
SENATE BILL 5209

State of Washington

67th Legislature

2021 Regular Session

By Senators Dhingra, Darneille, Das, Keiser, Kuderer, Lovelett, Randall, Conway, Frockt, Hasegawa, Lias, Nguyen, Pedersen, Wagoner, and Wilson, C.

Read first time 01/14/21. Referred to Committee on Health & Long Term Care.

1 AN ACT Relating to statewide enhancement and expansion of
2 behavioral health and suicide prevention crisis response services;
3 amending RCW 71.24.045; reenacting and amending RCW 71.24.385,
4 71.24.025, and 71.24.025; adding new sections to chapter 71.24 RCW;
5 adding a new section to chapter 48.43 RCW; adding a new section to
6 chapter 38.52 RCW; adding a new section to chapter 43.06 RCW; adding
7 a new chapter to Title 82 RCW; creating new sections; prescribing
8 penalties; providing effective dates; providing expiration dates; and
9 declaring an emergency.

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

11 **PART I**

12 **988 CRISIS HOTLINE CENTER AND CRISIS SERVICES**

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

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

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

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

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

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

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

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

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

16 (b) Further equity in addressing mental health and substance use
17 treatment and assure a culturally and linguistically competent
18 response to behavioral health crises;

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

23 (d) Comply with the national suicide hotline designation act of
24 2020 and the federal communication commission's rules adopted July
25 16, 2020, to assure that all Washington residents receive a
26 consistent and effective level of 988 and crisis behavioral health
27 services no matter where they live, work, or travel in the state; and

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

1 NEW SECTION. **Sec. 102.** A new section is added to chapter 71.24

2 RCW to read as follows:

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

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

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

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

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

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

35 (i) Receive crisis assistance requests through phone calls,
36 texts, chats, and other similar methods of communication that may be
37 developed in the future and promote access to the behavioral health
38 crisis system;

39 (ii) Access real-time information relevant to the appropriate
40 coordination of behavioral health crisis services, including

1 information about less restrictive alternatives and mental health
2 advance directives, from managed care organizations, including both
3 primary care providers and behavioral health providers within the
4 networks of managed care organizations, behavioral health
5 administrative service organizations, and other health care payers;

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

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

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

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

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

26 (i) Have an active agreement with the administrator of the
27 national suicide prevention lifeline for participation within its
28 network;

29 (ii) Meet the requirements and best practices guidelines for
30 operational and clinical standards established by the department that
31 are based upon the national suicide prevention lifeline requirements
32 and other recognized best practices;

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

37 (iv) Use technology that is demonstrated to be interoperable
38 between and across crisis and emergency response systems used
39 throughout the state, such as 911 systems, emergency medical services
40 systems, and other nonbehavioral health crisis services, as well as

1 the national suicide prevention lifeline, to assure cohesive,
2 coordinated crisis care;

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

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

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

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

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

35 (e) The department, in consultation with the authority, must
36 adopt rules as necessary to implement this section. The rules must
37 allow appropriate information sharing and communication between and
38 across crisis and emergency response systems for the purpose of real-
39 time crisis care coordination including, but not limited to,

1 deployment of crisis and outgoing services, follow-up care, and
2 linked, flexible services specific to crisis response.

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

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

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

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

14 (ii) Behavioral health teams, including peers, embedded in
15 emergency medical services.

16 (b) Mobile rapid response crisis teams shall:

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

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

21 (c) Mobile rapid response crisis teams shall:

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

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

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

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

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

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

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

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

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

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

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

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

24 (ii) A behavioral health crisis hotline for its assigned regional
25 service area;

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

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

31 (~~(iv)~~) (v) Additional noncrisis behavioral health services,
32 within available resources, to individuals who meet certain criteria
33 set by the authority in its contracts with the behavioral health
34 administrative services organization. These services may include
35 services provided through federal grant funds, provisos, and general
36 fund state appropriations;

37 (~~(v)~~) (vi) Care coordination, diversion services, and discharge
38 planning for nonmedicaid individuals transitioning from state

1 hospitals ~~((e))~~, inpatient settings, or crisis stabilization
2 services to reduce rehospitalization and utilization of crisis
3 services, as required by the authority in contract; and

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

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

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

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

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

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

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

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

28 ~~((h))~~ (i) Meet established limitations on administrative costs
29 for agencies that contract with the behavioral health administrative
30 services organization; and

31 ~~((i))~~ (j) Maintain patient tracking information as required by
32 the authority.

