) To be recognized as a crisis hotline center and perform
20 the duties of a crisis hotline center, an entity must be designated
21 by the department under this subsection (2). To become designated and
22 maintain that designation, a crisis hotline center must demonstrate
23 to the department the ability to meet the requirements of this
24 section. The department may revoke the designation of any crisis
25 hotline center that fails to substantially comply with the standards
26 established under this section.

27 (ii) Upon being designated, a crisis hotline center shall
28 contract with the department to receive reimbursement for providing
29 crisis hotline center services, as described in this section.

30 (iii) The department must incorporate recommendations from the
31 implementation coalition established in section 201 of this act into
32 the agreements with crisis hotline centers, as appropriate.

33 (b) Subject to funds appropriated for this purpose, crisis
34 hotline centers must deploy a new technologically advanced behavioral
35 health crisis call center system with a platform that includes the
36 capacity to:

37 (i) Receive crisis assistance requests through phone calls,
38 texts, chats, and other similar methods of communication that may be

1 developed in the future and promote access to the behavioral health
2 crisis system;

3 (ii) Access real-time information relevant to the appropriate
4 coordination of behavioral health crisis services, including
5 information about less restrictive alternatives and mental health
6 advance directives, from managed care organizations, including both
7 primary care providers and behavioral health providers within the
8 networks of managed care organizations, behavioral health
9 administrative service organizations, and other health care payers;

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

13 (iv) Arrange same-day and next-day outpatient appointments and
14 follow-up appointments with geographically, culturally, and
15 linguistically appropriate primary care or behavioral health
16 providers within the person's provider network, or, if uninsured,
17 through the person's behavioral health administrative service
18 organization;

19 (v) Track and provide real-time bed availability to crisis
20 responders and individuals in crisis for all behavioral health bed
21 types, such as crisis stabilization, psychiatric inpatient, substance
22 use disorder inpatient, withdrawal management, and peer crisis
23 respite, including voluntary and involuntary beds; and

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

27 (c) To provide crisis intervention services and crisis care
28 coordination using the platform capabilities required under (a) of
29 this subsection, crisis hotline centers must:

30 (i) Have an active agreement with the administrator of the
31 national suicide prevention lifeline for participation within its
32 network;

33 (ii) Meet the requirements and best practices guidelines for
34 operational and clinical standards established by the department that
35 are based upon the national suicide prevention lifeline requirements
36 and other recognized best practices;

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

1 (iv) Use technology that is demonstrated to be interoperable
2 between and across crisis and emergency response systems used
3 throughout the state, such as 911 systems, emergency medical services
4 systems, and other nonbehavioral health crisis services, as well as
5 the national suicide prevention lifeline, to assure cohesive,
6 coordinated crisis care;

7 (v) Have the authority to deploy crisis and outgoing services,
8 including mobile crisis teams and coresponder teams according to
9 guidelines and best practices established by the department that are
10 based upon recognized best practices, as applicable;

11 (vi) Actively collaborate with managed care organizations,
12 including both primary care providers and behavioral health providers
13 within the networks of managed care organizations, behavioral health
14 administrative services organizations, and other health care payers
15 to coordinate linkages for persons contacting the 988 crisis hotline
16 with ongoing care needs, according to formal agreements established
17 by the authority, upon consultation with county authorities;

18 (vii) Coordinate access to crisis receiving and stabilization
19 services for individuals accessing the 988 crisis hotline through
20 appropriate information sharing regarding availability of services,
21 in accordance with information sharing rules established under (e) of
22 this subsection; and

23 (viii) Meet the requirements set forth by the department for
24 serving high-risk and special populations, as identified by the
25 federal substance abuse and mental health services administration,
26 including training requirements and policies for transferring such
27 callers to an appropriate specialized center or subnetwork within or
28 external to the national suicide prevention lifeline network.
29 Requirements for high-risk and special populations shall be
30 established with the goal of promoting behavioral health equity for
31 all populations specifically in regards to race, ethnicity, gender,
32 socioeconomic status, sexual orientation, or geographic location.
33 Appropriate referrals must provide linguistically and culturally
34 competent care.

35 (d) Crisis hotline centers must work in collaboration with the
36 department and the national suicide prevention lifeline and veterans
37 crisis line networks for the purpose of assuring consistency of
38 public messaging about the 988 crisis hotline.

39 (e) The department, in consultation with the authority, must
40 adopt rules as necessary to implement this section. The rules must

1 allow appropriate information sharing and communication between and
2 across crisis and emergency response systems for the purpose of real-
3 time crisis care coordination including, but not limited to,
4 deployment of crisis and outgoing services, follow-up care, and
5 linked, flexible services specific to crisis response.

6 NEW SECTION. **Sec. 103.** A new section is added to chapter 71.24
7 RCW to read as follows:

8 (1) The director, upon consultation with county authorities,
9 shall require that each behavioral health administrative service
10 organization have community-based rapid crisis response services for
11 individuals contacting the 988 crisis hotline who need stabilization
12 services in the community by enhancing and expanding mobile rapid
13 response crisis teams.

14 (a) The mobile rapid response crisis teams shall be:

15 (i) Jurisdiction-based behavioral health teams that may include
16 licensed behavioral health professionals and must include peers; or

17 (ii) Behavioral health teams, including peers, embedded in
18 emergency medical services.

19 (b) Mobile rapid response crisis teams shall:

20 (i) Collaborate with local law enforcement agencies; and

21 (ii) Include police as coresponders in behavioral health teams
22 only when public safety is an issue and the situation cannot be
23 managed without law enforcement assistance.

24 (c) Mobile rapid response crisis teams shall:

25 (i) Be designed in partnership with community members, including
26 people with lived experience utilizing crisis services;

27 (ii) Be staffed by personnel that reflect the demographics of the
28 community served; and

29 (iii) Collect customer service data from individuals served by
30 demographic requirements, including race and ethnicity, set forth by
31 the federal substance abuse and mental health services administration
32 and consistent with state block grant requirements for continuous
33 evaluation and quality improvement.

34 (d) Specialized mobile rapid response crisis teams shall be
35 created to respond to the unique needs of youth, including American
36 Indian and Alaska Native youth and LGBTQ youth, and work
37 collaboratively with crisis hotline centers, school districts, higher
38 education institutions, and community-based organizations dedicated
39 to working with communities of color. In addition, specialized mobile

1 rapid response crisis teams shall be created to respond to the unique
2 needs of the geriatric population, including older adults of color
3 and older adults with comorbid dementia.

4 (e) Recommendations for the mobile rapid response crisis teams
5 must be developed by the implementation coalition established in
6 section 201 of this act. These recommendations must be integrated
7 into the contracts between the authority and the behavioral health
8 administrative services organizations.

