



STATE OF WASHINGTON
— OFFICE OF GOVERNOR JAY INSLEE —

EXECUTIVE ORDER 21-03

**BLUE RIBBON COMMISSION ON THE INTERSECTION OF THE JUSTICE AND
BEHAVIORAL HEALTH CRISIS SYSTEMS**

WHEREAS, providing care and access to services and treatment for people with behavioral health needs is of paramount importance to the overall health of those individuals and to all Washingtonians;

WHEREAS, behavioral health is health care, and we must do what we can to reduce the stigma around seeking help, being in a behavioral health crisis, or having a behavioral health diagnosis;

WHEREAS, people with mental health and substance use issues are more likely to be victims of violence than perpetrators of it;

WHEREAS, too many people with behavioral health needs have contact with law enforcement or the justice system instead of, or before, they can access behavioral health care;

WHEREAS, black, indigenous, people of color, and people with disabilities are disproportionately injured or killed when they encounter law enforcement while they are experiencing a behavioral health crisis;

WHEREAS, often, behavioral health crises are preventable, but resources are needed to help people sooner;

WHEREAS, people with mental illness or substance use disorders often cycle between the justice system and community services;

WHEREAS, 911 is the public's access point to law enforcement and EMS, and for people in a behavioral health crisis, who, how, where and when the 911 system responds plays a critical role in gathering, analyzing, and relaying information to field first responders which can influence the trajectory of person's behavioral health care and future access to services or treatment;

WHEREAS, tasking law enforcement officers to be the primary, and often only, response to a person experiencing a behavioral health crisis is not the best approach, or at times, even appropriate, because often, the person in crisis has not committed nor are they suspected of committing an illegal act;

WHEREAS, people in a behavioral health crisis, especially those who are black, indigenous, and people of color, are disproportionately pushed into the justice system in order to give them access to behavioral health care;

WHEREAS, people with behavioral health conditions in the justice system, despite efforts by health professionals there, often experience harm or trauma as a result of their incarceration, which can have lasting effects;

WHEREAS, appropriate diversion from the justice system into behavioral health supports and services can expedite access to needed treatment and minimize the potential for people in a behavioral health crisis to experience violence or trauma;

WHEREAS, timely and accurate mental health and/or substance use screening and evaluation is the single most critical element in successfully diverting individuals from the justice system;

WHEREAS, Washington currently faces a shortage of behavioral health care workers, and the providers treating our most vulnerable populations are experiencing high rates of turnover. Washington cannot expand behavioral health crisis services without addressing barriers to workforce recruitment and retention;

WHEREAS, a robust and fully funded system of behavioral health prevention, crisis services, treatment, and recovery supports is critical to supporting and maintaining the health of all Washingtonians;

WHEREAS, earlier this year, the Governor signed Engrossed Second Substitute House Bill 1477 to implement a statewide 988 behavioral health crisis line and create the Crisis Response Improvement Strategy Committee (CRIS) to support that effort;

WHEREAS, the Governor also signed Engrossed Senate Bill 5476 which addresses the Washington Supreme Court's *State v. Blake* decision and establishes the Substance Use Recovery Services Advisory Committee (SURSA) to support those efforts and to coordinate with the Blue Ribbon Commission created in this order;

WHEREAS, the Legislature allocated funding to the Governor's Office to create the Blue Ribbon Commission on the Intersection of the Justice and Behavioral Health Crisis Systems;

NOW, THEREFORE, I, Jay Inslee, Governor of the state of Washington, by virtue of the power vested in me by the Constitution and statutes of the state of Washington do hereby order and direct as follows:

Washington has been making significant investments in our behavioral health system, and that great work must continue; but, we must also give greater attention and focus to Washingtonians who encounter law enforcement while experiencing a behavioral health crisis. Treatment and diversion-focused response systems exist in many communities across the state but are not sufficiently supported to provide an emergency response and are sometimes a second responder upon request from a law enforcement agency. Strong state behavioral health crisis system infrastructure will lessen the burden on law enforcement and other emergency personnel who too frequently shoulder and manage complex health crises. A healthy and functioning behavioral health crisis system that seamlessly dovetails with ongoing services and supports is vital to the

success of the State’s efforts to integrate behavioral health care and create a more community-based behavioral health system. In concert with the efforts to establish a 988 crisis line, to build-out our community based behavioral health system, to create greater availability of and access to suicide prevention, mental health, and substance use disorder services, and to reform our state hospital campuses, I am creating a Blue Ribbon Commission to address the intersection between the justice and behavioral health crisis systems, and to pursue efforts to decriminalize mental illness and substance use disorder in Washington State.

