S-4187.2

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**SENATE BILL 6295**

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**State of Washington 68th Legislature 2024 Regular Session**

**By** Senators Dhingra, Gildon, Kuderer, Nobles, and Wagoner

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

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

NEW SECTION. **Sec.**  The legislature finds that:

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

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

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

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

(5) The goal of this policy is to create an enhanced, integrated care approach to provide robust resources and reduce the cycle of legal involvement, episodes of crisis, and future competency services for the highest users of services within the *Trueblood* class.

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

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

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

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

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

(1) The designated crisis responder must alert the behavioral health administrative services organization within each regional service area when the designated crisis responder encounters an individual who has had three or more criminal cases within the last three years where competency was raised or the cases were dismissed due to a finding of incompetency to stand trial. Upon being notified, the behavioral health administrative services organization must first ascertain whether this individual qualifies for the forensic projects for assistance in transition from homelessness program. If the individual qualifies for the forensic projects for assistance in transition from homelessness program, the behavioral health administrative services organization must coordinate a warm hand off to the forensic projects for assistance in transition from homelessness program. For individuals not eligible for the forensic projects for assistance in transition from homelessness program, the behavioral health administrative services organization is responsible for establishing wraparound services through a multidisciplinary team. The high acuity multidisciplinary team shall provide access, at a minimum, to a prescriber, substance use disorder professional, mental health professional, occupational therapist, low-caseload case manager, and housing, which may include housing vouchers if supportive housing is not available.

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

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