

1477 overview

E2SHB 1477 implementation of the national 988 system to enhance and expand behavioral health crisis response and suicide prevention services.

Contents

Part 1: Crisis call center hubs and crisis services.....	3
Part 2: Tax.....	15
Part 3: Appropriations.....	16
Part 4: Definitions and miscellaneous.....	18

Part 1-Crisis call center hubs and crisis services

Section 101: Intent and Description

Description

Increased in suicide rates in Washington state, particularly for youth, veterans, AI/AN, LGBTQ youth and persons in rural communities. An improved crisis response system will reduce reliance on emergency rooms and law enforcement to address behavioral health crisis and will stabilize persons in the community whenever possible. To accomplish effective crisis response and suicide prevention, Washington state must continue its integrated approach to address mental health and substance use disorder in tandem under the umbrella of behavioral health disorders, consistently with chapter 71.24 RCW and the state's approach to integrated health care. The legislature intends to develop crisis call center hubs and expand the crisis response system in a deliberate phased approach.

Intent

Legislature intends to establish crisis call center hubs and expand the crisis delivery system in a deliberate, phased approach that includes the involvement of partners from a range of perspectives to improve access and quality, further equity, assure culturally and linguistically competent response and comply with the national suicide hotline designation act of 2020 and the federal communication commission's rules adopted July 16, 2020, to assure that all Washington residents receive a consistent and effective level of 988 suicide prevention and other behavioral health crisis response services no matter where they live, work, or travel in the state.

Investments

- Includes investment in new technology to create a crisis call center hub system to triage calls and link persons to follow-up care.
- Other investments to enhance the crisis response system include:
 - expansion of crisis teams (to be known as mobile rapid response crisis teams),
 - deployment of a wide array of crisis stabilization services such as 23- hr. crisis stabilization units based on the living room model),
 - crisis stabilization centers,
 - short-term respite facilities
 - peer run respite centers,
 - same day walk in behavioral health services

The overall crisis system shall contain components that operate like hospital emergency departments that accept all walk-ins, as well as ambulance, fire, and police drop-offs.

Certified peer counselors as well as peers in other roles providing support must be incorporated as often as possible within the crisis system and along the continuum of care.

Section 102: Crisis Hotline Centers

1. DOH and HCA roles and collaboration

Establishing crisis call center hubs and crisis response system response will require collaborative work between DOH and HCA.

- DOH shall have primary responsibility for establishing and designating the crisis call center hubs.
- HCA shall have primary responsibility for developing and implementing the crisis system and services to support the work of the crisis call center hubs.
- In any instance where one agency is identified as the lead, that agency is expected to be communicating and collaborating with the other to ensure seamless, continuous, and effective service delivery within the statewide crisis response system.

2. DOH funding to meet expected increase in use of 988

Requires DOH, by July 16, 2022, to provide adequate funding for the state's crisis call centers to meet an expected increase in the use of the call centers based on the implementation of the 988 crisis hotline. The funding level shall be established at a level anticipated to achieve an in-state call response rate of at least 90 percent by July 22, 2022 and shall be determined by considering standards and cost per call predictions provided by the administrator of the national suicide prevention lifeline, call volume predictions, guidance on crisis call center performance metrics, and necessary technology upgrades.

3. DOH adopts rules for call centers

By July 1, 2023, DOH must adopt rules to establish standards for designation of crisis call centers as crisis call center. DOH shall collaborate with HCA to assure coordination and availability of service and shall consider national guidelines for behavioral health crisis care as determined by the federal substance abuse and mental health services administration, national behavioral health accrediting bodies, and national behavioral health provider associations to the extent they are appropriate, and recommendations from the crisis response improvement strategy committee created in section 103 of this act.

4. DOH to designate call center hubs

By July 1, 2024, DOH shall designate crisis call center hubs to provide crisis intervention services, triage, care coordination, referrals, and connection to crisis response for individuals contacting the 988 crisis hotline from any jurisdiction within Washington 24 hours a day, seven days a week using the system platform developed under subsection (5) of this section.

