OPERATING	Budget Amount	King County Impact
Medical Assistance Program Integrity Savings Assumption	Assumes savings of **-$351.6M** **Indeterminate impact in KC**	Assumes savings in the overall medical assistance program through program integrity (fraud, waste, and abuse) recoveries from implementing federal recommendations. Assumptions may be unrealistic which if not backfilled next year, could result in less funding for behavioral and physical health care.
Behavioral Health Enhancement Funds	**Maintained** new funding from last year	Maintenance level funding is provided to BH organizations for community BH service enhancements. 93% of this funding goes to Medicaid rates, with 7% as non-Medicaid. A proviso requires reporting on distribution, and seeks guidance for future directed payments to support providers. **Additional funding is needed to maintain local crisis services to ensure adequate access to non-Medicaid eligible programs.**
IMD Federal Rule Change Backfill	FY 19 $13.8M **backfill** FY20 **maintenance** FY21: $0 **waiver assumed**	These are reimbursements for services already provided to backfill lost federal funding from limitations on the use of Medicaid in Institutions for Mental Disease (IMD). If state provides inadequate funding, local dollars would have to be redirected. King County is waiting for $6M for FY19; the $13.8M is likely inadequate to ensure full reimbursement. For FY20, the funding is also lower than anticipated need. A proviso directs HCA to better account for these costs moving forward. No funding is provided in FY21 because a federal waiver is presumed to be secured by 7/1/20.
Community Diversion and Discharge Programs	**$50.8M** increase **~$14M possible in KC**	New investments will assist people with behavioral health needs who are in crisis, helping to reduce hospital admissions and/or expedite discharge. Statewide, funds 8 new PACT teams, 5 mental health peer service centers, intensive BH treatment facilities, wraparound discharge services, and clubhouse programs.
Long-Term Inpatient Beds in Community Hospitals and E&Ts	**$89M** increase	Regional alternatives to state hospital are positive for BH reform. Funds 71 new community beds in FY20 and 48 additional beds in FY21. Potential positive impact is substantively offset by anticipated reductions in state hospital beds.
State Hospital Civil Ward Closure	**Ward closures assumed in FY20**	Civil beds at Western State Hospital are mandated to be reduced by 60 in FY20, with the assumption that they will be replaced by community long-term inpatient beds contracted by HCA. New contracted beds in the community are not operating yet, so removing state hospital civil capacity at this time is premature. By January 1, 2020, HCA must establish an implementation plan for transferring full risk of long-term inpatient care to BH entity (MCO and BHASO) contracts.
Trueblood Misdemeanor Diversion	**$11.6M** increase **~$3.5M possible in KC**	Funds non-Medicaid costs for crisis triage, outpatient restoration, or other diversion programs for people with BH conditions arrested for misdemeanor crimes. Other new Trueblood funding will be available in King County in FY21.
LEAD and Diversion Grants	**$8.2M** increase **~$0.7M possible in KC**	Majority of Law Enforcement Assisted Diversion (LEAD) funding is limited to outside of King County ($5.8M). Remainder can fund diversion programs anywhere.
Secure Detox Rates and New Facilities	**$15.6M** increase **~$4.7M possible in KC**	Increases rates for secure withdrawal management (SWM) and stabilization facilities (also known as secure detoxification), and provides for expanded capacity, including 2 new facilities. The first such facility in King County will open later this year in Kent.

**Numbers and items will be updated as we continue to learn more about impacts of the final budget.
"Possible in KC" estimates the amount if KC/providers received funding proportionate to KC's share of WA population.