9 (2) The director shall consult with federally and state-
10 recognized tribes to create tribal mobile rapid response crisis teams
11 to meet the unique needs of the tribes.

12 NEW SECTION. **Sec. 104.** A new section is added to chapter 71.24
13 RCW to read as follows:

14 Crisis receiving and stabilization services, short-term
15 residential facilities, and peer-operated respite services must meet
16 the minimum expectations and best practices adopted by the authority
17 based on standards established by the substance abuse and mental
18 health services administration.

19 **Sec. 105.** RCW 71.24.045 and 2019 c 325 s 1008 are each amended
20 to read as follows:

21 (1) The behavioral health administrative services organization
22 contracted with the authority pursuant to RCW 71.24.381 shall:

23 (a) Administer crisis services for the assigned regional service
24 area. Such services must include:

25 (i) Adult, youth, and geriatric mobile rapid response crisis
26 teams, crisis stabilization services, and peer respite services;

27 (ii) A behavioral health crisis hotline for its assigned regional
28 service area;

29 ~~((iii))~~ (iii) Crisis response services twenty-four hours a day,
30 seven days a week, three hundred sixty-five days a year, including
31 community-based mobile rapid response crisis teams;

32 ~~((iii))~~ (iv) Services related to involuntary commitments under
33 chapters 71.05 and 71.34 RCW;

34 ~~((iv))~~ (v) Additional noncrisis behavioral health services,
35 within available resources, to individuals who meet certain criteria
36 set by the authority in its contracts with the behavioral health
37 administrative services organization. These services may include

1 services provided through federal grant funds, provisos, and general
2 fund state appropriations;

3 ~~((v))~~ (vi) Care coordination, diversion services, and discharge
4 planning for nonmedicaid individuals transitioning from state
5 hospitals ~~((e))~~, inpatient settings, or crisis stabilization
6 services to reduce rehospitalization and utilization of crisis
7 services, as required by the authority in contract; and

8 ~~((vi))~~ (vii) Regional coordination, cross-system and cross-
9 jurisdiction coordination with tribal governments, and capacity
10 building efforts, such as supporting the behavioral health advisory
11 board, the behavioral health ombuds, and efforts to support access to
12 services or to improve the behavioral health system;

13 (b) Administer and provide for the availability of an adequate
14 network of evaluation and treatment services to ensure access to
15 treatment, investigation, transportation, court-related, and other
16 services provided as required under chapter 71.05 RCW;

17 (c) By July 1, 2026, administer and provide for the availability
18 of an adequate network of secure withdrawal management and
19 stabilization services to ensure access to treatment, investigation,
20 transportation, court-related, and other services provided as
21 required under chapter 71.05 RCW;

22 (d) Coordinate services for individuals under RCW 71.05.365;

23 ~~((d))~~ (e) Administer and provide for the availability of
24 resource management services, residential services, and community
25 support services as required under its contract with the authority;

26 ~~((e))~~ (f) Contract with a sufficient number, as determined by
27 the authority, of licensed or certified providers for crisis services
28 and other behavioral health services required by the authority;

29 ~~((f))~~ (g) Maintain adequate reserves or secure a bond as
30 required by its contract with the authority;

31 ~~((g))~~ (h) Establish and maintain quality assurance processes;

32 ~~((h))~~ (i) Meet established limitations on administrative costs
33 for agencies that contract with the behavioral health administrative
34 services organization; and

35 ~~((i))~~ (j) Maintain patient tracking information as required by
36 the authority.

37 (2) The behavioral health administrative services organization
38 must collaborate with the authority and its contracted managed care
39 organizations to develop and implement strategies to coordinate care

1 with tribes and community behavioral health providers for individuals
2 with a history of frequent crisis system utilization.

3 (3) The behavioral health administrative services organization
4 shall:

5 (a) Assure that the special needs of ((minorities)) people of
6 color, older adults, individuals with disabilities, children, and
7 low-income persons are met;

8 (b) Collaborate with local government entities to ensure that
9 policies do not result in an adverse shift of persons with mental
10 illness or substance use disorders into state and local correctional
11 facilities; and

12 (c) Work with the authority to expedite the enrollment or
13 reenrollment of eligible persons leaving state or local correctional
14 facilities and institutions for mental diseases.

15 (4)(a) Responsibility for payment of crisis response services
16 including mobile crisis, triage facility, and crisis stabilization
17 services is as follows:

18 (i)(A) Payment for covered services for individuals enrolled in
19 medicaid managed care plans shall be the responsibility of the
20 managed care plan to whom the enrollee is assigned.

21 (B) Nothing in this subsection prevents the managed care plan
22 from paying for these services through the behavioral health
23 administrative services organization administering regional crisis
24 services rather than by directly paying the provider of services;

25 (ii) Payment for individuals enrolled in the medicaid fee-for-
26 service program shall be the responsibility of the health care
27 authority;

28 (iii) Payment for covered services for individuals enrolled in
29 private health care plans shall be the responsibility of the private
30 health care plan; and

31 (iv) Payment for all other individuals as well as services not
32 covered by medicaid or private plans is the responsibility of the
33 behavioral health administrative services organization.

34 (b) Each fiscal biennium, the legislature must appropriate to the
35 authority such amounts as are required for the reimbursement of
36 crisis response services under (a)(i), (ii), and (iv) of this
37 subsection (4).

38 (c) The authority shall determine how payment will be made to the
39 provider of the service.

1 (5) Subject to funds provided for these specific purposes, the
2 authority shall coordinate to:

3 (a) Adopt rules and contract provisions which define the
4 mandatory elements of the behavioral health crisis response continuum
5 for individuals enrolled in medicaid and other state-funded clients
6 including, but not limited to, culturally competent mobile crisis
7 teams, crisis stabilization services, and peer respite services;

8 (b) Adopt rules and contract provisions which provide that access
9 to the behavioral health crisis response continuum for state-funded
10 clients must be provided in all geographic regions of the state and
11 that non-English speaking callers will receive assistance in their
12 own language;

13 (c) Assure that the behavioral health crisis system includes age-
14 appropriate services and messaging to meet the needs of children,
15 youth, and the geriatric population; and

16 (d) Adopt rules and contract provisions which require that all
17 behavioral health programs receiving state funds provide and maintain
18 updated, real-time information regarding the availability of
19 behavioral health inpatient and residential bed availability, and
20 outpatient appointment availability to the crisis call center system
21 platform. The rules and contract provisions shall also establish
22 standards for hospitals providing mental health treatment to a person
23 pursuant to a single bed certification issued under RCW 71.05.745 to
24 similarly provide and maintain updated, real-time information
25 regarding those persons.