33 (2) The behavioral health administrative services organization
34 must collaborate with the authority and its contracted managed care
35 organizations to develop and implement strategies to coordinate care
36 with tribes and community behavioral health providers for individuals
37 with a history of frequent crisis system utilization.

38 (3) The behavioral health administrative services organization
39 shall:

1 (a) Assure that the special needs of (~~minorities~~) people of
2 color, older adults, individuals with disabilities, children, and
3 low-income persons are met;

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

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

11 (4)(a) Responsibility for payment of crisis response services
12 including mobile crisis, triage facility, and crisis stabilization
13 services is as follows:

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

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

21 (ii) Payment for individuals enrolled in the medicaid fee-for-
22 service program shall be the responsibility of the health care
23 authority;

24 (iii) Payment for covered services for individuals enrolled in
25 private health care plans shall be the responsibility of the private
26 health care plan; and

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

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

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

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

38 (a) Adopt rules and contract provisions which define the
39 mandatory elements of the behavioral health crisis response continuum
40 for individuals enrolled in medicaid and other state-funded clients

1 including, but not limited to, culturally competent mobile crisis
2 teams, crisis stabilization services, and peer respite services;

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

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

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

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

23 The authority shall, prior to July 16, 2022, and based on
24 recommendations from the implementation coalition created in section
25 201 of this act, develop a plan for equally distributing across the
26 state (1) crisis stabilization services and beds, (2) peer respite
27 services, and (3) behavioral health urgent care.

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

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

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

36 (i) Crisis diversion services;

37 (ii) Evaluation and treatment and community hospital beds;

38 (iii) Residential treatment;

- 1 (iv) Programs for intensive community treatment;
- 2 (v) Outpatient services, including family support;
- 3 (vi) Peer support services;
- 4 (vii) Community support services;
- 5 (viii) Resource management services; and
- 6 (ix) Supported housing and supported employment services.

7 (b) With substance use disorders and their families, people
8 incapacitated by alcohol or other psychoactive chemicals, and
9 intoxicated people.

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

- 13 (A) Withdrawal management;
- 14 (B) Residential treatment; and
- 15 (C) Outpatient treatment.

16 (ii) The program may include peer support, supported housing,
17 supported employment, crisis diversion, recovery support services, or
18 technology-based recovery supports.

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

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

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

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

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

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

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

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

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

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

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

25 (1) Formalizing collaboration to assess current and future
26 training programs and operations for both 911 public safety
27 telecommunicators and crisis line workers;

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

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

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

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

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

3 (ii) The speaker of the house of representatives shall appoint
4 one member and one alternate member from each of the two largest
5 caucuses of the house of representatives;

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

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

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

1 (b) The implementation coalition shall choose three cochairs. One
2 cochair must be a legislative member appointed under (a)(i) or
3 (b)(ii) of this subsection (2). One cochair must be an executive
4 branch member appointed under (a)(iii) of this subsection (2). One
5 cochair must be an implementation group member appointed under
6 (a)(iv) or (v) of this subsection (2). The legislative members shall
7 convene the initial meeting of the implementation coalition.

8 (c) Voting members of the implementation coalition are the
9 members identified in (a)(i), (ii), (iv), and (v) of this subsection
10 (2).

11 (3) The implementation coalition shall identify barriers and make
12 recommendations to implement and monitor the progress of the 988
13 crisis hotline in Washington and make recommendations on statewide
14 improvement of behavioral health crisis response services. The
15 implementation coalition must review and report on the following:

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

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

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

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

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

37 (f) The identification of key intercepts with law enforcement and
38 the 911 system and the development of training and protocols to
39 assure that staff of both the 988 crisis hotline and 911 system are

1 able to properly coordinate with each other and activate each system
2 to meet the specific needs of the individual;

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

5 (h) Recommendations for ensuring equity in services for
6 individuals of diverse cultures and in tribal, urban, and rural
7 communities;

8 (i) The allocation of funding responsibilities among medicaid
9 managed care organizations, commercial insurers, and behavioral
10 health administrative services organizations with respect to
11 reimbursing providers for same-day appointments, next-day
12 appointments, and care coordination services provided to enrollees
13 and uninsured residents;

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

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

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

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

31 (6) Legislative members of the implementation coalition shall be
32 reimbursed for travel expenses in accordance with RCW 44.04.120.
33 Nonlegislative members are not entitled to be reimbursed for travel
34 expenses if they are elected officials or are participating on behalf
35 of an employer, governmental entity, or other organization. Any
36 reimbursement for other nonlegislative members is subject to chapter
37 43.03 RCW.

