

**E2SHB 1134** - S COMM AMD

By Committee on Health & Long Term Care

**ADOPTED AS AMENDED 04/08/2023**

1 Strike everything after the enacting clause and insert the  
2 following:

3 **"Sec. 1.** RCW 71.24.025 and 2021 c 302 s 402 are each reenacted  
4 and amended to read as follows:

5 Unless the context clearly requires otherwise, the definitions in  
6 this section apply throughout this chapter.

7 (1) "988 crisis hotline" means the universal telephone number  
8 within the United States designated for the purpose of the national  
9 suicide prevention and mental health crisis hotline system operating  
10 through the national suicide prevention lifeline.

11 (2) "Acutely mentally ill" means a condition which is limited to  
12 a short-term severe crisis episode of:

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

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

18 (c) Presenting a likelihood of serious harm as defined in RCW  
19 71.05.020 or, in the case of a child, as defined in RCW 71.34.020.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

39 (17) "Community-based crisis team" means a team that is part of  
40 an emergency medical services agency, a fire service agency, a public

1 health agency, a medical facility, a nonprofit crisis response  
2 provider, or a city or county government entity, other than a law  
3 enforcement agency, that provides the on-site community-based  
4 interventions of a mobile rapid response crisis team for individuals  
5 who are experiencing a behavioral health crisis.

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

11 ~~((18))~~ (19) "County authority" means the board of county  
12 commissioners, county council, or county executive having authority  
13 to establish a behavioral health administrative services  
14 organization, or two or more of the county authorities specified in  
15 this subsection which have entered into an agreement to establish a  
16 behavioral health administrative services organization.

17 ~~((19) "Crisis call center hub" means a state-designated center~~  
18 ~~participating in the national suicide prevention lifeline network to~~  
19 ~~respond to statewide or regional 988 calls that meets the~~  
20 ~~requirements of RCW 71.24.890.))~~

21 (20) "Crisis stabilization services" means services such as 23-  
22 hour crisis stabilization units based on the living room model,  
23 crisis stabilization units as provided in RCW 71.05.020, triage  
24 facilities as provided in RCW 71.05.020, short-term respite  
25 facilities, peer-run respite services, and same-day walk-in  
26 behavioral health services, including within the overall crisis  
27 system components that operate like hospital emergency departments  
28 that accept all walk-ins, and ambulance, fire, and police drop-offs.

29 (21) "Department" means the department of health.

30 (22) "Designated 988 contact hub" means a state-designated  
31 contact center that streamlines clinical interventions and access to  
32 resources for people experiencing a behavioral health crisis and  
33 participates in the national suicide prevention lifeline network to  
34 respond to statewide or regional 988 contacts that meets the  
35 requirements of RCW 71.24.890.

36 (23) "Designated crisis responder" has the same meaning as in RCW  
37 71.05.020.

38 ~~((23))~~ (24) "Director" means the director of the authority.

39 ~~((24))~~ (25) "Drug addiction" means a disease characterized by a  
40 dependency on psychoactive chemicals, loss of control over the amount

1 and circumstances of use, symptoms of tolerance, physiological or  
2 psychological withdrawal, or both, if use is reduced or discontinued,  
3 and impairment of health or disruption of social or economic  
4 functioning.

5 ~~((25))~~ (26) "Early adopter" means a regional service area for  
6 which all of the county authorities have requested that the authority  
7 purchase medical and behavioral health services through a managed  
8 care health system as defined under RCW 71.24.380 ~~((6))~~ (7).

9 ~~((26))~~ (27) "Emerging best practice" or "promising practice"  
10 means a program or practice that, based on statistical analyses or a  
11 well established theory of change, shows potential for meeting the  
12 evidence-based or research-based criteria, which may include the use  
13 of a program that is evidence-based for outcomes other than those  
14 listed in subsection ~~((27))~~ (28) of this section.

15 ~~((27))~~ (28) "Evidence-based" means a program or practice that  
16 has been tested in heterogeneous or intended populations with  
17 multiple randomized, or statistically controlled evaluations, or  
18 both; or one large multiple site randomized, or statistically  
19 controlled evaluation, or both, where the weight of the evidence from  
20 a systemic review demonstrates sustained improvements in at least one  
21 outcome. "Evidence-based" also means a program or practice that can  
22 be implemented with a set of procedures to allow successful  
23 replication in Washington and, when possible, is determined to be  
24 cost-beneficial.

25 ~~((28))~~ (29) "Indian health care provider" means a health care  
26 program operated by the Indian health service or by a tribe, tribal  
27 organization, or urban Indian organization as those terms are defined  
28 in the Indian health care improvement act (25 U.S.C. Sec. 1603).

29 ~~((29))~~ (30) "Intensive behavioral health treatment facility"  
30 means a community-based specialized residential treatment facility  
31 for individuals with behavioral health conditions, including  
32 individuals discharging from or being diverted from state and local  
33 hospitals, whose impairment or behaviors do not meet, or no longer  
34 meet, criteria for involuntary inpatient commitment under chapter  
35 71.05 RCW, but whose care needs cannot be met in other community-  
36 based placement settings.

37 ~~((30))~~ (31) "Licensed or certified behavioral health agency"  
38 means:

39 (a) An entity licensed or certified according to this chapter or  
40 chapter 71.05 RCW;

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

4 (c) An entity with a tribal attestation that it meets state  
5 minimum standards for a licensed or certified behavioral health  
6 agency.

7 (~~(31)~~) (32) "Licensed physician" means a person licensed to  
8 practice medicine or osteopathic medicine and surgery in the state of  
9 Washington.

10 (~~(32)~~) (33) "Long-term inpatient care" means inpatient services  
11 for persons committed for, or voluntarily receiving intensive  
12 treatment for, periods of ninety days or greater under chapter 71.05  
13 RCW. "Long-term inpatient care" as used in this chapter does not  
14 include: (a) Services for individuals committed under chapter 71.05  
15 RCW who are receiving services pursuant to a conditional release or a  
16 court-ordered less restrictive alternative to detention; or (b)  
17 services for individuals voluntarily receiving less restrictive  
18 alternative treatment on the grounds of the state hospital.

19 (~~(33)~~) (34) "Managed care organization" means an organization,  
20 having a certificate of authority or certificate of registration from  
21 the office of the insurance commissioner, that contracts with the  
22 authority under a comprehensive risk contract to provide prepaid  
23 health care services to enrollees under the authority's managed care  
24 programs under chapter 74.09 RCW.

25 (~~(34)~~) (35) "Mental health peer-run respite center" means a  
26 peer-run program to serve individuals in need of voluntary, short-  
27 term, noncrisis services that focus on recovery and wellness.

28 (~~(35)~~) (36) Mental health "treatment records" include  
29 registration and all other records concerning persons who are  
30 receiving or who at any time have received services for mental  
31 illness, which are maintained by the department of social and health  
32 services or the authority, by behavioral health administrative  
33 services organizations and their staffs, by managed care  
34 organizations and their staffs, or by treatment facilities.  
35 "Treatment records" do not include notes or records maintained for  
36 personal use by a person providing treatment services for the  
37 entities listed in this subsection, or a treatment facility if the  
38 notes or records are not available to others.

39 (~~(36)~~) (37) "Mentally ill persons," "persons who are mentally  
40 ill," and "the mentally ill" mean persons and conditions defined in

1 subsections (2), (12), (~~(44)~~) (45), and (~~(45)~~) (46) of this  
2 section.

3 (~~(37)~~) (38) "Mobile rapid response crisis team" means a team  
4 that provides professional on-site community-based intervention such  
5 as outreach, de-escalation, stabilization, resource connection, and  
6 follow-up support for individuals who are experiencing a behavioral  
7 health crisis, that shall include certified peer counselors as a best  
8 practice to the extent practicable based on workforce availability,  
9 and that meets standards for response times established by the  
10 authority.

11 (~~(38)~~) (39) "Recovery" means a process of change through which  
12 individuals improve their health and wellness, live a self-directed  
13 life, and strive to reach their full potential.

14 (~~(39)~~) (40) "Research-based" means a program or practice that  
15 has been tested with a single randomized, or statistically controlled  
16 evaluation, or both, demonstrating sustained desirable outcomes; or  
17 where the weight of the evidence from a systemic review supports  
18 sustained outcomes as described in subsection (~~(27)~~) (28) of this  
19 section but does not meet the full criteria for evidence-based.

20 (~~(40)~~) (41) "Residential services" means a complete range of  
21 residences and supports authorized by resource management services  
22 and which may involve a facility, a distinct part thereof, or  
23 services which support community living, for persons who are acutely  
24 mentally ill, adults who are chronically mentally ill, children who  
25 are severely emotionally disturbed, or adults who are seriously  
26 disturbed and determined by the behavioral health administrative  
27 services organization or managed care organization to be at risk of  
28 becoming acutely or chronically mentally ill. The services shall  
29 include at least evaluation and treatment services as defined in  
30 chapter 71.05 RCW, acute crisis respite care, long-term adaptive and  
31 rehabilitative care, and supervised and supported living services,  
32 and shall also include any residential services developed to service  
33 persons who are mentally ill in nursing homes, residential treatment  
34 facilities, assisted living facilities, and adult family homes, and  
35 may include outpatient services provided as an element in a package  
36 of services in a supported housing model. Residential services for  
37 children in out-of-home placements related to their mental disorder  
38 shall not include the costs of food and shelter, except for  
39 children's long-term residential facilities existing prior to January  
40 1, 1991.

1       (~~(41)~~) (42) "Resilience" means the personal and community  
2 qualities that enable individuals to rebound from adversity, trauma,  
3 tragedy, threats, or other stresses, and to live productive lives.

4       (~~(42)~~) (43) "Resource management services" mean the planning,  
5 coordination, and authorization of residential services and community  
6 support services administered pursuant to an individual service plan  
7 for: (a) Adults and children who are acutely mentally ill; (b) adults  
8 who are chronically mentally ill; (c) children who are severely  
9 emotionally disturbed; or (d) adults who are seriously disturbed and  
10 determined by a behavioral health administrative services  
11 organization or managed care organization to be at risk of becoming  
12 acutely or chronically mentally ill. Such planning, coordination, and  
13 authorization shall include mental health screening for children  
14 eligible under the federal Title XIX early and periodic screening,  
15 diagnosis, and treatment program. Resource management services  
16 include seven day a week, twenty-four hour a day availability of  
17 information regarding enrollment of adults and children who are  
18 mentally ill in services and their individual service plan to  
19 designated crisis responders, evaluation and treatment facilities,  
20 and others as determined by the behavioral health administrative  
21 services organization or managed care organization, as applicable.

22       (~~(43)~~) (44) "Secretary" means the secretary of the department  
23 of health.

