



COMMUNITY SERVICES, HOUSING, AND COMMUNITY DEVELOPMENT DEPARTMENT
Kathleen Torella, Director

2021 LEGISLATIVE PRIORITIES

A. SPOKANE COUNTY REGIONAL BEHAVIORAL HEALTH – ADMINISTRATIVE SERVICES ORGANIZATION (SCRBH-ASO) DIVISION

Note: The following is an executive summary of the seven, statewide county-operated BH-ASOs' top 2021 legislative priorities.

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 has transitioned to fully integrated managed care (FIMC), all Medicaid funds as well as 20% 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.

2021 BH-ASO Priorities:

1. Non-Medicaid Funding & Crisis System Sustainability

PROBLEM:

- Federal laws and regulations exclude certain items from Medicaid federal financial participation. Medicaid funds do not cover room and board in evaluation and treatment facilities (E&Ts) and other residential treatment facilities, sobering services, or Involuntary Treatment Act (ITA) investigations and court costs for Medicaid enrollees. Medicaid funds also do not cover any behavioral health services provided to someone not covered by Medicaid, including hospitalizations. The crisis system, however, must be able to serve anyone, regardless of payer. As the COVID-19 pandemic continues, providers and payers have repeatedly expressed concern about the stability and capacity of the crisis system. In regions across the state, BH-ASOs are having to utilize an increasing percentage of their non-Medicaid funding on hospitalizations, E&T commitments and ever-rising ITA court costs, thus limiting funding to support community-based crisis services. The pandemic has exacerbated the concerns about an underfunded system and has also created a huge and growing demand for crisis services.



SOLUTION:

- Increase GF-S non-Medicaid funding levels to stabilize the crisis system and enable BH-ASOs and BHAs to provide greater access to outpatient behavioral healthcare before people are in crisis.
- BH-ASOs request that the Legislature direct HCA, BH-ASOs and Behavioral Health Agencies (BHAs) to develop an adequate and sustainable crisis system model that ensures stability into the future and to report this model to the appropriate Legislative Committees by November 2021.

2. Involuntary Treatment Act (ITA) – Court Costs

PROBLEM:

- 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), psychiatric hospital, or a Secure Withdrawal Management Facility 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 120 hours, but can be extended for additional periods of 14, 90, and 180 days, as necessary. At present, ITA Courts may charge BH-ASOs whatever fee amount they so choose for their services and these fees vary greatly across the state. The BHASOs continue to fully fund ITA Court costs and related services. These costs represent an increasing percentage of our overall GFS Non-Medicaid funding, which takes funding away from critical behavioral health treatment services. *(Please reference the 2012 JLAC Report on ITA Costs which predicted many of these issues and offered solutions like what BH-ASOs are requesting below.)*

SOLUTION:

- BH-ASOs request that the state work with stakeholders to 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 BHASO level.
- Direct HCA to develop a methodology to project future ITA court costs to be used in adjusting General Fund-State (GF-S) allocations for court costs during each budget cycle.

B. DEVELOPMENTAL DISABILITIES (DD) DIVISION

Note: Same as the ACHS Developmental Disabilities Program Committee's 2021 Priorities

- 1. Maintain the current eligibility standards for state Developmental Disabilities Administration (DDA) paid services. This will ensure that people with intellectual and developmental disabilities (I/DD) continue to have access to Medicaid State Plan and Waiver services including employment, community inclusion, respite, personal care, and residential services.**

DDA has proposed changes to the eligibility standards that will reduce the number of individuals who receive DDA paid services. These changes will impact approximately 8,100 individuals statewide, over 2,900 of whom would lose employment and community inclusion supports. When

access to work and the community is reduced, decades of progress for equity for individuals with disabilities is threatened, and the economy is adversely affected.

Individuals who are currently employed, are at risk of losing the support needed to maintain their jobs if there is a change in eligibility. Over one-third of those receiving employment services would be impacted. In FY19, DDA clients earned over \$65.7 million dollars (Data source: Department of Social and Health Services Research and Data Analysis).

Additional potential impacts include:

- Cutting the state match of waiver funds would result in the loss of matching federal dollars;
- Eliminating employment services to people with I/DD would reduce their ability to provide for themselves;
- Isolating people with I/DD often leads to adverse health outcomes; and
- Adverse health outcomes impose the burden of increased costs for state and locally funded programs including emergency room visits and long term hospital stays.

2. Protect Washington's Employment First policy and maintain employment funding

Washington State's Employment First policy and supported employment services ensures that regardless of need or disability, people with I/DD have the opportunity to work. While 40 states invest more of their budgets on employment (Braddock, 2017), Washington leads the nation with some of the best employment outcomes for individuals with I/DD. Many people with I/DD are essential workers and contribute to the state's economy.

3. Provide employment supports for high school transition students

The state should ensure access to the Basic Plus Medicaid Waiver Program to provide employment services for all state DDA eligible students exiting high school in the 2021-2023 biennium. The state should leverage its investment in special education and ensure that students with I/DD can access employment services in order to establish independence, create a new generation of taxpayers, and reduce dependency on other long-term government supports.

C. HOUSING COMMUNITY DEVELOPMENT (HCD) DIVISION

Note: Subset of the ACHS Homelessness and Affordable Housing Program Committee's 2021 Priorities

1. Preserve HEN Funding and Enact HEN RCW Fix

Preserve Housing and Essential Needs program funding at current level.

Request that the HEN RCW wording be changed from “HEN Person” to “HEN Household” which would allow more people to be eligible and more people to be housed with the same level of funding.

Context: Current RCW language is “HEN Person,” which excludes any spouses or significant others from having their portion of rent paid when living with a HEN eligible individual. If someone were to be single, the HEN Program would pay for the whole unit, but people with significant others are facing barriers of having enough funds to get into housing. This causes many people who are eligible for HEN to not be able to use the housing support.

Updating the wording from “HEN Person” to “HEN Household” would allow communities to potentially house many more people with absolutely no budget change.

2. Include \$250 Million for the Housing Trust Fund in the Capital Budget

Ensure an equitable distribution, particularly for smaller and rural counties that have fewer resources and fewer organizations to make applications to the Housing Trust Fund.

Context: The availability of affordable housing continues at crisis levels throughout the state. It is the largest cause of homelessness and prevents many households from moving out of homelessness and back to housing stability.

3. Increase funding for local homeless programs and affordable housing operations and maintenance by increasing the document recording fee

Additional COVID-19 funding for homelessness programs has demonstrated that scaling up these programs supports public health priorities and is effective at achieving outcomes towards ending homelessness. Current on-going homelessness resources are inadequate to address the desperate need. Until there are sufficient resources, homelessness will continue.

Context: Document Recording Fees (DRFs) are fees collected by county auditors at the time a document is recorded. A portion of each fee is remitted to the state and the rest is retained locally to fund homeless and affordable housing programs. DRFs are the largest source of funding for homeless programs in the state. They also provide a small pool of funding for affordable housing capital and operations and are one of the few funding sources that support operations and maintenance of affordable housing projects.

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