

Behavioral Health Policy Legislation Update for Partners – 2/25/19 (House of Origin Policy Committee Cutoff)

This summary is not exhaustive. It is a living document that will be revised throughout the legislative session. Questions? Contact Chris Verschuyl at chris.verschuyl@kingcounty.gov.

Bill # / Title	Brief Description	Status (as of 2/25 10pm)
<p>SHB 1039 (Pollet prime) Opioid overdose medication in K-12 schools and higher education 1039 bill page</p>	<p>Permits schools to obtain and maintain opioid overdose medication (typically naloxone) via a standing order, and requires it in larger school districts' high schools, and for certain staff to administer it. Directs OSPI to develop opioid overdose policy/training guidelines for school districts. Creates an OSPI grant program to fund training on or purchase of opioid overdose medication. Requires public institutions of higher learning with residence hall housing for 100 or more students to develop a plan to have opioid overdose medication in/around the residence hall.</p>	<p>House Approps public hearing 2/25, exec 2/26</p>
<p>EHB 1074 (Harris prime) SSB 5057 (Kuderer prime) (AG/DOH request) ...Increasing the minimum legal age of sale of tobacco and vapor products 1074 bill page 5057 bill page</p>	<p>Prohibits the sale of cigarettes, tobacco products, and vapor products to persons under the age of 21. Permits the Gov to seek consultations with tribes regarding the minimum age of sale for such products.</p>	<p><u>1074:</u> Passed House 66-30 Referred to Senate W&M <u>5057:</u> Referred to Senate W&M</p>
<p>SHB 1331 (Cody prime) SSB 5380 (Cleveland prime) (Gov request) Opioid use disorder (OUD) treatment, prevention, and related services 1331 bill page 5380 bill page</p>	<p>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 Updates outdated language related to abstinence (replacing it with SUD as a medical condition, and referring to evidence-supported treatments) and pregnant and parenting persons. 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.</p>	<p><u>1331:</u> House Approps 2/26 <u>5380:</u> Senate W&M 2/19</p>
<p>HB 1393 (Cody prime) SSB 5432 (Dhingra prime) (Gov request) BH integration, removing BHOs from law, clarifying roles of BHASOs/MCOs... 1393 bill page 5432 bill page</p>	<p>Removes BHOs from law and replaces them with BHASOs, MCOs, or both. Repeals state hospital bed allocation 1/1/20, and establishes a workgroup to manage access to long-term involuntary commitment resources until risk for such care can be integrated into managed care contracts. Most notably for King County, contains provisions requiring counties that operate BHASOs to have clear separation of powers, duties, and finances from any county-operated provider organizations. Limits BHASO administrative costs to 10%. Requires MCOs to offer co-occurring treatment in their networks. 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.</p>	<p><u>1393:</u> Referred to House Approps <u>5431:</u> Senate W&M 2/26</p>
<p>SHB 1394 (Schmick prime) SSB 5431 (Frockt prime) (Gov request) community facilities needed to ensure a continuum of care for BH patients 1394 bill page 5431 bill page</p>	<p>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 new community-based facility types: "intensive BH treatment facilities," designed for people who no longer need state hospital care, but cannot be served in other community settings, and "MH drop-in centers" (House) or "BH drop in centers" (Senate), which are peer-run facilities designed for seven-day stays, but require referrals from and/or coordination with emergency or involuntary systems. Suspends certificate of need requirements related to psychiatric bed expansion until 6/30/21.</p>	<p><u>1394:</u> Referred to House Approps <u>5431:</u> Senate W&M 2/26</p>

NTIB = Necessary to implement the budget. W&M = Ways and Means. MH = Mental Health. SUD = Substance Use Disorders. BH = Behavioral Health. BHO = Behavioral Health Organization. ITA = Involuntary Treatment Act.
 BHASO = Behavioral Health Administrative Service Organization. BHA = Behavioral Health Agency. MCO = Managed Care Organization. WSH = Western State Hospital. E&T = Evaluation and Treatment Facility. SWM = Secure Withdrawal Management Facility.
 ESF = Enhanced Services Facility. PIT = Parent-Initiated Treatment. SBC = Single Bed Certification. OUD = Opioid Use Disorders. ESD = Educational Service District. RSA = Regional Service Area. HCA = Health Care Authority. DSHS = Dept. of Social and Health Services.
 DOH = Dept. of Health. DCYF = Dept. of Children, Youth, and Families. OSPI = Office of the Superintendent of Public Instruction. CDP = Chemical Dependency Professional. LEAD = Law Enforcement Assisted Diversion.