24       (~~(44)~~) (45) "Seriously disturbed person" means a person who:

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

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

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

34       (d) Exhibits suicidal preoccupation or attempts; or

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



1       (~~(45)~~) (46) "Severely emotionally disturbed child" or "child  
2 who is severely emotionally disturbed" means a child who has been  
3 determined by the behavioral health administrative services  
4 organization or managed care organization, if applicable, to be  
5 experiencing a mental disorder as defined in chapter 71.34 RCW,  
6 including those mental disorders that result in a behavioral or  
7 conduct disorder, that is clearly interfering with the child's  
8 functioning in family or school or with peers and who meets at least  
9 one of the following criteria:

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

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

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

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

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

20       (ii) Changes in custodial adult;

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

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

26       (v) Drug or alcohol abuse; or

27       (vi) Homelessness.

28       (~~(46)~~) (47) "State minimum standards" means minimum  
29 requirements established by rules adopted and necessary to implement  
30 this chapter by:

31       (a) The authority for:

32       (i) Delivery of mental health and substance use disorder  
33 services; and

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

35       (b) The department of health for:

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

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

1 (iii) Residential services.

2 (~~(47)~~) (48) "Substance use disorder" means a cluster of  
3 cognitive, behavioral, and physiological symptoms indicating that an  
4 individual continues using the substance despite significant  
5 substance-related problems. The diagnosis of a substance use disorder  
6 is based on a pathological pattern of behaviors related to the use of  
7 the substances.

8 (~~(48)~~) (49) "Tribe," for the purposes of this section, means a  
9 federally recognized Indian tribe.

10 **Sec. 2.** RCW 71.24.037 and 2019 c 446 s 23 and 2019 c 325 s 1007  
11 are each reenacted and amended to read as follows:

12 (1) The secretary shall license or certify any agency or facility  
13 that: (a) Submits payment of the fee established under RCW 43.70.110  
14 and 43.70.250; (b) submits a complete application that demonstrates  
15 the ability to comply with requirements for operating and maintaining  
16 an agency or facility in statute or rule; and (c) successfully  
17 completes the prelicensure inspection requirement.

18 (2) The secretary shall establish by rule minimum standards for  
19 licensed or certified behavioral health agencies that must, at a  
20 minimum, establish: (a) Qualifications for staff providing services  
21 directly to persons with mental disorders, substance use disorders,  
22 or both; (b) the intended result of each service; and (c) the rights  
23 and responsibilities of persons receiving behavioral health services  
24 pursuant to this chapter and chapter 71.05 RCW. The secretary shall  
25 provide for deeming of licensed or certified behavioral health  
26 agencies as meeting state minimum standards as a result of  
27 accreditation by a recognized behavioral health accrediting body  
28 recognized and having a current agreement with the department.

29 (3) The department shall review reports or other information  
30 alleging a failure to comply with this chapter or the standards and  
31 rules adopted under this chapter and may initiate investigations and  
32 enforcement actions based on those reports.

33 (4) The department shall conduct inspections of agencies and  
34 facilities, including reviews of records and documents required to be  
35 maintained under this chapter or rules adopted under this chapter.

36 (5) The department may suspend, revoke, limit, restrict, or  
37 modify an approval, or refuse to grant approval, for failure to meet  
38 the provisions of this chapter, or the standards adopted under this  
39 chapter. RCW 43.70.115 governs notice of a license or certification

1 denial, revocation, suspension, or modification and provides the  
2 right to an adjudicative proceeding.

3 (6) No licensed or certified behavioral health (~~service~~  
4 ~~provider~~) agency may advertise or represent itself as a licensed or  
5 certified behavioral health (~~service-provider~~) agency if approval  
6 has not been granted or has been denied, suspended, revoked, or  
7 canceled.

8 (7) Licensure or certification as a behavioral health (~~service~~  
9 ~~provider~~) agency is effective for one calendar year from the date of  
10 issuance of the license or certification. The license or  
11 certification must specify the types of services provided by the  
12 behavioral health (~~service-provider~~) agency that meet the standards  
13 adopted under this chapter. Renewal of a license or certification  
14 must be made in accordance with this section for initial approval and  
15 in accordance with the standards set forth in rules adopted by the  
16 secretary.

17 (8) Licensure or certification as a licensed or certified  
18 behavioral health (~~service-provider~~) agency must specify the types  
19 of services provided that meet the standards adopted under this  
20 chapter. Renewal of a license or certification must be made in  
21 accordance with this section for initial approval and in accordance  
22 with the standards set forth in rules adopted by the secretary.

23 (9) The department shall develop a process by which a provider  
24 may obtain dual licensure as an evaluation and treatment facility and  
25 secure withdrawal management and stabilization facility.

26 (10) Licensed or certified behavioral health (~~service~~  
27 ~~providers~~) agencies may not provide types of services for which the  
28 licensed or certified behavioral health (~~service-provider~~) agency  
29 has not been certified. Licensed or certified behavioral health  
30 (~~service-providers~~) agencies may provide services for which  
31 approval has been sought and is pending, if approval for the services  
32 has not been previously revoked or denied.

33 (11) The department periodically shall inspect licensed or  
34 certified behavioral health (~~service-providers~~) agencies at  
35 reasonable times and in a reasonable manner.

36 (12) Upon petition of the department and after a hearing held  
37 upon reasonable notice to the facility, the superior court may issue  
38 a warrant to an officer or employee of the department authorizing him  
39 or her to enter and inspect at reasonable times, and examine the  
40 books and accounts of, any licensed or certified behavioral health

1 ((~~service provider~~)) agency refusing to consent to inspection or  
2 examination by the department or which the department has reasonable  
3 cause to believe is operating in violation of this chapter.

4 (13) The department shall maintain and periodically publish a  
5 current list of licensed or certified behavioral health ((~~service~~  
6 ~~providers~~)) agencies.

7 (14) Each licensed or certified behavioral health ((~~service~~  
8 ~~provider~~)) agency shall file with the department or the authority  
9 upon request, data, statistics, schedules, and information the  
10 department or the authority reasonably requires. A licensed or  
11 certified behavioral health ((~~service provider~~)) agency that without  
12 good cause fails to furnish any data, statistics, schedules, or  
13 information as requested, or files fraudulent returns thereof, may  
14 have its license or certification revoked or suspended.

15 (15) The authority shall use the data provided in subsection (14)  
16 of this section to evaluate each program that admits children to  
17 inpatient substance use disorder treatment upon application of their  
18 parents. The evaluation must be done at least once every twelve  
19 months. In addition, the authority shall randomly select and review  
20 the information on individual children who are admitted on  
21 application of the child's parent for the purpose of determining  
22 whether the child was appropriately placed into substance use  
23 disorder treatment based on an objective evaluation of the child's  
24 condition and the outcome of the child's treatment.

25 (16) Any settlement agreement entered into between the department  
26 and licensed or certified behavioral health ((~~service providers~~))  
27 agencies to resolve administrative complaints, license or  
28 certification violations, license or certification suspensions, or  
29 license or certification revocations may not reduce the number of  
30 violations reported by the department unless the department  
31 concludes, based on evidence gathered by inspectors, that the  
32 licensed or certified behavioral health ((~~service provider~~)) agency  
33 did not commit one or more of the violations.

34 (17) In cases in which a behavioral health ((~~service provider~~))  
35 agency that is in violation of licensing or certification standards  
36 attempts to transfer or sell the behavioral health ((~~service~~  
37 ~~provider~~)) agency to a family member, the transfer or sale may only  
38 be made for the purpose of remedying license or certification  
39 violations and achieving full compliance with the terms of the  
40 license or certification. Transfers or sales to family members are

1 prohibited in cases in which the purpose of the transfer or sale is  
2 to avoid liability or reset the number of license or certification  
3 violations found before the transfer or sale. If the department finds  
4 that the owner intends to transfer or sell, or has completed the  
5 transfer or sale of, ownership of the behavioral health (~~service~~  
6 ~~provider~~) agency to a family member solely for the purpose of  
7 resetting the number of violations found before the transfer or sale,  
8 the department may not renew the behavioral health (~~service~~  
9 ~~provider's~~) agency's license or certification or issue a new license  
10 or certification to the behavioral health service provider.

11 (18) Every licensed or certified outpatient behavioral health  
12 agency shall display the 988 crisis hotline number in common areas of  
13 the premises and include the number as a calling option on any phone  
14 message for persons calling the agency after business hours.

15 (19) Every licensed or certified inpatient or residential  
16 behavioral health agency must include the 988 crisis hotline number  
17 in the discharge summary provided to individuals being discharged  
18 from inpatient or residential services.

19 NEW SECTION. Sec. 3. A new section is added to chapter 71.24  
20 RCW to read as follows:

21 The department shall develop informational materials and a social  
22 media campaign related to the 988 crisis hotline, including call,  
23 text, and chat options, and other crisis hotline lines for veterans,  
24 American Indians and Alaska Natives, and other populations. The  
25 informational materials must include appropriate information for  
26 persons seeking services at behavioral health clinics and medical  
27 clinics, as well as media audiences and students at K-12 schools and  
28 higher education institutions. The department shall make the  
29 informational materials available to behavioral health clinics,  
30 medical clinics, media, K-12 schools, higher education institutions,  
31 and other relevant settings. The informational materials shall be  
32 made available to professionals during training in suicide  
33 assessment, treatment, and management under RCW 43.70.442. To tailor  
34 the messages of the informational materials and the social media  
35 campaign, the department must consult with tribes, the American  
36 Indian health commission of Washington state, the native and strong  
37 lifeline, the Washington state department of veterans affairs,  
38 representatives of agricultural communities, and persons with lived

1 experience related to mental health issues, substance use disorder  
2 issues, a suicide attempt, or a suicide loss.

3 **Sec. 4.** RCW 43.70.442 and 2020 c 229 s 1 and 2020 c 80 s 30 are  
4 each reenacted and amended to read as follows:

5 (1)(a) Each of the following professionals certified or licensed  
6 under Title 18 RCW shall, at least once every six years, complete  
7 training in suicide assessment, treatment, and management that is  
8 approved, in rule, by the relevant disciplining authority:

9 (i) An adviser or counselor certified under chapter 18.19 RCW;

10 (ii) A substance use disorder professional licensed under chapter  
11 18.205 RCW;

12 (iii) A marriage and family therapist licensed under chapter  
13 18.225 RCW;

14 (iv) A mental health counselor licensed under chapter 18.225 RCW;

15 (v) An occupational therapy practitioner licensed under chapter  
16 18.59 RCW;

17 (vi) A psychologist licensed under chapter 18.83 RCW;

18 (vii) An advanced social worker or independent clinical social  
19 worker licensed under chapter 18.225 RCW; and

20 (viii) A social worker associate—advanced or social worker  
21 associate—independent clinical licensed under chapter 18.225 RCW.

22 (b) The requirements in (a) of this subsection apply to a person  
23 holding a retired active license for one of the professions in (a) of  
24 this subsection.

