FINAL BILL REPORT
SHB 1811

C 346 L 25
Synopsis as Enacted

Brief Description: Enhancing crisis response services through co-response integration and support.

Sponsors: House Committee on Health Care & Wellness (originally sponsored by Representatives Salahuddin, Davis, Santos, Parshley, Zahn, Doglio, Reed, Ormsby, Nance, Taylor, Walen, Wylie, Pollet, Macri, Fosse, Hill, Street, Scott, Callan, Stearns and Leavitt).

House Committee on Health Care & Wellness
Senate Committee on Health & Long-Term Care
Senate Committee on Ways & Means

Background:

Behavioral Health Crisis Response.
Mobile rapid response crisis teams are units that provide professional, on-site, community-based interventions for persons experiencing a behavioral health emergency. The interventions may include outreach, de-escalation, stabilization, resource connection, and follow-up support. If a mobile rapid response crisis team meets criteria related to staffing, training, and transportation, it may seek an endorsement which qualifies it to receive a performance payment.

Community-based crisis teams may also receive an endorsement. These teams are similar to mobile rapid response crisis teams, but they may be part of an emergency medical services agency, a fire service agency, a public health agency, a medical facility, a nonprofit crisis responder, or a city or county government entity.

Co-response teams consisting of first responders and behavioral health professionals may also engage with individuals experiencing behavioral health crises. In 2022 legislation was passed to direct the University of Washington to establish training for co-response team personnel; develop model curricula for co-response team personnel; host an annual conference for co-responders; and develop an assessment of co-response capacity, training

---

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.

practices, data systems, and funding strategies.

Privileged Communications for Peer Supporters.
Peer supporters may not be compelled to testify about communications made to them by a person receiving peer support services, unless the peer support services recipient consents. The privilege only applies when the peer supporter is acting in their capacity as a peer supporter.

The term "peer supporter" includes first responders who have been trained to provide emotional and moral support and services to another first responder who needs those services as a result of an incident involving the first responder while acting in their official capacity or as a result of other stress impacting the first responder's performance. Peer supporters may also be nonemployees designated by a first responder entity, jail, or state agency to provide emotional and moral support to first responders. First responders include law enforcement officers, limited authority law enforcement officers, firefighters, emergency services dispatchers or recordkeepers, emergency medical personnel, members or former members of the Washington National Guard, and coroners or medical examiners.

Workers' Compensation and the Presumption of an Occupational Disease.
Workers who are injured in the course of employment or who are affected by an occupational disease are entitled to workers' compensation benefits, which may include medical, temporary time-loss, and other benefits. To prove an occupational disease, the worker must show the disease arose naturally and proximately from the employment. For some occupations, such as firefighters, there is a presumption that certain medical conditions are occupational diseases.

There is a presumption of occupational disease during a public health emergency for frontline employees. The presumption covers any infectious or contagious diseases transmitted through respiratory droplets or aerosols, or through contact with contaminated surfaces, that are the subject of a public health emergency. Frontline employees covered by the presumption include first responders, retail employees, and mass transportation service employees, among others. For certain types of employees, such as retail, restaurant, and public library employees, the employee must have in-person interactions to be covered.

Summary:

The term "co-response" is defined, as applied to the community behavioral health system, as a multidisciplinary partnership between first responders and human services professionals that responds to emergencies involving behavioral health crises and people experiencing complex medical needs. Co-responders respond to in-progress 911 calls, 988 calls, and requests for service from dispatch and other first responders. Participants in co-response include first responders such as public safety telecommunicators, law enforcement officers, firefighters, emergency medical technicians, and paramedics. Other co-response participants include human services professionals such as social workers, behavioral health

clinicians, advanced practice registered nurses, registered nurses, community health workers, and peer support specialists.

Individuals engaged in co-response services are added to the list of first responders who are considered peer supporters who may not be compelled to testify about their communications with recipients of peer support services. In addition, nonemployees designated by a statewide organization focused on co-response outreach are considered peer supporters whose communications may also be privileged.

Members of first response teams that are engaged in co-response during a public health emergency are added to the definition of "frontline employees" for the purpose of presuming that an infectious or contagious disease was acquired during employment under the Workers' Compensation program.

The University of Washington School of Social Work, in consultation with the Health Care Authority and behavioral health administrative services organizations (BHASOs), must establish a program to administer a crisis responder training academy. The training academy must provide a certification in best practices in crisis response and cover topics such as safety and crisis de-escalation tactics, teamwork across disciplines, culturally responsive crisis care, suicide intervention, substance use disorder engagement, and overdose response. The training academy must also include an eight-hour session to address best coordination strategies with clinical staff of designated 988 contact hubs, crisis relief centers, crisis call centers, and employees of 911 public safety answering points. The training academy must be available in three BHASOs by January 1, 2026, and in all BHASOs by January 1, 2027. The certification is optional and may not be an additional requirement for crisis responders or licensed human services professionals.

Regional crisis lines are prohibited from dispatching law enforcement.

Votes on Final Passage:

House	92	3	
Senate	49	0	(Senate amended)
House	59	38	(House concurred)

Effective: July 27, 2025