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**SENATE BILL 6251**

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**State of Washington**

**68th Legislature**

**2024 Regular Session**

**By** Senators Dhingra, Keiser, Kuderer, Lovelett, Lovick, Nguyen, Nobles, Robinson, Saldaña, Trudeau, Valdez, Wellman, C. Wilson, and J. Wilson

Read first time 01/16/24. Referred to Committee on Health & Long Term Care.

1 AN ACT Relating to coordination of regional behavioral health  
2 crisis response and suicide prevention services; reenacting and  
3 amending RCW 71.24.025 and 71.24.890; and adding a new section to  
4 chapter 71.24 RCW.

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

6 NEW SECTION. **Sec. 1.** A new section is added to chapter 71.24  
7 RCW to read as follows:

8 Behavioral health administrative services organizations shall  
9 have the responsibility to coordinate the behavioral health crisis  
10 response and suicide prevention system within each regional service  
11 area, and the lead role in establishing a comprehensive plan for  
12 dispatching mobile rapid response crisis teams and community-based  
13 crisis teams. In furtherance of this:

14 (1) The behavioral health administrative services organization  
15 shall be the primary system coordinator within each regional service  
16 area with the authority to convene regional behavioral health crisis  
17 response and suicide prevention system partners and stakeholders for  
18 the purpose of establishing clear regional protocols which  
19 memorialize expectations, understandings, lines of communication, and  
20 strategies for optimizing crisis response. The protocols must  
21 describe how crisis response and suicide prevention system partners

1 will share information, which must include real-time information  
2 sharing between 988 contact hubs, regional crisis lines, or their  
3 successors, to create a seamless delivery system that is person-  
4 centered;

5 (2) A behavioral health administrative services organization may  
6 designate the 988 contact hub or hubs which it determines to be the  
7 best fit for partnership in its regional service area once they have  
8 met necessary state and federal certification requirements. The 988  
9 contact hub or hubs designated by the behavioral health  
10 administrative services organization in each regional service area  
11 must be able to collectively provide the full panoply of culturally  
12 appropriate behavioral health crisis response services established  
13 under this chapter. New hubs should only be designated when they are  
14 needed to fulfill an articulated need identified in the coordinated  
15 behavioral health crisis response and suicide prevention system  
16 protocol established by the behavioral health administrative services  
17 organization;

18 (3) The department shall certify additional 988 contact hubs  
19 which are able to meet state and federal certification requirements  
20 upon request from a behavioral health administrative services  
21 organization and consistent with the need identified in the  
22 coordinated behavioral health crisis response and suicide prevention  
23 system protocol;

24 (4) The department and the authority shall facilitate behavioral  
25 health administrative services organizations in their role as primary  
26 system coordinators of the coordinated behavioral health crisis  
27 response and suicide prevention system within each regional service  
28 area, including providing support in the development of protocols  
29 under subsection (1) of this section as requested by the behavioral  
30 health administrative services organization;

31 (5) Protocols established under subsection (1) of this section  
32 must be in writing and copies shall be provided to the department,  
33 authority, and state 911 coordination office. Each protocol for each  
34 regional service area must be updated as needed and at intervals of  
35 no longer than three years; and

36 (6) For the purpose of subsection (1) of this section, partners  
37 and stakeholders in the regional coordinated behavioral health crisis  
38 response and suicide prevention system include but are not limited to  
39 regional crisis lines, 988 contact hubs, certified public safety  
40 telecommunicators, local governments, tribal governments, first

1 responders, co-response teams, hospitals, and behavioral health  
2 agencies.

3 **Sec. 2.** RCW 71.24.025 and 2023 c 454 s 1 and 2023 c 433 s 1 are  
4 each reenacted 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) "23-hour crisis relief center" means a community-based  
8 facility or portion of a facility serving adults, which is licensed  
9 or certified by the department of health and open 24 hours a day,  
10 seven days a week, offering access to mental health and substance use  
11 care for no more than 23 hours and 59 minutes at a time per patient,  
12 and which accepts all behavioral health crisis walk-ins drop-offs  
13 from first responders, and individuals referred through the 988  
14 system regardless of behavioral health acuity, and meets the  
15 requirements under RCW 71.24.916.