25 (c) The training required by this subsection must be at least six  
26 hours in length, unless a disciplining authority has determined,  
27 under subsection (10)(b) of this section, that training that includes  
28 only screening and referral elements is appropriate for the  
29 profession in question, in which case the training must be at least  
30 three hours in length.

31 (d) Beginning July 1, 2017, the training required by this  
32 subsection must be on the model list developed under subsection (6)  
33 of this section. Nothing in this subsection (1)(d) affects the  
34 validity of training completed prior to July 1, 2017.

35 (2)(a) Except as provided in (b) of this subsection:

36 (i) A professional listed in subsection (1)(a) of this section  
37 must complete the first training required by this section by the end  
38 of the first full continuing education reporting period after January  
39 1, 2014, or during the first full continuing education reporting

1 period after initial licensure or certification, whichever occurs  
2 later.

3 (ii) Beginning July 1, 2021, the second training for a  
4 psychologist, a marriage and family therapist, a mental health  
5 counselor, an advanced social worker, an independent clinical social  
6 worker, a social worker associate-advanced, or a social worker  
7 associate-independent clinical must be either: (A) An advanced  
8 training focused on suicide management, suicide care protocols, or  
9 effective treatments; or (B) a training in a treatment modality shown  
10 to be effective in working with people who are suicidal, including  
11 dialectical behavior therapy, collaborative assessment and management  
12 of suicide risk, or cognitive behavior therapy-suicide prevention. If  
13 a professional subject to the requirements of this subsection has  
14 already completed the professional's second training prior to July 1,  
15 2021, the professional's next training must comply with this  
16 subsection. This subsection (2)(a)(ii) does not apply if the licensee  
17 demonstrates that the training required by this subsection (2)(a)(ii)  
18 is not reasonably available.

19 (b)(i) A professional listed in subsection (1)(a) of this section  
20 applying for initial licensure may delay completion of the first  
21 training required by this section for six years after initial  
22 licensure if he or she can demonstrate successful completion of the  
23 training required in subsection (1) of this section no more than six  
24 years prior to the application for initial licensure.

25 (ii) Beginning July 1, 2021, a psychologist, a marriage and  
26 family therapist, a mental health counselor, an advanced social  
27 worker, an independent clinical social worker, a social worker  
28 associate-advanced, or a social worker associate-independent clinical  
29 exempt from his or her first training under (b)(i) of this subsection  
30 must comply with the requirements of (a)(ii) of this subsection for  
31 his or her first training after initial licensure. If a professional  
32 subject to the requirements of this subsection has already completed  
33 the professional's first training after initial licensure, the  
34 professional's next training must comply with this subsection  
35 (2)(b)(ii). This subsection (2)(b)(ii) does not apply if the licensee  
36 demonstrates that the training required by this subsection (2)(b)(ii)  
37 is not reasonably available.

38 (3) The hours spent completing training in suicide assessment,  
39 treatment, and management under this section count toward meeting any

1 applicable continuing education or continuing competency requirements  
2 for each profession.

3 (4) (a) A disciplining authority may, by rule, specify minimum  
4 training and experience that is sufficient to exempt an individual  
5 professional from the training requirements in subsections (1) and  
6 (5) of this section. Nothing in this subsection (4) (a) allows a  
7 disciplining authority to provide blanket exemptions to broad  
8 categories or specialties within a profession.

9 (b) A disciplining authority may exempt a professional from the  
10 training requirements of subsections (1) and (5) of this section if  
11 the professional has only brief or limited patient contact.

12 (5) (a) Each of the following professionals credentialed under  
13 Title 18 RCW shall complete a one-time training in suicide  
14 assessment, treatment, and management that is approved by the  
15 relevant disciplining authority:

16 (i) A chiropractor licensed under chapter 18.25 RCW;

17 (ii) A naturopath licensed under chapter 18.36A RCW;

18 (iii) A licensed practical nurse, registered nurse, or advanced  
19 registered nurse practitioner, other than a certified registered  
20 nurse anesthetist, licensed under chapter 18.79 RCW;

21 (iv) An osteopathic physician and surgeon licensed under chapter  
22 18.57 RCW, other than a holder of a postgraduate osteopathic medicine  
23 and surgery license issued under RCW 18.57.035;

24 (v) A physical therapist or physical therapist assistant licensed  
25 under chapter 18.74 RCW;

26 (vi) A physician licensed under chapter 18.71 RCW, other than a  
27 resident holding a limited license issued under RCW 18.71.095(3);

28 (vii) A physician assistant licensed under chapter 18.71A RCW;

29 (viii) A pharmacist licensed under chapter 18.64 RCW;

30 (ix) A dentist licensed under chapter 18.32 RCW;

31 (x) A dental hygienist licensed under chapter 18.29 RCW;

32 (xi) An athletic trainer licensed under chapter 18.250 RCW;

33 (xii) An optometrist licensed under chapter 18.53 RCW;

34 (xiii) An acupuncture and Eastern medicine practitioner licensed  
35 under chapter 18.06 RCW; and

36 (xiv) A person holding a retired active license for one of the  
37 professions listed in (a) (i) through (xiii) of this subsection.

38 (b) (i) A professional listed in (a) (i) through (vii) of this  
39 subsection or a person holding a retired active license for one of  
40 the professions listed in (a) (i) through (vii) of this subsection



1 must complete the one-time training by the end of the first full  
2 continuing education reporting period after January 1, 2016, or  
3 during the first full continuing education reporting period after  
4 initial licensure, whichever is later. Training completed between  
5 June 12, 2014, and January 1, 2016, that meets the requirements of  
6 this section, other than the timing requirements of this subsection  
7 (5)(b), must be accepted by the disciplining authority as meeting the  
8 one-time training requirement of this subsection (5).

9 (ii) A licensed pharmacist or a person holding a retired active  
10 pharmacist license must complete the one-time training by the end of  
11 the first full continuing education reporting period after January 1,  
12 2017, or during the first full continuing education reporting period  
13 after initial licensure, whichever is later.

14 (iii) A licensed dentist, a licensed dental hygienist, or a  
15 person holding a retired active license as a dentist shall complete  
16 the one-time training by the end of the full continuing education  
17 reporting period after August 1, 2020, or during the first full  
18 continuing education reporting period after initial licensure,  
19 whichever is later. Training completed between July 23, 2017, and  
20 August 1, 2020, that meets the requirements of this section, other  
21 than the timing requirements of this subsection (5)(b)(iii), must be  
22 accepted by the disciplining authority as meeting the one-time  
23 training requirement of this subsection (5).

24 (iv) A licensed optometrist or a licensed acupuncture and Eastern  
25 medicine practitioner, or a person holding a retired active license  
26 as an optometrist or an acupuncture and Eastern medicine  
27 practitioner, shall complete the one-time training by the end of the  
28 full continuing education reporting period after August 1, 2021, or  
29 during the first full continuing education reporting period after  
30 initial licensure, whichever is later. Training completed between  
31 August 1, 2020, and August 1, 2021, that meets the requirements of  
32 this section, other than the timing requirements of this subsection  
33 (5)(b)(iv), must be accepted by the disciplining authority as meeting  
34 the one-time training requirement of this subsection (5).

35 (c) The training required by this subsection must be at least six  
36 hours in length, unless a disciplining authority has determined,  
37 under subsection (10)(b) of this section, that training that includes  
38 only screening and referral elements is appropriate for the  
39 profession in question, in which case the training must be at least  
40 three hours in length.

1 (d) Beginning July 1, 2017, the training required by this  
2 subsection must be on the model list developed under subsection (6)  
3 of this section. Nothing in this subsection (5)(d) affects the  
4 validity of training completed prior to July 1, 2017.

5 (6)(a) The secretary and the disciplining authorities shall work  
6 collaboratively to develop a model list of training programs in  
7 suicide assessment, treatment, and management. Beginning July 1,  
8 2021, for purposes of subsection (2)(a)(ii) of this section, the  
9 model list must include advanced training and training in treatment  
10 modalities shown to be effective in working with people who are  
11 suicidal.

12 (b) The secretary and the disciplining authorities shall update  
13 the list at least once every two years.

14 (c) By June 30, 2016, the department shall adopt rules  
15 establishing minimum standards for the training programs included on  
16 the model list. The minimum standards must require that six-hour  
17 trainings include content specific to veterans and the assessment of  
18 issues related to imminent harm via lethal means or self-injurious  
19 behaviors and that three-hour trainings for pharmacists or dentists  
20 include content related to the assessment of issues related to  
21 imminent harm via lethal means. By July 1, 2024, the minimum  
22 standards must be updated to require that both the six-hour and  
23 three-hour trainings include content specific to the availability of  
24 and the services offered by the 988 crisis hotline and the behavioral  
25 health crisis response and suicide prevention system and best  
26 practices for assisting persons with accessing the 988 crisis hotline  
27 and the system. Beginning September 1, 2024, trainings submitted to  
28 the department for review and approval must include the updated  
29 information in the minimum standards for the model list as well as  
30 all subsequent submissions. When adopting the rules required under  
31 this subsection (6)(c), the department shall:

32 (i) Consult with the affected disciplining authorities, public  
33 and private institutions of higher education, educators, experts in  
34 suicide assessment, treatment, and management, the Washington  
35 department of veterans affairs, and affected professional  
36 associations; and

37 (ii) Consider standards related to the best practices registry of  
38 the American foundation for suicide prevention and the suicide  
39 prevention resource center.

40 (d) Beginning January 1, 2017:

1 (i) The model list must include only trainings that meet the  
2 minimum standards established in the rules adopted under (c) of this  
3 subsection and any three-hour trainings that met the requirements of  
4 this section on or before July 24, 2015;

5 (ii) The model list must include six-hour trainings in suicide  
6 assessment, treatment, and management, and three-hour trainings that  
7 include only screening and referral elements; and

8 (iii) A person or entity providing the training required in this  
9 section may petition the department for inclusion on the model list.  
10 The department shall add the training to the list only if the  
11 department determines that the training meets the minimum standards  
12 established in the rules adopted under (c) of this subsection.

13 (e) By January 1, 2021, the department shall adopt minimum  
14 standards for advanced training and training in treatment modalities  
15 shown to be effective in working with people who are suicidal.  
16 Beginning July 1, 2021, all such training on the model list must meet  
17 the minimum standards. When adopting the minimum standards, the  
18 department must consult with the affected disciplining authorities,  
19 public and private institutions of higher education, educators,  
20 experts in suicide assessment, treatment, and management, the  
21 Washington department of veterans affairs, and affected professional  
22 associations.

23 (7) The department shall provide the health profession training  
24 standards created in this section to the professional educator  
25 standards board as a model in meeting the requirements of RCW  
26 28A.410.226 and provide technical assistance, as requested, in the  
27 review and evaluation of educator training programs. The educator  
28 training programs approved by the professional educator standards  
29 board may be included in the department's model list.