26 NEW SECTION. Sec. 106. A new section is added to chapter 71.24
27 RCW to read as follows:

28 The authority shall, prior to July 16, 2022, and based on
29 recommendations from the implementation coalition created in section
30 201 of this act, develop a plan for equally distributing across the
31 state (1) crisis stabilization services and beds, (2) peer respite
32 services, and (3) behavioral health urgent care.

33 **Sec. 107.** RCW 71.24.385 and 2019 c 325 s 1023 and 2019 c 264 s 6
34 are each reenacted and amended to read as follows:

35 (1) Within funds appropriated by the legislature for this
36 purpose, behavioral health administrative services organizations and
37 managed care organizations, as applicable, shall develop the means to
38 serve the needs of people:

1 (a) With mental disorders residing within the boundaries of their
2 regional service area. Elements of the program may include:

- 3 (i) Crisis diversion services;
- 4 (ii) Evaluation and treatment and community hospital beds;
- 5 (iii) Residential treatment;
- 6 (iv) Programs for intensive community treatment;
- 7 (v) Outpatient services, including family support;
- 8 (vi) Peer support services;
- 9 (vii) Community support services;
- 10 (viii) Resource management services; and
- 11 (ix) Supported housing and supported employment services.

12 (b) With substance use disorders and their families, people
13 incapacitated by alcohol or other psychoactive chemicals, and
14 intoxicated people.

15 (i) Elements of the program shall include, but not necessarily be
16 limited to, a continuum of substance use disorder treatment services
17 that includes:

- 18 (A) Withdrawal management;
- 19 (B) Residential treatment; and
- 20 (C) Outpatient treatment.

21 (ii) The program may include peer support, supported housing,
22 supported employment, crisis diversion, recovery support services, or
23 technology-based recovery supports.

24 (iii) The authority may contract for the use of an approved
25 substance use disorder treatment program or other individual or
26 organization if the director considers this to be an effective and
27 economical course to follow.

28 (2)(a) The managed care organization and the behavioral health
29 administrative services organization shall have the flexibility,
30 within the funds appropriated by the legislature for this purpose and
31 the terms of their contract, to design the mix of services that will
32 be most effective within their service area of meeting the needs of
33 people with behavioral health disorders and avoiding placement of
34 such individuals at the state mental hospital. Managed care
35 organizations and behavioral health administrative services
36 organizations are encouraged to maximize the use of evidence-based
37 practices and alternative resources with the goal of substantially
38 reducing and potentially eliminating the use of institutions for
39 mental diseases.

1 (b) Managed care organizations and behavioral health
2 administrative services organizations may allow reimbursement to
3 providers for services delivered through a partial hospitalization or
4 intensive outpatient program. Such payment and services are distinct
5 from the state's delivery of wraparound with intensive services under
6 the *T.R. v. Strange and Birch* settlement agreement.

7 (3) (a) Treatment provided under this chapter must be purchased
8 primarily through managed care contracts.

9 (b) Consistent with RCW 71.24.580, services and funding provided
10 through the criminal justice treatment account are intended to be
11 exempted from managed care contracting.

12 (4) (a) Behavioral health administrative service organizations
13 shall assign a care coordinator to and provide same-day and next-day
14 appointments for persons who are uninsured and seek services from the
15 behavioral health crisis system.

16 (b) Managed care organizations shall assign a care coordinator to
17 and provide same-day and next-day appointments for enrollees who are
18 uninsured and seek services from the behavioral health crisis system.

19 NEW SECTION. Sec. 108. A new section is added to chapter 48.43
20 RCW to read as follows:

21 Health plans issued or renewed on or after January 1, 2022, must
22 include coverage to assign a care coordinator to and provide same-day
23 and next-day appointments for enrollees who seek services from the
24 behavioral health crisis system.

25 NEW SECTION. Sec. 109. A new section is added to chapter 38.52
26 RCW to read as follows:

27 The state enhanced 911 coordination office shall collaborate with
28 the department to assure consistency and equity of care statewide for
29 individuals in crisis, regardless of whether they dial 911 or 988.
30 This will include, but is not limited to:

31 (1) Formalizing collaboration to assess current and future
32 training programs and operations for both 911 public safety
33 telecommunicators and crisis line workers;

34 (2) Identifying and applying consistent crisis and suicidal
35 assessment strategies, processes and procedures across both systems;

36 (3) Utilizing proven de-escalation techniques and crisis
37 intervention skills that meet national and state standards;

1 (4) Ensuring that individuals in crisis have efficient access to
2 resources through interventions via crisis hotlines, first responders
3 including law enforcement, fire and emergency medical services, and
4 local designated crisis responders; and

5 (5) Ensuring interoperability between the 988 and 911 systems to
6 allow for seamless transfer of calls and shared information.

7 NEW SECTION. **Sec. 110.** A new section is added to chapter 43.06
8 RCW to read as follows:

9 The governor shall appoint a 988 crisis hotline system director
10 to provide direction and oversight in the implementation and
11 administration of the 988 crisis hotline and the behavioral health
12 crisis system components that work in conjunction with the crisis
13 hotline centers. The director shall:

14 (1) Assure coordination between the 988 crisis hotline and crisis
15 hotline centers and, in collaboration with the state enhanced 911
16 coordination office, with 911 emergency communications systems;

17 (2) Assure proper communication between crisis hotline centers
18 and behavioral health crisis services, including the deployment and
19 availability of appropriate behavioral health crisis services in a
20 timely manner and the effective tracking of crisis bed and
21 appointment availability;

22 (3) Review the adequacy of training for crisis hotline center
23 personnel and, in coordination with the state enhanced 911
24 coordination office, for 911 operators with respect to their
25 interactions with the crisis hotline center;

26 (4) Oversee the coordination and adequacy of behavioral health
27 crisis services provided by behavioral health administrative services
28 organizations and other crisis services provided by counties;

29 (5) Assure that contracts between the health care authority and
30 managed care organizations and behavioral health administrative
31 services organizations support the behavioral health crisis system;
32 and

33 (6) Oversee the collaboration between the department of health
34 and the health care authority in their respective roles in supporting
35 the 988 crisis hotline, crisis hotline centers, and behavioral health
36 crisis services.

37 **PART II**

38 **IMPLEMENTATION AND OVERSIGHT**

1 NEW SECTION. **Sec. 201.** (1) The governor shall create an
2 implementation coalition for the purpose of enhancing and expanding
3 behavioral health and suicide prevention crisis services in
4 Washington.

