

SENATE BILL REPORT

SHB 1811

As of April 4, 2025

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

Committee Activity: Health & Long-Term Care: 3/18/25, 3/27/25 [DPA-WM, DNP, w/oRec].

Ways & Means: 4/04/25.

Brief Summary of Amended 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.
- Directs the University of Washington School of Social Work to establish a program to administer a crisis responder training academy for co-responders.

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

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: Do pass as amended and be referred to Committee on Ways & Means.
Signed by Senators Cleveland, Chair; Orwall, Vice Chair; Bateman, Chapman, Riccelli, Robinson and Slatter.

Minority Report: Do not pass.
Signed by Senator Christian.

Minority Report: That it be referred without recommendation.
Signed by Senators Muzzall, Ranking Member; Harris and Holy.

Staff: Rohan Bhattacharjee (786-7534)

SENATE COMMITTEE ON WAYS & MEANS

Staff: Michele Alishahi (786-7433)

Background: Behavioral Health Crisis Response. Mobile rapid response crisis team means a team that provides professional on-site community-based intervention such as outreach, de-escalation, stabilization, resource connection, and follow-up support for individuals who are experiencing a behavioral health crisis, that shall include certified peer counselors.

Community-based crisis team means a team that is part of an emergency medical services agency, a fire service agency, a public health agency, a medical facility, a nonprofit crisis response provider, or a city or county government entity, other than a law enforcement agency, that provides the on-site community-based interventions of a mobile rapid response crisis team for individuals who are experiencing a behavioral health crisis.

Co-Response Method Model. The co-responder model of criminal justice pairs law enforcement and behavioral health specialists to intervene and respond to behavioral health-related calls for police service. These teams utilize the combined expertise of the officer and the behavioral health specialist to de-escalate situations and help link individuals with behavioral health issues to appropriate services.

In 2022, the Legislature passed SSB 5644, which directed the University of Washington to establish training and 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. *First Responder.* For purposes of privileged communications, a first responder means:

- a law enforcement officer;
- a limited authority law enforcement officer;
- a firefighter;
- an emergency services dispatcher or recordkeeper;

- licensed emergency medical personnel;
- a member or former member of the Washington National Guard acting in an emergency response capacity; and
- a coroner or medical examiner, or a coroner's or medical examiner's agent or employee.

Peer Supporter. A peer supporter includes a first responder, a Department of Corrections staff person, or a jail staff person, among others, who have received training to provide emotional and moral support and services to a peer support services recipient needing those services, either because of traumatic incidents they have experienced in their official capacities, or to deal with stress that is impacting their performance of official duties.

A peer supporter may be a nonemployee who has been designated by the first responder entity or agency, local jail, or state agency, to provide those services.

Peer Support Services Recipient. A peer support services recipient means a first responder, a Department of Corrections staff person, or a jail staff person.

Disqualification of Witnesses. No peer supporter may be compelled to testify about any communication made by the peer support services recipient without their consent. The privilege only applies to communications made while the peer supporter was acting in their official capacity.

Workers' Compensation—Frontline Employees. Each worker injured in the course of the worker's employment is entitled to compensation. Occupational disease means disease or infection which arise naturally and proximately out of employment.

There is a prima facie presumption, for frontline employees, that any infectious or contagious diseases that are transmitted through respiratory droplets or aerosols, or through contact with contaminated surfaces and are the subject of a public health emergency, are occupational diseases during a public health emergency.

Frontline employees covered under this prima facie presumption include, among others, first responders, including law enforcement officers, firefighters, emergency medical service providers, paramedics, and ambulance drivers.

Summary of Amended Bill: Co-Response. Co-response means 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.

Participants in co-response respond to in-progress 911 calls, 988 calls, and requests for service from dispatch and other first responders and 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. A co-response team dispatched by a designated 988 contact hub, which includes a mobile rapid response crisis team or a community-based crisis team, may not include law enforcement.

Privileged Communications. First Responder. For purposes of privileged communications, the definition of a first responder is expanded to include an individual engaged in co-response services.

The list of nonemployees who may be considered peer supporters is expanded to include the statewide organization focused on co-response outreach.

Workers' Compensation—Frontline Employees. The list of frontline employees covered by the prima facie presumption that an infectious or contagious disease contracted in the course of their employment is an occupational disease, is expanded to include members of first response teams engaged in co-response.

