King County

Proposed State and Federal Behavioral Health Legislative Priorities for 2019

Updated November 4, 2018

Improve Access, Support Crisis Response, and Provide Quality Care Close to Home

State Priorities

1. Strengthen behavioral health crisis response to reduce hospital use, and expand the Medicaid state plan.
Add resources to meet ongoing needs for the current crisis behavioral health system and invest in crisis response improvements to deliver enhanced diversion and discharge services to reduce hospital and emergency department use. Expand the Medicaid state plan to leverage federal funds to support treatment and worker wages.

2. Provide care close to home by expanding community placements and establishing regional facilities for state hospital patients.
Take a first step toward on-demand community placement upon hospital discharge by investing in 100 no- and low-barrier community placements in King County for people being diverted from or discharging from hospitals. Also, develop sufficient specialized regional facilities to enable people who still need the intensive involuntary services of a state hospital to be served closer to home.

3. Expand access to flexible, accessible opioid treatment and ensure there is no wrong door to care.
Provide state funding for expedited low-barrier access to medication-assisted treatment via buprenorphine. Ensure there is no wrong door to treatment.

Federal Priorities

1. Support and defend access to health care including behavioral health treatment and Medicaid.
Protect the integrity of the Affordable Care Act. Oppose structural changes to Medicaid that would shift burdens onto states or individuals, causing long-term reductions in services, quality of care, and enrollment. Protect the health care rights of all residents including immigrants.

2. Promote coordinated care and safety by aligning substance use disorder confidentiality rules with HIPAA.
Establish one set of rules for confidentiality and security in health care by fully aligning confidentiality rules specific to substance use disorder treatment with the Health Insurance Portability and Accountability Act (HIPAA). Common confidentiality standards would promote integrated behavioral health and physical health care while protecting people's safety and privacy.

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King County

Strengthen Behavioral Health Crisis Response and Expand the Medicaid State Plan

Updated November 4, 2018

State Request

Add resources to meet ongoing needs for the current crisis behavioral health system and invest in crisis response improvements to deliver enhanced diversion and discharge services to reduce hospital and emergency department use. Expand the Medicaid state plan to leverage federal funds to support treatment and worker wages.

Strengthen Crisis Services During Transition: Complement Recent Medicaid Investments

The legislature added significant funding for community behavioral health care in the last biennium. These investments helped the community system survive. All future budgets should continue and expand on these critical investments.

King County is among the regions that are actively working now with state and health plan partners to integrate Medicaid-funded behavioral health and physical health care in 2019-20. Especially with traditional Medicaid treatment in transition, communities need strong crisis response capacity in order to assure timely responses to local needs.

Regional crisis response services address essential behavioral health needs of the entire community. These include such services as involuntary commitment; inpatient and residential care for people without Medicaid and for those who need longer stays; assertive community treatment; homeless outreach and stabilization; and 24-hour telephone crisis support for anyone in King County.

A robust crisis system would help ensure that residents who need specialized support, and those who are ineligible for Medicaid, receive the flexible community-based response they need to recover.

Current Crisis System Funding Does Not Provide for Existing Demand

Funding for these essential crisis functions has not been restored to pre-recession levels, leaving an ongoing shortfall in state crisis system funds – $4.5 million in King County in calendar year 2017 alone. To support integrated care, the Medicaid-ineligible service needs of Medicaid enrollees must also be funded, and provisions are needed for continuity of care when Medicaid lapses.

Also, recent changes in federal Institutions for Mental Disease (IMD) rules and laws have further reduced the availability of Medicaid for community care, with an especially sizeable gap specific to mental health costs. The legislature's continued backfill for the loss of these federal funds remains critical. Anticipated IMD backfill need in King County is $37.6 million over the 2019-21 biennium.

Key Improvements to Crisis Services Needed

Merely keeping current services whole is not enough. Continuing to *improve* crisis system responsiveness is key to keeping people well and reducing use of emergency systems such as hospitals, emergency rooms, and jails.

