

# Executive Summary: Health Impact Review of SHB 1816

## Concerning civilian-staffed crisis response teams (2025 Legislative Session)

**Evidence indicates that SHB 1816 may increase lack of clarity about emergency response and alternative response among statewide emergency and crisis response systems. It is unclear how provisions may impact certain political subdivisions' actions. Based on these findings, the pathway to health impacts could not be completed.**

### BILL INFORMATION

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**Sponsors:** House Technology, Economic Development, & Veterans (originally sponsored by Representatives Scott, Parshley, Farivar, Dufault, Fitzgibbon, Davis, Goodman, Obras, Taylor, Pollet, Nance, Ryu, Hill, and Cortes)

#### Summary of Bill:

- Allows a political subdivision with a population larger than 200,000 to establish and maintain a civilian-staffed crisis response team (CRT)<sup>a</sup> operating outside of a general authority Washington State law enforcement agency.
- Requires the executive head of eligible political subdivisions to 1) set minimum qualifications for the CRT and 2) develop the CRT's operations protocols in consultation with certain entities.
- Allows the executive head of the political subdivision to determine characteristics of the crisis response team.
- Establishes CRT minimum training qualifications.
- Establishes CRT as a third 911 first responder whose scope of responsibilities is separate from law enforcement and fire response, and whose wages, hours, and other working conditions shall be subject to public employees' collective bargaining ([Chapter 41.56 RCW](#)).
- Creates a public records exemption for personal information regarding people receiving public safety or health services from a non-law enforcement agency.

### HEALTH IMPACT REVIEW

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#### Summary of Findings:

This Health Impact Review found the following evidence for SHB 1816:

- **Informed assumption** that 1) allowing certain political subdivisions to establish and maintain a CRT operating outside of general authority Washington State law

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<sup>a</sup> Key informants stated, "crisis response" and "alternative response" are used to describe similar bodies of work (personal communication, BHCORE, July 2025). In the field, "crisis response" often indicates work being completed by a behavioral health organization, and "alternative response" often indicates work being completed by government or a non-profit organization (personal communication, BHCORE, July 2025). For this HIR, "crisis response team (CRT)" is used to describe teams which may be authorized under SHB 1816. "Alternative response" and "alternative response models" are used to describe existing models of crisis response efforts currently underway in Washington State which may or may not be subject to the provisions of SHB 1816.

#### For more information:

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enforcement, 2) authorizing a CRT to serve as a primary response to 911 calls or initiate a field response under certain circumstances, and 3) establishing CRTs as a third 911 first responder with certain scope of responsibilities and public employee collective bargaining rights may lead to increased lack of clarity about emergency response and alternative response among statewide emergency and crisis response systems.

- **Unclear evidence** how increased lack of clarity about emergency response and alternative response among statewide emergency and crisis response systems may impact certain political subdivisions' actions.

### FULL REVIEW

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For review methods, logic model, strength-of-evidence analyses, and citations of empirical evidence refer to the full Health Impact Review at:

<https://sboh.wa.gov/sites/default/files/2025-08/HIR-2025-08-SHB1816.pdf>

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