OPERATING	Budget Amount	King County Impact
SUD Recovery Support Interventions	**$8.3M** increase **~$2.5M possible in KC**	Provides for the inclusion of substance use disorder (SUD) peer support services and increases the number of peer support specialists. New funding is also provided for SUD recovery support interventions such as housing loans, family navigators, collegiate recovery grants, recovery cafes, and recovery housing certification and technical assistance.
Federal BH Grants for Opioid Response	**$45.1M Indeterminate modest benefit in KC**	Provides pass-through funding for multiple federal grant awards to address SUDs. Based on current state opioid response grant plans, modest funding may go to King County-based agencies for opioid treatment networks and/or recovery support.
Permanent Supportive Housing (PSH) Operations	**$7M** increase	Funds are for operation, maintenance, and service costs for permanent supportive housing projects funded by the state Housing Trust Fund. **This is the first time that PSH has received state general fund support.** This is a welcome new investment that could help 200 households. For scale, King County alone needs 3,000 PSH beds.
CAPITAL	**Budget Amount**	**King County Impact**
Housing Trust Fund (HTF) BH Set-Aside	**$35M**	With rising rents and increased homelessness across most of urban WA, these investments are critical. King County region traditionally receives 30-40% of the competitive funds awarded by the HTF. The total HTF appropriation is $175M which will build nearly 5,000 new homes statewide, of which $35M specifically funds capital costs for PSH for people with chronic mental illness, including projects that provide BH services or partner with a BH provider.
UW Behavioral Health Teaching Hospital	**$33.25M in KC**	For predesign, siting, and design of a 150-bed University of Washington facility, (50 beds long-term civil commitment, 50 geriatric psychiatric beds, 50 medical/surgery psychiatric beds, other services including telehealth).
Behavioral Health Institute	**$500K in KC**	For predesign to create a Behavioral Health Institute at Harborview Medical Center to help system engage more proactively with people in crisis.
Intensive BH Treatment Facilities, Peer Respite, Secure Detox & other Community Grants	**$38M Indeterminate benefit in KC**	Competitive grants are set up to fund specific community BH resources including: 4 intensive BH treatment facilities, 5 mental health peer respite centers, and 2 secure detox facilities. Additional competitive grant funding is provided for youth services, recovery housing capital improvements, and other regional needs.
Long-Term Inpatient Beds in Community Hospitals and E&Ts	**$8M Indeterminate benefit in KC**	Competitive grants are established for community hospitals or E&Ts to increase capacity to serve people being transitioned from or diverted from the state hospital. Potential positive impact is substantively offset by anticipated reductions in state hospital beds.
Community-Based Inpatient Behavioral Health Facilities	**$45.35M Indeterminate benefit in KC**	Provides funding for preliminary construction of one 48-bed mixed-use civil commitment facility and initial funding for another one; a 132- to 138-bed Auburn mixed-use facility; and a 16-bed state-operated facility. Acute and crisis stabilization capacity, and community BH services generally, are included as part of mixed-use facilities. Potential positive impact is substantively offset by anticipated reductions in state hospital beds.

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Key 2019 State Legislation for Community Behavioral Health Care in King County

Bill #, Title, Status, Link	Description
EHB 1074 **...increasing the minimum legal age of sale of tobacco and vapor products** effective 1/1/20 *1074 session law*	• 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.
EHB 1175 **authorization of health care decisions by individual or designated person** effective 7/28/19 *1175 session law*	• Expands the types of people who may consent to health care on behalf of a patient who is not competent to consent: ○ includes adult grandchildren, adult nieces and nephews, and adult aunts and ancles; ○ other adults may also consent under certain conditions: exhibit special care and concern for the patient, be familiar with the person's values, be reasonably available for health care decisions, and provide a declaration demonstrating close friendship, willingness/ability to be involved in the person's health care, and regular contact with the patient; ○ people with a health care relationship to the patient, or who are otherwise compensated to provide care, may not provide consent.
2SHB 1394 **community facilities needed to ensure a continuum of care for BH patients** effective 7/28/19 *1394 session law*	• 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 "intensive BH treatment facilities" as a new facility type 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. • Creates "MH peer respite centers" as a new facility type designed for 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, including specifically allowing 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 and recommend residential treatment options for youth with BH and DD needs, with a report due 7/1/20. • 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."

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Key 2019 State Legislation for Community Behavioral Health Care in King County

Bill #, Title, Status, Link	Description
2SHB 1528 **recovery support services** effective 7/28/19 *1528 session law*	• Directs HCA to maintain/contract for a registry of approved recovery residences, and sets out a certification process and standards. • 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, expiring 1/1/25. • Includes technology-based recovery supports among potential community SUD treatment services.
E2SHB 1593 **BH innovation and integration campus within the UW school of medicine** effective 7/28/19 *1593 session law*	• States intent to partner with UW to create a BH innovation and integration campus to increase access to BH services, including: ○ culturally appropriate training and workforce development components for psychiatry and the community BH workforce; ○ a teaching hospital for up to 150 people, that would include capacity for long-term involuntary inpatient care. • Requires attention to local community needs in siting/design/planning for teaching hospital, but permits use of UW's current master plan. UW report to OFM due 12/1/19.
2SHB 1767 **law enforcement grant program to expand alternatives to arrest and jail processes** Awaiting Gov's signature *1767 as passed legislature*	• 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 them 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 to be developed in consultation with DSHS RDA and WSIPP.
ESHB 1768 **SUD professional practice** Awaiting Gov's signature *1768 as passed legislature*	• Changes the name of chemical dependency professionals/trainees to SUD professionals/trainees (SUDPs/SUDPTs). • Creates a COD specialist enhancement for certain licensed BH workers in community agencies with at least 2 years of experience who pass an approved exam. Includes certain specific permissions related to scope of practice equal to SUDPs. Requires DOH to develop training and supervised experience requirements and rules, and to report on the effect of the creation of the enhancement. • Limits the duration of, and provides exemptions to, voluntary SUD monitoring programs (after unprofessional conduct) for people serving as or applying to serve as SUDPs/SUDPTs, based on a benchmark of 1 year in recovery. • Prohibits DOH and treatment facilities from automatically denying SUDP/SUDPT certification or employment based on certain criminal charges if BH-related, based on a benchmark of 1 year since the most recent charge and 1 year in recovery. • Requires DOH to standardize requirements for who may provide approved SUDPT supervision, and to allow supervision to be provided by a licensed MH professional who has completed SUDP alternative training. • Requires DOH to conduct a sunrise review for the creation of bachelor's level BH professional credential.

