
HOUSE BILL 2245

State of Washington

68th Legislature

2024 Regular Session

By Representatives Bronoske, Eslick, Ramel, Senn, Reed, Macri, Leavitt, and Davis

Read first time 01/09/24. Referred to Committee on Health Care & Wellness.

1 AN ACT Relating to establishing co-response services and training
2 as an essential component of the crisis care continuum; amending RCW
3 71.24.905; reenacting RCW 71.24.025; adding new sections to chapter
4 71.24 RCW; and creating a new section.

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

6 NEW SECTION. **Sec. 1.** The goals of co-response are to de-
7 escalate situations, divert people from criminal justice and
8 emergency medical systems, and bring medical and behavioral health
9 care into the field to serve vulnerable populations.

10 During the 2022 legislative session, the legislature passed
11 Substitute Senate Bill No. 5644 which, among other tasks, required a
12 behavioral health landscape analysis. The analysis showed that over
13 60 co-response teams are currently operating across the state with
14 gaps in funding and services among various regions as well as siloed
15 systems of crisis response between 911 and 988.

16 The legislature recognizes that there is a need for high acuity
17 first response services for people experiencing behavioral health
18 emergencies as the 988 hotline and behavioral health crisis response
19 systems develop. To help address this need, 911 and 988 personnel
20 must work together to create a seamless crisis care delivery system
21 for individuals in crisis. The 911 co-response teams respond to

1 behavioral health emergencies and other complex needs at the nexus of
2 health and behavioral health. First responders are critical to the
3 provision of medical care in the field and ongoing case management
4 and follow-up services, and they fill gaps in care when there are no
5 mobile crisis teams available.

6 The legislature recognizes the need for high quality training and
7 certification, workforce development, and peer support to enhance
8 regional collaboration. High quality training and regional
9 collaboration are essential for co-response service delivery to be
10 optimized due to discrepancies in current program efficacy and
11 outcomes. Behavioral health workforce shortages impact co-response,
12 and the nature of the work is challenging as critical incidents
13 happen regularly.

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

16 (1) The University of Washington school of social work shall
17 establish a pilot program to administer a co-response education
18 training academy resulting in a certification in co-response best
19 practices in three behavioral health administrative service
20 organizations with a significant co-response footprint. The co-
21 response education training academy shall be expanded to all 10
22 behavioral health administrative service organizations by 2026.

23 (2) The University of Washington school of social work shall
24 explore, in collaboration with the department, the development of a
25 credential for licensure for behavioral health co-responders.

26 (3) The University of Washington school of social work may
27 provide grants to small and rural co-response programs for staff to
28 attend the training to offset increased costs associated with sending
29 staff to training.

30 NEW SECTION. **Sec. 3.** A new section is added to chapter 71.24
31 RCW to read as follows:

32 The University of Washington school of social work shall explore
33 the feasibility of collaborations across the state's institutions of
34 higher education to develop a crisis training certificate for
35 associate, bachelor, and master's degree candidates who want to
36 become crisis responders.

1 NEW SECTION. **Sec. 4.** A new section is added to chapter 71.24
2 RCW to read as follows:

3 The University of Washington school of social work shall
4 collaborate with a statewide organization focused on co-response
5 outreach to develop and pilot a statewide internal peer support
6 program designed to assist co-response professionals who have faced
7 life-threatening or traumatic incidents that occur while on the job.

8 **Sec. 5.** RCW 71.24.025 and 2023 c 454 s 1 and 2023 c 433 s 1 are
9 each reenacted and amended to read as follows:

10 Unless the context clearly requires otherwise, the definitions in
11 this section apply throughout this chapter.

12 (1) "23-hour crisis relief center" means a community-based
13 facility or portion of a facility serving adults, which is licensed
14 or certified by the department of health and open 24 hours a day,
15 seven days a week, offering access to mental health and substance use
16 care for no more than 23 hours and 59 minutes at a time per patient,
17 and which accepts all behavioral health crisis walk-ins drop-offs
18 from first responders, and individuals referred through the 988
19 system regardless of behavioral health acuity, and meets the
20 requirements under RCW 71.24.916.