Behavioral Health Policy Legislation Update for Partners – 2/25/19 (House of Origin Policy Committee Cutoff)

This summary is not exhaustive. It is a living document that will be revised throughout the legislative session. Questions? Contact Chris Verschuyl at chris.verschuyl@kingcounty.gov.

Bill # / Title	Brief Description	Status (as of 2/25 10pm)
<p>SHB 1513 (Jinkins prime) SSB 5444 (Dhingra prime) timely competency evaluations and restoration... forensic MH care system... Trueblood settlement agreement 1513 bill page 5444 bill page</p>	<p>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 and conditions of participation for outpatient competency restoration, and requires the launch of an outpatient restoration program in King County by 1/1/20. Requires DSHS to work with HCA to ensure availability of intensive BH services on a timeline consistent with the Trueblood settlement agreement (in King County, 7/1/21). House and Senate versions have some nuanced differences in forensic navigator scope/role, and outpatient competency length and revocation.</p>	<p>1513: House Approps 2/26 5444: Senate W&M 2/26</p>
<p>SHB 1528 (Davis prime) Recovery support services 1528 bill page</p>	<p>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, licensed or certified providers referring patients in need of recovery support housing may only refer to registered residences. 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.</p>	<p>Referred to House Approps 2/22</p>
<p>SHB 1529 (Davis prime) Removing barriers for agency affiliated counselors practicing as peer counselors 1529 bill page</p>	<p>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 agency affiliated counselors 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. For this same subpopulation of potential counselors, prohibits automatic denial of a license associated with serving vulnerable adults based on SUD- or MH-related criminal charges, provided that more than 1 year has passed since the most recent charge.</p>	<p>House Rules</p>
<p>HB 1590 (Doglio prime) Allowing the local sales and use tax for affordable housing to be imposed by a councilmanic authority 1590 bill page</p>	<p>Allows county legislative authorities to impose a 0.1% sales taxes for affordable housing and BH-related facilities and services without a vote of the people. The tax may support: affordable housing for seniors, veterans, people with disabilities, BH conditions, domestic violence survivors and general permanent supportive housing and homeless housing; the construction of behavioral health facilities; and as well as the operation and maintenance of affordable housing or evaluation and treatment centers, or the operation of housing-related services. If counties do not invoke the tax, cities may do so.</p>	<p>House Finance public hearing 2/26, exec 2/27</p>
<p>SHB 1593 (Chopp prime) SSB 5516 (Cleveland prime) BH innovation and integration campus within the UW school of medicine 1593 bill page 5516 bill page</p>	<p>States intent to partner with UW to create a BH innovation and integration campus to increase access to BH services. This will include various 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. Prohibits local land use regulations from precluding the siting of the hospital in Seattle, and requires attention to local community needs and resources in siting/design. 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.</p>	<p>1593: House Capital Budget exec 2/26 5516: Referred to Senate W&M 2/22</p>
<p>SHB 1729 (Macri prime) SSB 5715 (Froctt prime) streamlined process [for] certain MH providers to offer SUD treatment 1729 bill page 5715 bill page</p>	<p>Effective 7/1/20, requires DOH to develop training standards, education, consultation, and an examination for various licensed MH professionals, and certain agency affiliated counselors, to be certified as chemical dependency professionals (CDPs). Effective 7/1/20, reduces supervised experience requirements for people who hold an active MH license from 1,500 hours to 80 hours or 40 hours, depending on how much experience they have. Eliminates references to abstinence from the definitions of chemical dependency counseling and core chemical dependency counseling competencies. Reduces supervised experience requirements for people seeking a MH license who have practiced as a CDP for 3 out of the past 10 years by 3 months or 10%, depending on the license.</p>	<p>1729: House Approps 2/26 5715: Senate W&M 2/27</p>

