

HOUSE BILL REPORT

SHB 1811

As Passed Legislature

Title: An act relating to enhancing crisis response services through co-response integration and support.

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).

Brief History:

Committee Activity:

Health Care & Wellness: 2/14/25, 2/19/25 [DPS].

Floor Activity:

Passed House: 3/4/25, 92-3.

Senate Amended.

Passed Senate: 4/16/25, 49-0.

House Concurred.

Passed House: 4/21/25, 59-38.

Passed Legislature.

Brief Summary of Substitute Bill

- Adds individuals engaged in co-response services to the list of first responders who may not be compelled to testify about their communications with recipients of peer support services.
- Adds members of first response teams that are engaged in co-response during a public health emergency 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.

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.

- Directs the University of Washington School of Social Work to develop a crisis responder training academy to be offered in all behavioral health administrative services organizations by January 1, 2027.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 19 members: Representatives Bronoske, Chair; Lekanoff, Vice Chair; Rule, Vice Chair; Schmick, Ranking Minority Member; Caldier, Assistant Ranking Minority Member; Marshall, Assistant Ranking Minority Member; Davis, Engell, Low, Macri, Manjarrez, Obras, Parshley, Shavers, Simmons, Stonier, Stuebe, Thai and Tharinger.

Staff: Chris Blake (786-7392).

Background:

Behavioral Health Crisis Response.

Mobile rapid response crisis teams are teams that provide professional, on-site, community-based interventions such as outreach, de-escalation, stabilization, resource connection, and follow-up support for persons experiencing a behavioral health emergency. 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 practices, data systems, and funding strategies.

Privileged Communications for Peer Supporters.

Peer supporters may not be compelled to testify about communications made to the peer supporter 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 out of employment. For certain 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 of Substitute Bill:

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 and 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 may be 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.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) This bill defines "co-response" in a way that is broad and inclusive and recognizes that Washington has gone further than other states in understanding the potential of co-response. This bill formally recognizes co-responders as first responders and that they should have the same training, liability protections, and peer support as other first responders. This bill will right-size peer support programs for co-responders in the same way that communications within law enforcement and firefighter peer support programs are protected. Having the University of Washington create a peer support program will help co-responders manage the trauma that they are seeing. First responders are 20 percent more likely to die by suicide and this bill provides greater protection for human services professionals acting as co-responders.

(Opposed) None.

Persons Testifying: Representative Osman Salahuddin, prime sponsor; Brook Buettner, Regional Crisis Response Agency; Kimberly Hendrickson, BHCore Center at UW; Amy Barden, Chief, Seattle CARE Department; Mayor Chris Roberts, City of Shoreline; Mike

Jackson, Clark-Cowlitz Fire Rescue; Michael Hilley, Whatcom Co. EMS; Nicole Picknell, South County Fire; and Charles Hubschman, Seattle Fire Dept and WA Metro Fire Chiefs.

Persons Signed In To Testify But Not Testifying: None.