30 (8) Nothing in this section may be interpreted to expand or limit  
31 the scope of practice of any profession regulated under chapter  
32 18.130 RCW.

33 (9) The secretary and the disciplining authorities affected by  
34 this section shall adopt any rules necessary to implement this  
35 section.

36 (10) For purposes of this section:

37 (a) "Disciplining authority" has the same meaning as in RCW  
38 18.130.020.

39 (b) "Training in suicide assessment, treatment, and management"  
40 means empirically supported training approved by the appropriate

1 disciplining authority that contains the following elements: Suicide  
2 assessment, including screening and referral, suicide treatment, and  
3 suicide management. However, the disciplining authority may approve  
4 training that includes only screening and referral elements if  
5 appropriate for the profession in question based on the profession's  
6 scope of practice. The board of occupational therapy may also approve  
7 training that includes only screening and referral elements if  
8 appropriate for occupational therapy practitioners based on practice  
9 setting.

10 (11) A state or local government employee is exempt from the  
11 requirements of this section if he or she receives a total of at  
12 least six hours of training in suicide assessment, treatment, and  
13 management from his or her employer every six years. For purposes of  
14 this subsection, the training may be provided in one six-hour block  
15 or may be spread among shorter training sessions at the employer's  
16 discretion.

17 (12) An employee of a community mental health agency licensed  
18 under chapter 71.24 RCW or a chemical dependency program certified  
19 under chapter 71.24 RCW is exempt from the requirements of this  
20 section if he or she receives a total of at least six hours of  
21 training in suicide assessment, treatment, and management from his or  
22 her employer every six years. For purposes of this subsection, the  
23 training may be provided in one six-hour block or may be spread among  
24 shorter training sessions at the employer's discretion.

25 **Sec. 5.** RCW 71.24.890 and 2021 c 302 s 102 are each amended to  
26 read as follows:

27 (1) Establishing the state (~~(crisis call center)~~) designated 988  
28 contact hubs and enhancing the crisis response system will require  
29 collaborative work between the department and the authority within  
30 their respective roles. The department shall have primary  
31 responsibility for establishing and designating the (~~(crisis call~~  
32 ~~center)~~) designated 988 contact hubs. The authority shall have  
33 primary responsibility for developing and implementing the crisis  
34 response system and services to support the work of the (~~(crisis call~~  
35 ~~center)~~) designated 988 contact hubs. In any instance in which one  
36 agency is identified as the lead, the expectation is that agency will  
37 be communicating and collaborating with the other to ensure seamless,  
38 continuous, and effective service delivery within the statewide  
39 crisis response system.

1 (2) The department shall provide adequate funding for the state's  
2 crisis call centers to meet an expected increase in the use of the  
3 call centers based on the implementation of the 988 crisis hotline.  
4 The funding level shall be established at a level anticipated to  
5 achieve an in-state call response rate of at least 90 percent by July  
6 22, 2022. The funding level shall be determined by considering  
7 standards and cost per call predictions provided by the administrator  
8 of the national suicide prevention lifeline, call volume predictions,  
9 guidance on crisis call center performance metrics, and necessary  
10 technology upgrades. In contracting with the crisis call centers, the  
11 department:

12 (a) May provide funding to support crisis call centers and  
13 designated 988 contact hubs to enter into limited on-site  
14 partnerships with the public safety answering point to increase the  
15 coordination and transfer of behavioral health calls received by  
16 certified public safety telecommunicators that are better addressed  
17 by clinic interventions provided by the 988 system. Tax revenue may  
18 be used to support on-site partnerships;

19 (b) Shall require that crisis call centers enter into data-  
20 sharing agreements, when appropriate, with the department, the  
21 authority, and applicable regional behavioral health administrative  
22 services organizations to provide reports and client level data  
23 regarding 988 crisis hotline calls, as allowed by and in compliance  
24 with existing federal and state law governing the sharing and use of  
25 protected health information, including dispatch time, arrival time,  
26 and disposition of the outreach for each call referred for outreach  
27 by each region. The department and the authority shall establish  
28 requirements that the crisis call centers report the data identified  
29 in this subsection (2)(b) to regional behavioral health  
30 administrative services organizations for the purposes of maximizing  
31 medicaid reimbursement, as appropriate, and implementing this chapter  
32 and chapters 71.05 and 71.34 RCW including, but not limited to,  
33 administering crisis services for the assigned regional service area,  
34 contracting with a sufficient number of licensed or certified  
35 providers for crisis services, establishing and maintaining quality  
36 assurance processes, maintaining patient tracking, and developing and  
37 implementing strategies to coordinate care for individuals with a  
38 history of frequent crisis system utilization.

39 (3) The department shall adopt rules by (~~July~~) January 1,  
40 (~~2023~~) 2025, to establish standards for designation of crisis call

1 centers as (~~erisis call center~~) designated 988 contact hubs. The  
2 department shall collaborate with the authority and other agencies to  
3 assure coordination and availability of services, and shall consider  
4 national guidelines for behavioral health crisis care as determined  
5 by the federal substance abuse and mental health services  
6 administration, national behavioral health accrediting bodies, and  
7 national behavioral health provider associations to the extent they  
8 are appropriate, and recommendations from the crisis response  
9 improvement strategy committee created in RCW 71.24.892.

10 (4) The department shall designate (~~erisis call center~~)  
11 designated 988 contact hubs by (~~July~~) January 1, (~~2024~~) 2026. The  
12 (~~erisis call center~~) designated 988 contact hubs shall provide  
13 crisis intervention services, triage, care coordination, referrals,  
14 and connections to individuals contacting the 988 crisis hotline from  
15 any jurisdiction within Washington 24 hours a day, seven days a week,  
16 using the system platform developed under subsection (5) of this  
17 section.

18 (a) To be designated as a (~~erisis call center~~) designated 988  
19 contact hub, the applicant must demonstrate to the department the  
20 ability to comply with the requirements of this section and to  
21 contract to provide (~~erisis call center~~) designated 988 contact hub  
22 services. The department may revoke the designation of any (~~erisis~~  
23 ~~call center~~) designated 988 contact hub that fails to substantially  
24 comply with the contract.

25 (b) The contracts entered shall require designated (~~erisis call~~  
26 ~~center~~) 988 contact hubs to:

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

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

34 (iii) Employ highly qualified, skilled, and trained clinical  
35 staff who have sufficient training and resources to provide empathy  
36 to callers in acute distress, de-escalate crises, assess behavioral  
37 health disorders and suicide risk, triage to system partners for  
38 callers that need additional clinical interventions, and provide case  
39 management and documentation. Call center staff shall be trained to  
40 make every effort to resolve cases in the least restrictive

1 environment and without law enforcement involvement whenever  
2 possible. Call center staff shall coordinate with certified peer  
3 counselors to provide follow-up and outreach to callers in distress  
4 as available. It is intended for transition planning to include a  
5 pathway for continued employment and skill advancement as needed for  
6 experienced crisis call center employees;

7 (iv) Train employees to screen persons contacting the designated  
8 988 contact hub to determine if they are associated with the  
9 agricultural community and if they prefer to be connected to a crisis  
10 hotline that specializes in working with members from the  
11 agricultural community. The training shall prepare staff to be able  
12 to provide appropriate assessments, interventions, and resources to  
13 members of the agricultural community in a way that maintains the  
14 anonymity of the person making contact;

15 (v) Prominently display 988 crisis hotline information on their  
16 websites and social media, including a description of what the caller  
17 should expect when contacting the crisis call center and a  
18 description of the various options available to the caller, including  
19 call lines specialized in the behavioral health needs of veterans,  
20 American Indian and Alaska Native persons, Spanish-speaking persons,  
21 LGBTQ populations, and persons connected with the agricultural  
22 community;

23 (vi) Collaborate with the authority, the national suicide  
24 prevention lifeline, and veterans crisis line networks to assure  
25 consistency of public messaging about the 988 crisis hotline; ((and

26 +v)) (vii) Develop and submit to the department protocols  
27 between the designated 988 contact hub and 911 call centers within  
28 the region in which the designated crisis call center operates and  
29 receive approval of the protocols by the department and the state 911  
30 coordination office;

31 (viii) Develop, in collaboration with the region's behavioral  
32 health administrative services organizations, and jointly submit to  
33 the authority protocols related to the dispatching of mobile rapid  
34 response crisis teams and community-based crisis teams endorsed under  
35 section 8 of this act and receive approval of the protocols by the  
36 authority;

37 (ix) Provide data and reports and participate in evaluations and  
38 related quality improvement activities, according to standards  
39 established by the department in collaboration with the authority.  
40 The data must include deidentified information regarding the number

1 of contacts connected to the agricultural community and the nature of  
2 those contacts; and

3 (x) Enter into data-sharing agreements with the department, the  
4 authority, and applicable regional behavioral health administrative  
5 services organizations to provide reports and client level data  
6 regarding 988 crisis hotline calls, including dispatch time, arrival  
7 time, and disposition of the outreach for each call referred for  
8 outreach by each region. The department and the authority shall  
9 establish requirements that the designated 988 contact hubs report  
10 the data identified in this subsection (4)(b)(x) to regional  
11 behavioral health administrative services organizations for the  
12 purposes of maximizing medicaid reimbursement, as appropriate, and  
13 implementing this chapter and chapters 71.05 and 71.34 RCW including,  
14 but not limited to, administering crisis services for the assigned  
15 regional service area, contracting with a sufficient number or  
16 licensed or certified providers for crisis services, establishing and  
17 maintaining quality assurance processes, maintaining patient  
18 tracking, and developing and implementing strategies to coordinate  
19 care for individuals with a history of frequent crisis system  
20 utilization.

21 (c) The department and the authority shall incorporate  
22 recommendations from the crisis response improvement strategy  
23 committee created under RCW 71.24.892 in its agreements with (~~crisis~~  
24 ~~call-center~~) designated 988 contact hubs, as appropriate.

