

FINAL BILL REPORT

E2SSB 6251

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Synopsis as Enacted

Brief Description: Coordinating regional behavioral crisis response services.

Sponsors: Senate Committee on Ways & Means (originally sponsored by Senators Dhingra, Keiser, Kuderer, Lovelett, Lovick, Nguyen, Nobles, Robinson, Saldaña, Trudeau, Valdez, Wellman, Wilson, C. and Wilson, J.).

Senate Committee on Health & Long Term Care
Senate Committee on Ways & Means
House Committee on Health Care & Wellness
House Committee on Appropriations

Background: 988 Suicide and Crisis Lifeline. In July 2022, the National 988 Crisis Line was implemented in Washington, providing an easy-to-remember three digit number in every state which allows callers to reach the suicide prevention counseling service formerly known as the National Suicide Prevention Lifeline. The 988 crisis call centers interact with individuals who reach out by cell phone, land line, text, chat, and voice-over-Internet devices. The 988 crisis call centers offer live interaction in Spanish and interpretation services in over 240 languages and dialects. Specialty services offered targeted at the needs of discrete communities include the Veteran's Crisis Line, LGBTQI+ Youth Subnetwork Line, the Native and Strong Lifeline serving American Indians and Alaska Natives, and an American Sign Language service.

988 Lifeline Crisis Centers. The Department of Health (DOH) has oversight of contracting and certification with 988 call centers. DOH holds statutory responsibility to designate 988 contact hubs by January 1, 2026, which must meet statutory requirements for technological capabilities and training. DOH currently contracts with three 988 call centers: Volunteers of America Western Washington, Frontier Behavioral Health, and Crisis Connections. These call centers resolve a large percentage of calls in house but have the ability to refer callers to 911, regional crisis lines, and to request the dispatch of mobile crisis teams.

Regional Crisis Lines. Every county in Washington is served by a regional crisis line, which

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are call lines administered or contracted at the regional service area level by behavioral health administrative services organizations (BH-ASOs). Regional crisis lines provide behavioral health crisis response services 24 hours a day, seven days a week, 365 days a year to callers, which include but are not limited to dispatch of mobile crisis teams, community-based crisis teams, and designated crisis responders. While regional service lines resolve most calls in the community by providing remote or in-person stabilization services, regional crisis lines provide the portal to the involuntary commitment system through their interface with designated crisis responder agencies.

Regional Service Areas. Regional service areas are the purchasing regions in Washington for publicly-funded health care, both under the state Medicaid program and for BH-ASO services. There are ten regional service areas, organized at the county level, which range from single-county regional services areas such as the King and Pierce BH-ASOs, to groupings of up to nine counties, as found in the Greater Columbia BH-ASO, serving Central and Southeast Washington.

Behavioral Health Administrative Services Organizations. A BH-ASO is an entity contracted with the Health Care Authority (HCA) to administer behavioral health services using state funds within a regional service area, emphasizing services which are not eligible for federal financial participation under the state Medicaid program, and also services included within the state Medicaid program for individuals who do not qualify for Medicaid enrollment. BH-ASOs oversee regional crisis lines and designated crisis responders, which jointly provide the portals to the involuntary commitment system. BH-ASOs descend from regional support networks and behavioral health organizations which were local behavioral health networks operated by county authorities, and operate within the ten regional service areas. The county authorities within each of the regional service areas have the right of first refusal to administer the BH-ASO. County authorities administer the BH-ASO, either directly or through a joint operating agreement in multi-county regions, in seven of the ten BH-ASOs. HCA has contracted with a private company, Carelon Behavioral Health, to administer the BH-ASOs in the remaining three regions.

Efforts at Crisis System Coordination. Legislation enacted in 2021, gives HCA and DOH responsibility for enhancing the Washington State crisis response system, each working collaboratively in respective roles, according to many particulars specified in the legislation. A group called the Crisis Response Improvement Strategy Committee (CRIS Committee) was formed to advise HCA and DOH in these efforts. The CRIS Committee has up to 32 designated or appointed members who report to a six-member steering committee. The CRIS Committee in turn has seven subcommittees. The CRIS Committee, steering committee, and seven subcommittees have met extensively since late 2021. The CRIS Committee has provided three progress reports so far to the Governor and Legislature, and has a final report due January 1, 2025, after which the CRIS Committee and its subdivisions expire in law on June 30, 2025.

Summary: A BH-ASO must establish coordination within the behavioral health crisis

response system in each regional service area. The BH-ASO must establish comprehensive protocols for dispatching mobile rapid response crisis teams and community-based crisis teams.

The BH-ASO in each regional service area may convene partners and stakeholders in the behavioral health crisis response system within available resources for establishing clear regional protocols. The protocols must memorialize expectations, understandings, lines of communication, and strategies for optimizing crisis response within available resources. The protocols must describe how partners and stakeholders will share information, including real-time information sharing between 988 contact hubs and regional crisis lines. Protocols must be submitted to HCA for approval and shall be deemed approved if HCA does not respond within 90 days. If a BH-ASO does not intend to submit protocols, it must notify HCA by January 1, 2025.

DOH and HCA must provide support to BH-ASOs in developing protocols. The protocols must be in writing, with copies of the approved protocols provided to DOH, HCA, and the State 911 Coordination Office. Each protocol should be updated as needed and at intervals of not less than three years.

A BH-ASO may recommend the 988 contact hub or hubs within a regional service area. DOH may designate recommended 988 contact hubs within available resources if the hubs are able to meet federal and state requirements and when consistent with a need identified in regional protocols. The hub or hubs must be able to connect with culturally appropriate services to meet legal requirements within the region. If DOH declines to designate the recommended hub, it must provide a written explanation to the BH-ASO.

DOH may not designate more than four 988 contact hubs. DOH must collaborate with regional behavioral health crisis system partners in enacting rules for designation of 988 contact hubs. DOH must seek and consider recommendations from BH-ASOs to determine which 988 contact hubs best meet regional needs.

The 988 contact hubs must enter into data-sharing agreements with regional crisis lines which include real-time information sharing. If a 988 contact hub failed to substantially comply with its contract, data-sharing requirements, or approved regional protocols, DOH may revoke the designation and, after consulting with the affected BH-ASO, may designate a 988 contact hub recommended by a BH-ASO which is able to meet state and federal requirements. DOH's authority to fund on-site partnerships between 988 contact hubs and other crisis system partners is altered to remove the word "on-site" and to allow DOH to expand the partnerships to include regional crisis lines administered by BH-ASOs.

Subject to funding and authorization by the national 988 administrator, any subnetwork of 988 dedicated to the crisis assistance needs of American Indian and Alaska Native persons must offer services by text, chat, and other similar methods of communication to the same extent as the general 988 crisis hotline.

Votes on Final Passage:

Senate 49 0

House 95 0 (House amended)

Senate 49 0 (Senate concurred)

Effective: June 6, 2024