

# HOUSE BILL REPORT

## E2SHB 2245

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**As Passed House:**  
February 12, 2024

**Title:** An act relating to establishing co-response services and training as an essential component of the crisis care continuum.

**Brief Description:** Establishing co-response services and training as an essential component of the crisis care continuum.

**Sponsors:** House Committee on Appropriations (originally sponsored by Representatives Bronoske, Eslick, Ramel, Senn, Reed, Macri, Leavitt and Davis).

**Brief History:**

**Committee Activity:**

Health Care & Wellness: 1/17/24, 1/24/24 [DPS];  
Appropriations: 2/1/24, 2/3/24 [DP2S(w/o sub HCW)].

**Floor Activity:**

Passed House: 2/12/24, 97-0.

**Brief Summary of Engrossed Second Substitute Bill**

- Requires the University of Washington (UW) School of Social Work to establish a co-response training academy pilot program and a peer support program for co-responders.
- Requires the UW School of Social Work to explore the development of credentialing opportunities for co-responders.
- Requires the UW School of Social Work to provide an annual assessment to the Governor and the Legislature regarding the co-response workforce.

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### HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

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*This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.*

**Majority Report:** The substitute bill be substituted therefor and the substitute bill do pass. Signed by 17 members: Representatives Riccelli, Chair; Bateman, Vice Chair; Schmick, Ranking Minority Member; Hutchins, Assistant Ranking Minority Member; Bronoske, Caldier, Davis, Graham, Harris, Macri, Maycumber, Mosbrucker, Orwall, Simmons, Stonier, Thai and Tharinger.

**Staff:** Emily Poole (786-7106).

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## HOUSE COMMITTEE ON APPROPRIATIONS

**Majority Report:** The second substitute bill be substituted therefor and the second substitute bill do pass and do not pass the substitute bill by Committee on Health Care & Wellness. Signed by 29 members: Representatives Ormsby, Chair; Bergquist, Vice Chair; Gregerson, Vice Chair; Macri, Vice Chair; Corry, Ranking Minority Member; Chambers, Assistant Ranking Minority Member; Connors, Assistant Ranking Minority Member; Couture, Assistant Ranking Minority Member; Berg, Callan, Chopp, Davis, Dye, Fitzgibbon, Harris, Lekanoff, Pollet, Riccelli, Rude, Ryu, Sandlin, Schmick, Senn, Simmons, Slatter, Springer, Stonier, Tharinger and Wilcox.

**Staff:** Kate Henry (786-7349).

### **Background:**

#### Co-Response Programs.

Co-response generally describes when first responders are paired with non-law enforcement behavioral health professionals when responding to emergency situations involving behavioral or mental health crises.

In 2022 the Legislature passed Substitute Senate Bill 5644, which required the University of Washington (UW), in collaboration with the Co-Responder Outreach Alliance, to facilitate or establish training and other professional development opportunities and resources for individuals working in co-response. Among other requirements, the UW is required to host an annual conference that draws state and national co-responders. The UW was also required to provide an assessment regarding the co-response workforce to the Governor and the Legislature by June 30, 2023.

### **Summary of Engrossed Second Substitute Bill:**

#### Pilot Program.

The UW School of Social Work, in consultation with the Health Care Authority (HCA), is required to conduct a pilot program to establish a co-response training academy offering certification in co-response best practices. The pilot program must begin in three behavioral health administrative service organizations (BHASOs) with a significant co-response footprint and expand to all 10 BHASOs by 2026.

The UW School of Social Work may provide grants to small and rural co-response programs to offset the costs associated with sending staff to receive training.

Licensure and Certification for Co-Responders.

The UW School of Social Work is required to explore, in collaboration with the Department of Health and the HCA, the development of a credential for licensure for behavioral health co-responders.

The UW School of Social Work, in consultation with the HCA, is also required to explore the feasibility of collaborations across the state's institutions of higher education to develop a crisis training certificate for associate's, bachelor's, and master's degree candidates who want to become crisis responders.

Peer Support Program.

The UW School of Social Work is required to collaborate with a statewide organization focused on co-response outreach to develop a statewide peer support program designed to assist co-response professionals who have faced traumatic incidents in the course of their co-response activities.

