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**SUBSTITUTE HOUSE BILL 2245**

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**State of Washington**

**68th Legislature**

**2024 Regular Session**

**By** House Health Care & Wellness (originally sponsored by Representatives Bronoske, Eslick, Ramel, Senn, Reed, Macri, Leavitt, and Davis)

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. The  
23 certification shall be optional and may not serve as an additional  
24 requirement for licensure for first responders or licensed human  
25 services professionals.

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

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

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

35 The University of Washington school of social work shall explore  
36 the feasibility of collaborations across the state's institutions of  
37 higher education to develop a crisis training certificate for

1 associate, bachelor, and master's degree candidates who want to  
2 become crisis responders.

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

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

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

12 Unless the context clearly requires otherwise, the definitions in  
13 this section apply throughout this chapter.

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

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

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

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

31 (b) Being gravely disabled as defined in RCW 71.05.020 or, in the  
32 case of a child, a gravely disabled minor as defined in RCW  
33 71.34.020; or

34 (c) Presenting a likelihood of serious harm as defined in RCW  
35 71.05.020 or, in the case of a child, as defined in RCW 71.34.020.

36 (4) "Alcoholism" means a disease, characterized by a dependency  
37 on alcoholic beverages, loss of control over the amount and  
38 circumstances of use, symptoms of tolerance, physiological or

1 psychological withdrawal, or both, if use is reduced or discontinued,  
2 and impairment of health or disruption of social or economic  
3 functioning.

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

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

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

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

24 (9) "Behavioral health aide" means a counselor, health educator,  
25 and advocate who helps address individual and community-based  
26 behavioral health needs, including those related to alcohol, drug,  
27 and tobacco abuse as well as mental health problems such as grief,  
28 depression, suicide, and related issues and is certified by a  
29 community health aide program of the Indian health service or one or  
30 more tribes or tribal organizations consistent with the provisions of  
31 25 U.S.C. Sec. 16161 and RCW 43.71B.010 (7) and (8).

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

36 (11) "Behavioral health services" means mental health services,  
37 substance use disorder treatment services, and co-occurring disorder  
38 treatment services as described in this chapter and chapter 71.36 RCW  
39 that, depending on the type of service, are provided by licensed or

1 certified behavioral health agencies, behavioral health providers, or  
2 integrated into other health care providers.

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

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

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

9 (b) Has experienced a continuous psychiatric hospitalization or  
10 residential treatment exceeding six months' duration within the  
11 preceding year; or

12 (c) Has been unable to engage in any substantial gainful activity  
13 by reason of any mental disorder which has lasted for a continuous  
14 period of not less than twelve months. "Substantial gainful activity"  
15 shall be defined by the authority by rule consistent with Public Law  
16 92-603, as amended.

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

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

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

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

1 legal, and other nonresidential services under chapter 71.05 RCW,  
2 case management services, psychiatric treatment including medication  
3 supervision, counseling, psychotherapy, assuring transfer of relevant  
4 patient information between service providers, recovery services, and  
5 other services determined by behavioral health administrative  
6 services organizations.

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

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

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

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

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

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

36 (24) "Designated 988 contact hub" means a state-designated  
37 contact center that streamlines clinical interventions and access to  
38 resources for people experiencing a behavioral health crisis and  
39 participates in the national suicide prevention lifeline network to

1 respond to statewide or regional 988 contacts that meets the  
2 requirements of RCW 71.24.890.

3 (25) "Designated crisis responder" has the same meaning as in RCW  
4 71.05.020.

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

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

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

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

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

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

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

1 (33) "Intensive behavioral health treatment facility" means a  
2 community-based specialized residential treatment facility for  
3 individuals with behavioral health conditions, including individuals  
4 discharging from or being diverted from state and local hospitals,  
5 whose impairment or behaviors do not meet, or no longer meet,  
6 criteria for involuntary inpatient commitment under chapter 71.05  
7 RCW, but whose care needs cannot be met in other community-based  
8 placement settings.

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

10 (a) An entity licensed or certified according to this chapter or  
11 chapter 71.05 RCW;

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

15 (c) An entity with a tribal attestation that it meets state  
16 minimum standards for a licensed or certified behavioral health  
17 agency.

18 (35) "Licensed physician" means a person licensed to practice  
19 medicine or osteopathic medicine and surgery in the state of  
20 Washington.

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

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

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

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

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

39 (39) Mental health "treatment records" include registration and  
40 all other records concerning persons who are receiving or who at any



1 time have received services for mental illness, which are maintained  
2 by the department of social and health services or the authority, by  
3 behavioral health administrative services organizations and their  
4 staffs, by managed care organizations and their staffs, or by  
5 treatment facilities. "Treatment records" do not include notes or  
6 records maintained for personal use by a person providing treatment  
7 services for the entities listed in this subsection, or a treatment  
8 facility if the notes or records are not available to others.

9 (40) "Mentally ill persons," "persons who are mentally ill," and  
10 "the mentally ill" mean persons and conditions defined in subsections  
11 (3), (13), (48), and (49) of this section.

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

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

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

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

1 include any residential services developed to service persons who are  
2 mentally ill in nursing homes, residential treatment facilities,  
3 assisted living facilities, and adult family homes, and may include  
4 outpatient services provided as an element in a package of services  
5 in a supported housing model. Residential services for children in  
6 out-of-home placements related to their mental disorder shall not  
7 include the costs of food and shelter, except for children's long-  
8 term residential facilities existing prior to January 1, 1991.

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

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

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

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

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

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

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

1 (d) Exhibits suicidal preoccupation or attempts; or

2 (e) Is a child diagnosed by a mental health professional, as  
3 defined in chapter 71.34 RCW, as experiencing a mental disorder which  
4 is clearly interfering with the child's functioning in family or  
5 school or with peers or is clearly interfering with the child's  
6 personality development and learning.

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

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

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

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

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

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

25 (ii) Changes in custodial adult;

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

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

31 (v) Drug or alcohol abuse; or

32 (vi) Homelessness.

33 (50) "State minimum standards" means minimum requirements  
34 established by rules adopted and necessary to implement this chapter  
35 by:

36 (a) The authority for:

37 (i) Delivery of mental health and substance use disorder  
38 services; and

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

40 (b) The department of health for:

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

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

6 (iii) Residential services.

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

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

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

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

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

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

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

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

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

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

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

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

20 (v) Current training practices and identification of future state  
21 training practices;

22 (vi) Alignment with designated crisis responder activities;

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

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

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

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

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

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

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