

CERTIFICATION OF ENROLLMENT

ENGROSSED SECOND SUBSTITUTE SENATE BILL 6251

Chapter 368, Laws of 2024

68th Legislature
2024 Regular Session

BEHAVIORAL HEALTH CRISIS RESPONSE SERVICES—REGIONAL COORDINATION

EFFECTIVE DATE: June 6, 2024

Passed by the Senate March 5, 2024
Yeas 49 Nays 0

DENNY HECK

President of the Senate

Passed by the House March 1, 2024
Yeas 95 Nays 0

Laurie Jinkins

**Speaker of the House of
Representatives**

Approved March 29, 2024 11:08 AM

JAY INSLEE

Governor of the State of Washington

CERTIFICATE

I, Sarah Bannister, Secretary of the Senate of the State of Washington, do hereby certify that the attached is **ENGROSSED SECOND SUBSTITUTE SENATE BILL 6251** as passed by the Senate and the House of Representatives on the dates hereon set forth.

SARAH BANNISTER

Secretary

FILED

April 1, 2024

**Secretary of State
State of Washington**

ENGROSSED SECOND SUBSTITUTE SENATE BILL 6251

AS AMENDED BY THE HOUSE

Passed Legislature - 2024 Regular Session

State of Washington

68th Legislature

2024 Regular Session

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

READ FIRST TIME 02/05/24.

1 AN ACT Relating to coordination of regional behavioral health
2 crisis response services; amending RCW 71.24.045; 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 use
9 their authorities under RCW 71.24.045 to establish coordination
10 within the behavioral health crisis response system in each regional
11 service area including, but not limited to, establishing
12 comprehensive protocols for dispatching mobile rapid response crisis
13 teams and community-based crisis teams. In furtherance of this:

14 (1) The behavioral health administrative services organization
15 may convene regional behavioral health crisis response system
16 partners and stakeholders within available resources for the purpose
17 of establishing clear regional protocols which memorialize
18 expectations, understandings, lines of communication, and strategies
19 for optimizing crisis response in the regional service area. The
20 regional protocols must describe how crisis response partners will
21 share information consistent with data-sharing requirements under RCW

1 71.24.890, including real-time information sharing between 988
2 contact hubs, regional crisis lines, or their successors, to create a
3 seamless delivery system that is person-centered;

4 (2) Behavioral health administrative services organizations shall
5 submit regional protocols created under subsection (1) of this
6 section to the authority for approval. If the authority does not
7 respond within 90 days of submission, the regional protocols shall be
8 considered approved until such time as the behavioral health
9 administrative services organization and the authority agree to
10 updated protocols. A behavioral health administrative services
11 organization must notify the authority by January 1, 2025, if it does
12 not intend to develop and submit regional protocols;

13 (3) A behavioral health administrative services organization may
14 recommend to the department the 988 contact hub or hubs which it
15 determines to be the best fit for partnership and implementation of
16 regional protocols in its regional service area among candidates
17 which are able to meet necessary state and federal requirements. The
18 988 contact hub or hubs recommended by the behavioral health
19 administrative services organization must be able to connect to the
20 culturally appropriate behavioral health crisis response services
21 established under this chapter;

22 (4) The department may designate additional 988 contact hubs
23 recommended by a behavioral health administrative services
24 organization within available resources and when the addition of more
25 hubs is consistent with the rules adopted under RCW 71.24.890 and a
26 need identified in regional protocols. If the department declines to
27 designate a 988 contact hub that has been recommended by a behavioral
28 health administrative services organization, the department shall
29 provide a written explanation of its reasons to the behavioral health
30 administrative services organization;

31 (5) The department and the authority shall provide support to a
32 behavioral health administrative services organization in the
33 development of protocols under subsection (1) of this section upon
34 request by the behavioral health administrative services
35 organization;

36 (6) Regional protocols established under subsection (1) of this
37 section must be in writing and, once approved, copies shall be
38 provided to the department, authority, and state 911 coordination
39 office. The regional protocols should be updated as needed and at
40 intervals of no longer than three years; and

1 (7) For the purpose of subsection (1) of this section, partners
2 and stakeholders in the coordinated regional behavioral health crisis
3 response system include but are not limited to regional crisis lines,
4 988 contact hubs, certified public safety telecommunicators, local
5 governments, tribal governments, first responders, co-response teams,
6 mobile rapid response crisis teams, hospitals, organizations
7 representing persons with lived experience, and behavioral health
8 agencies.

