
SUBSTITUTE SENATE BILL 5762

State of Washington

69th Legislature

2026 Regular Session

By Senate Ways & Means (originally sponsored by Senators Orwall, Dhingra, Nobles, and C. Wilson)

READ FIRST TIME 02/09/26.

1 AN ACT Relating to 988 crisis hotline funding and technology
2 requirements; amending RCW 82.86.050; and reenacting and amending RCW
3 71.24.890.

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

5 **Sec. 1.** RCW 71.24.890 and 2025 c 424 s 980 and 2025 c 360 s 19
6 are each reenacted and amended to read as follows:

7 (1) Establishing the state designated 988 contact hubs and
8 enhancing the crisis response system will require collaborative work
9 between the department, the authority, and regional system partners
10 within their respective roles. The department shall have primary
11 responsibility for designating 988 contact hubs, and shall seek
12 recommendations from the behavioral health administrative services
13 organizations to determine which 988 contact hubs best meet regional
14 needs. The authority shall have primary responsibility for
15 developing, implementing, and facilitating coordination of the crisis
16 response system and services to support the work of the designated
17 988 contact hubs, regional crisis lines, and other coordinated
18 regional behavioral health crisis response system partners. In any
19 instance in which one agency is identified as the lead, the
20 expectation is that agency will communicate and collaborate with the

1 other to ensure seamless, continuous, and effective service delivery
2 within the statewide 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
5 988 contact hubs based on the implementation of the 988 crisis
6 hotline. The funding level shall be established at a level
7 anticipated to achieve an in-state call response rate of at least 90
8 percent by July 22, 2022. The funding level shall be determined by
9 considering standards and cost per call predictions provided by the
10 administrator of the national suicide prevention lifeline, call
11 volume predictions, guidance on crisis call center performance
12 metrics, and necessary technology upgrades. Contracts with the 988
13 contact hubs:

14 (a) May provide funding to support designated 988 contact hubs to
15 enter into limited partnerships with the public safety answering
16 point to increase the coordination and transfer of behavioral health
17 calls received by certified public safety telecommunicators that are
18 better addressed by clinic interventions provided by the 988 system.
19 Tax revenue may be used to support partnerships. These partnerships
20 with 988 and public safety may be expanded to include regional crisis
21 lines administered by behavioral health administrative services
22 organizations;

23 (b) Shall require that 988 contact hubs enter into data-sharing
24 agreements, when appropriate, with the department, the authority,
25 regional crisis lines, and applicable regional behavioral health
26 administrative services organizations to provide reports and client
27 level data regarding 988 contact hub calls, as allowed by and in
28 compliance with existing federal and state law governing the sharing
29 and use of protected health information. Data-sharing agreements with
30 regional crisis lines must include real-time information sharing. All
31 coordinated regional behavioral health crisis response system
32 partners must share dispatch time, arrival time, and disposition for
33 behavioral health calls referred for outreach by each region
34 consistent with any regional protocols developed under RCW 71.24.432.
35 The department and the authority shall establish requirements for 988
36 contact hubs to report data to regional behavioral health
37 administrative services organizations for the purposes of maximizing
38 medicaid reimbursement, as appropriate, and implementing this chapter
39 and chapters 71.05 and 71.34 RCW. The behavioral health
40 administrative services organization may use information received

1 from the 988 contact hubs in administering crisis services for the
2 assigned regional service area, contracting with a sufficient number
3 of licensed or certified providers for crisis services, establishing
4 and maintaining quality assurance processes, maintaining patient
5 tracking, and developing and implementing strategies to coordinate
6 care for individuals with a history of frequent crisis system
7 utilization.

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

21 (4) The department shall designate 988 contact hubs considering
22 the recommendations of behavioral health administrative services
23 organizations by January 1, 2026. The designated 988 contact hubs
24 shall provide connections to crisis intervention services, triage,
25 care coordination, and referrals for individuals contacting the 988
26 contact hubs from any jurisdiction within Washington 24 hours a day,
27 seven days a week, using ~~((the system platform developed under))~~ a
28 system compliant with requirements determined by the substance abuse
29 and mental health administration as specified in subsection (5) of
30 this section. The department may not designate more than a total of
31 four 988 contact hubs without legislative approval.

32 (a) To be designated as a 988 contact hub, the applicant must
33 demonstrate to the department the ability to comply with the
34 requirements of this section and to contract to provide 988 contact
35 hub services. If a 988 contact hub fails to substantially comply with
36 the contract, data-sharing requirements, or approved regional
37 protocols developed under RCW 71.24.432, the department may revoke
38 the designation of the 988 contact hub and, after consulting with the
39 affected behavioral health administrative services organization, may
40 designate a 988 contact hub recommended by a behavioral health

1 administrative services organization which is able to meet necessary
2 state and federal requirements.

