

HOUSE BILL REPORT

2SHB 1929

As Passed Legislature

Title: An act relating to supporting young adults following inpatient behavioral health treatment.

Brief Description: Supporting young adults following inpatient behavioral health treatment.

Sponsors: House Committee on Appropriations (originally sponsored by Representatives Cortes, Eslick, Ortiz-Self, Leavitt, Duerr, Ramel, Slatter, Taylor, Orwall, Ryu, Reed, Simmons, Ormsby, Fey, Callan, Peterson, Timmons, Kloba, Macri, Street, Gregerson, Doglio, Paul, Chopp, Mena, Goodman, Lekanoff, Reeves, Fosse, Pollet and Davis).

Brief History:

Committee Activity:

Health Care & Wellness: 1/16/24, 1/24/24 [DPS];
Appropriations: 2/1/24, 2/3/24 [DP2S(w/o sub HCW)].

Floor Activity:

Passed House: 2/10/24, 97-0.
Passed Senate: 2/29/24, 46-0.
Passed Legislature.

Brief Summary of Second Substitute Bill

- Establishes the Post-Inpatient Housing Program for Young Adults (Program) to provide supportive transitional housing with behavioral health supports for persons ages 18 to 24, who are exiting inpatient behavioral health treatment.
- Directs the Health Care Authority to administer the Program by providing funding to community-based organizations to operate at least two resident programs with 6 to 10 beds each to serve Program participants for up to 90 days.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 17 members: Representatives Riccelli, Chair; Bateman, Vice Chair; Schmick, Ranking Minority Member; Hutchins, Assistant Ranking Minority Member; Bronoske, Caldier, Davis, Graham, Harris, Macri, Maycumber, Mosbrucker, Orwall, Simmons, Stonier, Thai and Tharinger.

Staff: Chris Blake (786-7392).

HOUSE COMMITTEE ON APPROPRIATIONS

Majority Report: The second substitute bill be substituted therefor and the second substitute bill do pass and do not pass the substitute bill by Committee on Health Care & Wellness. Signed by 30 members: Representatives Ormsby, Chair; Bergquist, Vice Chair; Gregerson, Vice Chair; Macri, Vice Chair; Corry, Ranking Minority Member; Chambers, Assistant Ranking Minority Member; Connors, Assistant Ranking Minority Member; Couture, Assistant Ranking Minority Member; Berg, Callan, Chopp, Davis, Dye, Fitzgibbon, Harris, Lekanoff, Pollet, Riccelli, Rude, Ryu, Sandlin, Schmick, Senn, Simmons, Slatter, Springer, Stokesbary, Stonier, Tharinger and Wilcox.

Staff: Andy Toulon (786-7178).

Background:

The Health Care Authority (Authority) provides medical care services to eligible low-income state residents and their families, primarily through the Medicaid program. Coverage for medical services is provided through fee-for-service and managed care systems. Managed care is a prepaid, comprehensive system for delivering a complete medical benefits package that is available for eligible families, children under age 19, low-income adults, certain disabled individuals, and pregnant women.

In January 2017 the Authority received federal waiver approval for the Foundational Community Supports Program which provides supported employment and supported housing services to Medicaid clients. Supported employment services are services that help individuals with barriers to employment obtain and keep a job, including employment assessments; assistance with applications, community resources, and employer outreach; and education, training, and coaching necessary to maintain employment. Supported employment services do not pay for wages and wage enhancements. Supported housing services are services that help individuals obtain and keep housing, including supports that assess housing needs, identify appropriate resources, and develop the independent living skills necessary to remain in stable housing.

The Authority's supported housing services do not pay for rent or other room and board

related costs. Through the Apple Health and Homes Program, the Department of Commerce provides housing resources and combines them with supported employment and supported housing services for Medicaid clients through the Authority. In addition, the 2023-25 Operating Budget includes funds for the Authority to contract with an entity to provide community providers that serve unaccompanied youth and young adults with information and support related to safe housing and support services for youth exiting inpatient behavioral health facilities.

Summary of Second Substitute Bill:

The Post-Inpatient Housing Program for Young Adults (Program) is established within the Health Care Authority (Authority). The purpose of the Program is to provide supportive transitional housing with behavioral health supports focused on securing long-term housing for young adults exiting inpatient behavioral health treatment. The Program is subject to appropriated funds.

The Program is available for persons ages 18 to 24 who: (1) are exiting inpatient behavioral health treatment or have exited behavioral health treatment and are engaged in a recovery plan; and (2) have not secured long-term housing.

Under the Program, the Authority must provide funding to at least one community-based organization, tribe, or tribal organization to operate residential programs with 6 to 10 beds to serve eligible persons for up to 90 days. At least two residential programs must be created with at least one on each side of the state. The residential programs must engage peers with behavioral health experience. The residential programs must create a developmentally and culturally responsive environment that values healing and recovery and supports the ongoing healing of Program participants. The residential programs must be voluntary for participants and may not be a secure facility, a facility that limits residents' ingress or egress, or a facility where individuals may be detained. The community-based organizations may choose which eligible persons to serve.