16 (2) "988 crisis hotline" means the universal telephone number  
17 within the United States designated for the purpose of the national  
18 suicide prevention and mental health crisis hotline system operating  
19 through the national suicide prevention lifeline.

20 (3) "Acutely mentally ill" means a condition which is limited to  
21 a short-term severe crisis episode of:

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

24 (b) Being gravely disabled as defined in RCW 71.05.020 or, in the  
25 case of a child, a gravely disabled minor as defined in RCW  
26 71.34.020; or

27 (c) Presenting a likelihood of serious harm as defined in RCW  
28 71.05.020 or, in the case of a child, as defined in RCW 71.34.020.

29 (4) "Alcoholism" means a disease, characterized by a dependency  
30 on alcoholic beverages, loss of control over the amount and  
31 circumstances of use, symptoms of tolerance, physiological or  
32 psychological withdrawal, or both, if use is reduced or discontinued,  
33 and impairment of health or disruption of social or economic  
34 functioning.

35 (5) "Approved substance use disorder treatment program" means a  
36 program for persons with a substance use disorder provided by a  
37 treatment program licensed or certified by the department as meeting  
38 standards adopted under this chapter.

39 (6) "Authority" means the Washington state health care authority.

1 (7) "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 (8) "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 (9) "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 (10) "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 (11) "Behavioral health services" means mental health services,  
29 substance use disorder treatment services, and co-occurring disorder  
30 treatment services as described in this chapter and chapter 71.36 RCW  
31 that, 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 (12) "Child" means a person under the age of eighteen years.

35 (13) "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 (14) "Clubhouse" means a community-based program that provides  
10 rehabilitation services and is licensed or certified by the  
11 department.

12 (15) "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 (16) "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 (17) "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 (18) "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 (19) "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 (20) "County authority" means the board of county commissioners,  
12 county council, or county executive having authority to establish a  
13 behavioral health administrative services organization, or two or  
14 more of the county authorities specified in this subsection which  
15 have entered into an agreement to establish a behavioral health  
16 administrative services organization.

17 (21) "Crisis stabilization services" means services such as 23-  
18 hour crisis relief centers, crisis stabilization units, short-term  
19 respite facilities, peer-run respite services, and same-day walk-in  
20 behavioral health services, including within the overall crisis  
21 system components that operate like hospital emergency departments  
22 that accept all walk-ins, and ambulance, fire, and police drop-offs,  
23 or determine the need for involuntary hospitalization of an  
24 individual.

25 (22) "Crisis stabilization unit" has the same meaning as under  
26 RCW 71.05.020.

27 (23) "Department" means the department of health.

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

34 (25) "Designated crisis responder" has the same meaning as in RCW  
35 71.05.020.

36 (26) "Director" means the director of the authority.

37 (27) "Drug addiction" means a disease characterized by a  
38 dependency on psychoactive chemicals, loss of control over the amount  
39 and circumstances of use, symptoms of tolerance, physiological or  
40 psychological withdrawal, or both, if use is reduced or discontinued,

1 and impairment of health or disruption of social or economic  
2 functioning.

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

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

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

23 (31) "First responders" includes ambulance, fire, mobile rapid  
24 response crisis team, coresponder team, designated crisis responder,  
25 fire department mobile integrated health team, community assistance  
26 referral and education services program under RCW 35.21.930, and law  
27 enforcement personnel.

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

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

40 (34) "Licensed or certified behavioral health agency" means:

1 (a) An entity licensed or certified according to this chapter or  
2 chapter 71.05 RCW;

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

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

9 (35) "Licensed physician" means a person licensed to practice  
10 medicine or osteopathic medicine and surgery in the state of  
11 Washington.

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

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

16 (a) Services for individuals committed under chapter 71.05 RCW who  
17 are receiving services pursuant to a conditional release or a court-  
18 ordered less restrictive alternative to detention; or (b) services  
19 for individuals voluntarily receiving less restrictive alternative  
20 treatment on the grounds of the state hospital.

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

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

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



1 (40) "Mentally ill persons," "persons who are mentally ill," and  
2 "the mentally ill" mean persons and conditions defined in subsections  
3 (3), (13), (48), and (49) of this section.

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

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

15 (43) "Research-based" means a program or practice that has been  
16 tested with a single randomized, or statistically controlled  
17 evaluation, or both, demonstrating sustained desirable outcomes; or  
18 where the weight of the evidence from a systemic review supports  
19 sustained outcomes as described in subsection (30) of this section  
20 but does not meet the full criteria for evidence-based.

