Top Priority Community Behavioral Health Impacts of State Budget Proposals for King County 4/18/19

	House	Senate	King County Impact
OPERATING BUDGET			
Behavioral Health Medicaid Rate Adjustment	$30.2M **maintenance funding**	$30.2M **maintenance funding**	King County is working to learn more about impacts of this rate adjustment for various regions, as well as the behavioral health component of combined integrated managed care rates.
Behavioral Health Enhancement Funds	$138.6M **maintenance funding by proviso**	$138.6M **maintenance funding with no proviso**	Continuation of this core behavioral health funding is essential to support community providers. In the House, this funding is delineated by proviso, which is preferred.
IMD Federal Rule Change Backfill	FY19 (supplemental) $13.8M backfill proviso FY20-FY21: $24.8M **maintenance backfill proviso for FY20 only, then waiver assumed**	FY19 (supplemental) $13.8M backfill, but no proviso FY20-FY21: **Waiver assumed, no proviso for backfill funds**	For FY19, some supplemental funding is provided in both chambers to backfill the loss of federal funding resulting from a federal change that further limits the use of Medicaid in Institutions for Mental Disease (IMDs). King County is waiting for $6M in reimbursement from the State for IMD services for FY19. Both chambers assume a federal waiver that has not yet been secured, although House provides FY20 funding assuming the waiver will not be in effect until 7/1/20. For FY20, even the maintenance funding level is significantly lower than anticipated need.
Non-Medicaid Crisis System Funding	**No increase**	**No increase**	The current funding level is insufficient for contracted priority responsibilities (such as community-wide crisis services and inpatient care for people without Medicaid). New facilities being created will add more such costs. An increase is needed.
Foundational Community Supports	**No cap**	**Caps enrollment at FY19 levels**	The Senate caps enrollment in Medicaid-funded supported employment and supported housing benefit at levels as of 5/1/19. The cap could threaten long-term federal funding for these services.

** Numbers and items will be updated as we continue to learn more about impacts of the proposed budgets.

Top Priority Community Behavioral Health Impacts of State Budget Proposals for King County 4/18/19

	House	Senate	King County Impact
Community Diversion and Discharge Programs **Intensive BH Treatment Facilities, Clubhouses, Drop-In Centers, Discharge Services, Intensive Outpatient, & Assertive Community Treatment (ACT)**	**+$30.9M** **~$7.2M - $11.4M possible in KC**	**+$62.9M** **~+$17.6M - $20.3M possible in KC**	New investments will assist people with behavioral health needs who are in crisis, helping to reduce state or local hospital admissions and/or expedite discharge. Both budgets fund intensive behavioral health treatment facilities, 8 new ACT teams and wraparound discharge services. The Senate also funds 18 clubhouse programs, 5 mental health peer service centers to divert people from crisis services, and intensive outpatient programs provided by hospitals upon discharge.
Secure Detox Rates and New Facilities	**+$15.6M** **~$4.7M possible in KC**	**+$10M** **~$3.0M possible in KC**	Both budgets increase rates statewide and fund operations for new secure withdrawal management/detoxification facilities (2 in House and 1 in Senate). The first secure detox facility in King County will open later this year in Kent.
Long-Term Inpatient Beds in Community Hospitals and E&Ts	**+$65.6M** **~$19.7M possible to KC hospitals**	**+$86.3M** **~$25.9M possible to KC hospitals**	The creation of regional alternatives to the state hospital for long-term inpatient psychiatric care are a positive step for behavioral health reform. House funding would create 98 new long-term beds this biennium, while Senate creates 140 beds. The potential positive impact is substantively offset by anticipated reductions in state hospital beds.
State Hospital Civil Ward Closure	**Plan for long-term civil bed need** will be developed	**Ward closures** and savings assumptions start FY20	Senate requires reductions in civil bed capacity at Western State Hospital starting in FY20. House plans to develop a model for bed need, and does not explicitly plan on near-term ward closures.
Permanent Supportive Housing Operations	**+$12.4M**	**+$9.2M**	House funds are for operation, maintenance, and service costs for permanent supportive housing projects funded by the state housing trust fund. Senate funds operating costs for more than 200 permanent supportive housing for chronically homeless families which include an individual with a disability. King County alone needs 3,000 PSH beds. As this is new funding, it is unclear how it would be apportioned across the state.