5 (2) (a) The implementation coalition shall consist of the
6 following members:

7 (i) The president of the senate shall appoint one member and one
8 alternate member from each of the two largest caucuses of the senate;

9 (ii) The speaker of the house of representatives shall appoint
10 one member and one alternate member from each of the two largest
11 caucuses of the house of representatives;

12 (iii) The governor shall appoint at least one representative from
13 each of the following: The office of the governor, the department of
14 health, the health care authority, the office of the superintendent
15 of public instruction, the state board of education, the department
16 of social and health services, the department of children, youth, and
17 families, the department of revenue, the utilities and transportation
18 commission, the department of veterans affairs, the commission on
19 African American affairs, the commission on Hispanic affairs, the
20 governor's office of Indian affairs, the LGBTQ commission, and the
21 commission on Asian Pacific American affairs;

22 (iv) The governor shall request participation by a person
23 representing the interests of tribal governments; and

24 (v) The governor shall appoint one representative from each of
25 the following groups, unless a different amount is indicated:
26 Behavioral health administrative services organizations, community
27 mental health agencies, community substance use disorder agencies,
28 medicaid managed care organizations, private insurance plans, a
29 university-based suicide prevention center of excellence, the
30 Washington state medical association, a statewide advocacy
31 organization for persons with mental illness, a statewide advocacy
32 organization for persons with substance use disorder, peer support
33 service providers, mental health crisis stabilization experts,
34 substance use disorder crisis stabilization experts, crisis hotline
35 centers, designated crisis responders, law enforcement assistance
36 diversion programs, law enforcement leaders, police accountability
37 groups, local health departments or districts, primary care
38 providers, three persons with lived experience who have been a
39 recipient of crisis response services as an adult, three persons with
40 lived experience who have been a recipient of crisis response

1 services as a child or youth, three parents or family members of
2 persons with lived experience who have received crisis response
3 services, parents or family members of individuals killed by law
4 enforcement officers during a behavioral health crisis, the
5 Washington state hospital association, the Washington state
6 association of counties, and the association of Washington cities.

7 (b) The implementation coalition shall choose three cochairs. One
8 cochair must be a legislative member appointed under (a)(i) or
9 (b)(ii) of this subsection (2). One cochair must be an executive
10 branch member appointed under (a)(iii) of this subsection (2). One
11 cochair must be an implementation group member appointed under
12 (a)(iv) or (v) of this subsection (2). The legislative members shall
13 convene the initial meeting of the implementation coalition.

14 (c) Voting members of the implementation coalition are the
15 members identified in (a)(i), (ii), (iv), and (v) of this subsection
16 (2).

17 (3) The implementation coalition shall identify barriers and make
18 recommendations to implement and monitor the progress of the 988
19 crisis hotline in Washington and make recommendations on statewide
20 improvement of behavioral health crisis response services. The
21 implementation coalition must review and report on the following:

22 (a) A recommended vision for an integrated crisis network in
23 Washington that includes, but is not limited to: An integrated 988
24 crisis hotline and crisis hotline centers; mobile crisis response
25 units for youth, adult, and geriatric populations; crisis
26 stabilization facilities; an integrated involuntary treatment system;
27 peer and respite services; data resources; and a Washington state tip
28 line for youth;

29 (b) A workplan with timelines and deliverables to implement local
30 response for calls to the 988 crisis hotline within Washington in
31 accordance with the time frames required by the national suicide
32 hotline designation act of 2020;

33 (c) A workplan with timelines and deliverables to implement
34 mobile crisis teams and crisis receiving and stabilization services;

35 (d) The implementation of a new statewide, technologically
36 advanced behavioral health crisis call center system with a platform,
37 as described in section 102 of this act, for assigning and tracking
38 response to behavioral health crisis calls and providing real-time
39 bed availability to crisis responders;

1 (e) The identification of the behavioral health challenges that
2 implementation of the 988 crisis hotline will address in addition to
3 suicide response and mental health and substance use crises;

4 (f) The identification of key intercepts with law enforcement and
5 the 911 system and the development of training and protocols to
6 assure that staff of both the 988 crisis hotline and 911 system are
7 able to properly coordinate with each other and activate each system
8 to meet the specific needs of the individual;

9 (g) The standards of accountability across the varied types of
10 entities within the integrated network;

11 (h) Recommendations for ensuring equity in services for
12 individuals of diverse cultures and in tribal, urban, and rural
13 communities;

14 (i) The allocation of funding responsibilities among medicaid
15 managed care organizations, commercial insurers, and behavioral
16 health administrative services organizations with respect to
17 reimbursing providers for same-day appointments, next-day
18 appointments, and care coordination services provided to enrollees
19 and uninsured residents;

20 (j) A public relations campaign to highlight the new 988 crisis
21 hotline; and

22 (k) The recommended composition of a statewide behavioral health
23 crisis response oversight board for ongoing monitoring of the system
24 and where this should be established.

25 (4) The implementation coalition shall seek input from tribes,
26 veterans, the LGBTQ community, and communities of color to determine
27 how well our system is currently working and ways to improve our
28 crisis response system.

29 (5) The state shall select an agency to contract with the William
30 D. Ruckelshaus center or other neutral party to administer and
31 provide staff support and facilitation services to the implementation
32 coalition. The center or other neutral party administrator may, when
33 deemed necessary by the implementation coalition, contract with one
34 or more appropriate consultants to provide data analysis, research,
35 and other services to the implementation coalition for the purposes
36 provided in subsection (3) of this section.

37 (6) Legislative members of the implementation coalition shall be
38 reimbursed for travel expenses in accordance with RCW 44.04.120.
39 Nonlegislative members are not entitled to be reimbursed for travel
40 expenses if they are elected officials or are participating on behalf

1 of an employer, governmental entity, or other organization. Any
2 reimbursement for other nonlegislative members is subject to chapter
3 43.03 RCW.

4 (7) The expenses of the implementation coalition shall be paid
5 for by a combination of public and private funds. The public funds
6 are to be covered by the state agency selected under subsection (5)
7 of this section.

8 (8) The implementation coalition shall provide a preliminary
9 report of findings and recommendations to the governor and the
10 appropriate committees of the legislature by December 1, 2021, and a
11 final report by November 1, 2022.

12 (9) This section expires December 30, 2022.

13 NEW SECTION. **Sec. 202.** A new section is added to chapter 71.24
14 RCW to read as follows:

15 (1) The department and authority shall provide an annual report
16 of the 988 crisis hotline's usage and call outcomes and crisis
17 services inclusive of the mobile rapid response crisis teams and
18 crisis stabilization services. The report must be submitted to the
19 governor and the appropriate committees of the legislature each
20 November beginning in 2023. The report must include information on
21 the fund deposits and expenditures of the account created in section
22 305 of this act.