Investments should prioritize interventions that **divert people from hospitalization and improve and expedite hospital discharge**, including:

- Adding new regional mobile crisis teams *($3.5 million in King County for 3 more teams);*
- Doubling crisis respite program capacity *($1.7 million in King County for 20 beds)*; and
- Expanding peer bridger services to establish strong linkage to community care *($3.8 million in King County for 3 more teams).*

Expand Medicaid State Plan to Secure More Federal Funding Increase Access to Treatment

A 2018 state budget proviso directed the Health Care Authority to review opening the Medicaid state plan and to identify opportunities and costs to maximize federally approved treatment. Including high-value provisions like drop-in services, clubhouses, and partial hospitalization would improve access to treatment and leverage new federal funding. This will also help to build up the rates that support competitive wages for providers of behavioral health treatment.

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Care Close to Home: Expand Community Placements & Establish Regional Facilities for State Hospital Patients

King County

Updated October 30, 2018

State Request

Take a first step toward on-demand community placement upon hospital discharge by investing in 100 no- and low-barrier community placements in King County for people being diverted from or discharging from hospitals. Also, develop sufficient specialized regional facilities to enable people who still need the intensive involuntary services of a state hospital to be served closer to home.

Treating People Closer to Home Requires Significant Additional Investments

Local communities and the state share a goal to provide community behavioral health treatment on demand by offering the right treatment, in the right location, at the right time. We must work together to invest in safe and appropriate options for care close to home, whether through faster hospital discharge to a community placement or via a specialized regional inpatient facility.

Expedite Hospital Discharge: Create Low-Barrier Placements with Intensive Services

For many people with behavioral health conditions who are discharging from state and local hospitals, community placements with integrated services and supports are essential to their stability. Treating people in the community when possible promotes wellness and is cost-effective.

Yet specialized intensive stepdown resources that include housing are limited. In our region, people who need a behavioral health supportive housing unit or a psychiatric residential treatment bed must wait four months on average for one to become available. The need for community resources further limits access to state and local hospital beds for other patients who need them.

In King County, an estimated 235 additional no- and low-barrier beds with intensive supports, including 40 beds of short-term transitional capacity, are needed to help to create timely access to needed care. About 80 more supportive housing units per future biennium would then meet ongoing demand for people exiting state and local hospitals.

With state funding, King County could stand up 100 beds this biennium. Key regional needs are:

- low- and no-barrier permanent supportive housing for people with behavioral health needs;
- intensive mental health programs with housing and treatment services as an integrated package;
- programs that address specialized medical and/or personal care needs along with housing; and
- placements addressing the unique needs of young adults and older adults.

A robust range of options for community-based care will **support effective hospital discharge**, and will help more people **get the treatment they need where they live and avoid hospitals entirely.**

Note: These stepdown placements will improve the fluidity of the community behavioral health system. They are **in addition to the permanent supportive housing beds needed for people experiencing homelessness** in King County (over 3,000 units).

Develop Specialized Intensive Regional Facilities to Replace State Hospital Capacity

In 2018, the Governor announced a plan to shift hundreds of patients out of state hospitals into alternative settings, to expand the state hospital's capacity to serve people with criminal backgrounds.

For this transition to succeed, this unique capacity must be replaced. King County currently has access to 210 beds at Western State Hospital for civil commitment patients.

Specialized regional inpatient facilities must be developed for people who will still need the highest level of involuntary psychiatric care, currently provided by the state hospital. Appropriate resources to serve these patients – specifically 130 beds in King County – must be operational before the transition.

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Expand Access to Flexible, Accessible Opioid Treatment and Ensure There is No Wrong Door to Care

King County

Updated October 30, 2018

State Request

Provide state funding for expedited low-barrier access to medication-assisted treatment via buprenorphine. Ensure there is no wrong door to treatment.