21 (2) "988 crisis hotline" means the universal telephone number
22 within the United States designated for the purpose of the national
23 suicide prevention and mental health crisis hotline system operating
24 through the national suicide prevention lifeline.

25 (3) "Acutely mentally ill" means a condition which is limited to
26 a short-term severe crisis episode of:

27 (a) A mental disorder as defined in RCW 71.05.020 or, in the case
28 of a child, as defined in RCW 71.34.020;

29 (b) Being gravely disabled as defined in RCW 71.05.020 or, in the
30 case of a child, a gravely disabled minor as defined in RCW
31 71.34.020; or

32 (c) Presenting a likelihood of serious harm as defined in RCW
33 71.05.020 or, in the case of a child, as defined in RCW 71.34.020.

34 (4) "Alcoholism" means a disease, characterized by a dependency
35 on alcoholic beverages, loss of control over the amount and
36 circumstances of use, symptoms of tolerance, physiological or
37 psychological withdrawal, or both, if use is reduced or discontinued,
38 and impairment of health or disruption of social or economic
39 functioning.

1 (5) "Approved substance use disorder treatment program" means a
2 program for persons with a substance use disorder provided by a
3 treatment program licensed or certified by the department as meeting
4 standards adopted under this chapter.

5 (6) "Authority" means the Washington state health care authority.

6 (7) "Available resources" means funds appropriated for the
7 purpose of providing community behavioral health programs, federal
8 funds, except those provided according to Title XIX of the Social
9 Security Act, and state funds appropriated under this chapter or
10 chapter 71.05 RCW by the legislature during any biennium for the
11 purpose of providing residential services, resource management
12 services, community support services, and other behavioral health
13 services. This does not include funds appropriated for the purpose of
14 operating and administering the state psychiatric hospitals.

15 (8) "Behavioral health administrative services organization"
16 means an entity contracted with the authority to administer
17 behavioral health services and programs under RCW 71.24.381,
18 including crisis services and administration of chapter 71.05 RCW,
19 the involuntary treatment act, for all individuals in a defined
20 regional service area.

21 (9) "Behavioral health aide" means a counselor, health educator,
22 and advocate who helps address individual and community-based
23 behavioral health needs, including those related to alcohol, drug,
24 and tobacco abuse as well as mental health problems such as grief,
25 depression, suicide, and related issues and is certified by a
26 community health aide program of the Indian health service or one or
27 more tribes or tribal organizations consistent with the provisions of
28 25 U.S.C. Sec. 16161 and RCW 43.71B.010 (7) and (8).

29 (10) "Behavioral health provider" means a person licensed under
30 chapter 18.57, 18.71, 18.71A, 18.83, 18.205, 18.225, or 18.79 RCW, as
31 it applies to registered nurses and advanced registered nurse
32 practitioners.

33 (11) "Behavioral health services" means mental health services,
34 substance use disorder treatment services, and co-occurring disorder
35 treatment services as described in this chapter and chapter 71.36 RCW
36 that, depending on the type of service, are provided by licensed or
37 certified behavioral health agencies, behavioral health providers, or
38 integrated into other health care providers.

39 (12) "Child" means a person under the age of eighteen years.

1 (13) "Chronically mentally ill adult" or "adult who is
2 chronically mentally ill" means an adult who has a mental disorder
3 and meets at least one of the following criteria:

4 (a) Has undergone two or more episodes of hospital care for a
5 mental disorder within the preceding two years; or

6 (b) Has experienced a continuous psychiatric hospitalization or
7 residential treatment exceeding six months' duration within the
8 preceding year; or

9 (c) Has been unable to engage in any substantial gainful activity
10 by reason of any mental disorder which has lasted for a continuous
11 period of not less than twelve months. "Substantial gainful activity"
12 shall be defined by the authority by rule consistent with Public Law
13 92-603, as amended.