38 (7) The expenses of the implementation coalition shall be paid
39 for by a combination of public and private funds. The public funds

1 are to be covered by the state agency selected under subsection (5)
2 of this section.

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

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

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

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

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

24 **PART III**
25 **TAX**

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

29 (a) "988 crisis hotline" has the same meaning as in RCW
30 71.24.025.

31 (b) "Fiscal growth factor" has the same meaning as in RCW
32 43.135.025.

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

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

1 (a) By subscribers whose place of primary use is located within
2 the state in the amount set forth in (b) of this subsection per month
3 for each radio access line. The tax must be uniform for each radio
4 access line under subsection (2) of this section;

5 (b) (i) Beginning October 1, 2021, through December 31, 2022, the
6 tax rate is 30 cents for each radio access line;

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

9 (iii) Beginning July 1, 2024, the tax rate is 75 cents for each
10 radio access line.

11 (c) The tax imposed under this subsection must be remitted to the
12 department by radio communications service companies, including those
13 companies that resell radio access lines, and sellers of prepaid
14 wireless telecommunications service companies, on a tax return
15 provided by the department. Tax proceeds must be deposited by the
16 treasurer into the statewide 988 behavioral health crisis response
17 line account created in section 305 of this act. The tax imposed
18 under this section is not subject to the state sales and use tax or
19 any local tax.

20 (2) (a) Beginning October 1, 2021, through December 31, 2022, the
21 tax rate is 30 cents for each interconnected voice over internet
22 protocol service line;

23 (b) Beginning January 1, 2023, through June 30, 2024, the tax
24 rate is 50 cents for each interconnected voice over internet protocol
25 service line; and

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

28 (3) By March 1, 2025, and March 1st of each odd year thereafter,
29 the department must revise the amount of the statewide 988 behavioral
30 health crisis response line tax imposed by subsections (1) and (2) of
31 this section for the upcoming biennium using the fiscal growth
32 factor. The new statewide 988 behavioral health crisis response line
33 tax amount shall be effective for the upcoming biennium starting July
34 1, 2025, or July 1st of each odd year thereafter.

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

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

1 (a) The statewide 988 behavioral health crisis response line tax
2 on radio access lines must be collected from the subscriber by the
3 radio communications service company, including those companies that
4 resell radio access lines, providing the radio access line to the
5 subscriber, and the seller of prepaid wireless telecommunications
6 services.

7 (b) The statewide 988 behavioral health crisis response line tax
8 on interconnected voice over internet protocol service lines must be
9 collected from the subscriber by the interconnected voice over
10 internet protocol service company providing the interconnected voice
11 over internet protocol service line to the subscriber.

12 (c) The amount of the tax must be stated separately on the
13 billing statement which is sent to the subscriber.

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

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

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

25 NEW SECTION. **Sec. 304.** PAYMENT AND COLLECTION. (1)(a) The
26 statewide 988 behavioral health crisis response line tax imposed by
27 this chapter must be paid by the subscriber to the radio
28 communications service company providing the radio access line or the
29 interconnected voice over internet protocol service company providing
30 the interconnected voice over internet protocol service line.

31 (b) Each radio communications service company, and each
32 interconnected voice over internet protocol service company, must
33 collect from the subscriber the full amount of the taxes payable. The
34 statewide 988 behavioral health crisis response line tax required by
35 this chapter to be collected by a company or seller, are deemed to be
36 held in trust by the company or seller until paid to the department.
37 Any radio communications service company or interconnected voice over
38 internet protocol service company that appropriates or converts the
39 tax collected to its own use or to any use other than the payment of

1 the tax to the extent that the money collected is not available for
2 payment on the due date as prescribed in this chapter is guilty of a
3 gross misdemeanor.

4 (2) If any radio communications service company or interconnected
5 voice over internet protocol service company fails to collect the
6 statewide 988 behavioral health crisis response line tax or, after
7 collecting the tax, fails to pay it to the department in the manner
8 prescribed by this chapter, whether such failure is the result of its
9 own act or the result of acts or conditions beyond its control, the
10 company or seller is personally liable to the state for the amount of
11 the tax, unless the company or seller has taken from the buyer in
12 good faith documentation, in a form and manner prescribed by the
13 department, stating that the buyer is not a subscriber or consumer or
14 is otherwise not liable for the statewide 988 behavioral health
15 crisis response line tax.

