

# SENATE BILL REPORT

## SB 5074

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As of February 19, 2021

**Title:** An act relating to establishing safe station pilot programs for persons in need of substance use disorder treatment.

**Brief Description:** Establishing safe station pilot programs. [**Revised for 1st Substitute:** Establishing and expanding safe station pilot programs.]

**Sponsors:** Senators Wagoner, Dhingra and Wilson, C..

**Brief History:**

**Committee Activity:** Health & Long Term Care: 1/13/21 [w/oRec-BH].

Behavioral Health Subcommittee to Health & Long Term Care: 1/15/21, 1/22/21 [DPS-WM].

Ways & Means: 2/01/21.

**Brief Summary of First Substitute Bill**

- Directs the Health Care Authority to manage a grant program for fire stations to establish Safe Station programs, which may include fire station programs that incorporate mobile response units.
- Allows a certified substance use disorder peer specialist to be employed in a Safe Station program if the Health Care Authority determines that a plan is in place to provide sufficient levels of supervision and technical support.
- Requires behavioral health administrative services organizations to collaborate with the Safe Station program, crisis providers, and other stakeholders to develop a streamlined process for referring Safe Station clients to the appropriate level of care.

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**SENATE COMMITTEE ON BEHAVIORAL HEALTH SUBCOMMITTEE TO HEALTH & LONG TERM CARE**

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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:** That Substitute Senate Bill No. 5074 be substituted therefor, and the substitute bill do pass and be referred to Committee on Ways & Means.

Signed by Senators Dhingra, Chair; Wagoner, Ranking Member; Frockt, Nobles and Warnick.

**Staff:** Kevin Black (786-7747)

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## SENATE COMMITTEE ON WAYS & MEANS

**Staff:** Corban Nemeth (786-7736)

**Background:** Substance Use Disorders. A substance use disorder is a disease that affects a person's brain and behavior and leads to an inability to control the use of alcohol or a legal or illegal drug or medication.

Fire Station CARES Programs in the State of Washington. In 2013, the Legislature authorized, in law, fire departments to establish Community Assistance Referral and Education Services (CARES programs) for the purpose of providing community outreach and assistance to residents and improving population health and injury and illness prevention in the community. CARES programs typically focus on members of the community who use the 911 system for nonemergency or nonurgent care, and may partner with local hospitals and provide internships for persons working towards a social work degree or license. Community Paramedicine and Mobile Integrated Health Response are two health models used by CARES programs in Washington. In 2017, the state amended the CARES legislation to allow for reimbursement to fire departments by the Medicaid program for health services that do not involve transport to an emergency departments. A Department of Health report and study assignment to the Joint Legislative Audit and Review Committee followed the 2017 legislation.

Origin of Safe Station Programs. Safe Station is a substance use disorder screening and referral program that began in the cities of Manchester and Nashua, New Hampshire, and has spread to other cities in the New England area. A press release issued by the City of Providence, Rhode Island, indicates that as of June 2019, 12 Safe Station programs were deployed in the City of Providence. Under the New England model, a Safe Station offers friendly and judgement-free screening at a fire department location for persons who believe they may have a need for substance use disorder treatment. A Safe Station may provide a referral to community services and transportation for emergency medical services.

The Tacoma Fire Department established a Safe Station as part of its CARES program in August 2019.

Certified Substance Use Disorder Peer Specialists. A certified substance use disorder peer is a person with lived experience of a substance use disorder who has completed a training and certification program administered by the Health Care Authority (HCA). In 2019,

coverage for the services of certified substance use disorder peer counselors was added to the state Medicaid program. Because the peer certification is not a licensed health credential, Medicaid reimbursement is ordinarily only available for certified peer specialists who are able to work as agency-affiliated counselors at behavioral health agencies.

**Summary of Bill (First Substitute):** Subject to appropriations, HCA must manage a grant program to award funding to fire departments in the state of Washington to implement Safe Station pilot programs. A Safe Station program is described as an assessment and referral program at fire station locations, or alternatively, or in addition a fire department mobile response unit that responds to requests for assistance in community-based locations. Programs that combine the Safe Station approach with fire department mobile integration health are encouraged. Basic screening is provided by mental health professionals, substance use disorder professionals, licensed practical nurses, paramedics, registered nurses, or emergency medical technicians.

A certified substance use disorder peer specialist may be employed in a Safe Station pilot program if HCA determines that a plan is in place to provide appropriate levels of supervision and technical support. Behavioral health administrative services organizations must collaborate with a Safe Station program, local crisis providers, and other stakeholders to develop a streamlined process for referring Safe Station client to the appropriate level of care.

Funding for the pilot program must be used for new or expanded programs and may not be used to supplant existing funding

**EFFECT OF CHANGES MADE BY BEHAVIORAL HEALTH SUBCOMMITTEE TO HEALTH & LONG TERM CARE COMMITTEE (First Substitute):**

- Allows Safe Station applicants to include mobile crisis models and encourages applicants that combine the Safe Station approach with fire department mobile integrated health.
- Restricts use of substance use disorder peer specialists to situations where HCA determines plan for appropriate supervision and technical support is available.
- Adds paramedics to the list of professionals who can provide screening and referral services.
- Adds a supplant clause.

**Appropriation:** The bill contains a section or sections to limit implementation to the availability of amounts appropriated for that specific purpose.

**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 Original Bill (Behavioral Health Subcommittee to Health & Long Term Care):** *The committee recommended a different version of the bill than what was heard.* PRO: We should grow good programs by looking at programs that are successful, glean information from them, and build on it. This is a money-saving program with proven results, and it is a prudent next step to take. I manage a CARES program, including a Safe Station. This bill is critical for supporting individuals to achieve steps towards recovery related to a substance use disorder. We would be able to expand our work beyond opioid use disorders. Our emergency medical services teams are problem-solvers and advocates, who set out every day to serve their neighbors. We can enact life saving measures before a situation becomes tragic. Please incorporate changes we have provided to staff.

OTHER: The assumption behind this bill is excellent. Fire department are uniquely positioned to help. The language of the bill is too limiting. You should not focus on physical locations, but promote mobile integrated health programs with a strong substance use disorder focus. The most effective way to reach people is through field-based outreach, especially for people who conventional behavioral health providers find difficult to serve. People should be able to call or text a number, not need to find transportation to somewhere in order to receive help. I am skeptical about the inclusion of peer services, which is not part of the underlying model.

**Persons Testifying (Behavioral Health Subcommittee to Health & Long Term Care):** PRO: Senator Keith Wagoner, Prime Sponsor; Laura Morris, City of Tacoma Fire Department.

OTHER: Kimberly Hendrickson, City of Poulsbo.

**Persons Signed In To Testify But Not Testifying (Behavioral Health Subcommittee to Health & Long Term Care):** No one.