
SUBSTITUTE SENATE BILL 5644

State of Washington

67th Legislature

2022 Regular Session

By Senate Behavioral Health Subcommittee to Health & Long Term Care
(originally sponsored by Senators Wagoner and Frockt)

READ FIRST TIME 01/31/22.

1 AN ACT Relating to providing quality behavioral health co-
2 response services; adding a new section to chapter 71.24 RCW; and
3 creating a new section.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

5 NEW SECTION. **Sec. 1.** The legislature finds that behavioral
6 health co-response has experienced a surge in popularity in
7 Washington state in the past five years. The legislature recognizes
8 the importance of training for those involved in co-responder
9 programs to promote high standards within programs and to enhance the
10 skills of those already working in this field. The purpose of this
11 act is to develop best practice recommendations and a model training
12 curriculum relevant to first responders and behavioral health
13 professionals working on co-response teams, to create ongoing
14 learning opportunities for emerging and established co-response
15 programs, and to develop the workforce to fill future co-responder
16 hiring needs.

17 NEW SECTION. **Sec. 2.** A new section is added to chapter 71.24
18 RCW to read as follows:

19 (1) Subject to funding, the University of Washington shall, in
20 consultation and collaboration with the co-responder outreach

1 alliance and other stakeholders as appropriate in the field of co-
2 response:

3 (a) Establish regular opportunities for police, fire, emergency
4 medical services, peer counselors, and behavioral health personnel
5 working in co-response to convene for activities such as training,
6 exchanging information and best practices around the state and
7 nationally, and providing the University of Washington with
8 assistance with activities described in this section;

9 (b) Subject to the availability of amounts appropriated for this
10 specific purpose, administer a small budget to help defray costs for
11 training and professional development, which may include expenses
12 related to attending or hosting site visits with experienced co-
13 response teams;

14 (c) Develop an assessment to be provided to the governor and
15 legislature by June 30, 2023, describing and analyzing the following:

16 (i) Existing capacity and shortfalls across the state in co-
17 response teams and the co-response workforce;

18 (ii) Current alignment of co-response teams with cities,
19 counties, behavioral health administrative services organizations,
20 and call centers; distribution among police, fire, and EMS-based co-
21 response models; and desired alignment;

22 (iii) Current funding strategies for co-response teams and
23 identification of federal funding opportunities;

24 (iv) Current data systems utilized and an assessment of their
25 effectiveness for use by co-responders, program planners, and
26 policymakers;

27 (v) Current training practices and identification of future state
28 training practices;

29 (vi) Alignment with designated crisis responder activities;

30 (vii) Recommendations concerning best practices to prepare co-
31 responders to achieve objectives and meet future state crisis system
32 needs, including those of the 988 system;

33 (viii) Recommendations to align co-responder activities with
34 efforts to reform ways in which persons experiencing a behavioral
35 health crisis interact with the criminal justice system; and

36 (ix) Assessment of training and educational needs for current and
37 future co-responder workforce;

38 (d) Beginning in calendar year 2023, begin development of model
39 training curricula for individuals participating in co-response
40 teams; and

1 (e) Beginning in calendar year 2023, host an annual statewide
2 conference that draws state and national co-responders.

3 (2) Stakeholders in the field of co-response may include, but are
4 not limited to, the Washington association of designated crisis
5 responders; state associations representing police, fire, and
6 emergency medical services personnel; the Washington council on
7 behavioral health; the state enhanced 911 system; 988 crisis call
8 centers; and the peer workforce alliance.

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