** Numbers and items will be updated as we continue to learn more about impacts of the proposed budgets.

	House	Senate	King County Impact
CAPITAL BUDGET			
Behavioral Health Supportive Housing	**$30M** **~$9M-$12M in KC possible**	**$35M** **~$10.5M-$14M in KC possible**	Funds capital costs for housing for people with chronic mental illness, including projects that provide behavioral health services or partner with a behavioral health provider.
Intensive BH Treatment Facilities and Drop-In Centers	**$4M** **up to ~$2M in KC possible**	**$17.5M** **~$2.5M-$6.5M in KC possible**	Senate funds 4 intensive behavioral health treatment facilities, and 5 mental health drop-in centers. House funds 2 intensive behavioral health treatment facilities.
Secure Detox and SUD Crisis Triage	**$8M** **up to ~$4M in KC possible**	**$2M** **up to ~$1M in KC possible**	House funds 2 secure detox/withdrawal management facilities and 2 SUD crisis, triage, subacute, and acute care facilities. Senate funds 1 secure detox/withdrawal management facility.
New Long-Term Inpatient and Mixed-Use Facilities	**$127.4M** **$25M+ to KC hospital(s)** **Includes $37.5M for UW teaching hospital**	**$17.5M** **$15M+ to KC hospital(s)** **Includes $1M for UW teaching hospital**	House provides major funding for a 150-bed UW teaching hospital, a 48-bed mixed-use civil commitment facility, a 132- to 138-bed Auburn mixed-use facility, and a 16-bed state-operated facility. Together these would eventually create 142 new long-term inpatient beds statewide as well as community acute, crisis, and stepdown capacity. Senate funds mainly Auburn mixed-use facility, with limited funding for UW hospital and state-operated facility. The potential positive impact is substantively offset by Senate's anticipated reductions in state hospital beds.
Long-Term Inpatient Beds in Community Hospitals and E&Ts	**No funding provided**	**$21.3M** **~$6.4M possible to KC hospitals**	Senate provides grants for community hospitals and evaluation and treatment facilities (E&Ts) to increase capacity to serve people being transitioned from or diverted from the state hospital. The potential positive impact is substantively offset by anticipated reductions in state hospital beds.

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Behavioral Health Policy Legislation Update for Partners – 4/18/19 – Opposite House Floor Cutoff

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Bill # / Title	Brief Description	Status as of 4/18 11am
EHB 1074 (Harris prime) (AG/DOH request) **...Increasing the minimum legal age of sale of tobacco and vapor products** *1074 bill page*	Prohibits the sale of cigarettes, tobacco products, and vapor products to persons under the age of 21, effective 1/1/20. Permits the Gov to seek consultations with tribes regarding the minimum age of sale for such products.	Session Law Gov signed 4/5
2SHB 1394 (Schmick prime) (Gov request) **community facilities needed to ensure a continuum of care for BH patients** *1394 bill page*	Requires HCA to assess community capacity to provide long-term inpatient care to involuntary patients and contract for such services to the extent that certified providers are available, and to review regulations related to this arrangement and recommend any changes by 12/15/19. Creates two community-based facility types: (a) "intensive BH treatment facilities," designed for people who no longer need state hospital care, but cannot be served in other community settings, and requires the establishment of clear eligibility and certain program components and the ability to serve people with DD; and (b) "MH peer respite centers," peer-run programs that partner with E&Ts and DCRs, with services limited to 7 days per month for people who do not meet involuntary detention criteria. Also creates a 2½-year peer-focused "MH drop-in center" pilot program in Yakima. Suspends certificate of need requirements related to psychiatric bed expansion until 6/30/21, with a specific exception to allow Navos/Multicare to expand by 60 beds in King County under certain conditions. Revises rates for certain home and community services. Requires HCA/DSHS to consult with Seattle Children's and 2 other hospitals in recommending residential treatment options for youth with BH and DD needs, with a report due 7/1/20. Requires certain reporting when DD clients are taken to a hospital. Updates the term recovery in RCW 71.24 (community BH chapter) to mean "a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential."	Passed House 98-0 Passed Senate 48-0
2SHB 1528 (Davis prime) **Recovery support services** *1528 bill page*	Directs HCA to maintain/contract for a registry of approved recovery residences, and sets out a certification process and standards for such residences. By 1/1/23, prohibits licensed or certified providers from referring patients in need of recovery support housing to uncertified residences, without otherwise limiting discharge or referral options. Creates a technical assistance program for recovery residence operators, and a revolving loan fund for start-up costs, both of which expire 1/1/25. Includes technology-based recovery supports among potential community SUD treatment services. Includes a null and void clause if no specific funding is appropriated.	Passed House 98-0 Passed Senate 48-0 House concurred
E2SHB 1593 (Chopp prime) **BH innovation and integration campus within the UW school of medicine** *1593 bill page*	States intent to partner with UW to create a BH innovation and integration campus to increase access to BH services. This will include various culturally appropriate training and workforce development components, with significant focus on psychiatry and the community behavioral health workforce. It also includes a teaching hospital that would provide inpatient care for up to 150 people currently served involuntarily at WSH. Requires attention to local community needs and resources in siting/design, but permits use of UW's current master plan to guide planning. UW is required to report to OFM by 12/1/19 about plans for development and siting of the teaching hospital that will provide long-term involuntary inpatient care. Includes a null and void clause if no specific operating or capital funding is appropriated.	Passed House 95-0 Passed Senate 48-0