25 (5) The department and authority must coordinate to develop the  
26 technology and platforms necessary to manage and operate the  
27 behavioral health crisis response and suicide prevention system. The  
28 department and the authority must include the crisis call centers and  
29 designated 988 contact hubs in the decision-making process for  
30 selecting any technology platforms that will be used to operate the  
31 system. No decisions made by the department or the authority shall  
32 interfere with the routing of the 988 crisis hotline calls, texts, or  
33 chat as part of Washington's active agreement with the administrator  
34 of the national suicide prevention lifeline or 988 administrator that  
35 routes 988 contacts into Washington's system. The technologies  
36 developed must include:

37 (a) A new technologically advanced behavioral health and suicide  
38 prevention crisis call center system platform (~~using technology~~  
39 ~~demonstrated to be interoperable across crisis and emergency response~~  
40 ~~systems used throughout the state, such as 911 systems, emergency~~



1 ~~medical services systems, and other nonbehavioral health crisis~~  
2 ~~services,))~~ for use in ((~~erisis call center~~)) designated 988 contact  
3 hubs designated by the department under subsection (4) of this  
4 section. This platform, which shall be fully funded by July 1,  
5 ((2023)) 2024, shall be developed by the department and must include  
6 the capacity to receive crisis assistance requests through phone  
7 calls, texts, chats, and other similar methods of communication that  
8 may be developed in the future that promote access to the behavioral  
9 health crisis system; and

10 (b) A behavioral health integrated client referral system capable  
11 of providing system coordination information to ((~~erisis call~~  
12 ~~center~~)) designated 988 contact hubs and the other entities involved  
13 in behavioral health care. This system shall be developed by the  
14 authority.

15 (6) In developing the new technologies under subsection (5) of  
16 this section, the department and the authority must coordinate to  
17 designate a primary technology system to provide each of the  
18 following:

19 (a) Access to real-time information relevant to the coordination  
20 of behavioral health crisis response and suicide prevention services,  
21 including:

22 (i) Real-time bed availability for all behavioral health bed  
23 types, including but not limited to crisis stabilization services,  
24 triage facilities, psychiatric inpatient, substance use disorder  
25 inpatient, withdrawal management, peer-run respite centers, and  
26 crisis respite services, inclusive of both voluntary and involuntary  
27 beds, for use by crisis response workers, first responders, health  
28 care providers, emergency departments, and individuals in crisis; and

29 (ii) Real-time information relevant to the coordination of  
30 behavioral health crisis response and suicide prevention services for  
31 a person, including the means to access:

32 (A) Information about any less restrictive alternative treatment  
33 orders or mental health advance directives related to the person; and

34 (B) Information necessary to enable the ((~~erisis call center~~))  
35 designated 988 contact hub to actively collaborate with emergency  
36 departments, primary care providers and behavioral health providers  
37 within managed care organizations, behavioral health administrative  
38 services organizations, and other health care payers to establish a  
39 safety plan for the person in accordance with best practices and  
40 provide the next steps for the person's transition to follow-up

1 noncrisis care. To establish information-sharing guidelines that  
2 fulfill the intent of this section the authority shall consider input  
3 from the confidential information compliance and coordination  
4 subcommittee established under RCW 71.24.892;

5 ~~((b) The means to request deployment of appropriate crisis  
6 response services, which may include mobile rapid response crisis  
7 teams, co-responder teams, designated crisis responders, fire  
8 department mobile integrated health teams, or community assistance  
9 referral and educational services programs under RCW 35.21.930,  
10 according to best practice guidelines established by the authority,  
11 and track local response through global positioning technology; and~~

12 ~~(e))~~ The means to track the outcome of the 988 call to enable  
13 appropriate follow up, cross-system coordination, and accountability,  
14 including as appropriate: (i) Any immediate services dispatched and  
15 reports generated from the encounter; (ii) the validation of a safety  
16 plan established for the caller in accordance with best practices;  
17 (iii) the next steps for the caller to follow in transition to  
18 noncrisis follow-up care, including a next-day appointment for  
19 callers experiencing urgent, symptomatic behavioral health care  
20 needs; and (iv) the means to verify and document whether the caller  
21 was successful in making the transition to appropriate noncrisis  
22 follow-up care indicated in the safety plan for the person, to be  
23 completed either by the care coordinator provided through the  
24 person's managed care organization, health plan, or behavioral health  
25 administrative services organization, or if such a care coordinator  
26 is not available or does not follow through, by the staff of the  
27 ~~((erisis call center))~~ designated 988 contact hub;

28 ~~((d))~~ (c) A means to facilitate actions to verify and document  
29 whether the person's transition to follow up noncrisis care was  
30 completed and services offered, to be performed by a care coordinator  
31 provided through the person's managed care organization, health plan,  
32 or behavioral health administrative services organization, or if such  
33 a care coordinator is not available or does not follow through, by  
34 the staff of the ~~((erisis call center))~~ designated 988 contact hub;

35 ~~((e))~~ (d) The means to provide geographically, culturally, and  
36 linguistically appropriate services to persons who are part of high-  
37 risk populations or otherwise have need of specialized services or  
38 accommodations, and to document these services or accommodations; and

1       ~~((f))~~ (e) When appropriate, consultation with tribal  
2 governments to ensure coordinated care in government-to-government  
3 relationships, and access to dedicated services to tribal members.

4       (7) ~~((To implement this section the department and the authority  
5 shall collaborate with the state enhanced 911 coordination office,  
6 emergency management division, and military department to develop  
7 technology that is demonstrated to be interoperable between the 988  
8 crisis hotline system and crisis and emergency response systems used  
9 throughout the state, such as 911 systems, emergency medical services  
10 systems, and other nonbehavioral health crisis services, as well as  
11 the national suicide prevention lifeline, to assure cohesive  
12 interoperability, develop training programs and operations for both  
13 911 public safety telecommunicators and crisis line workers, develop  
14 suicide and other behavioral health crisis assessments and  
15 intervention strategies, and establish efficient and equitable access  
16 to resources via crisis hotlines.~~

17       ~~(8))~~ The authority shall:

18       (a) Collaborate with county authorities and behavioral health  
19 administrative services organizations to develop procedures to  
20 dispatch behavioral health crisis services in coordination with  
21 ~~((crisis call center))~~ designated 988 contact hubs to effectuate the  
22 intent of this section;

23       (b) Establish formal agreements with managed care organizations  
24 and behavioral health administrative services organizations by  
25 January 1, 2023, to provide for the services, capacities, and  
26 coordination necessary to effectuate the intent of this section,  
27 which shall include a requirement to arrange next-day appointments  
28 for persons contacting the 988 crisis hotline experiencing urgent,  
29 symptomatic behavioral health care needs with geographically,  
30 culturally, and linguistically appropriate primary care or behavioral  
31 health providers within the person's provider network, or, if  
32 uninsured, through the person's behavioral health administrative  
33 services organization;

34       (c) Create best practices guidelines by July 1, 2023, for  
35 deployment of appropriate and available crisis response services by  
36 ~~((crisis call center))~~ designated 988 contact hubs to assist 988  
37 hotline callers to minimize nonessential reliance on emergency room  
38 services and the use of law enforcement, considering input from  
39 relevant stakeholders and recommendations made by the crisis response  
40 improvement strategy committee created under RCW 71.24.892;

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

7 (e) Establish guidelines to appropriately serve high-risk  
8 populations who request crisis services. The authority shall design  
9 these guidelines to promote behavioral health equity for all  
10 populations with attention to circumstances of race, ethnicity,  
11 gender, socioeconomic status, sexual orientation, and geographic  
12 location, and include components such as training requirements for  
13 call response workers, policies for transferring such callers to an  
14 appropriate specialized center or subnetwork within or external to  
15 the national suicide prevention lifeline network, and procedures for  
16 referring persons who access the 988 crisis hotline to linguistically  
17 and culturally competent care; and

18 (f) Monitor trends in 988 crisis hotline caller data, as reported  
19 by designated 988 contact hubs in subsection (4)(b)(x) of this  
20 section and submit an annual report to the governor and the  
21 appropriate committees of the legislature summarizing the data and  
22 trends in the information beginning December 1, 2027.

23 **Sec. 6.** RCW 71.24.892 and 2021 c 302 s 103 are each amended to  
24 read as follows:

25 (1) The crisis response improvement strategy committee is  
26 established for the purpose of providing advice in developing an  
27 integrated behavioral health crisis response and suicide prevention  
28 system containing the elements described in this section. The work of  
29 the committee shall be received and reviewed by a steering committee,  
30 which shall in turn form subcommittees to provide the technical  
31 analysis and input needed to formulate system change recommendations.

32 (2) The ~~((office of financial management shall contract with~~  
33 ~~the))~~ behavioral health institute at Harborview medical center ~~((to))~~  
34 shall facilitate and provide staff support to the steering committee  
35 and to the crisis response improvement strategy committee. The  
36 behavioral health institute may contract for the provision of these  
37 services.

38 (3) The steering committee shall consist of the five members  
39 specified as serving on the steering committee in this subsection and

1 one additional member who has been appointed to serve pursuant to the  
2 criteria in either (j), (k), (l), or (m) of this subsection. The  
3 steering committee shall select three cochairs from among its members  
4 to lead the crisis response improvement strategy committee. The  
5 crisis response improvement strategy committee shall consist of the  
6 following members, who shall be appointed or requested by the  
7 authority, unless otherwise noted:

8 (a) The director of the authority, or his or her designee, who  
9 shall also serve on the steering committee;

10 (b) The secretary of the department, or his or her designee, who  
11 shall also serve on the steering committee;

12 (c) A member representing the office of the governor, who shall  
13 also serve on the steering committee;

14 (d) The Washington state insurance commissioner, or his or her  
15 designee;

16 (e) Up to two members representing federally recognized tribes,  
17 one from eastern Washington and one from western Washington, who have  
18 expertise in behavioral health needs of their communities;

19 (f) One member from each of the two largest caucuses of the  
20 senate, one of whom shall also be designated to participate on the  
21 steering committee, to be appointed by the president of the senate;

22 (g) One member from each of the two largest caucuses of the house  
23 of representatives, one of whom shall also be designated to  
24 participate on the steering committee, to be appointed by the speaker  
25 of the house of representatives;

26 (h) The director of the Washington state department of veterans  
27 affairs, or his or her designee;

28 (i) The state (~~enhanced~~) 911 coordinator, or his or her  
29 designee;

30 (j) A member with lived experience of a suicide attempt;

31 (k) A member with lived experience of a suicide loss;

32 (l) A member with experience of participation in the crisis  
33 system related to lived experience of a mental health disorder;

34 (m) A member with experience of participation in the crisis  
35 system related to lived experience with a substance use disorder;

36 (n) A member representing each crisis call center in Washington  
37 that is contracted with the national suicide prevention lifeline;

38 (o) Up to two members representing behavioral health  
39 administrative services organizations, one from an urban region and  
40 one from a rural region;

1 (p) A member representing the Washington council for behavioral  
2 health;

3 (q) A member representing the association of alcoholism and  
4 addiction programs of Washington state;

5 (r) A member representing the Washington state hospital  
6 association;

7 (s) A member representing the national alliance on mental illness  
8 Washington;

9 (t) A member representing the behavioral health interests of  
10 persons of color recommended by Sea Mar community health centers;

11 (u) A member representing the behavioral health interests of  
12 persons of color recommended by Asian counseling and referral  
13 service;

14 (v) A member representing law enforcement;

15 (w) A member representing a university-based suicide prevention  
16 center of excellence;

17 (x) A member representing an emergency medical services  
18 department with a CARES program;

19 (y) A member representing medicaid managed care organizations, as  
20 recommended by the association of Washington healthcare plans;

21 (z) A member representing commercial health insurance, as  
22 recommended by the association of Washington healthcare plans;

23 (aa) A member representing the Washington association of  
24 designated crisis responders;

25 (bb) A member representing the children and youth behavioral  
26 health work group;

27 (cc) A member representing a social justice organization  
28 addressing police accountability and the use of deadly force; and

29 (dd) A member representing an organization specializing in  
30 facilitating behavioral health services for LGBTQ populations.