Requirements to be a designated call center hub

Requires that to be designated as a crisis call center hub, the applicant must demonstrate to DOH the ability to comply with the requirements and contract with the DOH. The contracts entered by DOH shall require designated crisis call center hubs to:

- have an active agreement with the administrator of the national suicide prevention lifeline for participation within its network.
- Meet the requirements for operational and clinical standards established by the department and based upon the national suicide prevention lifeline best practices guidelines and other recognized best practices.
- Employ highly qualified, skilled and trained clinical staff who have sufficient training and resources to provide empathy to callers in acute distress, de-escalate crises, assess behavioral health disorders and suicide risk, triage to

system partners, and provide case management and documentation. Call center staff shall be trained to make every effort to resolve cases in the least restrictive environment and without law enforcement involvement whenever possible. Call center staff shall coordinate with certified peer counselors to provide follow-up and outreach to callers in distress as available and appropriate. It is intended for transition planning to include a pathway for continued employment and skill advancement as needed for experienced crisis call center employees.

- Collaborate with HCA, the national suicide prevention lifeline, and veteran's crisis line networks to assure consistency of public messaging about the 988 crisis hotline; and
- Provide data and reports and participate in evaluations and related quality improvement activities, according to standards established by the department in collaboration with the authority.

Incorporation of recommendations from CRIS Committee

The department and the authority shall incorporate recommendations from the crisis response improvement strategy committee created under section 103 of this act in its agreements with crisis call center hubs, as appropriate.

5. Technology -call center platform and client reference system

The department and the authority must coordinate to develop the technology and platforms necessary to manage and operate the behavioral health crisis response and suicide prevention system. The technologies developed must include:

Crisis call center system platform:

1. A new technologically advanced behavioral health and suicide prevention crisis call center system platform using technology demonstrated to be interoperable across crisis and emergency response systems used throughout the state, such as 911 systems, emergency medical services systems, and other nonbehavioral health crisis services, for use in crisis call center hubs designated by DOH. This platform must include the capacity to receive crisis assistance requests through phone calls, texts, chats, and other similar methods of communication that may be developed in the future that promote access to the behavioral health crisis system.

Behavioral health integrated Client Reference System:

A behavioral health integrated client referral system capable of providing system coordination information to crisis call center hubs and the other entities involved in behavioral health care. This system shall be developed by HCA.

6. Technology system requirements

In developing the new technologies, DOH and HCA must coordinate to designate a primary technology system to provide each of the following:

- Access to real-time information relevant to the coordination of behavioral health crisis response and suicide prevention services including:
 - Real-time bed availability for all behavioral health bed types, including but not limited to crisis stabilization services, triage facilities, psychiatric inpatient, substance use disorder inpatient, withdrawal management, peer-run respite centers, and crisis respite services, inclusive of both voluntary and involuntary beds, for use by crisis response workers, first responders, health care providers, emergency departments, and individuals in crisis.
 - Real-time information relevant to the coordination of behavioral health crisis response and suicide prevention services for a person, including the means to access:

- Information about any less restrictive alternative treatment orders or mental health advance directives related to the person.
- Information necessary to enable the crisis call center hub to actively collaborate with emergency departments, primary care providers and behavioral health providers within managed care organizations, behavioral health administrative services organizations, and other health care payers to establish a safety plan for the person in accordance with best practices and provide the next steps for the person's transition to follow-up noncrisis care. To establish information-sharing guidelines that fulfill the intent of this section the authority shall consider input from the confidential information compliance and coordination subcommittee established by the CRIS committee.
- The means to request deployment of appropriate crisis response services, which may include mobile rapid response crisis teams, co-responder teams, designated crisis responders, fire department mobile integrated health teams, or community assistance referral and educational services programs under RCW 35.21.930,35.21.930, according to best practice guidelines established by the authority, and track local response through global positioning technology; and
- The means to track the outcome of the 988 call to enable appropriate follow up, cross-system coordination, and accountability, including as appropriate:
 - Any immediate services dispatched, and reports generated from the encounter.
 - The contents validation of a safety plan established for the caller in accordance with best practices.
 - The next steps for the caller to follow in transition to noncrisis follow-up care, including a next-day appointment for callers experiencing urgent, symptomatic behavioral health care needs.
 - The means to verify and document whether the caller was successful in making the transition to appropriate noncrisis follow-up care indicated in the safety plan for the person, to be completed either by the care coordinator provided through the person's managed care organization, health plan, or behavioral health administrative services organization, or if such a care coordinator is not available or does not follow through, by the staff of the crisis call center hub.
- A means to facilitate actions to verify and document whether the person's transition to follow up noncrisis care was completed and services offered, to be performed by a care coordinator provided through the person's managed care organization, health plan, or behavioral health administrative services organization, or if such a care coordinator is not available or does not follow through, by the staff of the crisis call center hub.
- The means to provide geographically, culturally, and linguistically appropriate services to persons who are part of high-risk populations or otherwise have need of specialized services or accommodations, and to document these services or accommodations.
- When appropriate, consultation with tribal governments to ensure coordinated care in government-to-government relationships, and access to dedicated services to tribal members.

