
SUBSTITUTE SENATE BILL 6295

State of Washington

68th Legislature

2024 Regular Session

By Senate Health & Long Term Care (originally sponsored by Senators Dhingra, Gildon, Kuderer, Nobles, and Wagoner)

READ FIRST TIME 01/31/24.

1 AN ACT Relating to creating a path to recovery for high users of
2 behavioral health crisis and criminal justice systems; adding new
3 sections to chapter 10.77 RCW; and 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:

6 (1) When the *Trueblood* diversion work group created the *Trueblood*
7 diversion plan in 2015, it found that 67.5 percent of a *Trueblood*
8 class member sample population had two to five previous referrals for
9 competency services, and 21.9 percent had six or more referrals;

10 (2) Currently about 34 percent of *Trueblood* class members in King
11 county received two or more referrals for competency services within
12 the past 24 months;

13 (3) Additionally, in King county there are 175 class members with
14 three referrals for competency services within the past 24 months,
15 and 165 people with four or more referrals;

16 (4) To adequately serve the highest users of the competency
17 system, supplemental funding and service enhancements to current
18 system coordination is needed. Current gaps in resources and services
19 include occupational therapists, designated nursing staff, medication
20 prescribers, and access to permanent, low-barrier, supportive
21 housing; and

1 (5) The goal of this policy is to add funding to each regional
2 behavioral health administrative services organization that will be
3 available to create an enhanced, integrated care approach to provide
4 resources to people who cycle through the criminal court system, have
5 frequent legal involvement, episodes of crisis, and who are likely to
6 have future competency services. These funds will provide necessary
7 services for the highest users of services within the *Trueblood*
8 class.

9 NEW SECTION. **Sec. 2.** A new section is added to chapter 10.77
10 RCW to read as follows:

11 (1) The department shall collaborate with the authority, managed
12 care organizations, and behavioral health administrative services
13 organizations within each regional service area to ensure that
14 persons being discharged following a commitment under RCW 10.77.086
15 or 10.77.088 have access to supplemental enhanced resources. The
16 supplemental enhanced resources provided to the person must consist
17 of a multidisciplinary team consisting of, at a minimum, a
18 prescriber, substance use disorder professional, mental health
19 professional, low-caseload case manager, and occupational therapist.
20 The multidisciplinary team shall persist for at least six months
21 following discharge and until the individual is able to meet their
22 daily needs and is assessed as stable.

23 (2) The discharge planner at any facility where the person is
24 committed for treatment shall coordinate with the receiving treatment
25 provider to ensure the effectiveness of the supplemental enhanced
26 resources provided in this section.

27 (3) Supplemental enhanced resources under this section must
28 include assistance with housing, which may include housing vouchers
29 if supportive housing is not available.

30 NEW SECTION. **Sec. 3.** A new section is added to chapter 10.77
31 RCW to read as follows:

32 (1) The designated crisis responder must alert the behavioral
33 health administrative services organization within each regional
34 service area when the designated crisis responder encounters an
35 individual who has had three or more criminal cases within the last
36 three years where competency was raised or the cases were dismissed
37 due to a finding of incompetency to stand trial. Upon being notified,
38 the behavioral health administrative services organization must first

1 ascertain whether this individual qualifies for the forensic projects
2 for assistance in transition from homelessness program. If the
3 individual qualifies for the forensic projects for assistance in
4 transition from homelessness program, the behavioral health
5 administrative services organization must coordinate a warm hand off
6 to the forensic projects for assistance in transition from
7 homelessness program. For individuals not eligible for the forensic
8 projects for assistance in transition from homelessness program, the
9 behavioral health administrative services organization is responsible
10 for establishing wraparound services through a multidisciplinary
11 team. The high acuity multidisciplinary team shall provide access, at
12 a minimum, to a prescriber, substance use disorder professional,
13 mental health professional, occupational therapist, low-caseload case
14 manager, and housing, which may include housing vouchers if
15 supportive housing is not available.

16 (2) The multidisciplinary team shall persist for at least six
17 months and until the individual is able to meet their daily needs and
18 is assessed as stable.

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