16 (3) The amount of tax, until paid by the subscriber to the radio
17 communications service company, the interconnected voice over
18 internet protocol service company, or to the department, constitutes
19 a debt from the subscriber to the company, or from the consumer to
20 the seller. Any company or seller that fails or refuses to collect
21 the tax as required with intent to violate the provisions of this
22 chapter or to gain some advantage or benefit, either direct or
23 indirect, and any subscriber or consumer who refuses to pay any tax
24 due under this chapter is guilty of a misdemeanor. The statewide 988
25 behavioral health crisis response line tax required by this chapter
26 to be collected by the radio communications service company or
27 interconnected voice over internet protocol service company must be
28 stated separately on the billing statement that is sent to the
29 subscriber.

30 (4) If a subscriber has failed to pay to the radio communications
31 service company, or interconnected voice over internet protocol
32 service company, the statewide 988 behavioral health crisis response
33 line tax imposed by this chapter and the company or seller has not
34 paid the amount of the tax to the department, the department may, in
35 its discretion, proceed directly against the subscriber or consumer
36 for collection of the tax, in which case a penalty of 10 percent may
37 be added to the amount of the tax for failure of the subscriber or
38 consumer to pay the tax to the company or seller, regardless of when
39 the tax is collected by the department.

1 treatment program licensed or certified by the department as meeting
2 standards adopted under this chapter.

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

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

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

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

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

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

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

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

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

3 (b) Has experienced a continuous psychiatric hospitalization or
4 residential treatment exceeding six months' duration within the
5 preceding year; or

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

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

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

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

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

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

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

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

13 (19) "Designated crisis responder" has the same meaning as in RCW
14 71.05.020.

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

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

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

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

32 (24) "Evidence-based" means a program or practice that has been
33 tested in heterogeneous or intended populations with multiple
34 randomized, or statistically controlled evaluations, or both; or one
35 large multiple site randomized, or statistically controlled
36 evaluation, or both, where the weight of the evidence from a systemic
37 review demonstrates sustained improvements in at least one outcome.
38 "Evidence-based" also means a program or practice that can be
39 implemented with a set of procedures to allow successful replication

1 in Washington and, when possible, is determined to be cost-
2 beneficial.

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

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

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

16 (a) An entity licensed or certified according to this chapter or
17 chapter 71.05 RCW;

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

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

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

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

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

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

36 (30) "Managed care organization" means an organization, having a
37 certificate of authority or certificate of registration from the
38 office of the insurance commissioner, that contracts with the
39 authority under a comprehensive risk contract to provide prepaid

1 health care services to enrollees under the authority's managed care
2 programs under chapter 74.09 RCW.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

40 (d) Exhibits suicidal preoccupation or attempts; or

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

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

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

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

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

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

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

24 (ii) Changes in custodial adult;

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

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

30 (v) Drug or alcohol abuse; or

31 (vi) Homelessness.

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

35 (a) The authority for:

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

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

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

33 Unless the context clearly requires otherwise, the definitions in
34 this section apply throughout this chapter.

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

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

1 (b) Being gravely disabled as defined in RCW 71.05.020 or, in the
2 case of a child, a gravely disabled minor as defined in RCW
3 71.34.020; or

4 (c) Presenting a likelihood of serious harm as defined in RCW
5 71.05.020 or, in the case of a child, as defined in RCW 71.34.020.

6 (2) "Alcoholism" means a disease, characterized by a dependency
7 on alcoholic beverages, loss of control over the amount and
8 circumstances of use, symptoms of tolerance, physiological or
9 psychological withdrawal, or both, if use is reduced or discontinued,
10 and impairment of health or disruption of social or economic
11 functioning.

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

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

17 (5) "Available resources" means funds appropriated for the
18 purpose of providing community behavioral health programs, federal
19 funds, except those provided according to Title XIX of the Social
20 Security Act, and state funds appropriated under this chapter or
21 chapter 71.05 RCW by the legislature during any biennium for the
22 purpose of providing residential services, resource management
23 services, community support services, and other behavioral health
24 services. This does not include funds appropriated for the purpose of
25 operating and administering the state psychiatric hospitals.