31 (4) The crisis response improvement strategy committee shall  
32 assist the steering committee to identify potential barriers and make  
33 recommendations necessary to implement and effectively monitor the  
34 progress of the 988 crisis hotline in Washington and make  
35 recommendations for the statewide improvement of behavioral health  
36 crisis response and suicide prevention services.

37 (5) The steering committee must develop a comprehensive  
38 assessment of the behavioral health crisis response and suicide  
39 prevention services system by January 1, 2022, including an inventory  
40 of existing statewide and regional behavioral health crisis response,

1 suicide prevention, and crisis stabilization services and resources,  
2 and taking into account capital projects which are planned and  
3 funded. The comprehensive assessment shall identify:

4 (a) Statewide and regional insufficiencies and gaps in behavioral  
5 health crisis response and suicide prevention services and resources  
6 needed to meet population needs;

7 (b) Quantifiable goals for the provision of statewide and  
8 regional behavioral health crisis services and targeted deployment of  
9 resources, which consider factors such as reported rates of  
10 involuntary commitment detentions, single-bed certifications, suicide  
11 attempts and deaths, substance use disorder-related overdoses,  
12 overdose or withdrawal-related deaths, and incarcerations due to a  
13 behavioral health incident;

14 (c) A process for establishing outcome measures, benchmarks, and  
15 improvement targets, for the crisis response system; and

16 (d) Potential funding sources to provide statewide and regional  
17 behavioral health crisis services and resources.

18 (6) The steering committee, taking into account the comprehensive  
19 assessment work under subsection (5) of this section as it becomes  
20 available, after discussion with the crisis response improvement  
21 strategy committee and hearing reports from the subcommittees, shall  
22 report on the following:

23 (a) A recommended vision for an integrated crisis network in  
24 Washington that includes, but is not limited to: An integrated 988  
25 crisis hotline and ~~((crisis call center))~~ designated 988 contact  
26 hubs; mobile rapid response crisis teams and community-based crisis  
27 teams endorsed under section 8 of this act; mobile crisis response  
28 units for youth, adult, and geriatric population; a range of crisis  
29 stabilization services; an integrated involuntary treatment system;  
30 access to peer-run services, including peer-run respite centers;  
31 adequate crisis respite services; and data resources;

32 (b) Recommendations to promote equity in services for individuals  
33 of diverse circumstances of culture, race, ethnicity, gender,  
34 socioeconomic status, sexual orientation, and for individuals in  
35 tribal, urban, and rural communities;

36 (c) Recommendations for a work plan with timelines to implement  
37 appropriate local responses to calls to the 988 crisis hotline within  
38 Washington in accordance with the time frames required by the  
39 national suicide hotline designation act of 2020;

1 (d) The necessary components of each of the new technologically  
2 advanced behavioral health crisis call center system platform and the  
3 new behavioral health integrated client referral system, as provided  
4 under RCW 71.24.890, for assigning and tracking response to  
5 behavioral health crisis calls and providing real-time bed and  
6 outpatient appointment availability to 988 operators, emergency  
7 departments, designated crisis responders, and other behavioral  
8 health crisis responders, which shall include but not be limited to:

9 (i) Identification of the components (~~(erisis-call-center)~~) that  
10 designated 988 contact hub staff need to effectively coordinate  
11 crisis response services and find available beds and available  
12 primary care and behavioral health outpatient appointments;

13 (ii) Evaluation of existing bed tracking models currently  
14 utilized by other states and identifying the model most suitable to  
15 Washington's crisis behavioral health system;

16 (iii) Evaluation of whether bed tracking will improve access to  
17 all behavioral health bed types and other impacts and benefits; and

18 (iv) Exploration of how the bed tracking and outpatient  
19 appointment availability platform can facilitate more timely access  
20 to care and other impacts and benefits;

21 (e) The necessary systems and capabilities that licensed or  
22 certified behavioral health agencies, behavioral health providers,  
23 and any other relevant parties will require to report, maintain, and  
24 update inpatient and residential bed and outpatient service  
25 availability in real time to correspond with the crisis call center  
26 system platform or behavioral health integrated client referral  
27 system identified in RCW 71.24.890, as appropriate;

28 (f) A work plan to establish the capacity for the (~~(erisis-call~~  
29 ~~center)~~) designated 988 contact hubs to integrate Spanish language  
30 interpreters and Spanish-speaking call center staff into their  
31 operations, and to ensure the availability of resources to meet the  
32 unique needs of persons in the agricultural community who are  
33 experiencing mental health stresses, which explicitly addresses  
34 concerns regarding confidentiality;

35 (g) A work plan with timelines to enhance and expand the  
36 availability of (~~(community-based)~~) mobile rapid response crisis  
37 teams and community-based crisis teams endorsed under section 8 of  
38 this act based in each region, including specialized teams as  
39 appropriate to respond to the unique needs of youth, including  
40 American Indian and Alaska Native youth and LGBTQ youth, and



1 geriatric populations, including older adults of color and older  
2 adults with comorbid dementia;

3 (h) The identification of other personal and systemic behavioral  
4 health challenges which implementation of the 988 crisis hotline has  
5 the potential to address in addition to suicide response and  
6 behavioral health crises;

7 (i) The development of a plan for the statewide equitable  
8 distribution of crisis stabilization services, behavioral health  
9 beds, and peer-run respite services;

10 (j) Recommendations concerning how health plans, managed care  
11 organizations, and behavioral health administrative services  
12 organizations shall fulfill requirements to provide assignment of a  
13 care coordinator and to provide next-day appointments for enrollees  
14 who contact the behavioral health crisis system;

15 (k) Appropriate allocation of crisis system funding  
16 responsibilities among medicaid managed care organizations,  
17 commercial insurers, and behavioral health administrative services  
18 organizations;

19 (l) Recommendations for constituting a statewide behavioral  
20 health crisis response and suicide prevention oversight board or  
21 similar structure for ongoing monitoring of the behavioral health  
22 crisis system and where this should be established; and

23 (m) Cost estimates for each of the components of the integrated  
24 behavioral health crisis response and suicide prevention system.

25 (7) The steering committee shall consist only of members  
26 appointed to the steering committee under this section. The steering  
27 committee shall convene the committee, form subcommittees, assign  
28 tasks to the subcommittees, and establish a schedule of meetings and  
29 their agendas.

30 (8) The subcommittees of the crisis response improvement strategy  
31 committee shall focus on discrete topics. The subcommittees may  
32 include participants who are not members of the crisis response  
33 improvement strategy committee, as needed to provide professional  
34 expertise and community perspectives. Each subcommittee shall have at  
35 least one member representing the interests of stakeholders in a  
36 rural community, at least one member representing the interests of  
37 stakeholders in an urban community, and at least one member  
38 representing the interests of youth stakeholders. The steering  
39 committee shall form the following subcommittees:

1 (a) A Washington tribal 988 subcommittee, which shall examine and  
2 make recommendations with respect to the needs of tribes related to  
3 the 988 system, and which shall include representation from the  
4 American Indian health commission;

5 (b) A credentialing and training subcommittee, to recommend  
6 workforce needs and requirements necessary to implement chapter 302,  
7 Laws of 2021, including minimum education requirements such as  
8 whether it would be appropriate to allow ~~((crisis call center))~~  
9 designated 988 contact hubs to employ clinical staff without a  
10 bachelor's degree or master's degree based on the person's skills and  
11 life or work experience;

12 (c) A technology subcommittee, to examine issues and requirements  
13 related to the technology needed to implement chapter 302, Laws of  
14 2021;

15 (d) A cross-system crisis response collaboration subcommittee, to  
16 examine and define the complementary roles and interactions between  
17 mobile rapid response crisis teams and community-based crisis teams  
18 endorsed under section 8 of this act, designated crisis responders,  
19 law enforcement, emergency medical services teams, 911 and 988  
20 operators, public and private health plans, behavioral health crisis  
21 response agencies, nonbehavioral health crisis response agencies, and  
22 others needed to implement chapter 302, Laws of 2021;

23 (e) A confidential information compliance and coordination  
24 subcommittee, to examine issues relating to sharing and protection of  
25 health information needed to implement chapter 302, Laws of 2021;  
26 ~~((and))~~

27 (f) A 988 geolocation subcommittee, to examine privacy issues  
28 related to federal planning efforts to route 988 crisis hotline calls  
29 based on the person's location, rather than area code, including ways  
30 to implement the federal efforts in a manner that maintains public  
31 and clinical confidence in the 988 crisis hotline. The 988  
32 geolocation subcommittee must include persons with lived experience  
33 with behavioral health conditions as well as representatives of  
34 crisis call centers, the behavioral health interests of persons of  
35 color, and behavioral health providers; and

36 (g) Any other subcommittee needed to facilitate the work of the  
37 committee, at the discretion of the steering committee.

38 (9) The proceedings of the crisis response improvement strategy  
39 committee must be open to the public and invite testimony from a  
40 broad range of perspectives. The committee shall seek input from

1 tribes, veterans, the LGBTQ community, and communities of color to  
2 help discern how well the crisis response system is currently working  
3 and recommend ways to improve the crisis response system.

4 (10) Legislative members of the crisis response improvement  
5 strategy committee shall be reimbursed for travel expenses in  
6 accordance with RCW 44.04.120. Nonlegislative members are not  
7 entitled to be reimbursed for travel expenses if they are elected  
8 officials or are participating on behalf of an employer, governmental  
9 entity, or other organization. Any reimbursement for other  
10 nonlegislative members is subject to chapter 43.03 RCW.

11 (11) The steering committee, with the advice of the crisis  
12 response improvement strategy committee, shall provide a progress  
13 report and the result of its comprehensive assessment under  
14 subsection (5) of this section to the governor and appropriate policy  
15 and fiscal committee of the legislature by January 1, 2022. The  
16 steering committee shall report the crisis response improvement  
17 strategy committee's further progress and the steering committee's  
18 recommendations related to ~~((crisis call center))~~ designated 988  
19 contact hubs to the governor and appropriate policy and fiscal  
20 committees of the legislature by January 1, 2023, and January 1,  
21 2024. The steering committee shall provide its final report to the  
22 governor and the appropriate policy and fiscal committees of the  
23 legislature by January 1, ~~((2024))~~ 2025.