7. Collaboration for interoperability, training, strategy, efficiency, and access.

For implementation, DOH and HCA shall collaborate with the state enhanced 911 coordination office, emergency management division, and military department to develop technology that is demonstrated to be interoperable between the 988 crisis hotline system and crisis and emergency response systems used throughout the state, such as 911 systems, emergency medical services systems, and other nonbehavioral health crisis services, as well as the national suicide prevention lifeline, to assure cohesive interoperability, develop training programs and operations for both 911 public safety telecommunicators and crisis line workers, develop suicide and other behavioral health crisis assessments and intervention strategies, and establish efficient and equitable access to resources via crisis hotlines.

8. HCA collaboration with county authorities and BHASOs.

HCA shall collaborate with county authorities and behavioral health administrative services organizations to develop procedures to dispatch behavioral health crisis services in coordination with crisis call center hubs to effectuate the intent of this section.

HCA shall establish formal agreements with managed care organizations and behavioral health administrative services organizations by January 1, 2023, to provide for the services, capacities, and coordination necessary to effectuate the intent of this section, which shall include a requirement to arrange next-day appointments for persons contacting the 988 crisis hotline experiencing urgent, symptomatic behavioral health care needs with geographically, culturally, and linguistically appropriate primary care or behavioral health providers within the person's provider network, or, if uninsured, through the person's behavioral health administrative services organization;

HCA shall create best practices guidelines by July 1, 2023, for deployment of appropriate and available crisis response services by crisis call center hubs to assist 988 hotline callers to minimize nonessential reliance on emergency room services and the use of law enforcement, considering input from relevant stakeholders and recommendations made by the crisis response improvement strategy committee created under section 103 of this act;

HCA shall develop procedures to allow appropriate information sharing and communication between and across crisis and emergency response systems for the purpose of real-time crisis care coordination including, but not limited to, deployment of crisis and outgoing services, follow-up care, and linked, flexible services specific to crisis response; and

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

Section 103: Crisis Response Improvement Strategy Committee (CRIS)

1. CRIS Committee structure and purpose (committee, steering committee, subcommittees)

The crisis response improvement strategy committee is established for the purpose of providing advice in developing an integrated behavioral health crisis response and suicide prevention system. The work of the committee shall be received and reviewed by a steering committee, which shall in turn form subcommittees to provide the technical analysis and input needed to formulate system change recommendations.

2. OFM and Harborview BHI to provide support to steering committee and CRIS

The office of financial management shall contract with the behavioral health institute at Harborview medical center to facilitate and provide staff support to the steering committee and to the crisis response improvement strategy committee.

3. CRIS membership

The steering committee shall select three cochairs from among its members to lead the crisis response improvement strategy committee.

The crisis response improvement strategy committee shall consist of the following members, who shall be appointed or requested by the authority, unless otherwise noted:

- The director of the authority, or his or her designee, who shall also serve on the steering committee.
- The secretary of the department, or his or her designee, who shall also serve on the steering committee.
- A member representing the office of the governor, who shall also serve on the steering committee.
- The Washington state insurance commissioner, or his or her designee.
- Up to two members representing federally recognized tribes, one from eastern Washington and one from western Washington, who have expertise in behavioral health needs of tribal communities.
- One member from each of the two largest caucuses of the senate, one of whom shall also be designated to participate on the steering committee, to be appointed by the president of the senate.
- One member from each of the two largest caucuses of the house of representatives, one of whom shall also be designated to participate on the steering committee, to be appointed by the speaker of the house of representatives.
- The director of the Washington state department of veteran's affairs, or his or her designee.
- The state enhanced 911 coordinator, or his or her designee.
- A member with lived experience of a suicide attempt
- A member with lived experience of a suicide loss
- A member with experience of participation in the crisis system related to lived experience of a mental health disorder.
- A member with experience of participation in the crisis system related to lived experience with a substance use disorder.
- A member representing each crisis call center in Washington that is contracted with the national suicide prevention lifeline.
- Up to two members representing behavioral health administrative services organizations, one from an urban region and one from a rural region.
- A member representing the Washington council for behavioral health.
- A member representing the association of alcoholism and addiction programs of Washington state.
- A member representing the Washington state hospital association.
- A member representing the national alliance on mental illness.
- A member representing the behavioral health interests of persons of color recommended by Sea Mar community health centers.
- A member representing the behavioral health interests of persons of color recommended by Asian counseling and referral service.
- A member representing law enforcement.
- A member representing a university-based suicide prevention center of excellence.
- A member representing an emergency medical services department with a CARES program.