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Bill # / Title	Brief Description	Status as of 4/18 11am
2SHB 1767 (Lovick prime) **law enforcement grant program to expand alternatives to arrest and jail processes** *1767 bill page*	Subject to funding, creates a WASPC grant program (in consultation with LEAD National Support Bureau) to support local initiatives to identify criminal legal system-involved people with BH conditions and engage those people with therapeutic interventions and other services. Pre-booking diversion is preferred, and up to 25% of the funding may be used for jail-based programming and jail staff training. Grant recipients must engage with LEAD National Support Bureau for technical assistance. Requires the grant program to be managed to achieve expected outcomes including reduction of arrests and emergency services, access to nonemergency community BH services, increased resilience and well-being, and reduced costs. Requires plan for performance-based contracting, developed in consultation with DSHS RDA and WSIPP, to be submitted to Gov and legislature by 12/1/19. Includes a null and void clause if no specific funding is appropriated.	Passed House 89-8 Passed Senate 48-0
ESHB 1768 (Davis prime) **SUD professional practice** *1768 bill page*	Changes the name of chemical dependency professionals/trainees to SUD professionals/trainees (SUDPs/SUDPTs). Creates a COD specialist enhancement for licensed behavioral health workers with at least 2 years of experience as an AAC who pass an approved exam in SUD competencies, requires DOH to develop training standards including education and supervised experience, and includes certain specific permissions for COD specialists to have a scope of practice that is equal to SUDPs, to practice in FQHCs and hospitals, and to supervise SUDPs or COD specialists. Limits the duration of voluntary SUD monitoring programs (in lieu of disciplinary action after unprofessional conduct) for people serving as or applying to serve as SUDPs/SUDPTs to the amount of time needed for the person to achieve 1 year or more in SUD recovery via abstinence or MAT, and exempts those with 1 year or more in recovery from the monitoring program. Prohibits DOH and treatment facilities from automatically denying SUDP/SUDPT certification or employment associated with serving vulnerable adults based on certain criminal charges, provided that such charges are SUD-or MH-related, more than 1 year has passed since the most recent charge, and the person has been in SUD or MH recovery for at least 1 year. Requires DOH to standardize requirements for who may provide approved SUDPT supervision, and to allow supervision to be provided by a licensed mental health professional who has completed SUDP alternative training. Requires DOH to conduct a sunrise review for the creation of bachelor's level BH professional credential. Modifies the ITA's definitions of likelihood of serious harm, gravely disabled, and violent act, and adds a related definition of severe deterioration from safe behavior, for both MH and SUD and for both youth and adults.	Passed House 98-0 Passed Senate 48-0
E2SHB 1874 (Frame prime) **…Expanding adolescent BH access… children's MH work group** *1874 bill page*	Expands parental powers to initiate treatment and to have access to treatment-related information for an adolescent. Parents of an adolescent (or legal guardians or certain other adults) would be able to admit their child into an E&T if the person in charge of the facility agrees. Parents (or legal guardians or kinship caregivers or DCYF) would be notified if an adolescent voluntarily self admits into an E&T. Allows parents to initiate 12 sessions of outpatient treatment for nonconsenting adolescents within a 3-month period, or to receive such treatment in less restrictive settings such as partial hospitalization or intensive outpatient. BH professionals are encouraged to share appropriate information or records with parents, and may share certain specific treatment-related information with a parent without the adolescent's consent under certain conditions, with limited liability, but voluntary treatment information may not be shared with the parent without consent except for imminent health and safety reasons. Providers not disclosing to parents must consult WA State Patrol's list of runaway children at certain frequent intervals and report to DCYF on the condition of adolescents reported missing. Notice of parent-initiated admission to SUD treatment must be provided to HCA. Allows DCYF to share certain MH treatment records with a care provider. HCA must provide training for BH providers that includes information about parent-initiated treatment (PIT) and state standards for sharing information, and conduct a survey to measure the impact of PIT. PIT is renamed "family-initiated treatment" and minor-initiated treatment is renamed "adolescent-initiated treatment." Includes a null and void clause if no specific funding is appropriated.	Passed House 89-8 Passed Senate 48-0