24 (12) This section expires June 30, ~~((2024))~~ 2025.

25 **Sec. 7.** RCW 71.24.896 and 2021 c 302 s 108 are each amended to  
26 read as follows:

27 (1) When acting in their statutory capacities pursuant to chapter  
28 302, Laws of 2021, the state, department, authority, state  
29 ~~((enhanced))~~ 911 coordination office, emergency management division,  
30 military department, any other state agency, and their officers,  
31 employees, and agents are deemed to be carrying out duties owed to  
32 the public in general and not to any individual person or class of  
33 persons separate and apart from the public. Nothing contained in  
34 chapter 302, Laws of 2021 may be construed to evidence a legislative  
35 intent that the duties to be performed by the state, department,  
36 authority, state ~~((enhanced))~~ 911 coordination office, emergency  
37 management division, military department, any other state agency, and  
38 their officers, employees, and agents, as required by chapter 302,

1 Laws of 2021, are owed to any individual person or class of persons  
2 separate and apart from the public in general.

3 (2) Each (~~crisis call center~~) designated 988 contact hub  
4 designated by the department under any contract or agreement pursuant  
5 to chapter 302, Laws of 2021 shall be deemed to be an independent  
6 contractor, separate and apart from the department and the state.

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

9 (1) By April 1, 2024, the authority shall establish standards for  
10 issuing an endorsement to any mobile rapid response crisis team or  
11 community-based crisis team that meets the criteria under either  
12 subsection (2) or (3) of this section, as applicable. The endorsement  
13 is a voluntary credential that a mobile rapid response crisis team or  
14 community-based crisis team may obtain to signify that it maintains  
15 the capacity to respond to persons who are experiencing a significant  
16 behavioral health emergency requiring an urgent, in-person response.  
17 The attainment of an endorsement allows the mobile rapid response  
18 crisis team or community-based crisis team to become eligible for  
19 performance payments as provided in subsection (10) of this section.

20 (2) The authority's standards for issuing an endorsement to a  
21 mobile rapid response crisis team or a community-based crisis team  
22 must consider:

23 (a) Minimum staffing requirements to effectively respond in-  
24 person to individuals experiencing a significant behavioral health  
25 emergency. Except as provided in subsection (3) of this section, the  
26 team must include appropriately credentialed and supervised staff  
27 employed by a licensed or certified behavioral health agency and may  
28 include other personnel from participating entities listed in  
29 subsection (3) of this section. The team shall include certified peer  
30 counselors as a best practice to the extent practicable based on  
31 workforce availability. The team may include fire departments,  
32 emergency medical services, public health, medical facilities,  
33 nonprofit organizations, and city or county governments. The team may  
34 not include law enforcement personnel;

35 (b) Capabilities for transporting an individual experiencing a  
36 significant behavioral health emergency to a location providing  
37 appropriate level crisis stabilization services, as determined by  
38 regional transportation procedures, such as crisis receiving centers,  
39 crisis stabilization units, and triage facilities. The standards must

1 include vehicle and equipment requirements, including minimum  
2 requirements for vehicles and equipment to be able to safely  
3 transport the individual, as well as communication equipment  
4 standards. The vehicle standards must allow for an ambulance or aid  
5 vehicle licensed under chapter 18.73 RCW to be deemed to meet the  
6 standards; and

7 (c) Standards for the initial and ongoing training of personnel  
8 and for providing clinical supervision to personnel.

9 (3) The authority must adjust the standards for issuing an  
10 endorsement to a community-based crisis team under subsection (2) of  
11 this section if the team is comprised solely of an emergency medical  
12 services agency, whether it is part of a fire service agency or a  
13 private entity, that is located in a rural county in eastern  
14 Washington with a population of less than 60,000 residents. Under the  
15 adjusted standards, until January 1, 2030, the authority shall exempt  
16 a team from the personnel standards under subsection (2)(a) of this  
17 section and issue an endorsement to a team if:

18 (a) The personnel assigned to the team have met training  
19 requirements established by the authority under subsection (2)(c) of  
20 this section, as those requirements apply to emergency medical  
21 service and fire service personnel, including completion of the  
22 three-hour training in suicide assessment, treatment, and management  
23 under RCW 43.70.442;

24 (b) The team operates under a memorandum of understanding with a  
25 licensed or certified behavioral health agency to provide direct,  
26 real-time consultation through a behavioral health provider employed  
27 by a licensed or certified behavioral health agency while the team is  
28 responding to a call. The consultation may be provided by telephone,  
29 through remote technologies, or, if circumstances allow, in person;  
30 and

31 (c) The team does not include law enforcement personnel.

32 (4) Prior to issuing an initial endorsement or renewing an  
33 endorsement, the authority shall conduct an on-site survey of the  
34 applicant's operation.

35 (5) An endorsement must be renewed every three years.

36 (6) The authority shall establish forms and procedures for  
37 issuing and renewing an endorsement.

38 (7) The authority shall establish procedures for the denial,  
39 suspension, or revocation of an endorsement.

1 (8) (a) The decision of a mobile rapid response crisis team or  
2 community-based crisis team to seek endorsement is voluntary and does  
3 not prohibit a nonendorsed team from participating in the crisis  
4 response system when (i) responding to individuals who are not  
5 experiencing a significant behavioral health emergency that requires  
6 an urgent in-person response or (ii) responding to individuals who  
7 are experiencing a significant behavioral health emergency that  
8 requires an urgent in-person response when there is not an endorsed  
9 team available.

10 (b) The decision of a mobile rapid response crisis team not to  
11 pursue an endorsement under this section does not affect its  
12 obligation to comply with any standards adopted by the authority with  
13 respect to mobile rapid response crisis teams.

14 (c) The decision of a mobile rapid response crisis team not to  
15 pursue an endorsement under this section does not affect its  
16 responsibilities and reimbursement for services as they may be  
17 defined in contracts with managed care organizations or behavioral  
18 health administrative services organizations.

19 (9) The costs associated with endorsement activities shall be  
20 supported with funding from the statewide 988 behavioral health  
21 crisis response and suicide prevention line account established in  
22 RCW 82.86.050.

23 (10) The authority shall establish an endorsed mobile rapid  
24 response crisis team and community-based crisis team performance  
25 program with receipts from the statewide 988 behavioral health crisis  
26 response and suicide prevention line account.

27 (a) Subject to funding provided for this specific purpose, the  
28 performance program shall:

29 (i) Issue establishment grants to support mobile rapid response  
30 crisis teams and community-based crisis teams seeking to meet the  
31 elements necessary to become endorsed under either subsection (2) or  
32 (3) of this section;

33 (ii) Issue performance payments in the form of an enhanced case  
34 rate to mobile rapid response crisis teams and community-based crisis  
35 teams that have received an endorsement from the authority under  
36 either subsection (2) or (3) of this section; and

37 (iii) Issue supplemental performance payments in the form of an  
38 enhanced case rate higher than that available in (a)(ii) of this  
39 subsection (10) to mobile rapid response crisis teams and community-  
40 based crisis teams that have received an endorsement from the

1 authority under either subsection (2) or (3) of this section and  
2 demonstrate to the authority that for the previous three months they  
3 met the following response time and in route time standards:

4 (A) Between January 1, 2025, through December 31, 2026:

5 (I) Arrive to the individual's location within 30 minutes of  
6 being dispatched by the designated 988 contact hub, at least 80  
7 percent of the time in urban areas;

8 (II) Arrive to the individual's location within 40 minutes of  
9 being dispatched by the designated 988 contact hub, at least 80  
10 percent of the time in suburban areas; and

11 (III) Be in route within 15 minutes of being dispatched by the  
12 designated 988 contact hub, at least 80 percent of the time in rural  
13 areas; and

14 (B) On and after January 1, 2027:

15 (I) Arrive to the individual's location within 20 minutes of  
16 being dispatched by the designated 988 contact hub, at least 80  
17 percent of the time in urban areas;

18 (II) Arrive to the individual's location within 30 minutes of  
19 being dispatched by the designated 988 contact hub, at least 80  
20 percent of the time in suburban areas; and

21 (III) Be in route within 10 minutes of being dispatched by the  
22 designated 988 contact hub, at least 80 percent of the time in rural  
23 areas.

24 (b) The authority shall design the program in a manner that  
25 maximizes the state's ability to receive federal matching funds.

26 (11) The authority shall contract with the actuaries responsible  
27 for development of medicaid managed care rates to conduct an analysis  
28 and develop options for payment mechanisms and levels for rate  
29 enhancements under subsection (10) of this section. The authority  
30 shall consult with staff from the office of financial management and  
31 the fiscal committees of the legislature in conducting this analysis.  
32 The payment mechanisms must be developed to maximize leverage of  
33 allowable federal medicaid match. The analysis must clearly identify  
34 assumptions, include cost projections for the rate level options  
35 broken out by fund source, and summarize data used for the cost  
36 analysis. The cost projections must be based on Washington state  
37 specific utilization and cost data. The analysis must identify low,  
38 medium, and high ranges of projected costs associated for each option  
39 accounting for varying scenarios regarding the numbers of teams  
40 estimated to qualify for the enhanced case rates and supplemental

1 performance payments. The analysis must identify costs for both  
2 medicaid clients, and for state-funded nonmedicaid clients paid  
3 through contracts with behavioral health administrative services  
4 organizations. The analysis must account for phasing in of the number  
5 of teams that meet endorsement criteria over time and project annual  
6 costs for a four-year period associated with each of the scenarios.  
7 The authority shall submit a report summarizing the analysis, payment  
8 mechanism options, enhanced performance payment and supplemental  
9 performance payment rate level options, and related cost estimates to  
10 the office of financial management and the appropriate committees of  
11 the legislature by December 1, 2023.

12 (12) The authority shall conduct a review of the endorsed  
13 community-based crisis teams established under subsection (3) of this  
14 section and report to the governor and the health policy committees  
15 of the legislature by December 1, 2028. The report shall provide  
16 information about the engagement of the community-based crisis teams  
17 receiving an endorsement under subsection (3) of this section and  
18 their ability to provide a timely and appropriate response to persons  
19 experiencing a behavioral health crisis and any recommended changes  
20 to the teams to better meet the needs of the community including  
21 personnel requirements, training standards, and behavioral health  
22 provider consultation.

23 **Sec. 9.** RCW 82.86.050 and 2021 c 302 s 205 are each amended to  
24 read as follows:

25 (1) The statewide 988 behavioral health crisis response and  
26 suicide prevention line account is created in the state treasury. All  
27 receipts from the statewide 988 behavioral health crisis response and  
28 suicide prevention line tax imposed pursuant to this chapter must be  
29 deposited into the account. Moneys may only be spent after  
30 appropriation.