23 (2) The department and authority shall coordinate with the
24 department of revenue, and any other agency that is appropriated
25 funding under the account created in section 305 of this act to
26 develop and submit information to the federal communication's
27 commission required for the completion of fee accountability reports
28 pursuant to the national suicide hotline designation act of 2020.

29 **PART III**
30 **TAX**

31 NEW SECTION. **Sec. 301.** DEFINITIONS. (1) The definitions in this
32 section apply throughout this chapter unless the context clearly
33 requires otherwise.

34 (a) "988 crisis hotline" has the same meaning as in RCW
35 71.24.025.

36 (b) "Fiscal growth factor" has the same meaning as in RCW
37 43.135.025.

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

2 NEW SECTION. **Sec. 302.** TAX IMPOSED. (1)(a) A statewide 988
3 behavioral health crisis response line tax is imposed on the use of
4 all radio access lines:

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

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

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

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

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

19 (b) The tax imposed under this subsection (1) must be remitted to
20 the department by radio communications service companies, including
21 those companies that resell radio access lines, and sellers of
22 prepaid wireless telecommunications service, on a tax return provided
23 by the department. Tax proceeds must be deposited by the treasurer
24 into the statewide 988 behavioral health crisis response line account
25 created in section 305 of this act.

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

29 (2) A statewide 988 behavioral health crisis response line tax is
30 imposed on all interconnected voice over internet protocol service
31 lines in the state. The amount of tax must be uniform for each line
32 and must be levied on no more than the number of voice over internet
33 protocol service lines on an account that is capable of simultaneous
34 unrestricted outward calling to the public switched telephone
35 network. The tax imposed under this subsection (2) must be remitted
36 to the department by interconnected voice over internet protocol
37 service companies on a tax return provided by the department. The
38 amount of tax for each interconnected voice over internet protocol

1 service line whose place of primary use is located in the state is as
2 follows:

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

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

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

11 (3) By March 1, 2025, and March 1st of each odd year thereafter,
12 the department must revise the amount of the statewide 988 behavioral
13 health crisis response line tax imposed by subsections (1) through
14 (3) of this section for the upcoming biennium using the fiscal growth
15 factor. The new statewide 988 behavioral health crisis response line
16 tax amount shall be effective for the upcoming biennium starting July
17 1, 2025, or July 1st of each odd year thereafter.

18 (4) Tax proceeds collected pursuant to this section must be
19 deposited by the treasurer into the statewide 988 behavioral health
20 crisis response line account created in section 305 of this act.

21 NEW SECTION. **Sec. 303.** COLLECTION OF TAX. (1) Except as
22 provided otherwise in subsection (2) of this section:

23 (a) The statewide 988 behavioral health crisis response line tax
24 on radio access lines must be collected from the subscriber by the
25 radio communications service company, including those companies that
26 resell radio access lines, providing the radio access line to the
27 subscriber, and the seller of prepaid wireless telecommunications
28 services.

29 (b) The statewide 988 behavioral health crisis response line tax
30 on interconnected voice over internet protocol service lines must be
31 collected from the subscriber by the interconnected voice over
32 internet protocol service company providing the interconnected voice
33 over internet protocol service line to the subscriber.

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

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

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

5 (b) The department must transfer all tax proceeds remitted by a
6 seller under this subsection (2) to the statewide 988 behavioral
7 health crisis response line account created in section 305 of this
8 act.

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

12 NEW SECTION. **Sec. 304.** PAYMENT AND COLLECTION. (1) (a) The
13 statewide 988 behavioral health crisis response line tax imposed by
14 this chapter must be paid by the subscriber to the radio
15 communications service company providing the radio access line, the
16 local exchange company, or the interconnected voice over internet
17 protocol service company providing the interconnected voice over
18 internet protocol service line.

19 (b) Each radio communications service company, each local
20 exchange company, and each interconnected voice over internet
21 protocol service company, must collect from the subscriber the full
22 amount of the taxes payable. The statewide 988 behavioral health
23 crisis response line tax required by this chapter to be collected by
24 a company or seller, are deemed to be held in trust by the company or
25 seller until paid to the department. Any radio communications service
26 company, local exchange company, or interconnected voice over
27 internet protocol service company that appropriates or converts the
28 tax collected to its own use or to any use other than the payment of
29 the tax to the extent that the money collected is not available for
30 payment on the due date as prescribed in this chapter is guilty of a
31 gross misdemeanor.

32 (2) If any radio communications service company, local exchange
33 company, or interconnected voice over internet protocol service
34 company fails to collect the statewide 988 behavioral health crisis
35 response line tax or, after collecting the tax, fails to pay it to
36 the department in the manner prescribed by this chapter, whether such
37 failure is the result of its own act or the result of acts or
38 conditions beyond its control, the company or seller is personally
39 liable to the state for the amount of the tax, unless the company or

1 seller has taken from the buyer in good faith documentation, in a
2 form and manner prescribed by the department, stating that the buyer
3 is not a subscriber or consumer or is otherwise not liable for the
4 statewide 988 behavioral health crisis response line tax.

5 (3) The amount of tax, until paid by the subscriber to the radio
6 communications service company, local exchange company, the
7 interconnected voice over internet protocol service company, or to
8 the department, constitutes a debt from the subscriber to the
9 company, or from the consumer to the seller. Any company or seller
10 that fails or refuses to collect the tax as required with intent to
11 violate the provisions of this chapter or to gain some advantage or
12 benefit, either direct or indirect, and any subscriber or consumer
13 who refuses to pay any tax due under this chapter is guilty of a
14 misdemeanor. The statewide 988 behavioral health crisis response line
15 tax required by this chapter to be collected by the radio
16 communications service company, local exchange company, or
17 interconnected voice over internet protocol service company must be
18 stated separately on the billing statement that is sent to the
19 subscriber.

20 (4) If a subscriber has failed to pay to the radio communications
21 service company, local exchange company, or interconnected voice over
22 internet protocol service company, the statewide 988 behavioral
23 health crisis response line tax imposed by this chapter and the
24 company or seller has not paid the amount of the tax to the
25 department, the department may, in its discretion, proceed directly
26 against the subscriber or consumer for collection of the tax, in
27 which case a penalty of 10 percent may be added to the amount of the
28 tax for failure of the subscriber or consumer to pay the tax to the
29 company or seller, regardless of when the tax is collected by the
30 department.