- A member representing Medicaid managed care organizations, as recommended by the association of Washington healthcare plans.
- A member representing commercial health insurance, as recommended by the association of Washington healthcare plans.
- A member representing the Washington association of designated crisis responders.
- A member representing the children and youth behavioral health work group.
- A member representing a social justice organization addressing police accountability and the use of deadly force.
- A member representing an organization specializing in facilitating behavioral health services for LGBTQ populations.

4. CRIS committee role in assisting steering committee

The crisis response improvement strategy committee shall assist the steering committee to identify potential barriers and make recommendations necessary to implement and effectively monitor the progress of the 988 crisis hotline in Washington and make recommendations for the statewide improvement of behavioral health crisis response and suicide prevention services.

5. Steering committee comprehensive assessment

The steering committee must develop a comprehensive assessment of the behavioral health crisis response and suicide prevention services system by January 1, 2022, including an inventory of existing statewide and regional behavioral health crisis response, suicide prevention, and crisis stabilization services and resources, and considering capital projects which are planned and funded. The comprehensive assessment shall identify:

- Statewide and regional insufficiencies and gaps in necessary behavioral health crisis response and suicide prevention services and resources needed to meet population needs.
- Quantifiable goals for the provision of statewide and regional behavioral health crisis services and targeted deployment of resources which consider factors such as reported rates of involuntary commitment detentions, single-bed certifications, reported suicide attempts and deaths, reported substance use disorder related overdoses and overdose or withdrawal related deaths, and incarcerations due to a behavioral health incident.
- A process for establishing outcome measures, benchmarks, and improvement targets, for the crisis response system.
- Potential funding sources to provide statewide and regional behavioral health crisis services and resources.

6. Steering committee report requirements

The steering committee, considering the comprehensive assessment work under subsection (5) of this section, as it becomes available, after discussion with the crisis response improvement strategy committee and hearing reports from the subcommittees, shall report on the following:

- A recommended vision for an integrated crisis network in Washington that includes but is not limited to: An integrated 988 crisis hotline and crisis call center hubs; mobile rapid response crisis teams; mobile crisis response units for youth, adult, and geriatric population; a range of crisis stabilization services; an integrated involuntary treatment system; peer-run services including peer-run respite centers, adequate crisis respites services; and data resources.
- Recommendations to promote equity in services for individuals of diverse circumstances of culture, race, ethnicity, gender, socioeconomic status, sexual orientation, and for individuals in tribal, urban, and rural communities.
- Recommendations for a work plan with timelines to implement appropriate local responses to calls to the 988 crisis hotline within Washington in accordance with the time frames required by the national suicide hotline designation act of 2020.

- The necessary components of each of the new technologically advanced behavioral health crisis call center system platform and the new behavioral health integrated client referral system, as provided under section 102 of this act, for assigning and tracking response to behavioral health crisis calls and providing real-time bed and outpatient appointment availability to 988 operators, emergency departments, designated crisis responders, and other behavioral health crisis responders, which shall include but not be limited to:
 - Identification of the component's crisis call center hub staff need to effectively coordinate crisis response services and access the platform to find available beds and available primary care and behavioral health outpatient appointments.
 - Evaluation of existing bed tracking models currently utilized by other states and identifying the model most suitable to Washington's crisis behavioral health system.
 - Evaluation of whether bed tracking will improve access to all behavioral health bed types and other impacts and benefits.
 - Exploration of how the bed tracking and outpatient appointment availability platform can facilitate more timely access to care and other impacts and benefits.
- The necessary systems and capabilities that licensed or certified behavioral health agencies, behavioral health providers, and any other relevant parties will require to report, maintain, and update inpatient and residential bed and outpatient service availability in real time to correspond with the crisis call center system platform or behavioral health integrated client reference system identified in section 102 as appropriate.
- A work plan to establish the capacity for the crisis call center hubs to integrate Spanish language interpreters and Spanish-speaking call center staff into their operations, and to ensure the availability of resources to meet the unique needs of persons in the agricultural community who are experiencing mental health stresses, which explicitly addresses concerns regarding confidentiality.
- A work plan with timelines to enhance and expand the availability of community-based mobile rapid response crisis teams based in each region, including specialized teams as appropriate to respond to the unique needs of youth, including American Indian and Alaska Native youth and LGBTQ youth, and geriatric populations, including older adults of color and older adults with comorbid dementia.
- The identification of other personal and systemic behavioral health challenges which implementation of the 988 crisis hotline has the potential to address in addition to suicide response and behavioral health crises.
- The development of a plan for the statewide equitable distribution of crisis stabilization services, behavioral health beds, and peer-run respite services
- Recommendations concerning how health plans, managed care organizations, and behavioral health administrative services organizations shall fulfill requirements to provide assignment of a care coordinator and to provide next-day appointments for enrollees who contact the behavioral health crisis system.
- Appropriate allocation of crisis system funding responsibilities among Medicaid managed care organizations, commercial insurers, and behavioral health administrative services organizations
- Recommendations for constituting a statewide behavioral health crisis response and suicide prevention oversight board or similar structure for ongoing monitoring of the behavioral health crisis system and where this should be established.
- Cost estimates for each of the components recommended by the crisis response improvement strategy committee.