NTIB = Necessary to implement the budget. W&M = Ways and Means. MH = Mental Health. SUD = Substance Use Disorders. BH = Behavioral Health. BHO = Behavioral Health Organization. ITA = Involuntary Treatment Act. BHASO = Behavioral Health Administrative Service Organization. BHA = Behavioral Health Agency. MCO = Managed Care Organization. WSH = Western State Hospital. E&T = Evaluation and Treatment Facility. SWM = Secure Withdrawal Management Facility. ESF = Enhanced Services Facility. PIT = Parent-Initiated Treatment. SBC = Single Bed Certification. OUD = Opioid Use Disorders. ESD = Educational Service District. RSA = Regional Service Area. HCA = Health Care Authority. DSHS = Dept. of Social and Health Services. DOH = Dept. of Health. DCYF = Dept. of Children, Youth, and Families. OSPI = Office of the Superintendent of Public Instruction. CDP = Chemical Dependency Professional. LEAD = Law Enforcement Assisted Diversion.

Behavioral Health Policy Legislation Update for Partners – 2/25/19 (House of Origin Policy Committee Cutoff)

This summary is not exhaustive. It is a living document that will be revised throughout the legislative session. Questions? Contact Chris Verschuyl at chris.verschuyl@kingcounty.gov.

Bill # / Title	Brief Description	Status (as of 2/25 10pm)
<p>SHB 1767 (Lovick prime) law enforcement grant program to expand alternatives to arrest and jail processes 1729 bill page</p>	<p>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.</p>	<p>Referred to House Approps</p>
<p>SHB 1775 (Orwall prime) SSB 5744 (Dhingra prime) Commercially sexually exploited children 1775 bill page 5744 bill page</p>	<p>Creates two receiving centers to provide services to commercially sexually exploited children (CSEC). Classifies these centers as E&Ts. Allows law enforcement officers to take a child into custody and to any E&T – including the 2 receiving centers – if the officer believes the child is a victim of sexual exploitation, for the purposes of BH treatment, including voluntary, parent-initiated, and involuntary treatment.</p>	<p><u>1775:</u> Referred to House Approps <u>5744:</u> Referred to Senate W&M</p>
<p>SHB 1874 (Frame prime) SSB 5904 (Warnick prime) ...Expanding adolescent BH access... children’s MH work group 1876 bill page 5903 bill page</p>	<p>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) would be notified if an adolescent voluntarily self admits into an E&T. BH professionals may share certain specific treatment-related information with a parent without the adolescent’s consent under certain conditions. Allows parents to initiate 12 sessions of outpatient treatment for nonconsenting adolescents within a 3-month period, or to receive treatment in less restrictive settings such as partial hospitalization or intensive outpatient treatment. Would limit the liability of outpatient or inpatient BH professionals who release information pursuant to this bill’s provisions. Allows DCYF to share certain MH treatment records with a care provider.</p>	<p><u>1874:</u> Referred to House Approps <u>5904:</u> Senate Rules 2nd Reading</p>
<p>SHB 1876 (Frame prime) SSB 5903 (Darneille prime) implementing policies related to children’s MH... children's MH work group 1876 bill page 5903 bill page</p>	<p>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. UW and WSU must each offer 2 child/adolescent psychiatry residencies. 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. Senate also requires ESDs to coordinate BH in school districts in their regions including certain mandates 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 subject to funding.</p>	<p><u>1876:</u> Referred to House Approps <u>5904:</u> Referred to Senate W&M</p>
<p>SHB 1907 (Davis prime) SUD treatment system 1907 bill page</p>	<p>Substantively broadens the definition of “likelihood of serious harm” in the ITA. The change would be applicable not only to SUDs, but MH as well. Directs the creation of a process for a facility to be dually licensed as SWM and E&T. Changes references in RCWs 71.05, 71.24, and 71.34 from secure detox to SWM.</p>	<p>House Approps 2/26</p>

NTIB = Necessary to implement the budget. W&M = Ways and Means. MH = Mental Health. SUD = Substance Use Disorders. BH = Behavioral Health. BHO = Behavioral Health Organization. ITA = Involuntary Treatment Act.
BHASO = Behavioral Health Administrative Service Organization. BHA = Behavioral Health Agency. MCO = Managed Care Organization. WSH = Western State Hospital. E&T = Evaluation and Treatment Facility. SWM = Secure Withdrawal Management Facility.
ESF = Enhanced Services Facility. PIT = Parent-Initiated Treatment. SBC = Single Bed Certification. OUD = Opioid Use Disorders. ESD = Educational Service District. RSA = Regional Service Area. HCA = Health Care Authority. DSHS = Dept. of Social and Health Services.
DOH = Dept. of Health. DCYF = Dept. of Children, Youth, and Families. OSPI = Office of the Superintendent of Public Instruction. CDP = Chemical Dependency Professional. LEAD = Law Enforcement Assisted Diversion.