31 NEW SECTION. **Sec. 305.** ACCOUNT CREATION. (1) The statewide 988
32 behavioral health crisis response line account is created in the
33 state treasury. All receipts from the statewide 988 behavioral health
34 crisis response line tax imposed pursuant to this chapter must be
35 deposited into the account. Moneys may only be spent after
36 appropriation.

37 (2) Expenditures from the account may only be used for (a)
38 ensuring the efficient and effective routing of calls made to the 988
39 crisis hotline to an appropriate crisis hotline center; and (b)

1 personnel and the provision of acute behavioral health, crisis
2 outreach, stabilization services, and follow-up case management by
3 directly responding to the 988 crisis hotline.

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

7 **PART IV**

8 **DEFINITIONS AND MISCELLANEOUS**

9 **Sec. 401.** RCW 71.24.025 and 2020 c 256 s 201 are each reenacted
10 and amended to read as follows:

11 Unless the context clearly requires otherwise, the definitions in
12 this section apply throughout this chapter.

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

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

17 (b) Being gravely disabled as defined in RCW 71.05.020 or, in the
18 case of a child, a gravely disabled minor as defined in RCW
19 71.34.020; or

20 (c) Presenting a likelihood of serious harm as defined in RCW
21 71.05.020 or, in the case of a child, as defined in RCW 71.34.020.

22 (2) "Alcoholism" means a disease, characterized by a dependency
23 on alcoholic beverages, loss of control over the amount and
24 circumstances of use, symptoms of tolerance, physiological or
25 psychological withdrawal, or both, if use is reduced or discontinued,
26 and impairment of health or disruption of social or economic
27 functioning.

28 (3) "Approved substance use disorder treatment program" means a
29 program for persons with a substance use disorder provided by a
30 treatment program licensed or certified by the department as meeting
31 standards adopted under this chapter.

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

33 (5) "Available resources" means funds appropriated for the
34 purpose of providing community behavioral health programs, federal
35 funds, except those provided according to Title XIX of the Social
36 Security Act, and state funds appropriated under this chapter or
37 chapter 71.05 RCW by the legislature during any biennium for the
38 purpose of providing residential services, resource management

1 services, community support services, and other behavioral health
2 services. This does not include funds appropriated for the purpose of
3 operating and administering the state psychiatric hospitals.

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

10 (7) "Behavioral health aide" means a counselor, health educator,
11 and advocate who helps address individual and community-based
12 behavioral health needs, including those related to alcohol, drug,
13 and tobacco abuse as well as mental health problems such as grief,
14 depression, suicide, and related issues and is certified by a
15 community health aide program of the Indian health service or one or
16 more tribes or tribal organizations consistent with the provisions of
17 25 U.S.C. Sec. 16161 and RCW 43.71B.010 (7) and (8).

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

22 (9) "Behavioral health services" means mental health services as
23 described in this chapter and chapter 71.36 RCW and substance use
24 disorder treatment services as described in this chapter that,
25 depending on the type of service, are provided by licensed or
26 certified behavioral health agencies, behavioral health providers, or
27 integrated into other health care providers.

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

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

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

34 (b) Has experienced a continuous psychiatric hospitalization or
35 residential treatment exceeding six months' duration within the
36 preceding year; or

37 (c) Has been unable to engage in any substantial gainful activity
38 by reason of any mental disorder which has lasted for a continuous
39 period of not less than twelve months. "Substantial gainful activity"

1 shall be defined by the authority by rule consistent with Public Law
2 92-603, as amended.

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

6 (13) "Community behavioral health program" means all
7 expenditures, services, activities, or programs, including reasonable
8 administration and overhead, designed and conducted to prevent or
9 treat substance use disorder, mental illness, or both in the
10 community behavioral health system.

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

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

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

38 (17) "County authority" means the board of county commissioners,
39 county council, or county executive having authority to establish a
40 behavioral health administrative services organization, or two or

1 more of the county authorities specified in this subsection which
2 have entered into an agreement to establish a behavioral health
3 administrative services organization.

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

5 (19) "Designated crisis responder" has the same meaning as in RCW
6 71.05.020.

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

8 (21) "Drug addiction" means a disease characterized by a
9 dependency on psychoactive chemicals, loss of control over the amount
10 and circumstances of use, symptoms of tolerance, physiological or
11 psychological withdrawal, or both, if use is reduced or discontinued,
12 and impairment of health or disruption of social or economic
13 functioning.

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

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

24 (24) "Evidence-based" means a program or practice that has been
25 tested in heterogeneous or intended populations with multiple
26 randomized, or statistically controlled evaluations, or both; or one
27 large multiple site randomized, or statistically controlled
28 evaluation, or both, where the weight of the evidence from a systemic
29 review demonstrates sustained improvements in at least one outcome.
30 "Evidence-based" also means a program or practice that can be
31 implemented with a set of procedures to allow successful replication
32 in Washington and, when possible, is determined to be cost-
33 beneficial.

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

38 (26) "Intensive behavioral health treatment facility" means a
39 community-based specialized residential treatment facility for
40 individuals with behavioral health conditions, including individuals

1 discharging from or being diverted from state and local hospitals,
2 whose impairment or behaviors do not meet, or no longer meet,
3 criteria for involuntary inpatient commitment under chapter 71.05
4 RCW, but whose care needs cannot be met in other community-based
5 placement settings.

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

7 (a) An entity licensed or certified according to this chapter or
8 chapter 71.05 RCW;

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

12 (c) An entity with a tribal attestation that it meets state
13 minimum standards for a licensed or certified behavioral health
14 agency.

15 (28) "Licensed physician" means a person licensed to practice
16 medicine or osteopathic medicine and surgery in the state of
17 Washington.

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

22 (a) Services for individuals committed under chapter 71.05 RCW who
23 are receiving services pursuant to a conditional release or a court-
24 ordered less restrictive alternative to detention; or (b) services
25 for individuals voluntarily receiving less restrictive alternative
26 treatment on the grounds of the state hospital.

27 (30) "Managed care organization" means an organization, having a
28 certificate of authority or certificate of registration from the
29 office of the insurance commissioner, that contracts with the
30 authority under a comprehensive risk contract to provide prepaid
31 health care services to enrollees under the authority's managed care
32 programs under chapter 74.09 RCW.

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

36 (32) Mental health "treatment records" include registration and
37 all other records concerning persons who are receiving or who at any
38 time have received services for mental illness, which are maintained
39 by the department of social and health services or the authority, by
40 behavioral health administrative services organizations and their

1 staffs, by managed care organizations and their staffs, or by
2 treatment facilities. "Treatment records" do not include notes or
3 records maintained for personal use by a person providing treatment
4 services for the entities listed in this subsection, or a treatment
5 facility if the notes or records are not available to others.