14 (14) "Clubhouse" means a community-based program that provides
15 rehabilitation services and is licensed or certified by the
16 department.

17 (15) "Community behavioral health program" means all
18 expenditures, services, activities, or programs, including reasonable
19 administration and overhead, designed and conducted to prevent or
20 treat substance use disorder, mental illness, or both in the
21 community behavioral health system.

22 (16) "Community behavioral health service delivery system" means
23 public, private, or tribal agencies that provide services
24 specifically to persons with mental disorders, substance use
25 disorders, or both, as defined under RCW 71.05.020 and receive
26 funding from public sources.

27 (17) "Community support services" means services authorized,
28 planned, and coordinated through resource management services
29 including, at a minimum, assessment, diagnosis, emergency crisis
30 intervention available twenty-four hours, seven days a week,
31 prescreening determinations for persons who are mentally ill being
32 considered for placement in nursing homes as required by federal law,
33 screening for patients being considered for admission to residential
34 services, diagnosis and treatment for children who are acutely
35 mentally ill or severely emotionally or behaviorally disturbed
36 discovered under screening through the federal Title XIX early and
37 periodic screening, diagnosis, and treatment program, investigation,
38 legal, and other nonresidential services under chapter 71.05 RCW,
39 case management services, psychiatric treatment including medication
40 supervision, counseling, psychotherapy, assuring transfer of relevant

1 patient information between service providers, recovery services, and
2 other services determined by behavioral health administrative
3 services organizations.

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

11 (19) "Consensus-based" means a program or practice that has
12 general support among treatment providers and experts, based on
13 experience or professional literature, and may have anecdotal or case
14 study support, or that is agreed but not possible to perform studies
15 with random assignment and controlled groups.

16 (20) "County authority" means the board of county commissioners,
17 county council, or county executive having authority to establish a
18 behavioral health administrative services organization, or two or
19 more of the county authorities specified in this subsection which
20 have entered into an agreement to establish a behavioral health
21 administrative services organization.

22 (21) "Crisis stabilization services" means services such as 23-
23 hour crisis relief centers, crisis stabilization units, short-term
24 respite facilities, peer-run respite services, and same-day walk-in
25 behavioral health services, including within the overall crisis
26 system components that operate like hospital emergency departments
27 that accept all walk-ins, and ambulance, fire, and police drop-offs,
28 or determine the need for involuntary hospitalization of an
29 individual.

30 (22) "Crisis stabilization unit" has the same meaning as under
31 RCW 71.05.020.

32 (23) "Department" means the department of health.

33 (24) "Designated 988 contact hub" means a state-designated
34 contact center that streamlines clinical interventions and access to
35 resources for people experiencing a behavioral health crisis and
36 participates in the national suicide prevention lifeline network to
37 respond to statewide or regional 988 contacts that meets the
38 requirements of RCW 71.24.890.

39 (25) "Designated crisis responder" has the same meaning as in RCW
40 71.05.020.

1 (26) "Director" means the director of the authority.

2 (27) "Drug addiction" means a disease characterized by a
3 dependency on psychoactive chemicals, loss of control over the amount
4 and circumstances of use, symptoms of tolerance, physiological or
5 psychological withdrawal, or both, if use is reduced or discontinued,
6 and impairment of health or disruption of social or economic
7 functioning.

8 (28) "Early adopter" means a regional service area for which all
9 of the county authorities have requested that the authority purchase
10 medical and behavioral health services through a managed care health
11 system as defined under RCW 71.24.380(7).

12 (29) "Emerging best practice" or "promising practice" means a
13 program or practice that, based on statistical analyses or a well
14 established theory of change, shows potential for meeting the
15 evidence-based or research-based criteria, which may include the use
16 of a program that is evidence-based for outcomes other than those
17 listed in subsection (30) of this section.