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

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

4 (46) "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 (47) "Secretary" means the secretary of the department of health.

23 (48) "Seriously disturbed person" means a person who:

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

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

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

33 (d) Exhibits suicidal preoccupation or attempts; or

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

39 (49) "Severely emotionally disturbed child" or "child who is  
40 severely emotionally disturbed" means a child who has been determined

1 by the behavioral health administrative services organization or  
2 managed care organization, if applicable, to be experiencing a mental  
3 disorder as defined in chapter 71.34 RCW, including those mental  
4 disorders that result in a behavioral or conduct disorder, that is  
5 clearly interfering with the child's functioning in family or school  
6 or with peers and who meets at least one of the following criteria:

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

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

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

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

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

17 (ii) Changes in custodial adult;

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

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

23 (v) Drug or alcohol abuse; or

24 (vi) Homelessness.

25 (50) "State minimum standards" means minimum requirements  
26 established by rules adopted and necessary to implement this chapter  
27 by:

28 (a) The authority for:

29 (i) Delivery of mental health and substance use disorder  
30 services; and

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

32 (b) The department of health for:

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

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

38 (iii) Residential services.

39 (51) "Substance use disorder" means a cluster of cognitive,  
40 behavioral, and physiological symptoms indicating that an individual

1 continues using the substance despite significant substance-related  
2 problems. The diagnosis of a substance use disorder is based on a  
3 pathological pattern of behaviors related to the use of the  
4 substances.

5 (52) "Tribe," for the purposes of this section, means a federally  
6 recognized Indian tribe.

7 (53) "Coordinated behavioral health crisis response and suicide  
8 prevention system" means the coordinated operation of 988 call  
9 centers, regional crisis lines, certified public safety  
10 telecommunicators, and other behavioral health crisis system partners  
11 within each regional service area, with the behavioral health  
12 administrative services organization acting as primary system  
13 coordinator, operating by regionally generated and agreed-upon  
14 protocols developed under section 1 of this act.

15 (54) "Regional crisis line" means the behavioral health crisis  
16 hotline administered by the behavioral health administrative services  
17 organization in each regional service area which provides crisis  
18 response services 24 hours a day, seven days a week, 365 days a year  
19 including but not limited to dispatch of mobile rapid response crisis  
20 teams, community-based crisis teams, and designated crisis  
21 responders.

22 **Sec. 3.** RCW 71.24.890 and 2023 c 454 s 5 and 2023 c 433 s 16 are  
23 each reenacted and amended to read as follows:

24 (1) Establishing the state designated 988 contact hubs and  
25 enhancing the crisis response system will require collaborative work  
26 between the department (~~and~~), the authority, and regional system  
27 partners within their respective roles. The department shall have  
28 primary responsibility for (~~establishing and designating the~~  
29 ~~designated~~) certifying 988 contact hubs. The authority shall have  
30 primary responsibility for developing (~~and~~), implementing, and  
31 facilitating coordination of the crisis response system and services  
32 to support the work of the (~~designated~~) 988 contact hubs, regional  
33 crisis lines, and other coordinated behavioral health crisis response  
34 and suicide prevention system partners. In any instance in which one  
35 agency is identified as the lead, the expectation is that agency will  
36 (~~be communicating and collaborating~~) communicate and collaborate  
37 with the other to facilitate and support development and execution of  
38 protocols for regional coordination of behavioral health crisis  
39 response and suicide prevention services that ensure seamless,

1 continuous, and effective service delivery within the statewide  
2 crisis response system.

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

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

23 (b) Shall require that (~~crisis~~) 988 call centers enter into  
24 data-sharing agreements, when appropriate, with the department, the  
25 authority, regional crisis lines, and applicable regional behavioral  
26 health administrative services organizations to provide reports and  
27 client level data regarding 988 crisis hotline calls, as allowed by  
28 and in compliance with existing federal and state law governing the  
29 sharing and use of protected health information (~~, including~~). Data-  
30 sharing agreements with regional crisis lines must include real-time  
31 information sharing. All coordinated behavioral health crisis  
32 response and suicide prevention system partners must share dispatch  
33 time, arrival time, and disposition (~~of the outreach for each call~~)  
34 for behavioral health calls referred for outreach by each region as  
35 agreed through regional protocols developed under section 1 of this  
36 act. The department and the authority shall establish requirements  
37 (~~that the crisis~~) for 988 call centers to report (~~the~~) data  
38 (~~identified in this subsection (2)(b)~~) to regional behavioral  
39 health administrative services organizations for the purposes of  
40 maximizing medicaid reimbursement, as appropriate, and implementing