Behavioral Health Policy Legislation Update for Partners – 2/25/19 (House of Origin Policy Committee Cutoff)

This summary is not exhaustive. It is a living document that will be revised throughout the legislative session. Questions? Contact Chris Verschuyl at chris.verschuyl@kingcounty.gov.

Bill # / Title	Brief Description	Status (as of 2/25 10pm)
<p><u>SB 5053</u> (O'Ban prime) Increasing BH workforce participation... certification and licensure requirements 5053 bill page</p>	<p>Assures that rules for approved supervision for chemical dependency professionals (CDPs) must be the same regardless of whether they come from regular or alternative training pathways, and allows supervision to be provided by a licensed social worker or licensed mental health practitioner who has at least one year of experience treating SUDs or who has completed the alternative training requirement. Removes the 60-day time limit under which an agency affiliated counselor (AAC) may work while their application is processed by DOH. Mandates DOH to evaluate the need for creation of a bachelors-level BH professional credential including both MH and SUD competencies.</p>	<p>Senate Rules 2nd Reading</p>
<p><u>SB 5055</u> (O'Ban prime) Increasing the availability of peer services for persons with BH disorders 5055 bill page</p>	<p>Requires HCA to incorporate education and training for SUD peers into its certified peer counselor program, and include reimbursement for SUD peer support services, by 7/1/19. Requires DOH to conduct a sunrise review for the creation of an advance peer support specialist credential for peer support services in MH, SUD, and forensic BH.</p>	<p>Senate Rules 2nd Reading</p>
<p><u>SSB 5537</u> (Braun prime) Expanding community-based BH facilities through issuance of state bonds 5537 bill page</p>	<p>Permits the state to increase its debt service and issue \$500M in general obligation bonds for capital improvements to increase BH services, creating the community BH bond account outside the statutory debt limit and thus subject to a vote of the people. If ratified by a vote of the people and funds are appropriated by the legislature, proceeds may be spent on “community-based BH facilities,” including but not limited to E&T centers, crisis triage and stabilization centers, less restrictive alternative step-down beds, ESFs, detoxification (SWM) centers, transitional and long-term housing, and residential treatment centers, effective 1/1/20.</p>	<p>Senate W&M exec 2/25</p>
<p><u>SSB 5720</u> (Dhingra prime) Involuntary treatment act 5720 bill page</p>	<p>Increases the initial detention period under the ITA from 72 hours to 5 days. Modifies the ITA's definitions of likelihood of serious harm, gravely disabled, and violent act. Expands SBCs to include patients detained due to SUDs, but not until 2026 when integrated involuntary treatment goes into full effect. Extends provisions and processes added in recent years to the adult ITA to youth ITA.</p>	<p>Senate W&M 2/26</p>

NTIB = Necessary to implement the budget. W&M = Ways and Means. MH = Mental Health. SUD = Substance Use Disorders. BH = Behavioral Health. BHO = Behavioral Health Organization. ITA = Involuntary Treatment Act.

BHASO = Behavioral Health Administrative Service Organization. BHA = Behavioral Health Agency. MCO = Managed Care Organization. WSH = Western State Hospital. E&T = Evaluation and Treatment Facility. SWM = Secure Withdrawal Management Facility.

ESF = Enhanced Services Facility. PIT = Parent-Initiated Treatment. SBC = Single Bed Certification. OUD = Opioid Use Disorders. ESD = Educational Service District. RSA = Regional Service Area. HCA = Health Care Authority. DSHS = Dept. of Social and Health Services.

DOH = Dept. of Health. DCYF = Dept. of Children, Youth, and Families. OSPI = Office of the Superintendent of Public Instruction. CDP = Chemical Dependency Professional. LEAD = Law Enforcement Assisted Diversion.