18 (30) "Evidence-based" means a program or practice that has been
19 tested in heterogeneous or intended populations with multiple
20 randomized, or statistically controlled evaluations, or both; or one
21 large multiple site randomized, or statistically controlled
22 evaluation, or both, where the weight of the evidence from a systemic
23 review demonstrates sustained improvements in at least one outcome.
24 "Evidence-based" also means a program or practice that can be
25 implemented with a set of procedures to allow successful replication
26 in Washington and, when possible, is determined to be cost-
27 beneficial.

28 (31) "First responders" includes ambulance, fire, mobile rapid
29 response crisis team, coresponder team, designated crisis responder,
30 fire department mobile integrated health team, community assistance
31 referral and education services program under RCW 35.21.930, and law
32 enforcement personnel.

33 (32) "Indian health care provider" means a health care program
34 operated by the Indian health service or by a tribe, tribal
35 organization, or urban Indian organization as those terms are defined
36 in the Indian health care improvement act (25 U.S.C. Sec. 1603).

37 (33) "Intensive behavioral health treatment facility" means a
38 community-based specialized residential treatment facility for
39 individuals with behavioral health conditions, including individuals
40 discharging from or being diverted from state and local hospitals,

1 whose impairment or behaviors do not meet, or no longer meet,
2 criteria for involuntary inpatient commitment under chapter 71.05
3 RCW, but whose care needs cannot be met in other community-based
4 placement settings.

5 (34) "Licensed or certified behavioral health agency" means:

6 (a) An entity licensed or certified according to this chapter or
7 chapter 71.05 RCW;

8 (b) An entity deemed to meet state minimum standards as a result
9 of accreditation by a recognized behavioral health accrediting body
10 recognized and having a current agreement with the department; or

11 (c) An entity with a tribal attestation that it meets state
12 minimum standards for a licensed or certified behavioral health
13 agency.

14 (35) "Licensed physician" means a person licensed to practice
15 medicine or osteopathic medicine and surgery in the state of
16 Washington.

17 (36) "Long-term inpatient care" means inpatient services for
18 persons committed for, or voluntarily receiving intensive treatment
19 for, periods of ninety days or greater under chapter 71.05 RCW.

20 "Long-term inpatient care" as used in this chapter does not include:

21 (a) Services for individuals committed under chapter 71.05 RCW who
22 are receiving services pursuant to a conditional release or a court-
23 ordered less restrictive alternative to detention; or (b) services
24 for individuals voluntarily receiving less restrictive alternative
25 treatment on the grounds of the state hospital.

26 (37) "Managed care organization" means an organization, having a
27 certificate of authority or certificate of registration from the
28 office of the insurance commissioner, that contracts with the
29 authority under a comprehensive risk contract to provide prepaid
30 health care services to enrollees under the authority's managed care
31 programs under chapter 74.09 RCW.

32 (38) "Mental health peer-run respite center" means a peer-run
33 program to serve individuals in need of voluntary, short-term,
34 noncrisis services that focus on recovery and wellness.

35 (39) Mental health "treatment records" include registration and
36 all other records concerning persons who are receiving or who at any
37 time have received services for mental illness, which are maintained
38 by the department of social and health services or the authority, by
39 behavioral health administrative services organizations and their
40 staffs, by managed care organizations and their staffs, or by

1 treatment facilities. "Treatment records" do not include notes or
2 records maintained for personal use by a person providing treatment
3 services for the entities listed in this subsection, or a treatment
4 facility if the notes or records are not available to others.

5 (40) "Mentally ill persons," "persons who are mentally ill," and
6 "the mentally ill" mean persons and conditions defined in subsections
7 (3), (13), (48), and (49) of this section.

8 (41) "Mobile rapid response crisis team" means a team that
9 provides professional on-site community-based intervention such as
10 outreach, de-escalation, stabilization, resource connection, and
11 follow-up support for individuals who are experiencing a behavioral
12 health crisis, that shall include certified peer counselors as a best
13 practice to the extent practicable based on workforce availability,
14 and that meets standards for response times established by the
15 authority.

16 (42) "Recovery" means a process of change through which
17 individuals improve their health and wellness, live a self-directed
18 life, and strive to reach their full potential.