6 (33) "Mentally ill persons," "persons who are mentally ill," and
7 "the mentally ill" mean persons and conditions defined in subsections
8 (1), (11), (40), and (41) of this section.

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

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

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

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

1 (38) "Resource management services" mean the planning,
2 coordination, and authorization of residential services and community
3 support services administered pursuant to an individual service plan
4 for: (a) Adults and children who are acutely mentally ill; (b) adults
5 who are chronically mentally ill; (c) children who are severely
6 emotionally disturbed; or (d) adults who are seriously disturbed and
7 determined by a behavioral health administrative services
8 organization or managed care organization to be at risk of becoming
9 acutely or chronically mentally ill. Such planning, coordination, and
10 authorization shall include mental health screening for children
11 eligible under the federal Title XIX early and periodic screening,
12 diagnosis, and treatment program. Resource management services
13 include seven day a week, twenty-four hour a day availability of
14 information regarding enrollment of adults and children who are
15 mentally ill in services and their individual service plan to
16 designated crisis responders, evaluation and treatment facilities,
17 and others as determined by the behavioral health administrative
18 services organization or managed care organization, as applicable.

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

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

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

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

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

30 (d) Exhibits suicidal preoccupation or attempts; or

31 (e) Is a child diagnosed by a mental health professional, as
32 defined in chapter 71.34 RCW, as experiencing a mental disorder which
33 is clearly interfering with the child's functioning in family or
34 school or with peers or is clearly interfering with the child's
35 personality development and learning.

36 (41) "Severely emotionally disturbed child" or "child who is
37 severely emotionally disturbed" means a child who has been determined
38 by the behavioral health administrative services organization or
39 managed care organization, if applicable, to be experiencing a mental
40 disorder as defined in chapter 71.34 RCW, including those mental

1 disorders that result in a behavioral or conduct disorder, that is
2 clearly interfering with the child's functioning in family or school
3 or with peers and who meets at least one of the following criteria:

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

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

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

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

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

14 (ii) Changes in custodial adult;

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

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

20 (v) Drug or alcohol abuse; or

21 (vi) Homelessness.

22 (42) "State minimum standards" means minimum requirements
23 established by rules adopted and necessary to implement this chapter
24 by:

25 (a) The authority for:

26 (i) Delivery of mental health and substance use disorder
27 services; and

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

29 (b) The department of health for:

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

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

35 (iii) Residential services.

36 (43) "Substance use disorder" means a cluster of cognitive,
37 behavioral, and physiological symptoms indicating that an individual
38 continues using the substance despite significant substance-related
39 problems. The diagnosis of a substance use disorder is based on a

1 pathological pattern of behaviors related to the use of the
2 substances.

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

5 (45) "Crisis hotline center" means a state-designated center
6 participating in the national suicide prevention lifeline network to
7 respond to statewide or regional 988 calls.

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

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

15 (48) "Triage facility" has the same meaning as provided in RCW
16 71.05.020.

17 (49) "988 crisis hotline" means the universal telephone number
18 within the United States designated for the purpose of the national
19 suicide prevention and mental health crisis hotline system operating
20 through the national suicide prevention lifeline.

21 **Sec. 402.** RCW 71.24.025 and 2020 c 256 s 201 and 2020 c 80 s 52
22 are each reenacted and amended to read as follows:

23 Unless the context clearly requires otherwise, the definitions in
24 this section apply throughout this chapter.

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

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

29 (b) Being gravely disabled as defined in RCW 71.05.020 or, in the
30 case of a child, a gravely disabled minor as defined in RCW
31 71.34.020; or

32 (c) Presenting a likelihood of serious harm as defined in RCW
33 71.05.020 or, in the case of a child, as defined in RCW 71.34.020.

34 (2) "Alcoholism" means a disease, characterized by a dependency
35 on alcoholic beverages, loss of control over the amount and
36 circumstances of use, symptoms of tolerance, physiological or
37 psychological withdrawal, or both, if use is reduced or discontinued,
38 and impairment of health or disruption of social or economic
39 functioning.

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

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

6 (5) "Available resources" means funds appropriated for the
7 purpose of providing community behavioral health programs, federal
8 funds, except those provided according to Title XIX of the Social
9 Security Act, and state funds appropriated under this chapter or
10 chapter 71.05 RCW by the legislature during any biennium for the
11 purpose of providing residential services, resource management
12 services, community support services, and other behavioral health
13 services. This does not include funds appropriated for the purpose of
14 operating and administering the state psychiatric hospitals.

15 (6) "Behavioral health administrative services organization"
16 means an entity contracted with the authority to administer
17 behavioral health services and programs under RCW 71.24.381,
18 including crisis services and administration of chapter 71.05 RCW,
19 the involuntary treatment act, for all individuals in a defined
20 regional service area.

21 (7) "Behavioral health aide" means a counselor, health educator,
22 and advocate who helps address individual and community-based
23 behavioral health needs, including those related to alcohol, drug,
24 and tobacco abuse as well as mental health problems such as grief,
25 depression, suicide, and related issues and is certified by a
26 community health aide program of the Indian health service or one or
27 more tribes or tribal organizations consistent with the provisions of
28 25 U.S.C. Sec. 16161 and RCW 43.71B.010 (7) and (8).

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

33 (9) "Behavioral health services" means mental health services as
34 described in this chapter and chapter 71.36 RCW and substance use
35 disorder treatment services as described in this chapter that,
36 depending on the type of service, are provided by licensed or
37 certified behavioral health agencies, behavioral health providers, or
38 integrated into other health care providers.

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

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

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

6 (b) Has experienced a continuous psychiatric hospitalization or
7 residential treatment exceeding six months' duration within the
8 preceding year; or

9 (c) Has been unable to engage in any substantial gainful activity
10 by reason of any mental disorder which has lasted for a continuous
11 period of not less than twelve months. "Substantial gainful activity"
12 shall be defined by the authority by rule consistent with Public Law
13 92-603, as amended.

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

17 (13) "Community behavioral health program" means all
18 expenditures, services, activities, or programs, including reasonable
19 administration and overhead, designed and conducted to prevent or
20 treat substance use disorder, mental illness, or both in the
21 community behavioral health system.