3 (b) The contracts entered shall require designated 988 contact
4 hubs to:

5 (i) Have an active agreement with the administrator of the
6 national suicide prevention lifeline for participation within its
7 network;

8 (ii) Meet the requirements for operational and clinical standards
9 established by the department and based upon the national suicide
10 prevention lifeline best practices guidelines and other recognized
11 best practices;

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

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

36 (v) Prominently display 988 crisis hotline information on their
37 websites and social media, including a description of what the caller
38 should expect when contacting the crisis call center and a
39 description of the various options available to the caller, including
40 call lines specialized in the behavioral health needs of veterans,

1 American Indian and Alaska Native persons, Spanish-speaking persons,
2 and LGBTQ populations. The website may also include resources for
3 programs and services related to suicide prevention for the
4 agricultural community;

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

8 (vii) Collaborate with coordinated regional behavioral health
9 crisis response system partners within the 988 contact hub's regional
10 service area to develop protocols under RCW 71.24.432, including
11 protocols related to the dispatching of mobile rapid response crisis
12 teams and community-based crisis teams endorsed under RCW 71.24.903;

13 (viii) Provide data and reports and participate in evaluations
14 and related quality improvement activities, according to standards
15 established by the department in collaboration with the authority;
16 and

17 (ix) Enter into data-sharing agreements with the department, the
18 authority, regional crisis lines, and applicable behavioral health
19 administrative services organizations to provide reports and client
20 level data regarding 988 contact hub calls, as allowed by and in
21 compliance with existing federal and state law governing the sharing
22 and use of protected health information, which shall include sharing
23 real-time information with regional crisis lines. The department and
24 the authority shall establish requirements that the designated 988
25 contact hubs report data to regional behavioral health administrative
26 services organizations for the purposes of maximizing medicaid
27 reimbursement, as appropriate, and implementing this chapter and
28 chapters 71.05 and 71.34 RCW including, but not limited to,
29 administering crisis services for the assigned regional service area,
30 contracting with a sufficient number of licensed or certified
31 providers for crisis services, establishing and maintaining quality
32 assurance processes, maintaining patient tracking, and developing and
33 implementing strategies to coordinate care for individuals with a
34 history of frequent crisis system utilization.

35 (c) The department and the authority shall incorporate
36 recommendations from the crisis response improvement strategy
37 committee created under RCW 71.24.892 in its agreements with
38 designated 988 contact hubs, as appropriate.

39 (5) ~~((The department and authority must coordinate to develop the
40 technology and platforms necessary to manage and operate the~~

1 behavioral health crisis response and suicide prevention system. The
2 department and the authority must include)) (a) Subject to
3 appropriations, the department shall ensure that designated 988
4 contact hubs, regional crisis lines, and behavioral health
5 administrative services organizations ((in the decision-making
6 process for selecting any technology platforms that will be used to
7 operate the system. No decisions made by the department or the
8 authority shall interfere with the routing of the 988 contact hubs
9 calls, texts, or chat as part of Washington's active agreement with
10 the administrator of the national suicide prevention lifeline or 988
11 administrator that routes 988 contacts into Washington's system. The
12 technologies developed must include:

13 (a) A new technologically advanced behavioral health and suicide
14 prevention crisis call center system platform for use in 988 contact
15 hubs designated by the department under subsection (4) of this
16 section. This platform, which shall be implemented as soon as
17 possible and fully funded by June 30, 2027, shall be developed by the
18 department and must include the capacity to receive crisis assistance
19 requests through phone calls, texts, chats, and other similar methods
20 of communication that may be developed in the future that promote
21 access to the behavioral health crisis system; and)) have sufficient
22 resources to receive crisis assistance requests through phone calls,
23 texts, and chats in compliance with requirements determined by the
24 substance abuse and mental health administration. The department
25 shall coordinate with designated 988 contact hubs, regional crisis
26 lines, and behavioral health administrative services organizations to
27 develop uniform data collection, reporting, and sharing standards.