Opioid Overdose Deaths Rising Dramatically

Opioid addiction is a public health crisis. In 2017 more than 49,000 Americans, including 739 Washingtonians, died from opioid overdose – more fatalities than from auto accidents.

In King County in 2017, an unprecedented 258 people died as a result of overdose on heroin or other opioid drugs. Opioid-associated deaths represent 47 percent of local drug-related fatalities.

High and Growing Demand for Treatment

In addition to being the most common cause of drug-involved deaths in King County, opioids are also now the leading reason people seek substance use disorder (SUD) treatment, medication-assisted treatment (MAT), or detoxification services in our community. Opioids accounted for at least 39 percent of treatment admissions in 2017.

King County delivers open access to treatment for outpatient care for SUDs, including methadone clinics. There is no wait list for patients who seek outpatient treatment. But not everyone who needs treatment will seek it.

Among Medicaid-eligible people in King County with an opioid use disorder (OUD) treatment need in 2017, just 53 percent received treatment. This meant nearly 5,000 people were known to have gone without needed care.

A comprehensive regional opioid response that delivers **accessible treatment on demand** – when and how a person needs it, including in emergency rooms, jails, and mobile health care units serving unhoused people – **is the most effective, least expensive way to support recovery**.

Expand Medication-Assisted Treatment (MAT)

MAT is the evidence-based treatment to help people transition safely to a life of recovery. A 2016 study showed that MAT – including a prescribed medication such as methadone or buprenorphine that reduces or eliminates drug cravings – cuts the death rate by 50 percent for people with OUD, when compared to routine treatment alone.

With federal funding and local sales tax dollars, low-barrier buprenorphine access is already expanding in King County. In addition, Medicaid currently supports methadone treatment for over 4,800 residents. But many more people could benefit from access to treatment if state funds contribute to the response.

Building on federal and local investments, state funds could help **deliver accessible treatment via flexible, low-barrier MAT with nurse care managers** including coordinated care and effective buprenorphine prescription.
($360,000 per site, up to 10 sites in King County)

Ensure No Wrong Door to Treatment

A comprehensive response to the opioid epidemic would be strengthened by ensuring that there is **no wrong door to acute or intensive SUD treatment** for those who need it.

Toward this end, all payers should be required to cover a robust range of SUD services, and provide for initial service access without prior authorization. This would remove unnecessary barriers and delays in order to support people who need more intensive treatment to get help when they are ready for it.

For additional information, please contact April Putney at 206-519-9766 or april.putney@kingcounty.gov.

King County

Support and Defend Access to Health Care Including Behavioral Health Treatment and Medicaid

Updated October 27, 2018

Federal Request

Protect the integrity of the Affordable Care Act. Oppose structural changes to Medicaid that would shift burdens onto states or individuals, causing long-term reductions in services, quality of care, and enrollment. Protect the health care rights of all residents including immigrants.

The Affordable Care Act with Medicaid Expansion Ensures Health Care Access in Washington

The Patient Protection and Affordable Care Act (ACA) significantly expanded access to health care starting in 2014, most notably by expanding access to Medicaid. Medicaid now covers about 1.7 million people in Washington, about half of them children.

Expanded access to Medicaid coverage improves health outcomes by reducing hospitalizations, emergency department visits, and mortality rates.

Impact of the Affordable Care Act in King County: Widespread Coverage and Better Outcomes

Since the implementation of the ACA, about 207,000 King County residents have coverage through Washington's health insurance exchange and Medicaid, and local enrollment continues to rise each year. More than 94 percent of all King County residents are now insured, including 98 percent of children.

Since 2014, 40,000 people with behavioral health conditions have received care through King County's community provider network via Medicaid expansion.

Protect the Affordable Care Act, Especially Coverage for Pre-existing Conditions

Multiple threats to the ACA remain ongoing and must be opposed. The newly adopted Association Health Plan Rule, and efforts to expand the use of short-term plans, permitting substandard coverage that neither addresses the ACA's ten essential health benefits including mental health and substance use disorder services nor protects people against discrimination based on pre-existing conditions.