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

27 (15) "Community support services" means services authorized,
28 planned, and coordinated through resource management services
29 including, at a minimum, assessment, diagnosis, emergency crisis
30 intervention available twenty-four hours, seven days a week,
31 prescreening determinations for persons who are mentally ill being
32 considered for placement in nursing homes as required by federal law,
33 screening for patients being considered for admission to residential
34 services, diagnosis and treatment for children who are acutely
35 mentally ill or severely emotionally or behaviorally disturbed
36 discovered under screening through the federal Title XIX early and
37 periodic screening, diagnosis, and treatment program, investigation,
38 legal, and other nonresidential services under chapter 71.05 RCW,
39 case management services, psychiatric treatment including medication
40 supervision, counseling, psychotherapy, assuring transfer of relevant

1 patient information between service providers, recovery services, and
2 other services determined by behavioral health administrative
3 services organizations.

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

9 (17) "County authority" means the board of county commissioners,
10 county council, or county executive having authority to establish a
11 behavioral health administrative services organization, or two or
12 more of the county authorities specified in this subsection which
13 have entered into an agreement to establish a behavioral health
14 administrative services organization.

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

16 (19) "Designated crisis responder" has the same meaning as in RCW
17 71.05.020.

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

19 (21) "Drug addiction" means a disease characterized by a
20 dependency on psychoactive chemicals, loss of control over the amount
21 and circumstances of use, symptoms of tolerance, physiological or
22 psychological withdrawal, or both, if use is reduced or discontinued,
23 and impairment of health or disruption of social or economic
24 functioning.

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

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

35 (24) "Evidence-based" means a program or practice that has been
36 tested in heterogeneous or intended populations with multiple
37 randomized, or statistically controlled evaluations, or both; or one
38 large multiple site randomized, or statistically controlled
39 evaluation, or both, where the weight of the evidence from a systemic
40 review demonstrates sustained improvements in at least one outcome.

1 "Evidence-based" also means a program or practice that can be
2 implemented with a set of procedures to allow successful replication
3 in Washington and, when possible, is determined to be cost-
4 beneficial.

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

9 (26) "Intensive behavioral health treatment facility" means a
10 community-based specialized residential treatment facility for
11 individuals with behavioral health conditions, including individuals
12 discharging from or being diverted from state and local hospitals,
13 whose impairment or behaviors do not meet, or no longer meet,
14 criteria for involuntary inpatient commitment under chapter 71.05
15 RCW, but whose care needs cannot be met in other community-based
16 placement settings.

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

18 (a) An entity licensed or certified according to this chapter or
19 chapter 71.05 RCW;

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

23 (c) An entity with a tribal attestation that it meets state
24 minimum standards for a licensed or certified behavioral health
25 agency.

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

29 (29) "Long-term inpatient care" means inpatient services for
30 persons committed for, or voluntarily receiving intensive treatment
31 for, periods of ninety days or greater under chapter 71.05 RCW.

32 "Long-term inpatient care" as used in this chapter does not include:

33 (a) Services for individuals committed under chapter 71.05 RCW who
34 are receiving services pursuant to a conditional release or a court-
35 ordered less restrictive alternative to detention; or (b) services
36 for individuals voluntarily receiving less restrictive alternative
37 treatment on the grounds of the state hospital.

38 (30) "Managed care organization" means an organization, having a
39 certificate of authority or certificate of registration from the
40 office of the insurance commissioner, that contracts with the

1 authority under a comprehensive risk contract to provide prepaid
2 health care services to enrollees under the authority's managed care
3 programs under chapter 74.09 RCW.

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

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

17 (33) "Mentally ill persons," "persons who are mentally ill," and
18 "the mentally ill" mean persons and conditions defined in subsections
19 (1), (11), (40), and (41) of this section.

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

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

29 (36) "Residential services" means a complete range of residences
30 and supports authorized by resource management services and which may
31 involve a facility, a distinct part thereof, or services which
32 support community living, for persons who are acutely mentally ill,
33 adults who are chronically mentally ill, children who are severely
34 emotionally disturbed, or adults who are seriously disturbed and
35 determined by the behavioral health administrative services
36 organization or managed care organization to be at risk of becoming
37 acutely or chronically mentally ill. The services shall include at
38 least evaluation and treatment services as defined in chapter 71.05
39 RCW, acute crisis respite care, long-term adaptive and rehabilitative
40 care, and supervised and supported living services, and shall also

1 include any residential services developed to service persons who are
2 mentally ill in nursing homes, residential treatment facilities,
3 assisted living facilities, and adult family homes, and may include
4 outpatient services provided as an element in a package of services
5 in a supported housing model. Residential services for children in
6 out-of-home placements related to their mental disorder shall not
7 include the costs of food and shelter, except for children's long-
8 term residential facilities existing prior to January 1, 1991.

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

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

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

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

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

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

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

1 (d) Exhibits suicidal preoccupation or attempts; or

2 (e) Is a child diagnosed by a mental health professional, as
3 defined in chapter 71.34 RCW, as experiencing a mental disorder which
4 is clearly interfering with the child's functioning in family or
5 school or with peers or is clearly interfering with the child's
6 personality development and learning.

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

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

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

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

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

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

25 (ii) Changes in custodial adult;

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

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

31 (v) Drug or alcohol abuse; or

32 (vi) Homelessness.

33 (42) "State minimum standards" means minimum requirements
34 established by rules adopted and necessary to implement this chapter
35 by:

36 (a) The authority for:

37 (i) Delivery of mental health and substance use disorder
38 services; and

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

40 (b) The department of health for:

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

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

6 (iii) Residential services.

7 (43) "Substance use disorder" means a cluster of cognitive,
8 behavioral, and physiological symptoms indicating that an individual
9 continues using the substance despite significant substance-related
10 problems. The diagnosis of a substance use disorder is based on a
11 pathological pattern of behaviors related to the use of the
12 substances.

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

15 (45) "Crisis hotline center" means a state-designated center
16 participating in the national suicide prevention lifeline network to
17 respond to statewide or regional 988 calls.

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

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

25 (48) "Triage facility" has the same meaning as provided in RCW
26 71.05.020.

27 (49) "988 crisis hotline" means the universal telephone number
28 within the United States designated for the purpose of the national
29 suicide prevention and mental health crisis hotline system operating
30 through the national suicide prevention lifeline.

31 NEW SECTION. Sec. 403. Sections 301 through 305 of this act
32 constitute a new chapter in Title 82 RCW.

33 NEW SECTION. Sec. 404. Sections 301 through 305 of this act
34 take effect October 1, 2021.

35 NEW SECTION. Sec. 405. Section 401 of this act expires July 1,
36 2022.

1 NEW SECTION. **Sec. 406.** Section 402 of this act takes effect
2 July 1, 2022.

3 NEW SECTION. **Sec. 407.** Section 201 of this act is necessary for
4 the immediate preservation of the public peace, health, or safety, or
5 support of the state government and its existing public institutions,
6 and takes effect immediately.

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