9 **Sec. 2.** RCW 71.24.025 and 2023 c 454 s 1 and 2023 c 433 s 1 are
10 each reenacted and amended to read as follows:

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

13 (1) "23-hour crisis relief center" means a community-based
14 facility or portion of a facility serving adults, which is licensed
15 or certified by the department of health and open 24 hours a day,
16 seven days a week, offering access to mental health and substance use
17 care for no more than 23 hours and 59 minutes at a time per patient,
18 and which accepts all behavioral health crisis walk-ins drop-offs
19 from first responders, and individuals referred through the 988
20 system regardless of behavioral health acuity, and meets the
21 requirements under RCW 71.24.916.

22 (2) "988 crisis hotline" means the universal telephone number
23 within the United States designated for the purpose of the national
24 suicide prevention and mental health crisis hotline system operating
25 through the national suicide prevention lifeline.

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

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

30 (b) Being gravely disabled as defined in RCW 71.05.020 or, in the
31 case of a child, a gravely disabled minor as defined in RCW
32 71.34.020; or

33 (c) Presenting a likelihood of serious harm as defined in RCW
34 71.05.020 or, in the case of a child, as defined in RCW 71.34.020.

35 (4) "Alcoholism" means a disease, characterized by a dependency
36 on alcoholic beverages, loss of control over the amount and
37 circumstances of use, symptoms of tolerance, physiological or
38 psychological withdrawal, or both, if use is reduced or discontinued,

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

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

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

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

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

23 (9) "Behavioral health aide" means a counselor, health educator,
24 and advocate who helps address individual and community-based
25 behavioral health needs, including those related to alcohol, drug,
26 and tobacco abuse as well as mental health problems such as grief,
27 depression, suicide, and related issues and is certified by a
28 community health aide program of the Indian health service or one or
29 more tribes or tribal organizations consistent with the provisions of
30 25 U.S.C. Sec. 16161 and RCW 43.71B.010 (7) and (8).

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

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

1 (12) "Child" means a person under the age of eighteen years.

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

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

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

10 (c) Has been unable to engage in any substantial gainful activity
11 by reason of any mental disorder which has lasted for a continuous
12 period of not less than twelve months. "Substantial gainful activity"
13 shall be defined by the authority by rule consistent with Public Law
14 92-603, as amended.

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

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

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

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

1 supervision, counseling, psychotherapy, assuring transfer of relevant
2 patient information between service providers, recovery services, and
3 other services determined by behavioral health administrative
4 services organizations.

5 (18) "Community-based crisis team" means a team that is part of
6 an emergency medical services agency, a fire service agency, a public
7 health agency, a medical facility, a nonprofit crisis response
8 provider, or a city or county government entity, other than a law
9 enforcement agency, that provides the on-site community-based
10 interventions of a mobile rapid response crisis team for individuals
11 who are experiencing a behavioral health crisis.

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

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

23 (21) "Crisis stabilization services" means services such as 23-
24 hour crisis relief centers, crisis stabilization units, short-term
25 respite 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 or determine the need for involuntary hospitalization of an
30 individual.

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

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

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

1 (25) "Designated crisis responder" has the same meaning as in RCW
2 71.05.020.

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

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

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

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

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

30 (31) "First responders" includes ambulance, fire, mobile rapid
31 response crisis team, coresponder team, designated crisis responder,
32 fire department mobile integrated health team, community assistance
33 referral and education services program under RCW 35.21.930, and law
34 enforcement personnel.

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

39 (33) "Intensive behavioral health treatment facility" means a
40 community-based specialized residential treatment facility for

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

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

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

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

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

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

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

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

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

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

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

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

7 (40) "Mentally ill persons," "persons who are mentally ill," and
8 "the mentally ill" mean persons and conditions defined in subsections
9 (3), (13), (48), and (49) of this section.

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

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

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

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

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

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

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

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

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

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

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

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

39 (d) Exhibits suicidal preoccupation or attempts; or

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

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

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

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

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

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

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

24 (ii) Changes in custodial adult;

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

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

30 (v) Drug or alcohol abuse; or

31 (vi) Homelessness.

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

35 (a) The authority for:

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

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

39 (b) The department of health for:

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

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

6 (iii) Residential services.

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

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

15 (53) "Coordinated regional behavioral health crisis response
16 system" means the coordinated operation of 988 call centers, regional
17 crisis lines, certified public safety telecommunicators, and other
18 behavioral health crisis system partners within each regional service
19 area.