7. Steering committee appointment and role

The steering committee shall consist only of members appointed to the steering committee under this section. The steering committee shall convene the committee, select cochairs for the committee, form subcommittees and assign tasks to the subcommittees, and establish a schedule of meetings and their agendas.

8. CRIS Subcommittees

The subcommittees of the crisis response improvement strategy committee shall focus on discrete topics. The subcommittees may include participants who are not members of the crisis response improvement strategy committee, as needed to provide professional expertise and community perspectives. Each subcommittee shall have at least one member representing the interests of stakeholders in a rural community, at least one member representing the interests of stakeholders in an urban community, and at least one member representing the interests of youth stakeholders.

The steering committee shall form the following subcommittees, and may form additional subcommittees at its discretion:

- A Washington tribal 988 subcommittee, which shall examine and make recommendations with respect to the needs of tribes related to the 988 system, and which shall include representation from the American Indian health commission.
- A credentialing and training subcommittee, to recommend workforce needs and requirements necessary to implement this act, including minimum education requirements such as whether it would be appropriate to allow crisis call center hubs to employ clinical staff without a bachelor's degree or master's degree based on the person's skills and life or work experience.
- A technology subcommittee, to examine issues and requirements related to the technology needed to implement this act.
- A cross-system crisis response collaboration subcommittee, to examine and define the complementary roles and interactions between mobile rapid response crisis teams, designated crisis responders, law enforcement, emergency medical services teams, 911 and 988 operators, public and private health plans, behavioral health crisis response agencies, nonbehavioral health crisis response agencies, and others needed to implement this act.
- A confidential information compliance and coordination subcommittee, to examine issues relating to sharing and protection of health information needed to implement this act.
- Any other subcommittee needed to facilitate the work of the committee, at the discretion of the steering committee.

9. CRIS proceedings open to public. CRIS to seek communities' input.

The proceedings of the crisis response improvement strategy committee must be open to the public and invite testimony from a broad range of perspectives. The crisis response committee shall seek input from tribes, veterans, the LGBTQ community, and communities of color to help discern how well the crisis response system is currently working and recommended ways to improve the crisis response system.

10. Reimbursement for legislative members of CRIS

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

11. Steering committee comprehensive assessment and progress reports due dates

The steering committee, with the advice of the crisis response improvement strategy committee shall provide a progress report and the result of its comprehensive assessment to the governor and appropriate policy and fiscal committee of the legislature by January 1, 2022.

The steering committee shall report the crisis response improvement strategy committee's further progress and the steering committee's recommendations related to crisis call center hubs to the governor and appropriate policy and fiscal committees of the legislature by January 1, 2023.

The steering committee shall provide its final report to the governor and the appropriate policy and fiscal committees of the legislature by January 1, 2024. This section expires June 30, 2024.

