

# SENATE BILL REPORT

## SB 5644

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As Reported by Senate Committee On:  
Health & Long Term Care, January 12, 2022  
Behavioral Health Subcommittee to Health & Long Term Care, January 28, 2022  
Ways & Means, February 7, 2022

**Title:** An act relating to providing quality behavioral health co-response services.

**Brief Description:** Concerning providing quality behavioral health co-response services

**Sponsors:** Senators Wagoner and Frockt.

**Brief History:**

**Committee Activity:** Health & Long Term Care: 1/12/22 [w/oRec-BH].

Behavioral Health Subcommittee to Health & Long Term Care: 1/14/22, 1/28/22 [DPS-WM].

Ways & Means: 2/04/22, 2/07/22 [DPS (BH)].

### Brief Summary of First Substitute Bill

- Requires the University of Washington (UW) to collaborate with stakeholders in the field of co-response to establish regular opportunities for training and exchange of best practices.
- Requires UW to create an assessment of current capacities and characteristics of co-response teams and recommendations for future state goals.
- Requires UW to develop model curricula for training members of co-response teams.
- Requires UW to host an annual conference starting in 2023 that draws state and national co-response team members.

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## SENATE COMMITTEE ON BEHAVIORAL HEALTH SUBCOMMITTEE TO HEALTH

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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.*

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## & LONG TERM CARE

**Majority Report:** That Substitute Senate Bill No. 5644 be substituted therefor, and the substitute bill do pass and be referred to Committee on Ways & Means.

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

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

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## SENATE COMMITTEE ON WAYS & MEANS

**Majority Report:** That Substitute Senate Bill No. 5644 as recommended by Committee on Behavioral Health Subcommittee to Health & Long Term Care be substituted therefor, and the substitute bill do pass.

Signed by Senators Rolfes, Chair; Frockt, Vice Chair, Capital; Robinson, Vice Chair, Operating & Revenue; Wilson, L., Ranking Member; Brown, Assistant Ranking Member, Operating; Schoesler, Assistant Ranking Member, Capital; Honeyford, Ranking Minority Member, Capital; Billig, Braun, Carlyle, Conway, Dhingra, Gildon, Hasegawa, Hunt, Keiser, Mullet, Muzzall, Pedersen, Rivers, Van De Wege, Wagoner, Warnick and Wellman.

**Staff:** Michele Alishahi (786-7433)

**Background:** Co-Response Programs. A co-response program is a program in which non-law enforcement personnel, such as a mental health worker, responds alongside a police officer, fire fighter, or EMS worker, to the scene of an emergency or other situation that would traditionally be responded to solely by law enforcement. The state of Washington has created grants to fund co-response programs, including \$10 million for the 2021-2023 biennium for a Mental Health Field Response Team program administered by the Washington Association of Sheriffs and Police Chiefs.

Co-Responder Outreach Alliance. The Co-Responder Outreach Alliance (CROA) is a statewide organization of first responders, behavioral health professionals, and project managers working in co-response programs. CROA was formed in 2018 by co-response teams in Bellevue and Everett. Its governing board was created in 2021.

**Summary of Bill (First Substitute):** Subject to funding, the University of Washington must consult and collaborate with CROA and other stakeholders to:

- establish regular opportunities for police, fire, EMS, peers counselors, and behavioral health personnel working in co-response to convene for activities such as training and exchanging best practice information;
- administer a small budget to help defray costs for training and professional development, subject to funding;
- develop an assessment to be provided to the Governor and Legislature by June 30, 2023, describing current capacities, shortfalls, alignments, data systems, training

- practices, and funding strategies for statewide co-response teams and recommendations for the future state crisis response system;
- develop model training curricula for individuals participating in co-response teams, beginning in calendar year 2023; and
  - host an annual statewide conference that draws state and national co-responders, beginning in 2023.

Stakeholders in the field of co-response are specified to include but not be limited to the Washington Association of Designated Crisis Responders, state associations representing police, fire, and EMS personnel, the Washington Council on Behavioral Health, the state enhanced 911 system, 988 crisis call centers, and the Peer Workforce Alliance.

