



COMMUNITY SERVICES, HOUSING, AND COMMUNITY DEVELOPMENT DEPARTMENT
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**SPOKANE COUNTY REGIONAL BEHAVIORAL HEALTH – ADMINISTRATIVE SERVICES ORGANIZATION
(SCRBH-ASO)**

2020 LEGISLATIVE PRIORITIES

The following is an executive summary of the seven, statewide county-operated BH-ASOs' top 2020 legislative priorities; including specific funding amounts for the six-county Spokane Regional Service Area (SCRBH-ASO).

Background: County/Local Crisis & Diversion System

Each Regional Service Area (RSA) shall have one contracted Behavioral Health - Administrative Services Organization (BH-ASO) to provide crisis services and Involuntary Treatment Act evaluations for the Medicaid and Non-Medicaid population. The BH-ASOs are also responsible for non-crisis behavioral health services, including diversion services, for the Non-Medicaid population. The BH-ASOs may be operated by a single county, a group of counties or a Managed Care Organization (Beacon Health Options). Currently, 7 of 10 regional service areas will be served by county managed BH-ASOs.

Funding for the crisis continuum has traditionally come from a combination of Medicaid, general state funds (GFS), local funds for counties which have them and dedicate funding for these services, and federal funds. This "braiding" of funding streams has allowed for a robust and extensive crisis and diversion continuum to be developed and operated in most regions. However, as the State transitions to fully integrated managed care (FIMC), all Medicaid funds as well as 30% of the state general funds have been allocated to the Managed Care Organizations to serve the Medicaid populations in their contracted regions. This shifting of funds has resulted in funding gaps for the crisis and diversion system.

In order to ensure that regions maintain necessary service levels, additional general state funds are required.

2020 BH-ASO Priorities

- 1. Involuntary Treatment Act (ITA) Court Funding:** Under RCW 71.05 and 71.34, Washington State's Involuntary Treatment Act (ITA) allows for individuals (13 and older) to be committed by a court order to a free-standing behavioral health Evaluation and Treatment facility (E&T) or psychiatric hospital against their will for a limited period. Involuntary civil commitments are meant to provide for the evaluation and treatment of individuals with a mental or substance use disorder who may be either gravely disabled or pose a danger to themselves or others, and who refuse or are unable to enter treatment on their own. An initial commitment may last up to 72 hours, but can be extended for additional periods of 14, 90, and 180 days, as necessary. The BH-ASOs continue to fully fund ITA Courts and related services although it continues to represent an increasing percentage of our overall GFS Non-Medicaid funding, which takes funding away from critical behavioral health treatment services.

The BH-ASOs request that ITA county funding be separated out in the budget as a separate funding line while ensuring any change to GFS non-Medicaid funding be based on the most recent ITA Court data, including total volume and cost per case, and results in the long-term preservation of funding for community-based services as well as adequate revenue to support necessary ITA Court processes. The most recent comprehensive, statewide data on Washington State ITA Court systems is the 2012 JLARC Report, for which actual ITA expenditure data was not available. Additionally, it is requested that the state adopt a fee schedule that ITA Courts may use in establishing their



rates, this will ensure more consistency in court fees state-wide as well aid in annual budget development both at the state and BH-ASO level.

- a. **There is no methodology to project the required costs for BH-ASO non-Medicaid services** such as ITA investigations, court costs, and inpatient and outpatient services for low-income non-Medicaid persons. BH-ASO's would like to work with the State to develop a methodology for projecting actual costs.

2. **Non-ITA/Non-Crisis Inpatient Behavioral Health Services for Eligible Non-Medicaid Individuals (at or below the 220% Federal Poverty Level):** There is a need for additional general state funds for inpatient behavioral health services for Non-ITA/Non-Crisis Eligible Non-Medicaid Individuals, including crisis stabilization facilities, withdrawal management facilities, and evaluation & treatment facilities (which, under the current HCA/ BH-ASO contract may be funded "within available resources") of which there is currently little to no available resources.

****Note: SCRBH-ASO has a need for additional general state funding for both inpatient and outpatient Non-ITA/Non-Crisis services for eligible Non-Medicaid individuals, which is included in our requested funding amount for this priority.***

3. **Direct Services Support Rate:** Historically, Behavioral Health Organizations were allowed to report the costs for services that support direct services, e.g., the Crisis Line, Ombuds services, Data Support, and Utilization Management which includes the Behavioral Health Medical Director and licensed mental health and substance use disorder professional staff with clinical expertise, as a separate category outside of their direct administrative costs. These were capped at an additional 5% in the Health Care Authority BH-ASO contract. However, when a 5% cap is applied to a significantly smaller funding base, i.e., Non-Medicaid funding only, not enough revenue is provided to cover the fixed costs for these services. A cap of at least 10% for direct services support is needed to cover the minimum costs to meet the state's contractually required responsibilities for BH-ASOs.
4. **County Owned Behavioral Health Facilities:** Adequate funding to support the ongoing operations of the County owned crisis facilities, which are essential behavioral health system infrastructure. Currently, MCOs see their responsibility as to only negotiating rates with the behavioral health agencies operating these facilities. The counties who own these facilities are not addressed as stakeholders with a financial stake in the outcome of these negotiations. Without adequate funding, Counties will need to decide as to whether they will be able to continue.