Oppose Efforts to Defund Medicaid

Restructuring Means Reduced Care Access

Recent Medicaid restructuring proposals, such as the institution of Medicaid block grants and/or per capita spending caps, would shift the burden of health care costs to states as federal spending is permanently limited. This would dramatically reduce coverage and/or services, and lead to poorer health outcomes.

ACA repeal legislation based on these models, which have formed the basis for recent presidential budget proposals, is estimated to cause a $5.3 billion Medicaid cut for Washington State alone over six years.

If Medicaid expansion is not preserved, over 15,000 people in King County (37 percent of the community behavioral health population) would lose access to critical services.

Medicaid Contraction Would Be Catastrophic

People with significant medical and/or behavioral health needs would not receive lower-cost preventive care. Many would end up in medical or behavioral health crisis, resulting in expensive emergency treatment or criminal justice system involvement. Health care and justice system costs would skyrocket.

Stop Proposed "Public Charge" Rule Change

Recent proposed regulatory changes to immigration policy would use a person's participation in Medicaid or other noncash benefits as grounds for denying lawful permanent residency. By frightening immigrants away from enrolling even when they qualify, this policy would further undercut Medicaid and threaten public health through reduced access to care.

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King County

Promote Coordinated Care and Safety: Align Substance Use Disorder Confidentiality Rules with HIPAA

Updated October 27, 2018

Federal Request

Establish one set of rules for confidentiality and security in health care by fully aligning confidentiality rules specific to substance use disorder treatment with the Health Insurance Portability and Accountability Act (HIPAA). Common confidentiality standards would promote integrated behavioral health and physical health care while protecting people's safety and privacy.

Restrictive Confidentiality Law for Substance Use Disorders is a Barrier to Coordination

42 CFR Part 2 is the original and primary guideline to the confidentiality of substance use disorder (SUD) treatment records. It was designed in 1972, in an era before electronic health records and integrated medical and behavioral health care. It was established to eliminate barriers that were preventing people from entering treatment, to protect people who had participated in treatment from stigma, and to prevent law enforcement from using SUD treatment records as evidence against them.

Current Law Can Impede Health Care Delivery

Existing law does not allow for appropriate information-sharing among direct service providers for the purpose of coordination of care and improving client outcomes as HIPAA allows.

This means that medical and mental health providers may not know about a person's substance use or associated treatment unless a very specific consent has been signed in advance. This can impede the delivery of proper health care, and at times can create significant risks to a person's health and safety, including potential overdose.

A Single Set of Regulations Would Promote Coordinated Care

There should be one set of regulations to govern privacy and security of confidential personal health information. HIPAA and the Health Information Technology for Economic and Clinical Health (HITECH) Act already meet modern needs for confidentiality, privacy, and security.
42 CFR Part 2 should be changed to align with HIPAA and HITECH to create a single set of regulations for all health care providers, creating parity across physical health, mental health and substance use disorder treatment services.

Pass H.R. 6082 or Equivalent to Align SUD Privacy Protections with HIPAA

H.R. 6082, the Overdose Prevention and Patient Safety Act, or its equivalent, would permit disclosure of SUD treatment records to a HIPAA-covered entity "for the purposes of treatment, payment, and health care operations, so long as such disclosure is made in accordance with HIPAA privacy regulation."

This legislation, which passed the House in 2018 but was left out of a compromise opioid legislative package, would also create a variety of other protections supporting privacy, preventing discrimination, providing notice to clients, and mandating provider training.

Key Timing for Washington State

Governments, managed care organizations, behavioral health agencies, and stakeholders in Washington State are working to integrate care systems in 2019 and 2020. Addressing the differences between 42 CFR Part 2 and other privacy laws is a critical step toward more effective, more timely, and more coordinated care.

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