

2018 Behavioral Health Policy Legislation Results for King County BHRD Partners – 3/8/18, as passed legislature

At the time of this update, legislation shown below was still pending Governor's signature. Questions? Contact Chris Verschuyl: chris.verschuyl@kingcounty.gov.

Bill Number	Brief Title	Details
ESHB 1047 (Peterson)	Creating a system for safe and secure collection and disposal of unwanted medications	Creates statewide drug take-back program(s) that could be operated by drug manufacturers or independent drug take-back organizations, including a collection system; a handling and disposal system; security of patient information on drug packaging; and promotion. Permits pharmacies, hospitals, clinics, and law enforcement to serve as collectors. Counties' grandfathered programs, such as King County's, may operate for 12 months after a DOH-approved program begins operating before local laws are preempted. Program sunsets 1/1/2029.
2ESHB 1388 (Cody)	Changing designation of state behavioral health authority from DSHS to HCA and transferring powers, functions, and duties to HCA and DOH	Transfers responsibilities for the oversight/purchasing of behavioral health services from DSHS to HCA, except for the operation of the state hospitals. Transfers certification responsibilities from DSHS to DOH. Includes interlocal leadership structure section that provide counties a key role in shaping the transition to fully integrated managed care (FIMC) alongside HCA and the managed care organizations (MCOs).
SHB 1524 (Kloba)	Increasing success in therapeutic courts	Would expand the criminal justice treatment account (CJTA) definition of "treatment" to all programmatic elements of therapeutic courts, including but not limited to recovery supports. Previous prohibitions on the use of CJTA for housing, vocational training, and mental health counseling are removed. CJTA's definition of "treatment support" is also made permissive. Neither treatment nor recovery supports may be subject to medical necessity authorizations.
E2SHB 2779 (Senn)	Improving access to mental health services for children and youth	Improving access to mental health services for children and youth by renewing the Children's MH Workgroup established in 2016, expands its membership, and provides multiple new mandates including policy changes and reporting requirements. Permits BHOs to reimburse for partial hospitalization, and mandates BHO reimbursement for supervising people working toward MH professional licenses.
SSB 5553 (Pedersen)	Preventing suicide by permitting the voluntary waiver of firearm rights	Creates a process by which a person can voluntarily waiver firearm rights, and prohibiting the transfer of firearms to such persons. Voluntary firearm waivers are entered into federal databases.
SSB 6124 (Dhingra)	Clarifying that court hearings under the Involuntary Treatment Act may be conducted by video	Adds a definition of "hearing" for all civil involuntary treatment proceedings under RCW 71.05 that allows for individuals to participate in hearings either in person or by video, or by any equivalent technology. Requires all parties to participate in the hearing in person rather than by video if determined by the court. Permits witnesses to appear via other means including telephonically.
ESSB 6491 (O'Ban)	Increasing the availability of assisted outpatient behavioral health treatment	Broadens assisted outpatient treatment (AOT) eligibility. Requires only 1 prior commitment, removes requirement to be unable to remain safely in community, and expands AOT to substance abuse, not just mental health. Eliminates intermediate evaluation, meaning DMHP evaluation can lead directly to 90-day AOT commitment. Applies higher initial detention standard to revocation of AOT less restrictive orders, but leaves current revocation standard in place for all other LR's. Medication management is made an optional service rather than mandatory. Requires notification to care coordinator when a person is not in compliance with treatment conditions.