

SENATE BILL REPORT

HB 2892

As Reported by Senate Committee On:
Law & Justice, February 22, 2018

Title: An act relating to the mental health field response teams program.

Brief Description: Establishing the mental health field response teams program.

Sponsors: Representatives Lovick, Hayes, Goodman, Klippert, Tarleton, Slatter, McDonald, Frame and Kloba.

Brief History: Passed House: 2/08/18, 98-0.

Committee Activity: Law & Justice: 2/20/18, 2/22/18 [DPA-WM].

Brief Summary of Amended Bill

- Creates a new grant-funded program based on local partnerships between law enforcement agencies and mental health providers, subject to appropriation.
- Designates the Washington Association of Sheriffs and Police Chiefs (WASPC) as the program's implementing agency in consultation with managed care systems, behavioral health organizations, the Department of Social and Health Services (DSHS), and other entities.
- Directs WASPC to develop data collection and reporting guidelines with the DSHS Research and Data Analysis (RDA) unit.
- Adds additional program goals of treatment, diversion from jail, and reduced incarceration time.
- Directs WASPC to coordinate with the 911 system and others to develop and incorporate telephone triage and dispatch protocols in the program.
- Permits WASPC to solicit and accept private funds for the program.

SENATE COMMITTEE ON LAW & JUSTICE

Majority Report: Do pass as amended and be referred to Committee on Ways & Means.

Signed by Senators Pedersen, Chair; Dhingra, Vice Chair; Padden, Ranking Member; Angel, Assistant Ranking Member; Darneille, Frockt and Wilson.

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

Staff: Melissa Burke-Cain (786-7755)

Background: Community Crisis Response Partnership Programs. Crisis response partnership programs, also called crisis intervention (CI) programs, take a variety of forms tailored to community needs. These programs operate as law enforcement-based community initiatives in partnership with mental health providers. Specialized field officer training is a primary component of these programs. Training helps field officers recognize when an incident response may involve a person who is experiencing a behavioral crisis. Field officers with special training and assistance from mental health professionals use de-escalation techniques to diffuse potentially violent encounters as an alternative to arrest and jail. Law-enforcement based crisis intervention programs are taught in about 12 counties. Not all programs operate the same way. The scope of the programs depends on the particular jurisdiction and the communities' needs.

Law Enforcement Training Requirements. Current Washington State laws require crisis intervention training for full-time law enforcement officers. Officers certified after July 1, 2017, must receive eight hours of crisis intervention training as part of the basic academy and two hours of additional online CI training each year. Officers certified prior to July 1, 2017, must complete basic CI training by July 1, 2021. The Criminal Justice Training Commission (CJTC) also offers Advanced CI training as an elective.

WASPC. WASPC started in 1963. Its membership includes executives and managers from law enforcement agencies statewide including sheriffs, police chiefs, the Washington State Patrol, the Washington Department of Corrections, tribal law enforcement officers, and representatives of a number of federal agencies.

The Legislature designated WASPC as a combination of units of local government by statute in 1975. An executive board governs the association. WASPC coordinates many statewide law enforcement activities including maintaining databases and notification systems, administering grant programs, developing model policies, and providing other services and resource materials to law enforcement agencies in the state.

Integrated Treatment System for Substance Use Disorders and Mental Health. Legislation in 2016, provided for creation of an integrated crisis response and treatment system for minors and adults effective April 1, 2018. At that time, the designated mental health professional and designated chemical dependency specialist roles will be replaced by a single term—designated crisis responder. Administrative provisions related to substance use disorders and mental health were also integrated. References to chemical dependency are changed to substance use disorder. References to the state mental health program are changed to the state behavioral health program. References to behavioral health disorders are changed to mental health disorder, substance use disorders, or both.

RDA and DSHS. The RDA provides data, analytics, and decision support tools to improve service delivery for human services clients. The RDA typically draws data from automated databases across DSHS and produces cross-program analysis, conducts surveys of clients and providers for quality improvement and strategic planning, and designs and builds analytic research databases for human services programs.