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

25 **Sec. 3.** RCW 71.24.045 and 2022 c 210 s 27 are each amended to
26 read as follows:

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

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

31 (i) A behavioral health crisis hotline for its assigned regional
32 service area;

33 (ii) Crisis response services twenty-four hours a day, seven days
34 a week, three hundred sixty-five days a year;

35 (iii) Services related to involuntary commitments under chapters
36 71.05 and 71.34 RCW;

37 (iv) Tracking of less restrictive alternative orders issued
38 within the region by superior courts, and providing notification to a
39 managed care organization in the region when one of its enrollees

1 receives a less restrictive alternative order so that the managed
2 care organization may ensure that the person is connected to services
3 and that the requirements of RCW 71.05.585 are complied with. If the
4 person receives a less restrictive alternative order and is returning
5 to another region, the behavioral health administrative services
6 organization shall notify the behavioral health administrative
7 services organization in the home region of the less restrictive
8 alternative order so that the home behavioral health administrative
9 services organization may notify the person's managed care
10 organization or provide services if the person is not enrolled in
11 medicaid and does not have other insurance which can pay for those
12 services;

13 (v) Additional noncrisis behavioral health services, within
14 available resources, to individuals who meet certain criteria set by
15 the authority in its contracts with the behavioral health
16 administrative services organization. These services may include
17 services provided through federal grant funds, provisos, and general
18 fund state appropriations;

19 (vi) Care coordination, diversion services, and discharge
20 planning for nonmedicaid individuals transitioning from state
21 hospitals or inpatient settings to reduce rehospitalization and
22 utilization of crisis services, as required by the authority in
23 contract; (~~and~~)

24 (vii) Regional coordination, cross-system and cross-jurisdiction
25 coordination with tribal governments, and capacity building efforts,
26 such as supporting the behavioral health advisory board and efforts
27 to support access to services or to improve the behavioral health
28 system; and

29 (viii) Duties under section 1 of this act;

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

34 (c) Coordinate services for individuals under RCW 71.05.365;

35 (d) Administer and provide for the availability of resource
36 management services, residential services, and community support
37 services as required under its contract with the authority;

38 (e) Contract with a sufficient number, as determined by the
39 authority, of licensed or certified providers for crisis services and
40 other behavioral health services required by the authority;

1 (f) Maintain adequate reserves or secure a bond as required by
2 its contract with the authority;

3 (g) Establish and maintain quality assurance processes;

4 (h) Meet established limitations on administrative costs for
5 agencies that contract with the behavioral health administrative
6 services organization; and

7 (i) Maintain patient tracking information as required by the
8 authority.

9 (2) The behavioral health administrative services organization
10 must collaborate with the authority and its contracted managed care
11 organizations to develop and implement strategies to coordinate care
12 with tribes and community behavioral health providers for individuals
13 with a history of frequent crisis system utilization.

14 (3) The behavioral health administrative services organization
15 shall:

16 (a) Assure that the special needs of minorities, older adults,
17 individuals with disabilities, children, and low-income persons are
18 met;

19 (b) Collaborate with local government entities to ensure that
20 policies do not result in an adverse shift of persons with mental
21 illness into state and local correctional facilities; and

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

25 (4) The behavioral health administrative services organization
26 shall employ an assisted outpatient treatment program coordinator to
27 oversee system coordination and legal compliance for assisted
28 outpatient treatment under RCW 71.05.148 and 71.34.815.

29 **Sec. 4.** RCW 71.24.890 and 2023 c 454 s 5 and 2023 c 433 s 16 are
30 each reenacted and amended to read as follows:

31 (1) Establishing the state designated 988 contact hubs and
32 enhancing the crisis response system will require collaborative work
33 between the department ~~((and))~~, the authority, and regional system
34 partners within their respective roles. The department shall have
35 primary responsibility for ~~((establishing and))~~ designating ((the
36 designated)) 988 contact hubs, and shall seek recommendations from
37 the behavioral health administrative services organizations to
38 determine which 988 contact hubs best meet regional needs. The
39 authority shall have primary responsibility for developing ~~((and))~~,

1 implementing, and facilitating coordination of the crisis response
2 system and services to support the work of the designated 988 contact
3 hubs, regional crisis lines, and other coordinated regional
4 behavioral health crisis response system partners. In any instance in
5 which one agency is identified as the lead, the expectation is that
6 agency will ~~((be communicating and collaborating))~~ communicate and
7 collaborate with the other to ensure seamless, continuous, and
8 effective service delivery within the statewide crisis response
9 system.