Section 104: Steering committee

1. Steering committee monitoring and recommendation requirements

The steering committee of the crisis response improvement strategy steering committee under section 103 must monitor and make recommendations related to the funding of crisis response services out of the account created in section 205. The crisis response improvement strategy steering committee must analyze:

- The projected expenditures considering call volume, utilization projections, and other operational impacts.
- The costs of providing statewide coverage of mobile rapid response crisis teams or other behavioral health first responder services recommended by the crisis response improvement strategy committee.
- Potential options to reduce the tax imposed in section 202 of this act.
- The viability of providing funding for in-person mobile rapid response crisis services or other behavioral health first responder services recommended by the crisis response improvement strategy committee funded from the account created in section 205 of this act, given the expected revenues to the account and the level of expenditures required under (a) of this subsection.

2. Steering committee to analyze location and composition of services

If the steering committee finds that funding in-person mobile rapid response crisis services or other behavioral health first responder services recommended by the crisis response improvement strategy committee is viable from the account given the level of expenditures necessary to support the infrastructure development and operational support of the 988 crisis hotline and crisis call center hubs, the steering committee must analyze options for the location and composition of such services given need and available resources with the requirement that funds from the account supplement, not supplant, existing behavioral health crisis funding.

3. BHI at Harborview to facilitate work of steering committee

The work of the steering committee under this section must be facilitated by the behavioral health institute at Harborview medical center through its contract with the office of financial management under section 103 of this act with assistance provided by staff from senate committee services, the office of program research, and the office of financial management.

4. Steering committee recommendations due dates

The steering committee shall submit preliminary recommendations to the governor and the appropriate policy and fiscal committees of the legislature by January 1, 2022, and final recommendations to the governor and the appropriate policy and fiscal committees of the legislature by January 1, 2023.

This section expires on July 1, 2023.

Section 105: Annual report

1. DOH and HCA annual reporting on 988 usage, outcomes, and provision of services

DOH and HCA shall provide an annual report regarding the usage of the 988 crisis hotline, call outcomes and the provision of crisis services inclusive of the mobile rapid response crisis teams and crisis stabilization services. The report shall be submitted to the governor and the appropriate committees of the legislature each November beginning in 2023. The report shall include information on the fund deposits and expenditures of the account created in section 305.

2. DOH and HCA coordination with department of revenue

The department and authority shall coordinate with the department of revenue, and any other agency that is appropriated funding under the account created in section 305 to develop and submit information to the federal communications commission required for the completion of fee accountability reports pursuant to the national suicide hotline designation act of 2020.

3. Joint legislative audit and review committee report

The joint legislative audit and review committee shall schedule an audit to begin after the full implementation of this act, to provide transparency as to how funds from the statewide 988 behavioral health crisis response and suicide prevention line account have been expended, and to determine whether funds used to provide acute behavioral health, crisis outreach, and stabilization services are being used to supplement services identified as baseline services in the comprehensive analysis provided under section 103, or to supplant baseline services. The committee shall provide a report by November 1, 2027, which includes recommendations as to the adequacy of the funding provided to accomplish the intent of the act and any other recommendations for alteration or improvement.

Section 106: Next Day Appointments

Health plans issued or renewed on or after January 1, 2023, must make next-day appointments available to enrollees experiencing urgent, symptomatic behavioral health conditions to receive covered behavioral health services. The appointment may be with a licensed provider other than a licensed behavioral health professional, as long as that provider is acting within their scope of practice and may be provided through telemedicine consistent with RCW 48.43.735. Need for urgent symptomatic care is associated with the presentation of behavioral health signs or symptoms that require immediate attention but are not emergent.

Section 107: Appointed 988 Hotline and Behavioral Health Crisis System Coordinator

1. Governor to appoint 988 hotline and behavioral health crisis system coordinator

The governor shall appoint a 988 hotline and behavioral health crisis system coordinator to provide project coordination and oversight for the implementation and administration of the 988 crisis hotline, other requirements of this act, and other projects supporting the behavioral health crisis system. The coordinator shall:

- Oversee the collaboration between DOH and HCA in their respective roles in supporting the crisis call center hubs and providing the necessary support services for 988 callers and establishing adequate requirements and guidance for their contractors to fulfill the requirements.
- Ensure coordination and facilitate communication between stakeholders such as crisis call center hub contractors, behavioral health administrative service organizations, county authorities, other crisis hotline centers, managed care organizations, and, in collaboration with the state enhanced 911 coordination office, with 911 emergency communications system.

- Review the development of adequate and consistent training for crisis call center personnel and, in coordination with the state enhanced 911 coordination office, for 911 operators with respect to their interactions with the crisis hotline center.
- Coordinate implementation of other behavioral health initiatives among state agencies and educational institutions, as appropriate, including coordination of data between agencies.

This section expires June 30, 2024.