1 this chapter and chapters 71.05 and 71.34 RCW (~~including, but not~~  
2 ~~limited to,~~). The behavioral health administrative services  
3 organization may use information received from the 988 call centers  
4 to assist with administering crisis services for the assigned  
5 regional service area, contracting with a sufficient number of  
6 licensed or certified providers for crisis services, establishing and  
7 maintaining quality assurance processes, maintaining patient  
8 tracking, and developing and implementing strategies to coordinate  
9 care for individuals with a history of frequent crisis system  
10 utilization.

11 (3) The department shall adopt rules by January 1, 2025, (~~to~~  
12 ~~establish standards for designation~~) for certification of crisis  
13 call centers as (~~designated~~) 988 contact hubs. The department shall  
14 collaborate with the authority (~~and~~), other agencies, and regional  
15 behavioral health crisis response and suicide prevention system  
16 partners to assure coordination and availability of services, and  
17 shall consider national guidelines for behavioral health crisis care  
18 as determined by the federal substance abuse and mental health  
19 services administration, national behavioral health accrediting  
20 bodies, and national behavioral health provider associations to the  
21 extent they are appropriate, and recommendations from the crisis  
22 response improvement strategy committee created in RCW 71.24.892.

23 (4) The department shall (~~designate designated~~) certify 988  
24 contact hubs designated by behavioral health administrative services  
25 organizations under section 1 of this act which are able to meet  
26 state and federal certification standards by January 1, 2026. The  
27 designated 988 contact hubs shall provide crisis intervention  
28 services, triage, care coordination, referrals, and connections to  
29 individuals contacting the 988 crisis hotline from any jurisdiction  
30 within Washington 24 hours a day, seven days a week, using the system  
31 platform developed under subsection (5) of this section.

32 (a) To be (~~designated~~) certified as a (~~designated~~) 988  
33 contact hub, the applicant must demonstrate to the department the  
34 ability to comply with the requirements of this section and to  
35 contract to provide (~~designated~~) 988 contact hub services. The  
36 department may revoke the (~~designation~~) certification of any  
37 (~~designated~~) 988 contact hub that fails to substantially comply  
38 with the contract.

39 (b) The contracts entered shall require (~~designated~~) certified  
40 988 contact hubs to:

1 (i) Have an active agreement with the administrator of the  
2 national suicide prevention lifeline for participation within its  
3 network;

4 (ii) Meet the requirements for operational and clinical standards  
5 established by the department and based upon the national suicide  
6 prevention lifeline best practices guidelines and other recognized  
7 best practices;

8 (iii) Employ highly qualified, skilled, and trained clinical  
9 staff who have sufficient training and resources to provide empathy  
10 to callers in acute distress, de-escalate crises, assess behavioral  
11 health disorders and suicide risk, triage to system partners for  
12 callers that need additional clinical interventions, and provide case  
13 management and documentation. Call center staff shall be trained to  
14 make every effort to resolve cases in the least restrictive  
15 environment and without law enforcement involvement whenever  
16 possible. Call center staff shall coordinate with certified peer  
17 counselors to provide follow-up and outreach to callers in distress  
18 as available. It is intended for transition planning to include a  
19 pathway for continued employment and skill advancement as needed for  
20 experienced crisis call center employees;

21 (iv) Train employees on agricultural community cultural  
22 competencies for suicide prevention, which may include sharing  
23 resources with callers that are specific to members from the  
24 agricultural community. The training must prepare staff to provide  
25 appropriate assessments, interventions, and resources to members of  
26 the agricultural community. Employees may make warm transfers and  
27 referrals to a crisis hotline that specializes in working with  
28 members from the agricultural community, provided that no person  
29 contacting 988 shall be transferred or referred to another service if  
30 they are currently in crisis and in need of emotional support;

