

# SENATE BILL REPORT

## SB 6481

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As Reported by Senate Committee On:  
Human Services & Corrections, February 5, 2014

**Title:** An act relating to investing in programs proven to promote recovery for persons with mental illness and chemical dependency disorders.

**Brief Description:** Funding recovery programs for persons with mental illness and chemical dependency disorders.

**Sponsors:** Senators O'Ban, Kohl-Welles and Benton.

**Brief History:**

**Committee Activity:** Human Services & Corrections: 2/03/14, 2/05/14 [DPS-WM].

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### SENATE COMMITTEE ON HUMAN SERVICES & CORRECTIONS

**Majority Report:** That Substitute Senate Bill No. 6481 be substituted therefor, and the substitute bill do pass and be referred to Committee on Ways & Means.

Signed by Senators O'Ban, Chair; Pearson, Vice Chair; Darneille, Ranking Member; Hargrove and Padden.

**Staff:** Kevin Black (786-7747)

**Background:** Initiative No. 502, approved November 6, 2012, established a marijuana excise tax on sales of marijuana by licensed marijuana producers, processors, and retailers. Rules pertaining to marijuana licensure and sale have been adopted; current projections show tax collections starting in June 2014.

Proceeds from the marijuana excise tax must be disbursed by the state Liquor Control Board (LCB) every three months. Certain funds must be disbursed to the Department of Social and Health Services (DSHS), University of Washington (UW), and LCB for the purposes of research, public education, and administration. The remaining funds must be disbursed as follows:

- 15 percent to DSHS for substance abuse programs;
- 10 percent to the Department of Health for public education relating to marijuana;
- 1 percent to UW and Washington State University for marijuana research;
- 50 percent to the Basic Health Plan Trust Account;
- 5 percent to the Health Care Authority for community health centers;

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- 0.3 percent to the Superintendent of Public Instruction for funding Building Bridges programs; and
- the remainder to the general fund.

The Basic Health Plan is a program which, until January 1, 2014, provided subsidized health care coverage to low-income Washington residents through private health plans. The Basic Health Plan was eliminated upon implementation of the Medicaid expansion.

Evidence-based and research-based programs are programs that have been tested in which evidence demonstrates the ability to produce sustainable improvements on desired outcomes. Peer bridger programs are programs in which a person with lived experience of mental illness offers positive support to individuals who are hospitalized due to mental illness, and supports the transition of these individuals back into the community. Mobile Crisis Outreach is a program in which a 24-hour crisis team responds to community locations to stabilize, support, and assess individuals in crisis and make referrals to appropriate follow-up services. Crisis stabilization and crisis triage centers provide beds and appropriate referrals to services and supports to individuals recovering from mental health crises or who need non-medical sobering support. Supported housing is a combination of housing and services intended to help individuals with mental illness and chemical dependency disorders live more stable, productive lives.

The programs listed in the preceding paragraph are currently under review by the Washington State Institute for Public Policy (WSIPP), which is producing an inventory of cost-effective adult behavioral health programs for publication in May 2014.

**Summary of Bill (Recommended Substitute):** Twenty-two percent of the proceeds from the marijuana excise tax that are deposited in the Basic Health Plan Trust Account must be used to fund evidence-based or research-based intensive community interventions shown to promote recovery and reduce the need for inpatient hospitalization for persons with mental illness or persons with co-occurring mental illness and chemical dependency disorders.

Funds expended under this legislation must be used for peer support services, including peer bridger programs; crisis services including mobile crisis outreach programs; crisis stabilization and crisis triage programs; inpatient transition support programs; or supported housing programs.

**EFFECT OF CHANGES MADE BY HUMAN SERVICES & CORRECTIONS COMMITTEE (Recommended Substitute):** The percentage of marijuana excise tax proceeds deposited in the Basic Health Plan Trust Account which must be used to fund evidence-based behavioral health programs is increased to 22 percent.

**Appropriation:** None.

**Fiscal Note:** Available.

**Committee/Commission/Task Force Created:** No.

**Effective Date:** Ninety days after adjournment of session in which bill is passed.

**Staff Summary of Public Testimony on Original Bill:** PRO: The Legislature has made a good start on investments to end the mental health crisis in our state. The marijuana tax money presents an opportunity to keep this momentum going. These programs are crucial for getting needed services deployed early, before more expensive services are needed. Peers are persons with lived behavioral health system experience who provide support for other persons' recovery from behavioral health crises. This is a very effective means of improving results from the system. We must focus additional resources on early intervention. We know these kind of programs work. Every time we have invested in programs that divert people from higher cost services, we have had a success. It brings hope and positive results for people and their families. We see the most amazing outcomes when we add peers to our intensive services. These services are more needed than ever with the increase in marijuana use. Please consider funding community mobilization through this bill; community engagement models reduce youth substance abuse. WSIPP is developing an inventory of evidence-based practices for adult behavioral health which will sync up with this work. We appreciate the inclusion of persons with chemical dependency disorders. DSHS should have the opportunity to administer these funds, in a way that maximizes the opportunity for federal match.

OTHER: Thank you for funding outpatient care for persons with mental illness. It is harder than it should be to get into care.

**Persons Testifying:** PRO: Senator O'Ban, prime sponsor; Bea Dixon, Optum Pierce Regional Support Network; Terri Card, Angela Anderson, Greater Lakes Mental Healthcare; Seth Dawson, National Alliance on Mental Illness, NAMI Washington; Rick Weaver, Central WA Comprehensive Mental Health; Emily Priscilla Lisicich, WA Assn. for Substance Abuse and Violence Prevention; Jane Beyer, DSHS.

OTHER: Rebecca Faust, citizen.