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

22 (a) May provide funding to support ~~((crisis call centers and))~~
23 designated 988 contact hubs to enter into limited ~~((on-site))~~
24 partnerships with the public safety answering point to increase the
25 coordination and transfer of behavioral health calls received by
26 certified public safety telecommunicators that are better addressed
27 by clinic interventions provided by the 988 system. Tax revenue may
28 be used to support ~~((on-site))~~ partnerships. These partnerships with
29 988 and public safety may be expanded to include regional crisis
30 lines administered by behavioral health administrative services
31 organizations;

32 (b) Shall require that ~~((crisis call centers))~~ 988 contact hubs
33 enter into data-sharing agreements, when appropriate, with the
34 department, the authority, regional crisis lines, and applicable
35 regional behavioral health administrative services organizations to
36 provide reports and client level data regarding 988 ~~((crisis~~
37 ~~hotline))~~ contact hub calls, as allowed by and in compliance with
38 existing federal and state law governing the sharing and use of
39 protected health information~~((, including))~~. Data-sharing agreements
40 with regional crisis lines must include real-time information

1 sharing. All coordinated regional behavioral health crisis response
2 system partners must share dispatch time, arrival time, and
3 disposition (~~of the outreach for each call~~) for behavioral health
4 calls referred for outreach by each region consistent with any
5 regional protocols developed under section 1 of this act. The
6 department and the authority shall establish requirements (~~that the~~
7 ~~crisis call centers~~) for 988 contact hubs to report (~~the~~) data
8 (~~identified in this subsection (2)(b)~~) to regional behavioral
9 health administrative services organizations for the purposes of
10 maximizing medicaid reimbursement, as appropriate, and implementing
11 this chapter and chapters 71.05 and 71.34 RCW (~~including, but not~~
12 ~~limited to,~~). The behavioral health administrative services
13 organization may use information received from the 988 contact hubs
14 in administering crisis services for the assigned regional service
15 area, contracting with a sufficient number of licensed or certified
16 providers for crisis services, establishing and maintaining quality
17 assurance processes, maintaining patient tracking, and developing and
18 implementing strategies to coordinate care for individuals with a
19 history of frequent crisis system utilization.

20 (3) The department shall adopt rules by January 1, 2025, to
21 establish standards for designation of crisis call centers as
22 designated 988 contact hubs. The department shall collaborate with
23 the authority (~~and~~), other agencies, and coordinated regional
24 behavioral health crisis response system partners to assure
25 coordination and availability of services, and shall consider
26 national guidelines for behavioral health crisis care as determined
27 by the federal substance abuse and mental health services
28 administration, national behavioral health accrediting bodies, and
29 national behavioral health provider associations to the extent they
30 are appropriate, and recommendations from behavioral health
31 administrative services organizations and the crisis response
32 improvement strategy committee created in RCW 71.24.892.

33 (4) The department shall designate (~~designated~~) 988 contact
34 hubs considering the recommendations of behavioral health
35 administrative services organizations by January 1, 2026. The
36 designated 988 contact hubs shall provide connections to crisis
37 intervention services, triage, care coordination, and referrals(~~(7~~
38 ~~and connections to)~~) for individuals contacting the 988 (~~crisis~~
39 ~~hotline)~~) contact hubs from any jurisdiction within Washington
40 hours a day, seven days a week, using the system platform developed

1 under subsection (5) of this section. The department may not
2 designate more than a total of four 988 contact hubs without
3 legislative approval.

4 (a) To be designated as a (~~designated~~) 988 contact hub, the
5 applicant must demonstrate to the department the ability to comply
6 with the requirements of this section and to contract to provide
7 (~~designated~~) 988 contact hub services. (~~The department may revoke~~
8 ~~the designation of any designated 988 contact hub that fails to~~
9 ~~substantially comply with the contract~~) If a 988 contact hub fails
10 to substantially comply with the contract, data-sharing requirements,
11 or approved regional protocols developed under section 1 of this act,
12 the department may revoke the designation of the 988 contact hub and,
13 after consulting with the affected behavioral health administrative
14 services organization, may designate a 988 contact hub recommended by
15 a behavioral health administrative services organization which is
16 able to meet necessary state and federal requirements.