Section 108: Clarification of responsibility

1. Carrying out duties owed to the public vs individual

When acting in their statutory capacities pursuant to this act, the state, department, authority, state enhanced 911 coordination office, emergency management division, military department, any other state agency, and their officers, employees, and agents are deemed to be carrying out duties owed to the public in general and not to any individual person or class of persons separate and apart from the public. Nothing contained in this act may be construed to evidence a legislative intent that the duties to be performed by the state, department, authority, state enhanced 911 coordination office, emergency management division, military department, any other state agency, and their officers, employees, and agents, as required by this act, are owed to any individual person or class of persons separate and apart from the public in general.

2. Crisis call center hubs are independent contractors

Each crisis call center hub designated by the department under any contract or agreement pursuant to this act shall be deemed to be an independent contractor, separate and apart from the department and the state.

Section 109: Sophisticated Technical and Operational Plan

To development and implementation of technology and platforms by the department and the authority under section 102, DOH and HCA shall create a sophisticated technical and operational plan.

The plan shall not conflict with, nor delay, the department meeting and satisfying existing 988 federal requirements that are already underway and must be met by July 16, 2022, nor is it intended to delay the initial planning phase of the project, or the planning and deliverables tied to any grant award received and allotted by the department or the authority prior to April 1, 2021.

To the extent that funds are appropriated for this specific purpose, DOH and HCA must contract for a consultant to critically analyze the development and implementation technology and platforms and operational challenges to best position the solutions for success.

Prior to initiation of a new information technology development, which does not include the initial planning phase of this project or any contracting needed to complete the initial planning phase, DOH and HCA shall submit the technical and operational plan to the governor, office of financial management, steering committee of the crisis response improvement strategy committee created under section 103, and appropriate policy and fiscal committees of the legislature, which shall include the committees referenced in this section.

The plan must be approved by the office of the chief information officer, the director of the office of financial management, and the steering committee of the crisis response improvement strategy committee, which shall consider any feedback received from the senate ways and means committee chair, the house of representatives appropriations committee chair, the senate environment, energy and technology committee chair, the senate behavioral health subcommittee chair, and the house of

representatives health care and wellness committee chair, before any funds are expended for the solutions, other than those funds needed to complete the initial planning phase.

A draft technical and operational plan must be submitted no later than January 1, 2022, and a final plan by August 31, 2022.

The plan submitted must include, but not be limited to:

- Data management
- Data security
- Data flow
- Data access and permissions
- Protocols to ensure staff are following proper health information privacy procedures
- Cybersecurity requirements and how to meet these
- Service level agreements by vendor
- Maintenance and operations costs
- Identification of what existing software as a service product might be applicable, to include:
 - (a) Vendor name
 - Vendor offerings to include product module and functionality detail and whether each represent add-ons that must be paid separately
 - Vendor pricing structure by year through implementation
 - Vendor pricing structure by year post implementation
- Integration limitations by system
- Data analytic and performance metrics to be required by system
- Liability
- Which agency will host the electronic health record software as a service
- Regulatory agency
- The timeline by fiscal year from initiation to implementation for each solution in this act
- How to plan in a manner that ensures efficient use of state resources and maximizes federal financial participation
- A complete comprehensive business plan analysis.

Part 2- Tax

Section 201: Definitions

Adds definitions for 988 crisis hotline and crisis call center hub.

Section 202: Tax imposed

A statewide 988 behavioral health crisis response and suicide prevention line tax is imposed on the use of all radio access lines. Defines the tax rates and schedule. Beginning October 1, 2021, through December 31, 2022, the tax rate is 24 cents/line. Beginning January 1, 2023, through June 30, 2024, the tax rate is 40 cents/line.

(2) Defines the tax imposed on all interconnected voice over internet protocol service lines.

Defines the tax rates and schedule.

Beginning October 1, 2021, through December 31, 2022, the tax rate is 24 cents/line.

Beginning January 1, 2023, through June 30, 2024, the tax rate is 40 cents/line.

(3) Defines the tax imposed on all switched access lines in the state.

Defines the tax rates and schedule.

Beginning October 1, 2021, through December 31, 2022, the tax rate is 24 cents/line

Beginning January 1, 2023, through June 30, 2024, the tax rate is 40 cents/line.

Section 203: Collection of Tax

Outline's collection of tax.

Section 204:

Payment and Collection. Defines payment by radio providers and collection of the tax created in section 202.