19 (43) "Research-based" means a program or practice that has been
20 tested with a single randomized, or statistically controlled
21 evaluation, or both, demonstrating sustained desirable outcomes; or
22 where the weight of the evidence from a systemic review supports
23 sustained outcomes as described in subsection (30) of this section
24 but does not meet the full criteria for evidence-based.

25 (44) "Residential services" means a complete range of residences
26 and supports authorized by resource management services and which may
27 involve a facility, a distinct part thereof, or services which
28 support community living, for persons who are acutely mentally ill,
29 adults who are chronically mentally ill, children who are severely
30 emotionally disturbed, or adults who are seriously disturbed and
31 determined by the behavioral health administrative services
32 organization or managed care organization to be at risk of becoming
33 acutely or chronically mentally ill. The services shall include at
34 least evaluation and treatment services as defined in chapter 71.05
35 RCW, acute crisis respite care, long-term adaptive and rehabilitative
36 care, and supervised and supported living services, and shall also
37 include any residential services developed to service persons who are
38 mentally ill in nursing homes, residential treatment facilities,
39 assisted living facilities, and adult family homes, and may include
40 outpatient services provided as an element in a package of services

1 in a supported housing model. Residential services for children in
2 out-of-home placements related to their mental disorder shall not
3 include the costs of food and shelter, except for children's long-
4 term residential facilities existing prior to January 1, 1991.

5 (45) "Resilience" means the personal and community qualities that
6 enable individuals to rebound from adversity, trauma, tragedy,
7 threats, or other stresses, and to live productive lives.

8 (46) "Resource management services" mean the planning,
9 coordination, and authorization of residential services and community
10 support services administered pursuant to an individual service plan
11 for: (a) Adults and children who are acutely mentally ill; (b) adults
12 who are chronically mentally ill; (c) children who are severely
13 emotionally disturbed; or (d) adults who are seriously disturbed and
14 determined by a behavioral health administrative services
15 organization or managed care organization to be at risk of becoming
16 acutely or chronically mentally ill. Such planning, coordination, and
17 authorization shall include mental health screening for children
18 eligible under the federal Title XIX early and periodic screening,
19 diagnosis, and treatment program. Resource management services
20 include seven day a week, twenty-four hour a day availability of
21 information regarding enrollment of adults and children who are
22 mentally ill in services and their individual service plan to
23 designated crisis responders, evaluation and treatment facilities,
24 and others as determined by the behavioral health administrative
25 services organization or managed care organization, as applicable.

26 (47) "Secretary" means the secretary of the department of health.

27 (48) "Seriously disturbed person" means a person who:

28 (a) Is gravely disabled or presents a likelihood of serious harm
29 to himself or herself or others, or to the property of others, as a
30 result of a mental disorder as defined in chapter 71.05 RCW;

31 (b) Has been on conditional release status, or under a less
32 restrictive alternative order, at some time during the preceding two
33 years from an evaluation and treatment facility or a state mental
34 health hospital;

35 (c) Has a mental disorder which causes major impairment in
36 several areas of daily living;

37 (d) Exhibits suicidal preoccupation or attempts; or

38 (e) Is a child diagnosed by a mental health professional, as
39 defined in chapter 71.34 RCW, as experiencing a mental disorder which
40 is clearly interfering with the child's functioning in family or

1 school or with peers or is clearly interfering with the child's
2 personality development and learning.

3 (49) "Severely emotionally disturbed child" or "child who is
4 severely emotionally disturbed" means a child who has been determined
5 by the behavioral health administrative services organization or
6 managed care organization, if applicable, to be experiencing a mental
7 disorder as defined in chapter 71.34 RCW, including those mental
8 disorders that result in a behavioral or conduct disorder, that is
9 clearly interfering with the child's functioning in family or school
10 or with peers and who meets at least one of the following criteria:

11 (a) Has undergone inpatient treatment or placement outside of the
12 home related to a mental disorder within the last two years;