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Bill # / Title	Brief Description	Status as of 4/18 11am
2SHB 1907 (Davis prime) **SUD treatment system** *1907 bill page*	Directs the creation of a process for a facility to be dually licensed as SWMS and E&T. Changes references in RCWs 71.05, 71.24, and 71.34 from secure detox to SWMS. Requires HCA to submit to the governor and legislature by 12/1/19 an addendum to DCR statewide protocols to address BH integration and applicability of commitment criteria to SUDs. Amends the definition of SWMS to allow the facility to care for voluntary individuals and to provide not only withdrawal management but also treatment and clinical stabilization. Standardizes who may file a petition for 14-day involuntary treatment for youth to match the adult ITA statute, and permits the petition to be signed by a CDP or non-psychiatric ARNP when it is for SUD treatment. Limits the duration of voluntary SUD monitoring programs (in lieu of disciplinary action after unprofessional conduct) for people serving as or applying to serve as peer counselors and AACs to the amount of time needed for the person to achieve 1 year or more in SUD recovery via abstinence or MAT, and exempts those with 1 year or more in recovery from the monitoring program. Prohibits automatic denial of AAC registration and employment associated with serving vulnerable adults based on certain criminal charges, provided that such charges are SUD-or MH-related, more than 1 year has passed since the most recent charge, and the person has been in SUD or MH recovery for at least 1 year. Requires HCA to certify SUD peer counselors, and include reimbursement for SUD peer support services in the Medicaid state plan, by 7/1/19. Requires DOH to conduct a sunrise review for the creation of an advance peer support specialist credential and to transfer the current peer support certification program to DOH.	Passed House 98-0 Passed Senate 48-0
SSB 5181 (Kuderer prime) **Certain procedures upon initial detention under the ITA** *5181 bill page*	Prohibits a person detained for 72 hours under the ITA's likelihood of serious harm standard from possessing a firearm for 6 months. Restores a person's firearm rights automatically 6 months after detention and requires returning the person's firearms and their concealed pistol license. Allows the person to petition the court for restoring of their firearm rights before the end of the 6-month period. Includes a null and void clause if no specific funding is appropriated.	Passed Senate 26-19 Passed House 55-40
SSB 5380 (Cleveland prime) (Gov request) **Opioid use disorder (OUD) treatment, prevention, and related services** *5380 bill page*	Advances progressive opioid policies in various areas, including: providing better information for patients about opioid prescription risks and alternatives, right of refusal, and safe disposal; pharmacy standing orders, emergency department dispensing, and HCA-coordinated purchasing of opioid overdose reversal medications; responses to overdoses by emergency medical services and peer response teams; prescription monitoring program (PMP) integration with electronic health records; care for people with OUD and their newborns; support for MAT by therapeutic courts. Updates outdated language related to abstinence (replacing it with SUD as a medical condition, and referring to the provision of evidence-supported treatments) and pregnant and parenting persons. If funded, supports a pilot project for LEAD in 2 geographic areas. Clarifies opioid treatment program dispensation rules. If funded, directs HCA to fund MAT medication in jails if treatment is determined to be medically necessary, and to make efforts to connect incarcerated people on MAT to community providers upon release. Requires Medicaid and all state-regulated plans to cover certain MAT medications without prior authorization. Requires HCA to develop recommendations to lower the cost of such medications, and to increase the number of approved burprenorphine prescribers. Prohibits HCA from promoting the use of supervised injection sites as a form of treatment for OUD, or partnering with any agency that supervises the injection of illicit drugs.	Passed Senate 47-0 Passed House 96-2

