



Proposed State Behavioral Health Legislative Priorities for 2018

Updated November 3, 2017

Developing Community Treatment on Demand

1. Stabilize behavioral health treatment to improve access and quality in the community.

Strengthen the community behavioral health treatment system to deliver key outcomes including hospital diversion and discharge, community outreach, and care coordination. Invest non-Medicaid state funds, adjust actuarial assumptions, reopen the Medicaid state plan, and pursue federal incentive funding tied to implementation of a quality strategy.

2. Create community-based capacity to prevent and/or shorten hospitalization.

Support state hospital access and discharge by increasing community capacity. Build on proposed investments in the negotiated capital budget for supportive housing, psychiatric residential treatment, and crisis facilities by funding more no- or low-barrier beds.

3. Expand medication-assisted treatment via low-barrier buprenorphine access.

Provide \$1.6 million in state funds per site to supplement federal and local policy investments to increase treatment for people with opioid use disorder. State dollars would expand upon federal and local investments to provide expedited low-barrier access to buprenorphine, via a “hub-and-spoke” model including care management and linkage to physical health care and other services.

King County also supports these issues:

- **Expand mental health prevention.**
Include mental health prevention and early intervention as an identified part of continuing education and/or training for health-, justice-, or education-related professions who come into contact with youth or vulnerable people, and expand the use of mental health curricula in schools.
- **Clarify behavioral health providers’ duty to warn, via ESB 5800 or its equivalent.**
The recent *Volk* Supreme Court decision appeared to broaden in significant ways behavioral health care providers’ “duty to warn” in instances of risk or potential threat. Clarification is needed resolve legal uncertainty, and prevent the adoption of overly defensive approaches that undermine confidentiality.
- **Allow the Criminal Justice Treatment Account (CJTA) to fund recovery support services.**
Allow the use of CJTA to prevent relapse and promote long-term recovery via flexible supports before, during, and after formal substance use disorder treatment.
- **Raise the purchase age for tobacco/vapor products from 18 to 21, via SHB 1054 or its equivalent.**
Improve health, reduce youth access, and align with emerging science regarding young adult brain development.

For additional information, please contact

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