13 (b) Has undergone involuntary treatment under chapter 71.34 RCW
14 within the last two years;

15 (c) Is currently served by at least one of the following child-
16 serving systems: Juvenile justice, child-protection/welfare, special
17 education, or developmental disabilities;

18 (d) Is at risk of escalating maladjustment due to:

19 (i) Chronic family dysfunction involving a caretaker who is
20 mentally ill or inadequate;

21 (ii) Changes in custodial adult;

22 (iii) Going to, residing in, or returning from any placement
23 outside of the home, for example, psychiatric hospital, short-term
24 inpatient, residential treatment, group or foster home, or a
25 correctional facility;

26 (iv) Subject to repeated physical abuse or neglect;

27 (v) Drug or alcohol abuse; or

28 (vi) Homelessness.

29 (50) "State minimum standards" means minimum requirements
30 established by rules adopted and necessary to implement this chapter
31 by:

32 (a) The authority for:

33 (i) Delivery of mental health and substance use disorder
34 services; and

35 (ii) Community support services and resource management services;

36 (b) The department of health for:

37 (i) Licensed or certified behavioral health agencies for the
38 purpose of providing mental health or substance use disorder programs
39 and services, or both;

1 (ii) Licensed behavioral health providers for the provision of
2 mental health or substance use disorder services, or both; and

3 (iii) Residential services.

4 (51) "Substance use disorder" means a cluster of cognitive,
5 behavioral, and physiological symptoms indicating that an individual
6 continues using the substance despite significant substance-related
7 problems. The diagnosis of a substance use disorder is based on a
8 pathological pattern of behaviors related to the use of the
9 substances.

10 (52) "Tribe," for the purposes of this section, means a federally
11 recognized Indian tribe.

12 (53) "Co-response" means a multidisciplinary partnership between
13 first responders and human services professionals that responds to
14 emergency situations involving behavioral or mental health crises and
15 people experiencing complex medical needs. First responders include
16 public safety telecommunicators, law enforcement officers,
17 firefighters, emergency medical technicians, and paramedics. Human
18 services professionals include social workers, behavioral health
19 clinicians, advanced registered nurse practitioners, registered
20 nurses, community health workers, and peer support specialists. Co-
21 responders may provide call-for-service crisis response and follow-up
22 care including case management, resource navigation, and
23 transportation.

24 **Sec. 6.** RCW 71.24.905 and 2022 c 232 s 2 are each amended to
25 read as follows:

26 (1) Subject to the availability of amounts appropriated for this
27 specific purpose, the University of Washington school of social work
28 shall, in consultation and collaboration with the co-responder
29 outreach alliance and other stakeholders as appropriate in the field
30 of co-response:

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

37 (b) Subject to the availability of amounts appropriated for this
38 specific purpose, administer a small budget to help defray costs for
39 training and professional development, which may include expenses

1 related to attending or hosting site visits with experienced co-
2 response teams;

3 (c) Develop an assessment to be provided to the governor and
4 legislature by June 30, (~~2023~~) 2025, and annually thereafter,
5 describing and analyzing the following:

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

8 (ii) Current alignment of co-response teams with cities,
9 counties, behavioral health administrative services organizations,
10 and call centers; distribution among police, fire, and EMS-based co-
11 response models; and desired alignment;

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

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

17 (v) Current training practices and identification of future state
18 training practices;

19 (vi) Alignment with designated crisis responder activities;

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

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

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

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

31 (e) Beginning in calendar year 2023, host an annual statewide
32 conference that draws state and national co-responders. The
33 University of Washington school of social work shall collaborate with
34 stakeholders in the field of co-response to increase the capacity of
35 the annual retreat to make it available to crisis responders across a
36 variety of programs.

37 (2) Stakeholders in the field of co-response may include, but are
38 not limited to, the Washington association of designated crisis
39 responders; state associations representing police, fire, and
40 emergency medical services personnel; the Washington council on

1 behavioral health; the state ((enhanced)) 911 system; 988 crisis call
2 centers; and the peer workforce alliance.

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