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

32 (7) "Behavioral health aide" means a counselor, health educator,
33 and advocate who helps address individual and community-based
34 behavioral health needs, including those related to alcohol, drug,
35 and tobacco abuse as well as mental health problems such as grief,
36 depression, suicide, and related issues and is certified by a
37 community health aide program of the Indian health service or one or
38 more tribes or tribal organizations consistent with the provisions of
39 25 U.S.C. Sec. 16161 and RCW 43.71B.010 (7) and (8).

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

5 (9) "Behavioral health services" means mental health services as
6 described in this chapter and chapter 71.36 RCW and substance use
7 disorder treatment services as described in this chapter that,
8 depending on the type of service, are provided by licensed or
9 certified behavioral health agencies, behavioral health providers, or
10 integrated into other health care providers.

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

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

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

17 (b) Has experienced a continuous psychiatric hospitalization or
18 residential treatment exceeding six months' duration within the
19 preceding year; or

20 (c) Has been unable to engage in any substantial gainful activity
21 by reason of any mental disorder which has lasted for a continuous
22 period of not less than twelve months. "Substantial gainful activity"
23 shall be defined by the authority by rule consistent with Public Law
24 92-603, as amended.

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

28 (13) "Community behavioral health program" means all
29 expenditures, services, activities, or programs, including reasonable
30 administration and overhead, designed and conducted to prevent or
31 treat substance use disorder, mental illness, or both in the
32 community behavioral health system.

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

38 (15) "Community support services" means services authorized,
39 planned, and coordinated through resource management services
40 including, at a minimum, assessment, diagnosis, emergency crisis

1 intervention available twenty-four hours, seven days a week,
2 prescreening determinations for persons who are mentally ill being
3 considered for placement in nursing homes as required by federal law,
4 screening for patients being considered for admission to residential
5 services, diagnosis and treatment for children who are acutely
6 mentally ill or severely emotionally or behaviorally disturbed
7 discovered under screening through the federal Title XIX early and
8 periodic screening, diagnosis, and treatment program, investigation,
9 legal, and other nonresidential services under chapter 71.05 RCW,
10 case management services, psychiatric treatment including medication
11 supervision, counseling, psychotherapy, assuring transfer of relevant
12 patient information between service providers, recovery services, and
13 other services determined by behavioral health administrative
14 services organizations.

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

20 (17) "County authority" means the board of county commissioners,
21 county council, or county executive having authority to establish a
22 behavioral health administrative services organization, or two or
23 more of the county authorities specified in this subsection which
24 have entered into an agreement to establish a behavioral health
25 administrative services organization.

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

27 (19) "Designated crisis responder" has the same meaning as in RCW
28 71.05.020.

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

30 (21) "Drug addiction" means a disease characterized by a
31 dependency on psychoactive chemicals, loss of control over the amount
32 and circumstances of use, symptoms of tolerance, physiological or
33 psychological withdrawal, or both, if use is reduced or discontinued,
34 and impairment of health or disruption of social or economic
35 functioning.

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

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

7 (24) "Evidence-based" means a program or practice that has been
8 tested in heterogeneous or intended populations with multiple
9 randomized, or statistically controlled evaluations, or both; or one
10 large multiple site randomized, or statistically controlled
11 evaluation, or both, where the weight of the evidence from a systemic
12 review demonstrates sustained improvements in at least one outcome.
13 "Evidence-based" also means a program or practice that can be
14 implemented with a set of procedures to allow successful replication
15 in Washington and, when possible, is determined to be cost-
16 beneficial.

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

21 (26) "Intensive behavioral health treatment facility" means a
22 community-based specialized residential treatment facility for
23 individuals with behavioral health conditions, including individuals
24 discharging from or being diverted from state and local hospitals,
25 whose impairment or behaviors do not meet, or no longer meet,
26 criteria for involuntary inpatient commitment under chapter 71.05
27 RCW, but whose care needs cannot be met in other community-based
28 placement settings.

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

30 (a) An entity licensed or certified according to this chapter or
31 chapter 71.05 RCW;

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

35 (c) An entity with a tribal attestation that it meets state
36 minimum standards for a licensed or certified behavioral health
37 agency.

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

1 (29) "Long-term inpatient care" means inpatient services for
2 persons committed for, or voluntarily receiving intensive treatment
3 for, periods of ninety days or greater under chapter 71.05 RCW.
4 "Long-term inpatient care" as used in this chapter does not include:
5 (a) Services for individuals committed under chapter 71.05 RCW who
6 are receiving services pursuant to a conditional release or a court-
7 ordered less restrictive alternative to detention; or (b) services
8 for individuals voluntarily receiving less restrictive alternative
9 treatment on the grounds of the state hospital.