The Authority must also provide flexible funding to support the immediate needs of Program participants to assist with the person's housing stability, education, or employment or to meet basic needs. Uses of flexible funding includes items such as car repair or transportation assistance, rental application fees, security deposits, and short-term rental assistance.

The Authority must contract for behavioral health support services for Program participants, including on-site and community-based behavioral health support, peer support, and medication management.

The Authority must consult with a transition support provider during the community-based organization selection process. A "transition support provider" is defined as a community-based organization that: (1) provides information and support services related to safe

housing and support services for youth exiting inpatient behavioral health treatment; and (2) organizes community housing providers, inpatient behavioral health discharge planners, and young persons with lived experience of behavioral health conditions or unaccompanied homelessness. The Authority must provide funding to the transition support provider to consult with and train the residential programs, conduct return-to-community planning for Program participants, and contact former Program participants.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed. However, the bill is null and void unless funded in the budget.

Staff Summary of Public Testimony (Health Care & Wellness):

(In support) This bill will break the cycle of homelessness and ensure that these young people do not become chronically homeless adults. Of all of the young people who are homeless within 3 to 12 months of coming out of a system of care, 80 percent are coming out of inpatient behavioral health care. Upon completing the treatment process, young adults are being discharged to emergency shelters and drop-in centers. This bill will prevent youth from exiting inpatient care into homelessness. Too many parents of young adults with serious mental illness tell stories of their children being released onto the streets and too often the end result is that they die by suicide.

This bill ensures a developmentally and culturally responsive environment with peer support for up to 90 days. A great deal of money, hope, and work is spent on inpatient care and all of that is risked when a young person is discharged without a support program. When young people gather the courage to complete inpatient treatment, they break debilitating patterns, allow for new perspectives, and create an opportunity to change their lives and come back to the community, but only if the treatment episode is followed immediately by safe housing and services. This bill will help young adults reach their full potential by providing them with an opportunity to succeed in managing their health and fostering connections. The downstream effects of people leaving treatment settings to homelessness include preventable trauma and more strain on systems during the current behavioral health workforce crisis. When a young adult is discharged into homelessness, any healing that they may have experienced while in treatment can be undone within a few months. This bill will lay the foundation for what facilities should provide young people, which is a safe, transitional, residential environment for their age range with qualitative care and a return-to-community plan tailored to their needs. A sober, safe, and stable comprehensive transitional living program that is built around the idea of returning to community and individual needs will enhance the behavioral health continuum of care services. This program will give young adults greater courage and the tools needed to sustain their housing, employment, and education. The bill should recognize the tribal

component of this so that tribes and tribal organizations are called out as entities that may receive this funding for these types of programs.

(Opposed) None.

(Other) These homes should be voluntary and with the patient's consent. The program should be for people who do not have "safe" alternative long-term housing.

Staff Summary of Public Testimony (Appropriations):

(In support) For young adults experiencing unaccompanied homelessness, the intersection of mental illness, addiction, and homelessness is a perfect storm that often follows foster care, incarceration, and adolescent homelessness. Upon completing treatment for addiction, mental illness, and trauma, young people are being discharged to emergency shelters and drop-in centers that have no beds, or worse. Providing safe beds for these youth will result in cost savings.

Upon discharge from involuntary detention, homeless youth have been propelled back into homelessness with nothing but trauma, distrust of the system, and no preparation or plan on how to survive in society. This bill will provide a safe transitional residential environment for young people with qualitative care and a return-to-community plan tailored to their individual needs. The post-inpatient housing program for young adults allows a path to recovery for those who have nothing left to turn to. It will provide help with transition after release from inpatient care and support future independence.

Given the ongoing opioid and fentanyl crisis, this bill addresses a missing component by providing support to young persons being discharged from residential programs. Inpatient care costs a great deal of money and young people in these programs invest a great deal of work and hope. All of that is risked when a young person is discharged without a support program. This program will save both money and, more importantly, lives.

Recovery homes provide a safe and nurturing environment where individuals can receive the care and guidance they need to overcome their challenges. This bill provides an intervention to prevent young people from exiting the system to the streets and will ultimately prolong their recovery.

(Opposed) None.

Persons Testifying (Health Care & Wellness): (In support) Representative Julio Cortes, prime sponsor; Jim Theofelis, Sarah Spier, Vy Vu, and Miracle Negron, NorthStar Advocates; Loni Greninger, Jamestown S'Klallam Tribe; Scott Swan, Molina Healthcare; Anna Nepomuceno, National Alliance on Mental Illness Washington; and Laura Van Tosh.

(Other) Rebecca Faust.

Persons Testifying (Appropriations): Jim Theofelis and Sarah Spier, NorthStar Advocates; Vy Vu, NorthStar Advocates and The Mockingbird Society; James Lee Amell, National Alliance on Mental Illness-Lewis County; and Jason McGill, Northwest Youth Services.

Persons Signed In To Testify But Not Testifying (Health Care & Wellness): None.

Persons Signed In To Testify But Not Testifying (Appropriations): None.