Section 205: Account Creation

Outlines the creation of and guidelines for an account to hold funds collected from the tax outlined in section 202.

Section 206: Preemption

The statewide 988 behavioral health crisis response and suicide prevention line tax imposed by this act is the only 988 funding obligation imposed with respect to 988 behavioral health crisis response service within this state, and no tax, fee, surcharge, or other charge shall be imposed by any subdivision of this state for 988 funding purposes.

Part 3- Appropriations

Section 301: DOH Appropriations

The appropriations in this section are provided to DOH and are subject to the following conditions and limitations:

- **Provided solely for the department to route calls to and contract for the operations of call centers and call center hubs. This includes funding for operations, training, and call center information technology and program staff:** The sum of \$23,016,000, or as much thereof as may be necessary, is appropriated for the fiscal biennium ending June 30, 2023, from the statewide 988 behavioral health crisis response and suicide prevention line account.
- **Provided solely for the department to contract for the development and operations of a tribal crisis line:** The sum of \$1,000,000, or as much thereof as may be necessary, is appropriated for the fiscal biennium ending June 30, 2023, from the statewide 988 behavioral health crisis response and suicide prevention line account.
- **Provided solely for the department to provide staff support necessary to critically analyze the planning, development, and implementation of technology solutions to create the technical and operational plan pursuant to section 109:** The following sums, or so much thereof as may be necessary, are each appropriated: \$189,000 from the statewide 988 behavioral health crisis response and suicide prevention line account for the fiscal biennium ending June 30, 2023; and \$80,000 from the state general fund—federal account for the fiscal biennium ending June 30, 2023.
- **Provided solely for the department to participate in and provide support to the committee created in section 103:** The sum of \$420,000, or as much thereof as may be necessary, is appropriated for the fiscal biennium ending June 30, 2023, from the statewide 988 behavioral health crisis response and suicide prevention line account.

Section 302: HCA Appropriations

The appropriations in this section are provided to the state health care authority and are subject to the following conditions and limitations:

- **Provided solely for the authority to provide staff and contracted support necessary to critically analyze the planning, development, and implementation of technology solutions to create the technical and operational plan pursuant to section 109:** The following sums, or as much thereof as may be necessary, are each appropriated: \$770,000 from the statewide 988 behavioral health crisis response and suicide prevention line account for the fiscal biennium ending June 30, 2023; and \$326,000 from the state general fund—federal account for the fiscal biennium ending June 30, 2023.
- **Provided solely for the authority to participate in and provide support to the committee created in section 103:** The following sums, or so much thereof as may be necessary, are each appropriated: \$644,000 from the statewide 988 behavioral health crisis response and suicide prevention line account for the fiscal biennium ending June 30, 2023; and \$127,000 from the state general fund—federal account for the fiscal biennium ending June 30, 2023.
- **Provided solely for the authority to fulfill its duties as described in section 102(8) of this act. This includes funding for collaboration with managed care organizations, county authorities, and behavioral health administrative services organizations related to crisis services, and the development of processes and best practices for crisis services:** The following sums, or as much thereof as may be necessary, are each appropriated: \$381,000 from the statewide 988 behavioral health crisis response and suicide prevention line account for the fiscal biennium ending June 30, 2023; and \$381,000 from the state general fund—federal account for the fiscal biennium ending June 30, 2023.

Section 303: OFM Appropriations

- **Provided solely to provide staff and contracted services support to the committee created in section 103:** The sum of \$200,000, or as much thereof as may be necessary, is appropriated for the fiscal biennium ending June 30, 2023, from the statewide 988 behavioral health crisis response and suicide prevention line account to the office of financial management.

Part 4- Definitions and miscellaneous

Section 401 and Section 402: Definitions

Adds 4 new Definitions to RCW 71.24.025 effective July 1, 2022 (“crisis call center hub,” “crisis stabilization services,” “mobile rapid response crisis team,” “988 crisis hotline”).

Section 403:

amends RCW 71.24.649 (Standards for certification or licensure of mental health peer respite centers) changing language from peer respite centers to peer-run respite centers.

Section 404:

Sections 201 through 205 constitute a new chapter in Title 82 RCW.

Section 405:

Sections 201 through 205 are effective January 1, 2022.

Section 406:

Section 301 of this act expires July 1, 2022.

Section 407:

Section 302 of this act takes effect July 1, 2022.

Section 408:

Sections 103 and 104 are necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions and take effect immediately.