28 (b) ((A behavioral health integrated client referral system
29 capable of providing system coordination information to designated
30 988 contact hubs and the other entities involved in behavioral health
31 care. This system shall be developed by the authority)) Subject to
32 appropriations, the authority shall coordinate with designated 988
33 contact hubs, regional crisis lines, and behavioral health
34 administrative services organizations to provide information for use
35 in crisis intervention and response, which may include:

36 (i) Access to information relevant to the coordination of
37 behavioral health crisis response and suicide prevention services,
38 including:

39 (A) Bed availability for all behavioral health bed types and
40 recliner chairs;

1 (B) Information about any less restrictive alternative treatment
2 orders or mental health advance directives related to the person; and

3 (C) Information to enable the designated 988 contact hubs to
4 establish a safety plan for the person;

5 (ii) The means to track the outcome of the 988 call to enable
6 appropriate follow-up, cross-system coordination, and accountability;

7 (iii) The means to verify and document whether the person's
8 transition to follow-up noncrisis care was completed and services
9 offered;

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

14 (v) When appropriate, consultation with tribal governments to
15 ensure coordinated care in government-to-government relationships,
16 and access to dedicated services to tribal members; and

17 (vi) Establishing information-sharing guidelines that fulfill the
18 intent of this section, and that shall consider input from the
19 confidential information compliance and coordination subcommittee
20 established under RCW 71.24.892.

21 (c) No decisions made by the department or the authority shall
22 interfere with the routing of the 988 contact hubs calls, texts, or
23 chats as part of Washington's active agreement with the administrator
24 of the national suicide prevention lifeline or 988 administrator that
25 routes 988 contacts into Washington's system.

26 ~~(6) ((In developing the new technologies under subsection (5) of~~
27 ~~this section, the department and the authority must coordinate to~~
28 ~~designate a primary technology system to provide each of the~~
29 ~~following:~~

30 ~~(a) Access to real-time information relevant to the coordination~~
31 ~~of behavioral health crisis response and suicide prevention services,~~
32 ~~including:~~

33 ~~(i) Real-time bed availability for all behavioral health bed~~
34 ~~types and recliner chairs, including but not limited to crisis~~
35 ~~stabilization services, 23-hour crisis relief centers, psychiatric~~
36 ~~inpatient, substance use disorder inpatient, withdrawal management,~~
37 ~~peer-run respite centers, and crisis respite services, inclusive of~~
38 ~~both voluntary and involuntary beds, for use by crisis response~~
39 ~~workers, first responders, health care providers, emergency~~
40 ~~departments, and individuals in crisis; and~~

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

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

6 ~~(B) Information necessary to enable the designated 988 contact~~
7 ~~hubs to actively collaborate with regional crisis lines, emergency~~
8 ~~departments, primary care providers and behavioral health providers~~
9 ~~within managed care organizations, behavioral health administrative~~
10 ~~services organizations, and other health care payers to establish a~~
11 ~~safety plan for the person in accordance with best practices and~~
12 ~~provide the next steps for the person's transition to follow-up~~
13 ~~noncrisis care. To establish information-sharing guidelines that~~
14 ~~fulfill the intent of this section the authority shall consider input~~
15 ~~from the confidential information compliance and coordination~~
16 ~~subcommittee established under RCW 71.24.892;~~

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

33 ~~(c) A means to facilitate actions to verify and document whether~~
34 ~~the person's transition to follow-up noncrisis care was completed and~~
35 ~~services offered, to be performed by a care coordinator provided~~
36 ~~through the person's managed care organization, health plan, or~~
37 ~~behavioral health administrative services organization, or if such a~~
38 ~~care coordinator is not available or does not follow through, by the~~
39 ~~staff of the designated 988 contact hub;~~

1 ~~(d) The means to provide geographically, culturally, and~~
2 ~~linguistically appropriate services to persons who are part of high-~~
3 ~~risk populations or otherwise have need of specialized services or~~
4 ~~accommodations, and to document these services or accommodations; and~~

5 ~~(e) When appropriate, consultation with tribal governments to~~
6 ~~ensure coordinated care in government-to-government relationships,~~
7 ~~and access to dedicated services to tribal members.~~

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

9 (a) Collaborate with county authorities and behavioral health
10 administrative services organizations to develop procedures to
11 dispatch behavioral health crisis services in coordination with
12 designated 988 contact hubs to effectuate the intent of this section;

13 (b) Establish formal agreements with managed care organizations
14 and behavioral health administrative services organizations by
15 January 1, 2023, to provide for the services, capacities, and
16 coordination necessary to effectuate the intent of this section,
17 which shall include a requirement to arrange next-day appointments
18 for persons contacting the 988 contact hub or a regional crisis line
19 experiencing urgent, symptomatic behavioral health care needs with
20 geographically, culturally, and linguistically appropriate primary
21 care or behavioral health providers within the person's provider
22 network, or, if uninsured, through the person's behavioral health
23 administrative services organization;