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Bill # / Title	Brief Description	Status as of 4/18 11am
E2SSB 5432 (Dhingra prime) (Gov request) **BH integration, removing BHOs from law, clarifying roles of BHASOs/MCOs…** *1393 bill page* *5432 bill page*	Removes BHOs from law and replaces them with BHASOs, MCOs, or both. Repeals state hospital bed allocation 1/1/20, and establishes a workgroup, with a report due 12/15/19, to manage access to long-term involuntary commitment resources (state hospitals and CLIP) until risk for such care can be integrated into managed care contracts, and (in the Senate version only) also to study how to expand bidirectional integration and increase support for co-occurring disorders. Requires counties that operate BHASOs and hold a BHA license to have clear separation of powers, duties, and finances between the BHASO and any county-operated provider organization/service, and to account clearly for state funds; limits BHASO self-contracting and related administrative linkages, but permits counties to operate directly certain BHA service types. Limits BHASO administrative costs to 10%. Limits initial documentation requirements for BH care. Requires HCA to report to Gov and legislature biennially beginning 12/1/2020 on BH system expenditures vs appropriation levels. Clarifies that BHASOs maintain regional BH advisory boards. Revises powers of the state office of forensic MH services (OFMHS).	Passed Senate 46-2 Passed House 95-0 Senate concurred
E2SSB 5444 (Dhingra prime) **timely competency evaluations and restoration… forensic MH care system… Trueblood settlement agreement** *5444 bill page*	Creates forensic navigators, as officers of the court, to navigate the forensic legal process and access available BH resources. Permits the diversion of people who commit nonviolent felonies from the criminal legal system. Provides for the dismissal of serious misdemeanor charges (and referral for civil commitment evaluation), and permits competency restoration for such charges only when there is a compelling state interest. Establishes eligibility for outpatient competency restoration, including willingness to abstain from substance use, and conditions of participation including mandatory medication management, and for defendants with an SUD, urinalysis. Permits courts to order a combination of inpatient and outpatient restoration up to a maximum of 90 days. Permits inpatient or outpatient restoration to be ordered based on input from forensic navigators and the parties, or based on a competency evaluation. Provides courts the option to revoke a defendant from outpatient competetency restoration to an inpatient setting as follows: for felonies, either 45 or 90 days depending on the charge; for misdemeanors, up to 29 days.	Passed Senate 48-0 Passed House 97-0
E2SSB 5720 (Dhingra prime) **Involuntary treatment act** *5720 bill page*	Increases the intial detention period under the ITA from 72 hours to 5 days effective 1/1/20. Modifies the ITA's definitions of likelihood of serious harm, gravely disabled, and violent act, and adds a related definition of severe deterioration from safe behavior. Expands SBCs to include patients detained due to SUDs, but not until 2026 when integrated involuntary treatment goes into full effect. Creates an ITA workgroup, including DCRs, BHASOs, and MCOs among many others, to guide implementation of the 5-day initial detention period and evaluate its effects and other vulnerabilities in the ITA system, and to develop recommendations for legislature by 6/30/21. Extends provisions and processes added in recent years to the adult ITA to youth ITA. Permits DCR evaluation by video, but in doing so may undermine current law's clarity that ITA video hearings are permissible.	Passed Senate 46-2 House Approps 4/6 *Possibly NTIB*

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2SSB 5903 (Darneille prime) **implementing policies related to children's MH… children's MH work group** *5903 bill page*	HCA must develop a 2-year pilot Partnership Access Line for Schools (PALS) behavioral health support and consultation program, for implementation by 1/1/20, supporting 2 ESDs, and for OFM to develop a funding model for PALS. 6 regional qualified MH consultants must be contracted to support Early Achievers programs/child care providers and report back by 6/30/21. UW and WSU must each offer specified additional child/adolescent psychiatry residencies, and extends the length of supervised training for residents. HCA must phase in coordinated specialty care (CSC) programs for early identification and intervention for psychosis, and DCYF an infant and early childhood MH consultation model for children ages 0-5, between 2020 and 2023. HCA must provide training for BH providers that includes information about parent-initiated treatment (PIT), and, if 1874 is enacted, conduct a survey to measure the impact of PIT. Subject to appropriation, requires ESDs to coordinate BH in school districts in their regions including one or more identified topics for 1 professional learning day. Establishes UW certificate programs in evidence-based practices. Requires UW to develop a multi-tiered system of school supports; and mandates trauma-informed early care and intervention pilots in DCYF. All new programming, and ESD coordination requirement, subject to appropriated funding. Includes a null and void clause if no specific funding is appropriated. Allows the children's MH workgroup to incude additional legislative members, and to form advisory groups.	Passed Senate 47-0 Passed House 87-9 Senate concurred

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