17 (b) The contracts entered shall require designated 988 contact
18 hubs to:

19 (i) Have an active agreement with the administrator of the
20 national suicide prevention lifeline for participation within its
21 network;

22 (ii) Meet the requirements for operational and clinical standards
23 established by the department and based upon the national suicide
24 prevention lifeline best practices guidelines and other recognized
25 best practices;

26 (iii) Employ highly qualified, skilled, and trained clinical
27 staff who have sufficient training and resources to provide empathy
28 to callers in acute distress, de-escalate crises, assess behavioral
29 health disorders and suicide risk, triage to system partners for
30 callers that need additional clinical interventions, and provide case
31 management and documentation. Call center staff shall be trained to
32 make every effort to resolve cases in the least restrictive
33 environment and without law enforcement involvement whenever
34 possible. Call center staff shall coordinate with certified peer
35 counselors to provide follow-up and outreach to callers in distress
36 as available. It is intended for transition planning to include a
37 pathway for continued employment and skill advancement as needed for
38 experienced crisis call center employees;

39 (iv) Train employees on agricultural community cultural
40 competencies for suicide prevention, which may include sharing

1 resources with callers that are specific to members from the
2 agricultural community. The training must prepare staff to provide
3 appropriate assessments, interventions, and resources to members of
4 the agricultural community. Employees may make warm transfers and
5 referrals to a crisis hotline that specializes in working with
6 members from the agricultural community, provided that no person
7 contacting 988 shall be transferred or referred to another service if
8 they are currently in crisis and in need of emotional support;

9 (v) Prominently display 988 crisis hotline information on their
10 websites and social media, including a description of what the caller
11 should expect when contacting the crisis call center and a
12 description of the various options available to the caller, including
13 call lines specialized in the behavioral health needs of veterans,
14 American Indian and Alaska Native persons, Spanish-speaking persons,
15 and LGBTQ populations. The website may also include resources for
16 programs and services related to suicide prevention for the
17 agricultural community;

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

21 ~~((Develop and submit to the department protocols between
22 the designated 988 contact hub and 911 call centers within the region
23 in which the designated crisis call center operates and receive
24 approval of the protocols by the department and the state 911
25 coordination office;~~

26 ~~(viii) Develop, in collaboration with the region's behavioral
27 health administrative services organizations, and jointly submit to
28 the authority)) Collaborate with coordinated regional behavioral
29 health crisis response system partners within the 988 contact hub's
30 regional service area to develop protocols under section 1 of this
31 act, including protocols related to the dispatching of mobile rapid
32 response crisis teams and community-based crisis teams endorsed under
33 RCW 71.24.903 ((and receive approval of the protocols by the
34 authority));~~

35 ~~((~~(ix))~~)) (viii) Provide data and reports and participate in
36 evaluations and related quality improvement activities, according to
37 standards established by the department in collaboration with the
38 authority; and~~

39 ~~((~~(x))~~)) (ix) Enter into data-sharing agreements with the
40 department, the authority, regional crisis lines, and applicable~~

1 (~~regional~~) behavioral health administrative services organizations
2 to provide reports and client level data regarding 988 (~~crisis~~
3 ~~hotline~~) contact hub calls, as allowed by and in compliance with
4 existing federal and state law governing the sharing and use of
5 protected health information, (~~including dispatch time, arrival~~
6 ~~time, and disposition of the outreach for each call referred for~~
7 ~~outreach by each region~~) which shall include sharing real-time
8 information with regional crisis lines. The department and the
9 authority shall establish requirements that the designated 988
10 contact hubs report (~~the~~) data (~~identified in this subsection~~
11 ~~(4)(b)(x)~~) to regional behavioral health administrative services
12 organizations for the purposes of maximizing medicaid reimbursement,
13 as appropriate, and implementing this chapter and chapters 71.05 and
14 71.34 RCW including, but not limited to, administering crisis
15 services for the assigned regional service area, contracting with a
16 sufficient number (~~of~~) of licensed or certified providers for
17 crisis services, establishing and maintaining quality assurance
18 processes, maintaining patient tracking, and developing and
19 implementing strategies to coordinate care for individuals with a
20 history of frequent crisis system 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
24 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~~
29 ~~and~~) designated 988 contact hubs, regional crisis lines, and
30 behavioral health administrative services organizations in the
31 decision-making process for selecting any technology platforms that
32 will be used to operate the system. No decisions made by the
33 department or the authority shall interfere with the routing of the
34 988 (~~crisis hotline~~) contact hubs calls, texts, or chat as part of
35 Washington's active agreement with the administrator of the national
36 suicide prevention lifeline or 988 administrator that routes 988
37 contacts into Washington's system. The technologies developed must
38 include:

39 (a) A new technologically advanced behavioral health and suicide
40 prevention crisis call center system platform for use in

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

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

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

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

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

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

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

32 (B) Information necessary to enable the designated 988 contact
33 ((hub)) hubs to actively collaborate with regional crisis lines,
34 emergency departments, primary care providers and behavioral health
35 providers within managed care organizations, behavioral health
36 administrative services organizations, and other health care payers
37 to establish a safety plan for the person in accordance with best
38 practices and provide the next steps for the person's transition to
39 follow-up noncrisis care. To establish information-sharing guidelines
40 that fulfill the intent of this section the authority shall consider

1 input from the confidential information compliance and coordination
2 subcommittee established under RCW 71.24.892;

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

19 (c) A means to facilitate actions to verify and document whether
20 the person's transition to follow-up noncrisis care was completed and
21 services offered, to be performed by a care coordinator provided
22 through the person's managed care organization, health plan, or
23 behavioral health administrative services organization, or if such a
24 care coordinator is not available or does not follow through, by the
25 staff of the designated 988 contact hub;

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

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

33 (7) The authority shall:

34 (a) Collaborate with county authorities and behavioral health
35 administrative services organizations to develop procedures to
36 dispatch behavioral health crisis services in coordination with
37 designated 988 contact hubs to effectuate the intent of this section;

38 (b) Establish formal agreements with managed care organizations
39 and behavioral health administrative services organizations by
40 January 1, 2023, to provide for the services, capacities, and

1 coordination necessary to effectuate the intent of this section,
2 which shall include a requirement to arrange next-day appointments
3 for persons contacting the 988 (~~(erisis-hotline)~~) contact hub or a
4 regional crisis line experiencing urgent, symptomatic behavioral
5 health care needs with geographically, culturally, and linguistically
6 appropriate primary care or behavioral health providers within the
7 person's provider network, or, if uninsured, through the person's
8 behavioral health administrative services organization;

9 (c) Create best practices guidelines by July 1, 2023, for
10 deployment of appropriate and available crisis response services by
11 behavioral health administrative services organizations in
12 coordination with designated 988 contact hubs to assist 988 hotline
13 callers to minimize nonessential reliance on emergency room services
14 and the use of law enforcement, considering input from relevant
15 stakeholders and recommendations made by the crisis response
16 improvement strategy committee created under RCW 71.24.892;

17 (d) Develop procedures to allow appropriate information sharing
18 and communication between and across crisis and emergency response
19 systems for the purpose of real-time crisis care coordination
20 including, but not limited to, deployment of crisis and outgoing
21 services, follow-up care, and linked, flexible services specific to
22 crisis response; and

23 (e) Establish guidelines to appropriately serve high-risk
24 populations who request crisis services. The authority shall design
25 these guidelines to promote behavioral health equity for all
26 populations with attention to circumstances of race, ethnicity,
27 gender, socioeconomic status, sexual orientation, and geographic
28 location, and include components such as training requirements for
29 call response workers, policies for transferring such callers to an
30 appropriate specialized center or subnetwork within or external to
31 the national suicide prevention lifeline network, and procedures for
32 referring persons who access the 988 (~~(erisis-hotline)~~) contact hubs
33 to linguistically and culturally competent care.

34 (8) The department shall monitor trends in 988 crisis hotline
35 caller data, as reported by designated 988 contact hubs under
36 subsection (4)(b)(~~(-x)~~) (ix) of this section, and submit an annual
37 report to the governor and the appropriate committees of the
38 legislature summarizing the data and trends beginning December 1,
39 2027.

1 (9) Subject to authorization by the national 988 administrator
2 and the availability of amounts appropriated for this specific
3 purpose, any Washington state subnetwork of the 988 crisis hotline
4 dedicated to the crisis assistance needs of American Indian and
5 Alaska Native persons shall offer services by text, chat, and other
6 similar methods of communication to the same extent as does the
7 general 988 crisis hotline. The department shall coordinate with the
8 substance abuse and mental health services administration for the
9 authorization.

Passed by the Senate March 5, 2024.

Passed by the House March 1, 2024.

Approved by the Governor March 29, 2024.

Filed in Office of Secretary of State April 1, 2024.

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