31 (2) Expenditures from the account may only be used for:

32 (a) (~~ensuring~~) Ensuring the efficient and effective routing of  
33 calls made to the 988 crisis hotline to an appropriate crisis hotline  
34 center or (~~crisis call center~~) designated 988 contact hub; and

35 (b) (~~personnel~~) Personnel and the provision of acute behavioral  
36 health, crisis outreach, and crisis stabilization services, as  
37 defined in RCW 71.24.025, by directly responding to the 988 crisis  
38 hotline and enhancing mobile crisis service standards and performance  
39 provided through mobile rapid response crisis teams and community-



1 based crisis teams endorsed under section 8 of this act. Ten percent  
2 of the annual receipts from the tax must be dedicated to the  
3 establishment grants, performance payments, and supplemental  
4 performance payments for mobile rapid response crisis teams and  
5 community-based crisis teams endorsed under section 8 of this act and  
6 endorsement activities in section 8 of this act, up to 30 percent of  
7 which is dedicated to mobile rapid response crisis teams and  
8 community-based crisis teams endorsed under section 8 of this act  
9 that are affiliated with a tribe in Washington.

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

13 NEW SECTION. Sec. 10. A new section is added to chapter 71.24  
14 RCW to read as follows:

15 (1) The authority and behavioral health administrative services  
16 organizations, in collaboration with the University of Washington,  
17 the Washington council for behavioral health, and the statewide 988  
18 coordinator, shall plan for regional collaboration among behavioral  
19 health providers and first responders working within the 988 crisis  
20 response and suicide prevention system, standardize practices and  
21 protocols, and develop a needs assessment for trainings. Under  
22 leadership by the authority and behavioral health administrative  
23 services organizations this work shall be divided as described in  
24 this section.

25 (2) The University of Washington shall develop an assessment of  
26 training needs, a mapping of current and future funded crisis  
27 response providers, and a comprehensive review of all behavioral  
28 health training required in statute and in rule. The training needs  
29 assessment, mapping of crisis providers, and research on existing  
30 training requirements must be completed by June 30, 2024. The  
31 university shall consult with, at a minimum, the following key  
32 stakeholders:

33 (a) At least two representatives from the behavioral health  
34 administrative services organizations, one from each side of the  
35 Cascade crest;

36 (b) At least three crisis services providers identified by the  
37 Washington council for behavioral health, one from each side of the  
38 Cascade crest, and one dedicated to serving communities of color;

39 (c) A representative of crisis call centers;

1 (d) The authority and the department;

2 (e) At least two members who are persons with lived experience  
3 related to mental health issues, substance use disorder issues, a  
4 suicide attempt, or a suicide loss;

5 (f) A representative of a statewide organization of field experts  
6 consisting of first responders, behavioral health professionals, and  
7 project managers working in co-response programs in Washington; and

8 (g) Advocates for and organizations representing persons with  
9 developmental disabilities, veterans, American Indians and Alaska  
10 Native populations, LGBTQ populations, and persons connected with the  
11 agricultural community, as deemed appropriate by each stakeholder  
12 group, including persons with lived experience related to mental  
13 health issues, substance use disorder issues, a suicide attempt, or a  
14 suicide loss.

15 (3) The authority and behavioral health services organizations,  
16 in collaboration with the stakeholders specified in subsection (1) of  
17 this section, shall develop recommendations for establishing crisis  
18 workforce and resilience training collaboratives that would offer  
19 voluntary regional trainings for behavioral health providers, peers,  
20 first responders, co-responders, 988 contact center personnel,  
21 designated 988 contact hub personnel, 911 operators, regional  
22 leaders, and interested members of the public, specific to a  
23 geographic region and the population they serve as informed by the  
24 needs assessment. The collaboratives shall encourage the development  
25 of foundational and advanced skills and practices in crisis response  
26 as well as foster regional collaboration. The recommendations must:

27 (a) Include strategies for better coordination and integration of  
28 988-specific training into the broader scope of behavioral health  
29 trainings that are already required;

30 (b) Identify effective trainings to explain how the 988 system  
31 works with the 911 emergency response system, trauma-informed care,  
32 secondary trauma, suicide protocols and practices for crisis  
33 responders, supervisory best practices for first responders, lethal  
34 means safety, violence assessments, cultural competency, and  
35 essential care for serving individuals with serious mental illness,  
36 substance use disorder, or co-occurring disorders;

37 (c) Identify best practice approaches to working with veterans,  
38 intellectually and developmentally disabled populations, youth, LGBTQ  
39 populations, communities of color, agricultural communities, and  
40 American Indian and Alaska Native populations;

1 (d) Identify ways to provide the designated 988 contact hubs and  
2 other crisis providers with training that is tailored to the  
3 agricultural community using training that is agriculture-specific  
4 with information relating to the stressors unique to persons  
5 connected with the agricultural community such as weather conditions,  
6 financial obligations, market conditions, and other relevant issues.  
7 When developing the recommendations, consideration must be given to  
8 national experts, such as the AgriSafe network and other entities;

9 (e) Identify ways to promote a better informed and more involved  
10 community on topics related to the behavioral health crisis system by  
11 increasing public access to and participation in trainings on the  
12 topics identified in (b) and (c) of this subsection (3), including  
13 through remote audiovisual technology;

14 (f) Establish suggested protocols for ways to sustain the  
15 collaboratives as new mobile rapid response crisis teams and  
16 community-based crisis teams endorsed under section 8 of this act,  
17 co-responder teams, and crisis facilities are funded and  
18 operationalized;

19 (g) Discuss funding needs to sustain the collaboratives and  
20 support participation in attending the trainings; and

21 (h) Offer a potential timeline for implementing the  
22 collaboratives on a region-by-region basis.

23 (4) The authority shall submit a report on the items developed in  
24 this section to the governor and the appropriate committees of the  
25 legislature by December 31, 2024.

26 NEW SECTION. **Sec. 11.** A new section is added to chapter 71.24  
27 RCW to read as follows:

28 Behavioral health administrative services organizations in their  
29 role as regional behavioral health system leaders, in partnership  
30 with the authority, shall convene an annual crisis continuum of care  
31 forum, led by the behavioral health administrative services  
32 organizations, with participation from partners serving regional  
33 service areas, including managed care organizations, behavioral  
34 health providers, mobile rapid response crisis teams, 988 call center  
35 hubs, counties, tribes, and other regional partners, to identify and  
36 develop collaborative regional-based solutions which may include  
37 capital infrastructure requests, local capacity building, or  
38 community investments including joint funding opportunities,  
39 innovative and scalable pilot initiatives, or other funder and

1 stakeholder partnerships. The authority shall provide funding for  
2 this annual crisis continuum of care forum. Behavioral health  
3 administrative services organizations and the authority shall jointly  
4 submit recommendations, as appropriate, supporting these efforts to  
5 the joint legislative executive committee on behavioral health.

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

8 (1) No act or omission related to the dispatching decisions of  
9 any crisis call center staff or designated 988 contact hub staff with  
10 endorsed mobile rapid response crisis team and community-based crisis  
11 team dispatching responsibilities done or omitted in good faith  
12 within the scope of the individual's employment responsibilities with  
13 the crisis call center or designated 988 contact hub and in  
14 accordance with dispatching procedures adopted both by the behavioral  
15 health administrative services organization and the crisis call  
16 center or the designated 988 contact hub and approved by the  
17 authority shall impose liability upon:

18 (a) The clinical staff of the crisis call center or designated  
19 988 contact hub or their clinical supervisors;

20 (b) The crisis call center or designated 988 contact hub or its  
21 officers, staff, or employees;

22 (c) Any member of a mobile rapid response crisis team or  
23 community-based crisis team endorsed under section 8 of this act;

24 (d) The certified public safety telecommunicator or the certified  
25 public safety telecommunicator's supervisor; or

26 (e) The public safety answering point or its officers, staff, or  
27 employees.

28 (2) This section shall not apply to any act or omission which  
29 constitutes either gross negligence or willful or wanton misconduct.

30 NEW SECTION. **Sec. 13.** A new section is added to chapter 38.60  
31 RCW to read as follows:

32 (1) No act or omission of any certified public safety  
33 telecommunicator or crisis call center staff or designated 988  
34 contact hub staff related to the transfer of calls from the 911 line  
35 to the 988 crisis hotline or from the 988 crisis hotline to the 911  
36 line, done or omitted in good faith, within the scope of the  
37 certified public safety telecommunicator's employment  
38 responsibilities with the public safety answering point and the

1 crisis call center or designated 988 contact hub and in accordance  
2 with call system transfer protocols adopted by both the department of  
3 health and the emergency management division shall impose liability  
4 upon:

5 (a) The certified public safety telecommunicator or the certified  
6 public safety telecommunicator's supervisor;

7 (b) The public safety answering point or its officers, staff, or  
8 employees;

9 (c) The clinical staff of the crisis call center or designated  
10 988 contact hub or their clinical supervisors;

11 (d) The crisis call center or designated 988 contact hub or its  
12 officers, staff, or employees; or

13 (e) Any member of a mobile rapid response crisis team or  
14 community-based crisis team endorsed under section 8 of this act.

15 (2) This section shall not apply to any act or omission which  
16 constitutes either gross negligence or willful or wanton misconduct.

17 NEW SECTION. **Sec. 14.** If specific funding for the purposes of  
18 this act, referencing this act by bill or chapter number, is not  
19 provided by June 30, 2023, in the omnibus appropriations act, this  
20 act is null and void."

**E2SHB 1134** - S COMM AMD

By Committee on Health & Long Term Care

**ADOPTED AS AMENDED 04/08/2023**

21 On page 1, line 2 of the title, after "system;" strike the  
22 remainder of the title and insert "amending RCW 71.24.890, 71.24.892,  
23 71.24.896, and 82.86.050; reenacting and amending RCW 71.24.025,  
24 71.24.037, and 43.70.442; adding new sections to chapter 71.24 RCW;  
25 adding a new section to chapter 38.60 RCW; creating a new section;  
26 and providing an expiration date."

EFFECT: Requires behavioral health administrative services  
organizations (BH-ASOs) to convene an annual crisis continuum of care  
forum with participation from partners in regional service areas to  
identify and develop collaborative regional-based solutions, funded  
by the Health Care Authority.

Transfers convening authority and final report responsibility for  
the project to plan for regional collaboration among behavioral  
health providers and first responders within the 988 crisis response  
and suicide prevention system; standardize practices and protocols;

develop a needs assessment for training; and develop recommendations for establishing crisis workforce and resilience training collaboratives to the Health Care Authority and BH-ASOs in collaboration with the University of Washington, the Washington Council on Behavioral Health, and the Statewide 988 Coordinator.

Requires future contracts between the Department of Health and designated 988 contract hubs to require the hubs to prominently display 988 crisis hotline information on their social media, in addition to their websites.

Expands the new definition of "community-based crisis team" to include teams which are part of a nonprofit crisis response provider.

--- END ---