31 (v) Prominently display 988 crisis hotline information on their  
32 websites and social media, including a description of what the caller  
33 should expect when contacting the crisis call center and a  
34 description of the various options available to the caller, including  
35 call lines specialized in the behavioral health needs of veterans,  
36 American Indian and Alaska Native persons, Spanish-speaking persons,  
37 and LGBTQ populations. The website may also include resources for  
38 programs and services related to suicide prevention for the  
39 agricultural community;

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

4 ~~(vii) ((Develop and submit to the department protocols between  
5 the designated 988 contact hub and 911 call centers within the region  
6 in which the designated crisis call center operates and receive  
7 approval of the protocols by the department and the state 911  
8 coordination office;~~

9 ~~(viii) Develop, in collaboration with the region's behavioral  
10 health administrative services organizations, and jointly submit to  
11 the authority))~~ Collaborate with coordinated behavioral health crisis  
12 response and suicide prevention system partners within the 988  
13 contact hub's regional service area to develop and submit to the  
14 department, authority, and state 911 coordination office protocols  
15 under section 1 of this act between the designated 988 contact hub,  
16 regional crisis lines, 911 call centers, and other system partners  
17 within the region in which the 988 contact hub operates, including  
18 protocols related to the dispatching of mobile rapid response crisis  
19 teams and community-based crisis teams endorsed under RCW 71.24.903  
20 ((and receive approval of the protocols)), which must be approved by  
21 the authority;

22 ~~((ix))~~ (viii) Provide data and reports and participate in  
23 evaluations and related quality improvement activities, according to  
24 standards established by the department in collaboration with the  
25 authority; and

26 ~~((x))~~ (ix) Enter into data-sharing agreements with the  
27 department, the authority, regional crisis lines, and applicable  
28 ((regional)) behavioral health administrative services organizations  
29 to provide reports and client level data regarding 988 crisis hotline  
30 calls, as allowed by and in compliance with existing federal and  
31 state law governing the sharing and use of protected health  
32 information, ((including dispatch time, arrival time, and disposition  
33 of the outreach for each call referred for outreach by each region))  
34 which shall include sharing real-time information with regional  
35 crisis lines. The department and the authority shall establish  
36 requirements that the ((designated)) 988 contact hubs report ((the))  
37 data ((identified in this subsection (4)(b)(x))) to regional  
38 behavioral health administrative services organizations for the  
39 purposes of maximizing medicaid reimbursement, as appropriate, and  
40 ((implementing)) to facilitate implementation of this chapter and



1 chapters 71.05 and 71.34 RCW (~~including, but not limited to,~~  
2 ~~administering crisis services for the assigned regional service area,~~  
3 ~~contracting with a sufficient number of licensed or certified~~  
4 ~~providers for crisis services, establishing and maintaining quality~~  
5 ~~assurance processes, maintaining patient tracking, and developing and~~  
6 ~~implementing strategies to coordinate)) and to facilitate  
7 coordination of care for individuals with a history of frequent  
8 crisis system utilization.~~

9 (c) The department and the authority shall incorporate  
10 recommendations from the crisis response improvement strategy  
11 committee created under RCW 71.24.892 in its agreements with  
12 (~~designated~~) 988 contact hubs, as appropriate.

13 (5) The department and authority must coordinate to develop the  
14 technology and platforms necessary to manage and operate the  
15 behavioral health crisis response and suicide prevention system. The  
16 department and the authority must include the crisis call centers  
17 (~~and designated~~), 988 contact hubs, regional crisis lines, and  
18 behavioral health administrative services organizations in the  
19 decision-making process for selecting any technology platforms that  
20 will be used to operate the system. No decisions made by the  
21 department or the authority shall interfere with the routing of the  
22 988 crisis hotline calls, texts, or chat as part of Washington's  
23 active agreement with the administrator of the national suicide  
24 prevention lifeline or 988 administrator that routes 988 contacts  
25 into Washington's system. The technologies developed must include:

26 (a) A new technologically advanced behavioral health and suicide  
27 prevention crisis call center system platform for use in  
28 (~~designated~~) 988 contact hubs (~~designated~~) certified by the  
29 department under subsection (4) of this section. This platform, which  
30 shall be fully funded by July 1, 2024, shall be developed by the  
31 department and must include the capacity to receive crisis assistance  
32 requests through phone calls, texts, chats, and other similar methods  
33 of communication that may be developed in the future that promote  
34 access to the behavioral health crisis system; and

35 (b) A behavioral health integrated client referral system capable  
36 of providing system coordination information to (~~designated~~) 988  
37 contact hubs and the other entities involved in behavioral health  
38 care. This system shall be developed by the authority.