24 (c) Create best practices guidelines by July 1, 2023, for
25 deployment of appropriate and available crisis response services by
26 behavioral health administrative services organizations in
27 coordination with designated 988 contact hubs to assist 988 hotline
28 callers to minimize nonessential reliance on emergency room services
29 and the use of law enforcement, considering input from relevant
30 stakeholders and recommendations made by the crisis response
31 improvement strategy committee created under RCW 71.24.892;

32 (d) Develop procedures to allow appropriate information sharing
33 and communication between and across crisis and emergency response
34 systems for the purpose of real-time crisis care coordination
35 including, but not limited to, deployment of crisis and outgoing
36 services, follow-up care, and linked, flexible services specific to
37 crisis response; and

38 (e) Establish guidelines to appropriately serve high-risk
39 populations who request crisis services. The authority shall design
40 these guidelines to promote behavioral health equity for all

1 populations with attention to circumstances of race, ethnicity,
2 gender, socioeconomic status, sexual orientation, and geographic
3 location, and include components such as training requirements for
4 call response workers, policies for transferring such callers to an
5 appropriate specialized center or subnetwork within or external to
6 the national suicide prevention lifeline network, and procedures for
7 referring persons who access the 988 contact hubs to linguistically
8 and culturally competent care.

9 ~~((+8))~~ (7) The department shall monitor trends in 988 crisis
10 hotline caller data, as reported by designated 988 contact hubs under
11 subsection (4)(b)(ix) of this section, and submit an annual report to
12 the governor and the appropriate committees of the legislature
13 summarizing the data and trends beginning December 1, 2027.

14 ~~((+9))~~ (8) Subject to authorization by the national 988
15 administrator and the availability of amounts appropriated for this
16 specific purpose, any Washington state subnetwork of the 988 crisis
17 hotline dedicated to the crisis assistance needs of American Indian
18 and Alaska Native persons shall offer services by text, chat, and
19 other similar methods of communication to the same extent as does the
20 general 988 crisis hotline. The department shall coordinate with the
21 substance abuse and mental health services administration for the
22 authorization.

23 **Sec. 2.** RCW 82.86.050 and 2025 c 424 s 991 are each amended to
24 read as follows:

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

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

32 (a) Ensuring the efficient and effective routing of calls made to
33 the 988 crisis hotline to an appropriate crisis hotline center or
34 designated 988 contact hub. Expenditures from the account must be
35 prioritized to fully fund the operation of 988 crisis hotline centers
36 and designated 988 contact hubs to achieve an in-state call response
37 rate specified in RCW 71.24.890;

38 (b) A contract with or to fund an entity to provide specialized
39 crisis intervention, suicide prevention, and follow-up services for

1 lesbian, gay, bisexual, transgender, queer, and other sexual and
2 gender minority youth and young adults contacting the 988 hotline if,
3 on or after January 1, 2025, the federal government discontinues,
4 suspends, or materially limits specialized crisis services for
5 lesbian, gay, bisexual, transgender, queer, and other sexual and
6 gender minority youth and young adults available through the 988
7 crisis hotline, including any dedicated call routing or specialized
8 line option;

9 (c) Personnel and the provision of acute behavioral health,
10 crisis outreach, and crisis stabilization services, as defined in RCW
11 71.24.025, by directly responding to the 988 crisis hotline and
12 enhancing mobile crisis service standards and performance provided
13 through mobile rapid response crisis teams and community-based crisis
14 teams endorsed under RCW 71.24.903. Ten percent of the annual
15 receipts from the tax must be dedicated to the establishment grants,
16 performance payments, and supplemental performance payments for
17 mobile rapid response crisis teams and community-based crisis teams
18 endorsed under RCW 71.24.903 and endorsement activities in RCW
19 71.24.903, up to 30 percent of which is dedicated to mobile rapid
20 response crisis teams and community-based crisis teams endorsed under
21 RCW 71.24.903 that are affiliated with a tribe in Washington; and

22 ~~((e))~~ (d) During the 2025-2027 fiscal biennium, the legislature
23 may appropriate moneys from the statewide 988 behavioral health
24 crisis response and suicide prevention line account to maintain and
25 expand behavioral health crisis response services including services
26 provided by mobile crisis response teams, 23-hour crisis relief
27 centers, and other community settings providing services to
28 individuals experiencing a behavioral health crisis. Appropriations
29 made for these purposes are not subject to the limitation in
30 subsection (3) of this section. It is the intent of the legislature
31 that this policy will be continued in subsequent fiscal biennia.

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

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