Other Requirements.

The requirement that UW provides an assessment to the Governor and the Legislature regarding the co-response workforce by June 30, 2023, is established as an annual requirement, beginning June 30, 2025. The UW School of Social Work must also collaborate with stakeholders in the field of co-response to increase the capacity of the annual co-response conference to include crisis responders across a variety of programs.

Definition of Co-Response.

"Co-response" is generally defined to mean a multidisciplinary partnership between first responders and human services professionals that responds to emergency situations involving behavioral health crises and people experiencing complex medical needs. Co-responders may provide call-for-service crisis response and follow-up care including case management, resource navigation, and transportation.

**Appropriation:** None.

**Fiscal Note:** Available.

**Effective Date:** The bill takes effect 90 days after adjournment of the session in which the bill is passed. However, the bill is null and void unless funded in the budget.

**Staff Summary of Public Testimony (Health Care & Wellness):**

(In support) Co-response is a critical element of emergency response. The demand for well

trained behavioral health workers is increasing, and this bill will help expand the co-response workforce. As the 988 system develops, there will be fewer 911 calls, but 911 is still the go-to number for behavioral health situations involving serious health and safety issues. The state does not require behavioral health training for fire professionals. Many first responders learn about co-response while on the job. A co-response certification might give people a better idea of how to appropriately respond to behavioral health incidents. Behavioral health needs cannot always be met by taking people to the emergency room or to jail. This bill creates a pathway for people without backgrounds in co-response to receive training. The proposed definition of co-response will allow for the inclusion of first responders. Co-response will benefit from more standardized training and professionalization. The UW School of Social Work is prepared to take on the work outlined in the bill.

(Opposed) The bill falls short of achieving the goal of providing high-quality training. This bill should be amended to provide a framework for co-responders to understand the broader dynamics of a crisis situation, which should include training on psychiatric drug addiction and withdrawal.

#### **Staff Summary of Public Testimony (Appropriations):**

(In support) Co-response is a crisis service and part of the crisis care continuum. The demand for well-trained behavioral health workers is increasing, and this bill will help expand the co-response workforce. Co-response programs are an investment to avoid unnecessary emergency room visits, jail bookings, and to reduce recidivism. There is a need for more sustainable and standardized training to be established.

Co-response teams can fill unmet need in communities at the time of crisis. The issues teams encounter span crisis intervention, mental health, first aid, and substance use disorder episodes. Proper training and education is needed to assist individuals in the community, and sustain the workforce doing this important work.

(Opposed) The bill falls short of achieving the goal of providing high-quality training. This bill should be amended to provide a framework for co-responders to understand the broader dynamics of a crisis situation, which should include training on psychiatric drug addiction and withdrawal.

**Persons Testifying (Health Care & Wellness):** (In support) Representative Dan Bronoske, prime sponsor; Lindsey Hueer, Association of Washington Cities; Neal Black, Kirkland City Council; Kimberly Hendrickson, Co-Responder Outreach Alliance; Jennifer Stuber, University of Washington School of Social Work; Nicole Picknell, South County Fire; Brad Banks, Behavioral Health Administrative Services Organizations; Cassandra Hallstone, Washington Metro Fire Chiefs; Cassandra Hallstone, Tacoma Fire Department; and Jon Ehrenfeld, Seattle Fire Department, Mobile Integrated Health Program.

(Opposed) Kathleen Wedemeyer, Citizens Commission on Human Rights.

**Persons Testifying (Appropriations):** (In support) Lindsey Hueer, Association of Washington Cities; Jennifer Stuber, University of Washington School of Social Work; Jon Ehrenfeld, Seattle Fire Department - Mobile Integrated Health Program; Nicole Picknell, South Snohomish County Fire; and Mike Jackson, Clark-Cowlitz Fire Rescue.

(Opposed) Kathleen Wedemeyer, Citizens Commission on Human Rights.

**Persons Signed In To Testify But Not Testifying (Health Care & Wellness):** None.

**Persons Signed In To Testify But Not Testifying (Appropriations):** None.