

## **2SHB 1767:**

### **Giving Law Enforcement a Robust Alternative to Jail Booking & Prosecution of People With Behavioral Health Challenges in Appropriate Cases**

Our organizations – law enforcement groups, civil rights advocates, behavioral health experts, prosecutors, and local government – are aligned in support of 2SHB 1767, which would create a grant program supporting the design and implementation of law enforcement diversion options for individuals committing law violations related to their behavioral health challenges.

This bill can do a great deal to chart a third way, in which the public order and public health issues stemming from unaddressed behavioral health issues and extreme poverty are meaningfully responded to -- but not by repeating the mistake of the past, when enormous numbers of people with mental health and substance use issues were routed into jails, courts and prisons because there wasn't a real, immediate alternative available to law enforcement.

Prison and jail are not therapeutic environments, particularly for people with a history of trauma, notwithstanding the good intentions of many who staff those facilities. Structurally, being booked into jail immediately ends Medicaid coverage, and after 90 days, also removes homeless housing priority – both structural barriers to help and recovery that should be avoided whenever there is a better alternative. Also, we cannot possibly afford, locally or state wide, to use these institutions as a platform or connection point for care for tens of thousands of people statewide.

Again, we have learned these lessons over the past decades of overreliance on the criminal justice system to address the behavioral health needs of the community. Sometimes jail and prosecution is the best of our available options for this population, but in the many cases where it isn't, we must have real, robust, funded alternative responses in which law enforcement, prosecutors, neighborhoods and care providers coordinate and work together to ensure the outcome improves.

We do need an expansion of community-based care options upstream, and are glad to see this prioritized in the Governor's and legislature's work on behavioral health care to resolve the *Trueblood* case. Those services may prevent crime and make a law enforcement response unnecessary in some cases. However, when officers do respond to reported law violations by people with behavioral health issues, it's essential that they, then and there, have options other than jail booking and referral for prosecution.

We've all seen that law enforcement officers, when given the option, are often more than willing to connect people to care that meaningfully responds to the conditions they're dealing with, rather than taking them to jail. But that option has to exist and be known to the officers. That's what the grant program established under 2SHB 1767 would ensure.

The 2SHB 1767 grant program doesn't compete with or duplicate the care to be funded under

the *Trueblood*-related budget actions for community-based behavioral health care. It ensures that law enforcement response can *connect* to that emerging system of care, not work at cross purposes to it. Essentially, this grant program creates and funds a valve or bridge between the world of law enforcement and the system of community-based care our state is now investing in.

It's important to make this option available statewide and at scale. Please both pass and fund 2SHB 1767 sufficiently that many of our communities can begin building these roads away from jail and to robust community-based care, as well as building partnerships between law enforcement, human services providers, neighborhoods and civil rights groups. Action *is* imperative on the chronic public health and order issues linked to unmet behavioral health needs -- and a robust plan for law enforcement diversion must be a prominent feature of that response.

Sincerely,

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