

Comparison of House, Senate, and Proposed Conference Committee Version of E2SHB 1477

Brief Summary:

- Removes requirement to establish a 95 percent in-state call response rate by July 1, 2023;
- Removes requirement for crisis call center hub clinical staff to have at least a bachelors or masters level of education or an approved apprenticeship program, and provides that these staff must be highly qualified; and
- Adds appropriations to the bill to the Department of Health (DOH), Health Care Authority (HCA), and Office of Financial Management (OFM):
 - From the Statewide 988 Behavioral Health Crisis Response and Suicide Prevention Line Account, totaling \$26,620,000; and
 - From the General Fund-Federal, totaling \$914,000.

Topic	House Version (E2SHB 1477) As passed House 3-17-21	Senate Version (S-2948.E) As passed Senate 4-19-21	Proposed Conference Striking Amendment (S-3066.4)
Intent Section Sec. 101	Expresses intent to establish crisis call center hubs and make investments in the behavioral health crisis system.	Adds: 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. This is particularly true in the domain of suicide prevention, because of the prevalence of substance use as both a risk factor and means for suicide.	Same as Senate version.
Crisis Call Center Hubs - In-state Call Response Rate Sec. 102(2)	DOH shall provide funding at a level anticipated to achieve an in-state call response rate of at least 90 percent by July 22, 2022.	Funding level must be anticipated to achieve an in-state call response rate of at least 90 percent by July 22, 2022, and an in-state call response rate of at least 95 percent by July 1, 2023.	Same as House version.
Crisis Call Center Hubs - Education and Training Requirements	Hubs must meet the requirements and best practices guidelines for operational and clinical	Hubs must employ highly skilled and trained clinical staff with at least a bachelors or masters level of education or an approved apprenticeship program, as	Removes requirement for the clinical staff to have at least a bachelors or masters level of education or an approved apprenticeship program.

<p>Sec. 102(4)(b)(iii)</p>	<p>standards established by DOH that are based upon the National Suicide Prevention Lifeline requirements and other recognized best practices.</p>	<p>appropriate, 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. It is intended for transition planning to include a pathway for continued employment and skill advancement as needed for experienced crisis call center employees</p>	
<p>Technology Platforms for 988 Hotline Sec. 102(5)</p>	<p>Subject to funding, HCA, in collaboration with DOH, must develop a new technologically advanced behavioral health crisis call center system with a platform that includes specified capacities.</p>	<p>DOH and HCA must coordinate to develop the necessary technology and platforms. These must include:</p> <ul style="list-style-type: none"> • A technologically advanced behavioral health and suicide prevention crisis call center system platform using technology demonstrated to be interoperable between and across crisis and emergency response systems, to be developed by DOH; and • A behavioral health integrated client referral system capable of providing system coordination information to the hubs and entities involved in behavioral health care, to be developed by HCA. 	<p>Same as Senate version.</p>

<p>Duties of HCA related to 988 crisis hotline</p> <p>Sec. 102(6) and (8)</p>	<p>HCA must develop a system that can access real-time behavioral health bed information, real-time information relevant to the coordination of behavioral health crisis services, arrange next-day outpatient appointments and follow-up appointments, and assure follow-up services.</p> <p>HCA must develop best practice guidelines to appropriately serve high-risk populations with attention to circumstances of race, ethnicity, gender, socioeconomic status, sexual orientation, and geographic location.</p>	<p>Same as House, except with next-day outpatient appointments applying only to callers experiencing urgent, symptomatic health needs.</p> <p>In addition: Platform must include ability to consult with tribal governments and access dedicated services for tribal members.</p> <p>HCA must collaborate with counties and behavioral health administrative services organizations (BH-ASOs) to develop procedures for dispatching crisis services in response to 988 calls, including .</p> <p>HCA must establish formal agreements with managed care organizations (MCOs) and BH-ASOs to provide services in response to 988 calls, including next-day appointments for persons experiencing urgent, symptomatic behavioral health care needs.</p> <p>HCA must create best practice guidelines for crisis call center hubs for deployment of resources that minimize nonessential reliance on emergency rooms and police.</p>	<p>Same as Senate version, except formal agreements with MCOs and BH-ASOs to provide services in response to 988 calls, including next-day appointments for persons experiencing urgent, symptomatic behavioral health care needs, must be completed by January 1, 2023.</p>
<p>988 Implementation Team</p> <p>Sec. 103 of House bill</p>	<p>DOH must convene, staff, and chair a 988 implementation team to prepare for the transition of contracted Lifeline call centers into the 988 crisis hotline. The team must</p>	<p>988 Implementation Team is eliminated.</p>	<p>Same as Senate Version.</p>

	provide guidance to DOH, review the adequacy of training for crisis hotline center personnel and 911 public safety telecommunicators, and provide a report to the Governor and the Legislature by January 1, 2022.		
CRIS Committee Sec. 103 of Senate Bill and Conference Report	A Crisis Response Improvement Strategy Committee (CRIS) is established with 18 appointed members. Role is to develop an integrated behavioral health crisis response system.	CRIS has 36 appointed or requested members with more members from state agencies, with lived experience with suicide attempt, with lived experience of suicide loss, from behavioral health service organizations, from law enforcement, from behavioral health associations, from communities of color, from a suicide prevention center of excellence, from the WA State Hospital Assn., from an EMS department with a CARES program, from a managed care organization, from a commercial carrier, from the WA Assn. of Designated Crisis Responders, from the Children and Youth Behavioral Health Work Group, from an organization addressing police accountability and the use of deadly force, and from an organization specializing in behavioral health services for LGBTQ populations. Role is to advise the steering committee of the CRIS in developing an integrated behavioral health crisis response and suicide prevention system.	Same as the Senate Version.