39 (6) In developing the new technologies under subsection (5) of  
40 this section, the department and the authority must coordinate to

1 designate a primary technology system to provide each of the  
2 following:

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

6 (i) Real-time bed availability for all behavioral health bed  
7 types and recliner chairs, including but not limited to crisis  
8 stabilization services, 23-hour crisis relief centers, psychiatric  
9 inpatient, substance use disorder inpatient, withdrawal management,  
10 peer-run respite centers, and crisis respite services, inclusive of  
11 both voluntary and involuntary beds, for use by crisis response  
12 workers, first responders, health care providers, emergency  
13 departments, and individuals in crisis; and

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

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

19 (B) Information necessary to enable the ((designated)) 988  
20 contact hub to actively collaborate with regional crisis lines,  
21 emergency departments, primary care providers and behavioral health  
22 providers within managed care organizations, behavioral health  
23 administrative services organizations, and other health care payers  
24 to establish a safety plan for the person in accordance with best  
25 practices and provide the next steps for the person's transition to  
26 follow-up noncrisis care. To establish information-sharing guidelines  
27 that fulfill the intent of this section the authority shall consider  
28 input from the confidential information compliance and coordination  
29 subcommittee established under RCW 71.24.892;

30 ((~~(b)~~)) (b) The means to track the outcome of the 988 call to  
31 enable appropriate follow-up, cross-system coordination, and  
32 accountability, including as appropriate: (i) Any immediate services  
33 dispatched and reports generated from the encounter; (ii) the  
34 validation of a safety plan established for the caller in accordance  
35 with best practices; (iii) the next steps for the caller to follow in  
36 transition to noncrisis follow-up care, including a next-day  
37 appointment for callers experiencing urgent, symptomatic behavioral  
38 health care needs; and (iv) the means to verify and document whether  
39 the caller was successful in making the transition to appropriate  
40 noncrisis follow-up care indicated in the safety plan for the person,

1 to be completed either by the care coordinator provided through the  
2 person's managed care organization, health plan, or behavioral health  
3 administrative services organization, or if such a care coordinator  
4 is not available or does not follow through, by the staff of the  
5 ((designated)) 988 contact hub;

6 (c) A means to facilitate actions to verify and document whether  
7 the person's transition to follow-up noncrisis care was completed and  
8 services offered, to be performed by a care coordinator provided  
9 through the person's managed care organization, health plan, or  
10 behavioral health administrative services organization, or if such a  
11 care coordinator is not available or does not follow through, by the  
12 staff of the ((designated)) 988 contact hub;

13 (d) The means to provide geographically, culturally, and  
14 linguistically appropriate services to persons who are part of high-  
15 risk populations or otherwise have need of specialized services or  
16 accommodations, and to document these services or accommodations; and

17 (e) When appropriate, consultation with tribal governments to  
18 ensure coordinated care in government-to-government relationships,  
19 and access to dedicated services to tribal members.

20 (7) The authority shall:

21 (a) Collaborate with county authorities and behavioral health  
22 administrative services organizations to develop procedures to  
23 dispatch behavioral health crisis services in coordination with  
24 ((designated)) 988 contact hubs to effectuate the intent of this  
25 section;

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

37 (c) Create best practices guidelines by July 1, 2023, for  
38 deployment of appropriate and available crisis response services by  
39 ((designated)) behavioral health administrative services  
40 organizations in coordination with 988 contact hubs to assist 988

1 hotline callers to minimize nonessential reliance on emergency room  
2 services and the use of law enforcement, considering input from  
3 relevant stakeholders and recommendations made by the crisis response  
4 improvement strategy committee created under RCW 71.24.892;

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

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

22 (8) The department shall monitor trends in 988 crisis hotline  
23 caller data, as reported by (~~designated~~) 988 contact hubs under  
24 subsection (4)(b)(~~(\*)~~) (ix) of this section, and submit an annual  
25 report to the governor and the appropriate committees of the  
26 legislature summarizing the data and trends beginning December 1,  
27 2027.

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