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Key 2019 State Legislation for Community Behavioral Health Care in King County

Bill #, Title, Status, Link	Description
E2SHB 1874 **…expanding adolescent BH access… children's MH work group** Awaiting Gov's signature *1874 as passed legislature*	• 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 treatment for nonconsenting adolescents within a 3-month period, in certain settings. • 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 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 a PIT training for BH providers, 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."
2SHB 1907 **SUD treatment system** Awaiting Gov's signature *1907 as passed legislature*	• Amends the definition of SWMS to permit care for voluntary patients and to provide not only withdrawal management but treatment and clinical stabilization. Changes references in RCWs from secure detox to SWMS. • Directs the creation of a process for a facility to be dually licensed as SWMS and E&T. • Requires HCA to submit by 12/1/19 an addendum to DCR statewide protocols to address BH integration and applicability of commitment criteria to SUDs. • 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, and provides exemptions to, voluntary SUD monitoring programs (after unprofessional conduct) for people serving as or applying to serve as peer counselors or AACs, based on a benchmark of 1 year in recovery. • Prohibits DOH and treatment facilities from automatically denying AAC registration or employment based on certain criminal charges if BH-related, based on a benchmark of 1 year since the most recent charge and 1 year in MH or SUD recovery. • Requires HCA to certify SUD peer counselors, and include reimbursement for SUD peer support in 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.

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SSB 5181 **certain procedures upon initial detention under ITA** effective 7/28/19 *5181 session law*	• 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.
SSB 5380 **opioid use disorder (OUD) treatment, prevention, and related services** effective 7/28/19 *5380 session law*	• 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; and ○ directing 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. • 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. • Supports a pilot project for LEAD in 2 geographic areas. • Clarifies opioid treatment program dispensation rules. • 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. • Permits schools to obtain and maintain opioid overdose medication (typically naloxone) via a standing order, and requires it in larger school districts' high schools except under certain conditions, and for certain staff to administer it. • Directs OSPI to develop opioid overdose policy/training guidelines for school districts. • Requires public institutions of higher learning with larger residence hall housing to develop an opioid overdose medication access plan for those residences.

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Bill #, Title, Status, Link	Description
E2SSB 5432 **BH integration, removing BHOs from law, clarifying roles of BHASOs/MCOs…** effective 1/1/20 *5432 session law*	• 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 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, and 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. • Revises powers of the state office of forensic MH services (OFMHS).
E2SSB 5444 **timely competency evaluations and restoration… forensic MH care system… Trueblood settlement agreement** effective 7/28/19 *5444 session law*	• 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, and 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.
2SSB 5903 **implementing policies related to children's MH… children's MH work group** effective 7/28/19 *5903 session law*	• 2-year pilot Partnership Access Line for Schools (PALS) BH support/consultation program must be implemented in 2 ESDs by 1/1/20. • 6 regional qualified MH consultants must be contracted to support Early Achievers programs/child care providers. • UW and WSU must each offer additional child/adolescent psychiatry residencies, and supervised training for residents is extended. • Coordinated specialty care (CSC) programs for early identification and intervention for psychosis, an infant and early childhood MH consultation model for children ages 0-5, must be phased in by HCA and DCYF respectively between 2020 and 2023. • HCA must provide a PIT training for BH providers, and conduct a survey to measure the impact of PIT. • Requires ESDs to coordinate BH in school districts in their regions including identified topic(s) 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 care pilots in DCYF. • Allows the children's MH workgroup to include additional legislative members, and to form advisory groups.

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