	<p>Facilitation is provided by a private entity contracted by OFM.</p> <p>CRIS may form subcommittees to focus on discrete topics.</p> <p>HCA shall chair the CRIS.</p> <p>Reports are due in January of 2022 and 2023, with expiration in 2023.</p>	<p>Facilitation is provided by the Behavioral Health Institute at Harborview Medical Center.</p> <p>CRIS must be led by a five-member steering committee, and must have at least five subcommittees:</p> <ul style="list-style-type: none"> • a Washington tribal 988 subcommittee; • a credentialing and training subcommittee; • a technology subcommittee; • a cross-system crisis response collaboration subcommittee; and • a confidential information compliance and coordination subcommittee. <p>Three co-chairs must be selected by the steering committee from among its members.</p> <p>Reports are due in January of 2022, 2023, and 2024, with expiration in 2024.</p>	
<p>Additional CRIS steering committee responsibilities</p> <p>Sec. 105</p>	<p>Not included.</p>	<p>Steering committee must report in January 2022 and 2023 on its analysis of expenditures from the line account and make recommendations whether the line tax should be lowered and where funds should be directed.</p>	<p>Same as the Senate version.</p>
<p>Annual report and JLARC audit</p> <p>Sec. 106</p>	<p>DOH and HCA must provide an annual report starting November 2023 regarding the usage of the 988 hotline,</p>	<p>Same.</p> <p>In addition: JLARC must audit the program after full implementation to provide transparency,</p>	<p>Same as the Senate version.</p>

	provision of crisis services, and expenditures from the account.	determine if funds were used to supplement or supplant baseline services, and provide recommendations. Report is due November 1, 2027.	
Next-day appointment requirement Sec. 107	Not included.	Health plans issued or renewed 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 behavioral health professional.	Same as the Senate version.
Governor's Office 988 Project Coordinator Sec. 108	Not included.	The governor must appoint a 988 hotline and behavioral health crisis system coordinator to provide project coordination and oversight for the implementation of this act, and other projects supporting the behavioral health crisis system, expiring June 30, 2024.	Same as the Senate version.
Liability protection Sec. 109	Not included.	State agencies and employees are deemed to be carrying out duties owed to the public in general and not to individual persons or classes of persons. Crisis call center hubs are considered to be independent contractors.	Same as the Senate version.
Technical and Operational Plan Sec. 110	Not included.	DOH and HCA must create a sophisticated technical and operational plan with specified requirements and receive approval before spending money for solutions, other than needed to satisfy existing federal requirements, planning or deliverables associated with a grant award, or to complete the initial planning phase. A	Same as the Senate version.

		draft is due January 1, 2022, and final by August 31, 2022. Approval is by OFM, the Office of the Chief Information Officer, and the steering committee after consulting with legislative committees.	
Line Tax - Rate Imposed Secs. 204 & 205	A tax is imposed on radio access lines, voice-over Internet protocol service lines, and switched access lines of 30 cents from October 1, 2021, through December 31, 2022, and of 50 cents thereafter, to fund activities related to the 988 hotline and enhanced crisis response services. Proceeds are deposited in the Statewide 988 Behavioral Health Crisis Response and Suicide Prevention Account. Expenditures may only be used for: (a) Ensuring the efficient and effective routing of calls made to the 988 crisis hotline; and (b) personnel and the provision of acute behavioral health, crisis outreach, and crisis stabilization services by directly responding to the 988 crisis hotline	Similar, but the line tax rate is reduced to 24 cents from October 1, 2021, through December 31, 2022, and 40 cents thereafter.	Same as the Senate version.
Line Tax - Preemption Sec. 206	Not included.	A city or county may not impose a line tax for the purpose of ensuring the efficient and effective routing of calls made to the 988 crisis hotline to an appropriate crisis hotline center or crisis call center hub; or	Same as the Senate version.

		providing personnel or acute behavioral health, crisis outreach, or crisis stabilization services, as defined in RCW 71.24.025, associated with directly responding to the 988 crisis hotline.	
Appropriations Secs. 301-303 of Conference Report	None.	\$500,000 provided to HCA to contract with a consultant to review HCA and DOH's technical and operational plan.	Removed, and replaced with appropriations to DOH, HCA, and OFM: <ul style="list-style-type: none"> • From the Statewide 988 Behavioral Health Crisis Response and Suicide Prevention Line Account, totaling \$26,620,000; and • From the General Fund-Federal, totaling \$834,000. See separate table for additional details.
Miscellaneous			Terminology is standardized to refer to the behavioral health crisis response and suicide prevention system, line tax, and account. Corrects errors and inconsistencies.