Implement Actions to Benefit Persons with Behavioral Health Issues Who Encounter Law Enforcement or the Justice System

I order the following state agencies, in consultation with appropriate stakeholders, including tribal and local governments, to take the actions listed below.

Health Care Authority:

- Create policies that support the use of Trauma Informed Approaches;
- Explore increasing utilization of mobile crisis response teams, peer services including individual and family peers, crisis respites, and other referrals that law enforcement can use;
- Investigate and research innovative models, ideas and programs that would drive an equity-based crisis response system and create expanded access and equitable access to behavioral health services, including co-located and integrated services for urgent care needs;
- Coordinate with subject matter experts on children and youth behavioral health;
- Seek out federal and other funding opportunities to expand services and review existing spending patterns and any unspent funds;
- Work with peer run/other organizations to strengthen the ability for police drop-offs;
- Engage peers, patient-family advocacy groups, and communities to be integrated in the design, delivery, and evaluation of behavioral health services;
- Engage local jurisdictions in the Fire House Funding Model and Safe Station discussions;
- Routinely update managed care organizations and behavioral health administrative service organizations on the Commission’s activities and gather their input for the Commission’s statewide strategic vision;
- Collaborate with the Department of Health to implement a 988 crisis line;
- Collaborate with the Department of Social and Health Services on bolstering and addressing needed community and state operated capacity;
- Collaborate with the Department of Social and Health Services efforts to reform RCW 10.77.

Department of Health:

- Implement a 988 crisis line and collaborate with the Health Care Authority to integrate it with the current behavioral health crisis system;

- Bring expertise and knowledge to the Commission through work with the maternal mortality review panel, the state opioid response plan, behavioral health workforce and licensing, and the Law Enforcement Mental Health Task Force;
- Explore ways in which the COVID-19 pandemic has impacted the behavioral health crisis system and ensure a public health perspective is included in the reforms to that system.

Department of Social and Health Services:

- Utilize the Research and Data Administration to review who is accessing behavioral health care through the justice system. This review should include race, ethnicity, age, gender, and disability data;
- Collaborate with the Health Care Authority on transitioning state hospitals to centers of forensic excellence;
- Identify ways to reduce recidivism of people repeatedly returning to state hospitals by way of the justice system;
- Lead an effort to reform and update RCW 10.77, the forensic mental health statute that governs not guilty by reason of insanity and competency cases;
- Collaborate with the Health Care Authority to bolster and address needed community and state operated capacity.

Establishment of the Blue Ribbon Commission on the Intersection of the Justice and Behavioral Health Crisis Systems

A Blue Ribbon Commission is hereby created to prioritize needs and resources and develop and support the implementation of a ten-year statewide strategic vision to significantly reduce the number of individuals who experience a behavioral health crisis and make contact with law enforcement or enter the justice system as a result of their illness. The recommendations and vision shall suggest actions needed to make significant progress in the development of infrastructure needed in the behavioral health crisis system, address disparate impacts on communities of color and people with disabilities, build robust diversion programming, adequately support community-based prevention, early intervention, and outreach and engagement services to help people sooner, establish solutions for long term recovery, and eliminate the stigma and trauma that people in behavioral health crises frequently experience when they encounter the justice system. The Commission should build upon the progress and efforts already in place within the state agencies that work in behavioral health and that exist in many jurisdictions when developing longer term recommendations and guidance. Where available and applicable, the Commission should build upon existing state, regional and federal plans.

The Commission shall work with all levels of government and other partners as needed to further the goals of this Commission and support this Executive Order.

