RCW 71.24.906 National 988 system—Needs assessment—Recommendations—Report. (1) The authority and behavioral health administrative services organizations, in collaboration with the University of Washington, the Harborview behavioral health institute, the Washington council for behavioral health, and the statewide 988 coordinator, shall plan for regional collaboration among behavioral health providers and first responders working within the 988 crisis response and suicide prevention system, standardize practices and protocols, and develop a needs assessment for trainings. Under leadership by the authority and behavioral health administrative services organizations this work shall be divided as described in this section.

(2) The University of Washington, through the Harborview behavioral health institute, shall develop an assessment of training needs, a mapping of current and future funded crisis response providers, and a comprehensive review of all behavioral health training required in statute and in rule. The training needs assessment, mapping of crisis providers, and research on existing training requirements must be completed by June 30, 2024. The Harborview behavioral health institute may contract for all or any portion of this work. The Harborview behavioral health institute shall consult with, at a minimum, the following key stakeholders:

(a) At least two representatives from the behavioral health administrative services organizations, one from each side of the Cascade crest;

(b) At least three crisis services providers identified by the Washington council for behavioral health, one from each side of the Cascade crest, and one dedicated to serving communities of color;

(c) A representative of crisis call centers;

(d) The authority and the department;

(e) At least two members who are persons with lived experience related to mental health issues, substance use disorder issues, a suicide attempt, or a suicide loss;

(f) A representative of a statewide organization of field experts consisting of first responders, behavioral health professionals, and project managers working in co-response programs in Washington; and

(g) Advocates for and organizations representing persons with developmental disabilities, veterans, American Indians and Alaska Native populations, LGBTQ populations, and persons connected with the agricultural community, as deemed appropriate by each stakeholder group, including persons with lived experience related to mental health issues, substance use disorder issues, a suicide attempt, or a suicide loss.

(3) The authority and behavioral health services organizations, in collaboration with the stakeholders specified in subsection (1) of this section, shall develop recommendations for establishing crisis workforce and resilience training collaboratives that would offer voluntary regional trainings for behavioral health providers, peers, first responders, co-responders, 988 contact center personnel, designated 988 contact hub personnel, 911 operators, regional leaders, and interested members of the public, specific to a geographic region and the population they serve as informed by the needs assessment. The collaboratives shall encourage the development of foundational and advanced skills and practices in crisis response as well as foster regional collaboration. The recommendations must:

(a) Include strategies for better coordination and integration of 988-specific training into the broader scope of behavioral health trainings that are already required;

(b) Identify effective trainings to explain how the 988 system works with the 911 emergency response system, trauma-informed care, secondary trauma, suicide protocols and practices for crisis responders, supervisory best practices for first responders, lethal means safety, violence assessments, cultural competency, and essential care for serving individuals with serious mental illness, substance use disorder, or co-occurring disorders;

(c) Identify best practice approaches to working with veterans, intellectually and developmentally disabled populations, youth, LGBTQ populations, communities of color, agricultural communities, and American Indian and Alaska Native populations;

(d) Identify ways to provide the designated 988 contact hubs and other crisis providers with training that is tailored to the agricultural community using training that is agriculture-specific with information relating to the stressors unique to persons connected with the agricultural community such as weather conditions, financial obligations, market conditions, and other relevant issues. When developing the recommendations, consideration must be given to national experts, such as the AgriSafe network and other entities;

(e) Identify ways to promote a better informed and more involved community on topics related to the behavioral health crisis system by increasing public access to and participation in trainings on the topics identified in (b) and (c) of this subsection (3), including through remote audiovisual technology;

(f) Establish suggested protocols for ways to sustain the collaboratives as new mobile rapid response crisis teams and community-based crisis teams endorsed under RCW 71.24.903, co-responder teams, and crisis facilities are funded and operationalized;

(g) Discuss funding needs to sustain the collaboratives and support participation in attending the trainings; and

(h) Offer a potential timeline for implementing the collaboratives on a region-by-region basis.

(4) The authority shall submit a report on the items developed in this section to the governor and the appropriate committees of the legislature by December 31, 2024. [2023 c 454 s 11.]