10 (30) "Managed care organization" means an organization, having a
11 certificate of authority or certificate of registration from the
12 office of the insurance commissioner, that contracts with the
13 authority under a comprehensive risk contract to provide prepaid
14 health care services to enrollees under the authority's managed care
15 programs under chapter 74.09 RCW.

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

19 (32) Mental health "treatment records" include registration and
20 all other records concerning persons who are receiving or who at any
21 time have received services for mental illness, which are maintained
22 by the department of social and health services or the authority, by
23 behavioral health administrative services organizations and their
24 staffs, by managed care organizations and their staffs, or by
25 treatment facilities. "Treatment records" do not include notes or
26 records maintained for personal use by a person providing treatment
27 services for the entities listed in this subsection, or a treatment
28 facility if the notes or records are not available to others.

29 (33) "Mentally ill persons," "persons who are mentally ill," and
30 "the mentally ill" mean persons and conditions defined in subsections
31 (1), (11), (40), and (41) of this section.

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

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

1 (36) "Residential services" means a complete range of residences
2 and supports authorized by resource management services and which may
3 involve a facility, a distinct part thereof, or services which
4 support community living, for persons who are acutely mentally ill,
5 adults who are chronically mentally ill, children who are severely
6 emotionally disturbed, or adults who are seriously disturbed and
7 determined by the behavioral health administrative services
8 organization or managed care organization to be at risk of becoming
9 acutely or chronically mentally ill. The services shall include at
10 least evaluation and treatment services as defined in chapter 71.05
11 RCW, acute crisis respite care, long-term adaptive and rehabilitative
12 care, and supervised and supported living services, and shall also
13 include any residential services developed to service persons who are
14 mentally ill in nursing homes, residential treatment facilities,
15 assisted living facilities, and adult family homes, and may include
16 outpatient services provided as an element in a package of services
17 in a supported housing model. Residential services for children in
18 out-of-home placements related to their mental disorder shall not
19 include the costs of food and shelter, except for children's long-
20 term residential facilities existing prior to January 1, 1991.

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

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

1 and others as determined by the behavioral health administrative
2 services organization or managed care organization, as applicable.

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

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

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

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

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

14 (d) Exhibits suicidal preoccupation or attempts; or

15 (e) Is a child diagnosed by a mental health professional, as
16 defined in chapter 71.34 RCW, as experiencing a mental disorder which
17 is clearly interfering with the child's functioning in family or
18 school or with peers or is clearly interfering with the child's
19 personality development and learning.

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

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

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

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

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

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

38 (ii) Changes in custodial adult;

39 (iii) Going to, residing in, or returning from any placement
40 outside of the home, for example, psychiatric hospital, short-term

1 inpatient, residential treatment, group or foster home, or a
2 correctional facility;

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

4 (v) Drug or alcohol abuse; or

5 (vi) Homelessness.

6 (42) "State minimum standards" means minimum requirements
7 established by rules adopted and necessary to implement this chapter
8 by:

9 (a) The authority for:

10 (i) Delivery of mental health and substance use disorder
11 services; and

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

13 (b) The department of health for:

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

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

19 (iii) Residential services.

20 (43) "Substance use disorder" means a cluster of cognitive,
21 behavioral, and physiological symptoms indicating that an individual
22 continues using the substance despite significant substance-related
23 problems. The diagnosis of a substance use disorder is based on a
24 pathological pattern of behaviors related to the use of the
25 substances.

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

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

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

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

38 (48) "Triage facility" has the same meaning as provided in RCW
39 71.05.020.

1 (49) "988 crisis hotline" means the universal telephone number
2 within the United States designated for the purpose of the national
3 suicide prevention and mental health crisis hotline system operating
4 through the national suicide prevention lifeline.

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

7 NEW SECTION. Sec. 404. Sections 301 through 305 of this act are
8 effective January 1, 2022.

9 NEW SECTION. Sec. 405. Section 401 of this act expires July 1,
10 2022.

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

13 NEW SECTION. Sec. 407. Section 201 of this act is necessary for
14 the immediate preservation of the public peace, health, or safety, or
15 support of the state government and its existing public institutions,
16 and takes effect immediately.

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