1. I direct the following agencies to identify members for the Commission:
 - a. The Director of the Health Care Authority or the Director’s designee;

- b. The Secretary of the Department of Social and Health Services or the Secretary's designee;
 - c. The Secretary of the Department of Health or the Secretary's designee;
 - d. The Secretary of the Department of Corrections or the Secretary's designee; and
 - e. The State 911 Coordinator or the Coordinator's designee.
2. I also invite members to participate as follows:
- a. Three members of the CRIS committee as selected by that committee's steering committee;
 - b. Three members of the SURSA committee as selected by the Health Care Authority;
 - c. Six members not appointed to either committee that represent interests and expertise as follows:
 - i. Three members that represent law enforcement, including labor and management, as well as an individual with expertise in jail facilities and operations;
 - ii. Three members that represent the behavioral health field including mental health, substance use disorder and suicide prevention expertise, with at least one member with experience in the involuntary treatment system.
 - d. Up to two members representing federally recognized tribes, one from eastern Washington and one from western Washington, who have expertise in the behavioral health needs of their communities;
 - e. The full membership of the Commission must consist of the following:
 - i. Fifty percent or greater representation from communities of color, including at least two members from organizations that serve the needs of these communities;
 - ii. At least two members with lived experience in the behavioral health or justice systems;
 - iii. At least one member that represents people with disabilities;
 - iv. Representation from urban and rural, Eastern and Western Washington.
 - f. Commission members shall strive to serve the entire duration of the Commission's existence.
3. The Commission must make concerted efforts to involve and communicate with community partners and experts in developing its recommendations and strategic vision. This should extend beyond the Commission membership itself.
4. The Commission will have two co-chairs, selected by the Governor. At least one co-chair must be from the executive branch. The co-chairs shall set the agenda and provide leadership and direction for the Commission. The Governor's Office will provide staff support to the Commission.
5. The Commission shall draft recommendations and a statewide strategic vision for reducing or eliminating the criminalization of mental illness and substance use disorder.

The Commission shall serve as a central hub and coordinating and advisory body for the overall transformation of the behavioral health system, with particular emphasis on the efforts through the CRIS and SURSA committees. Recommendations and the strategic vision should:

- a. outline steps to specifically address the disproportionate impacts to communities of color and people with disabilities who encounter the behavioral health system through contact with law enforcement;
 - b. consider ways to systematically address and reduce the stigma faced by individuals with behavioral health needs;
 - c. examine how the intersection between the behavioral health crisis and justice systems perpetuate or cause trauma, and offer guidance on building a system that seeks to prevent trauma and is person centered and trauma informed;
 - d. identify opportunities for prevention, early identification and outreach and engagement in treatment and support prior to a behavioral health crisis and/or interaction with the justice system, with a focus on communities disproportionately impacted;
 - e. analyze and advance ideas for innovative programs in the behavioral health crisis system or its intersection with the justice system that utilize evidence-supported practices, including those that leverage emerging technology;
 - f. collaborate with the Washington Workforce Training and Education Coordinating Board to advance recommendations on the development of the behavioral health workforce to ensure strong recruitment and retention of critical workers in this area of the intersection between the behavioral health crisis and the justice systems;
 - g. review and provide guidance on any differing, or competing recommendations from the CRIS and SURSA committees and their respective legislative reports to ensure alignment and cohesion with the statewide strategic vision;
 - h. propose steps to ensure a robust behavioral health crisis and community behavioral health system that supports the integration of physical and behavioral health and addresses whole person care, regardless of treatment setting; and
 - i. advise the Governor on where to focus investments to fill gaps in the behavioral health continuum of early intervention, prevention, crisis intervention, outreach and engagement, treatment, and recovery supports.
6. In developing its recommendations, the Commission may form sub-workgroups, consult experts, or engage research, data or consulting firms to assist its efforts. Any sub-workgroups should be inclusive of perspectives from community-based providers, persons with lived experience, justice professionals, behavioral health professionals and advocates.
 7. The Commission shall produce a written report of its ten-year statewide strategic vision and recommendations to the Governor no later than November 1, 2022. The report should include all of the recommendations as outlined above. The report may also include, as appropriate, a recommended implementation outline, budget estimates, any legislative