Training. The University of Washington School of Social Work, in consultation with the Health Care Authority and Behavioral Health Administrative Service Organizations (BH-ASOs), is directed to establish a program to administer a crisis responder training academy resulting in a certification in best practices in crisis response in three BH-ASOs with a significant co-response footprint, by January 1, 2026.

The curriculum must include: safety and crisis de-escalation tactics; teamwork across the disciplines including peer support workers; culturally responsive crisis care; suicide intervention; substance use disorder engagement; overdose response; and an eight-hour session with clinical staff of designated 988 contact hubs, crisis relief centers, crisis call centers, and employees of 911 public safety answering points, explaining best coordination strategies. Best practices for regional protocol development must also be included.

By January 1, 2027, the crisis responder training academy is required to be expanded to all BH-ASOs and provide openings for 988 rapid response teams, co-response teams, mobile community response teams, and alternative response teams. The BH-ASOs must promote the training academy available to local crisis responder and co-response teams in their regions.

The certification is optional and may not serve as an additional requirement for licensure for crisis responders or licensed human services professionals.

EFFECT OF HEALTH & LONG-TERM CARE COMMITTEE AMENDMENT(S):

- Clarifies that a co-response team dispatched by a designated 988 contact hub, which includes a mobile rapid response crisis team or a community-based crisis team, may

- not include law enforcement.
- Directs the University of Washington School of Social Work, by January 1, 2026, to establish a crisis responder training academy resulting in a certification in best practices in crisis response in three BH-ASOs with a significant co-response footprint.
 - Specifies requirements for the curriculum.
 - Directs that the crisis responder training academy be expanded to all BH-ASOs by January 1, 2027, and provide openings for 988 rapid response teams, co-response teams, mobile community response teams, and alternative response teams.
 - Requires BH-ASOs to promote the training academy to local crisis responder and co-response teams in their regions.
 - Clarifies that the certification is optional and is not an additional requirement for licensure for crisis responders or licensed human services professionals.

Appropriation: None.

Fiscal Note: Available.

Creates Committee/Commission/Task Force that includes Legislative members: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony on Substitute House Bill (Health & Long-Term Care): *The committee recommended a different version of the bill than what was heard.*
PRO: This bill strengthens co-response efforts. Over 50 percent of 911 calls relate to mental health, homelessness, or substance use. Co-responders should receive the same protections as police and firefighters. Peer support and liability protections for co-responders, similar to traditional first responders, are important.

An amendment to the bill to restore funding for co-responder training programs is necessary. There is a need for consistent training, crisis de-escalation techniques, and coordination between 911 and 988 emergency systems. There is high demand for training, with immediate enrollment in new programs.

It is important to integrate behavioral health crisis response with existing emergency services. Co-response teams complement police and fire departments rather than replace them.

Due to co-response programs, jail bookings have reduced by 68 percent and crisis service events by 44 percent.

Persons Testifying (Health & Long-Term Care): PRO: Representative Osman Salahuddin, Prime Sponsor; Amy Barden, Seattle CARE Dept; Natasha Grossman, Bellevue Fire CARES; Jennifer Stuber, University of Washington- BHCore; Brad Banks,

Behavioral Health Administrative Services Organizations; Brook Buettner, Regional Crisis Response Agency.

Persons Signed In To Testify But Not Testifying (Health & Long-Term Care): No one.

Staff Summary of Public Testimony (Ways & Means): PRO: Whether the call is coming from 988, a regional crisis line or 911, having teams standing by and ready to go means the difference between life and death for many individuals. Cities, counties BH-ASOs, providers, all working together to make this happen This is what the community behavioral health system is. We'd ask you to support this bill, our co-response team, and our community behavioral health system.

Co-response plays a crucial role in our state. We've mapped out that there are over 64 teams, operating across our state. They need to be working in coordination with other crisis teams, crisis stabilization facilities in the future, and with the BH-ASOs. We have a regionally organized system, and we need to be able to have a forum to provide high quality training to the teams.

We want to ensure that our co-response team members fit into the system that we have learned works much better with their participation. The responders are now providing services in the same EMS environment that we have operated in for years with the same hazards and risks as the rest of the team. We improve efficiency and bring a new set of valuable tools with our team to help serve.

Persons Testifying (Ways & Means): PRO: Jennifer Stuber, BHCore UW ; Mike Jackson, Clark-Cowlitz Fire Rescue; Brad Banks, Behavioral Health Administrative Services Organizations.

Persons Signed In To Testify But Not Testifying (Ways & Means): No one.