Summary of Amended Bill: The Mental Health Field Response Team Grant Program is created subject to appropriation. WASPC develops criteria, reviews and certifies grant applications, and awards the grants. The program assists local law enforcement to establish and expand mental health field response capabilities using mental health professionals to assist law enforcement when encountering persons experiencing behavioral health crises. The program's primary goals include treatment, diversion, and reduced incarceration time. The program awards grants based on locally-developed proposals submitted by one or more law enforcement agencies. Proposals must include a plan that modifies or expands law enforcement practices in partnership with mental health professionals. WASPC appoints a peer review panel to review proposals in consultation with managed health care systems and behavioral health organizations.

To the extent possible, at least one grantee should be from Western Washington and one from Eastern Washington. Grant funds must be distributed by October 1, 2018.

Grantee law enforcement agencies must include at least one mental health professional who performs professional services. The mental health professionals may assist patrol officers in the field or on an on-call basis. The mental health professionals may also provide preventive and follow-up services, and may participate in best practices training at the law enforcement agency's direction.

WASPC must coordinate with the 911 system and other organizations to develop and incorporate telephone triage and dispatch protocols in the program. WASPC may solicit and accept private funds for the program.

Within existing resources, WASPC must work with the DSHS RDA unit to set data collection and reporting guidelines for grantees. The data will be used to study and evaluate whether mental health field response teams improve outcomes. WASPC consults with DSHS and the managed care system to develop the required credentials for mental health professionals participating in the program. WASPC must submit an annual program report to the Governor and legislative committees by December 1 for each year the program is funded.

Grantees are responsible for ensuring that participating mental health professionals have sufficient training to participate in the program. Training should include a working knowledge of law enforcement procedures, policies, and equipment in order to provide safety for mental health professionals, law enforcement personnel, and the public.

EFFECT OF LAW & JUSTICE COMMITTEE AMENDMENT(S):

- Removes the requirement for a WSIPP study and replaces it with coordination between WASPC and the DSHS RDA unit to develop the grantee data collection and reporting requirements.
- Adds additional program goals of treatment, diversion from jail, and reduced incarceration time.
- Directs WASPC to coordinate with the 911 system and others to develop and incorporate telephone triage and dispatch protocols in the program.
- Permits WASPC to solicit and accept private funds for the program.

Appropriation: None.

Fiscal Note: Available.

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

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

Staff Summary of Public Testimony on House Bill: *The committee recommended a different version of the bill than what was heard.* PRO: While I was participating in preparing and serving food to homeless persons at a shelter facility in Everett, I witnessed an incident in the parking lot involving a person in a mental health crisis. The responding police officer was accompanied by a mental health provider. I was impressed at how effectively the encounter was handled by the mental health provider and the police responding together. Law enforcement officers do their absolute best, but law enforcement does not always have all the tools that they need. It is important to quickly connect people with the services they need. Jail is not the place for behavioral health services. This program is WASPC's number one priority. It will get help to the people who need it. It should not be illegal to be in a substance abuse or mental health crisis. There are some suggestions that would improve the program. For example, changing the language so that the funds could be used to establish and expand these programs, not just develop and operate them. It would be helpful to add language identifying the diversion aspects of the programs so that WASPC could apply for grant funding from the Trueblood settlement. The 911 system encourages coordination between 911 and law enforcement. While there is funding in the budget, the more resources we have available, the more people we can help. Programs like this are the new face of what local government, law enforcement, and mental health services can do together through close coordination. The 911 centers can serve an important triage role early in an incident, which will improve the response during behavioral health crisis.

Persons Testifying: PRO: Representative John Lovick, Prime Sponsor; James McMahan, Washington Association of Sheriffs & Police Chiefs; Doug Levy, City of Everett, Kent, Renton, Redmond, Issaquah; Keith Flewelling, Association of Public-Safety Communications Officials, National Emergency Number Association (911 Call Center Associations).

Persons Signed In To Testify But Not Testifying: No one.