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

- Directs the University of Washington, instead of the Washington Association of Sheriffs and Police Chiefs, to collaborate with CROA and other stakeholders to take actions related to the training and professional development of co-responders.
- Adds peer counselors to the entities who must receive regular opportunities to convene for activities such as training and exchanging information about best practices.
- Requires the University of Washington to develop an assessment by June 30, 2023, of current capacities and shortfalls and recommendations for future state crisis response need for co-response teams around the state in areas including training, funding, use of data systems, and alignment with governmental entities and other crisis response entities.
- Changes development of a certification for co-responders to development of model training curricula and delays the start of this activity until calendar year 2023, without the participation of the Department of Health.
- Delays the first year of hosting of an annual statewide conference for co-responders from calendar year 2022 to calendar year 2023.

**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 Original Bill (Behavioral Health Subcommittee to Health & Long Term Care):** *The committee recommended a different version of the bill than what was heard.* PRO: A bright spot for law enforcement over the last few years has been working with embedded social workers or counselors. By and large

this has proved a successful model, although it hasn't been particularly standardized. The genesis of this idea came from proponents of a curriculum at Shoreline College, who pointed out there can be a culture clash when different professions approach problems differently. There isn't a mechanism to standardize education for a co-responder. I prefer a framework that is not too prescriptive and will work across the state. Thank you for recognizing that fire-based co-response programs are working well and should be supported. Most of the clients we see are experiencing some form of a behavioral health disorder. Our personnel have little to no behavioral health training. This bill provides an opportunity to standardize training and provide better care and service for our community. Sending social workers out with law enforcement officers reduces use of force, is cost effective, and reduces the use of jail. I support building capacity for training. Society is asking for alternative approaches. Co-response programs have grown dramatically in the past several years. We are aware of over 30 co-response organizations. Things are changing from a police-centric model to a fire or emergency medical services-centric model. Washington is a leader in co-response, but we are becoming a victim of our own success, without state standards. Job openings appear without qualified people to fill them. This bill addresses these issues. The learning sites will create peer-to-peer learning with standard expectations from the visit.

CON: We support the concept, but it's a matter of how it's going to be done. The system is full of treatment without consent, use of seclusion and restraint, and use of psychiatric drugs. Coercive practices create the risk of negative consequences. Using nonconsensual measures is a sign of systemic failure.

OTHER: We love what this bill is trying to do, but we, WASPC, do not have the level of competence to do what the bill requires. Please choose someone else. We should think in terms of standards instead of certification, which can get tricky. We like the concept but oppose certification. There should be more people at the table to figure out where to put this and how to accomplish the goals. Designated crisis responders see the need on the ground every day for collaboration between behavioral health professionals and law enforcement. We want to work with you on amendments to improve the bill.

**Persons Testifying (Behavioral Health Subcommittee to Health & Long Term Care):**

PRO: Senator Keith Wagoner, Prime Sponsor; Brook Buettner, North Sound RADAR Navigator Program; Kimberly Hendrickson, City of Poulsbo, Co-Responder Outreach Alliance; Joe Frank, Bellingham Fire Department.

CON: Steven Pearce, Citizens Commission on Human Rights.

OTHER: James McMahan, Washington Association of Sheriffs & Police Chiefs; Brad Banks, Behavioral Health Administrative Services Organizations; Bob Cooper, National Association of Social Workers; Jessica Shook, Washington Association of Designated Crisis Responders.

**Persons Signed In To Testify But Not Testifying (Behavioral Health Subcommittee to**

**Health & Long Term Care):** Tanya Morris, citizen; Malora Christensen, Whatcom County GRACE & LEAD; Jay Kernkamp, Co-Responder Outreach Alliance; Carrie Christansen, Spokane Police Department.

**Staff Summary of Public Testimony on First Substitute (Ways & Means):** PRO: Co-response programs have proliferated around the state. I want to build a training framework to help the people who come together in these programs from different backgrounds with different focuses to learn how best to interact with each other to lead to positive outcomes for the people they are trying to help.

CON: The training provided should address the trauma associated with coerced psychiatric treatment, and how to create a rights-based approach to repair the damage caused to our citizens. Coercive practices are pervasive, but there is no evidence they offer any benefit, only harm. Please amend the bill.

**Persons Testifying (Ways & Means):** PRO: Senator Keith Wagoner, Prime Sponsor.

CON: Kathleen Wedemeyer, Citizens Commission on Human Rights.

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