
Health Care & Wellness Committee

HB 1528

Brief Description: Concerning recovery support services.

Sponsors: Representatives Davis, Harris, Irwin, Stonier, Rude, Jinkins, Sutherland, Thai, Entenman, Mead, Callan, Goodman, Frame, Kloba, Chapman, Tarleton, Senn, Eslick, Barkis, Peterson, Walen, Ryu, Bergquist, Paul, Stanford, Valdez, Pollet, Leavitt and Macri.

Brief Summary of Bill

- Establishes a system for providing rental vouchers for persons in need of recovery supported housing to be used at recovery residences that are registered with the Department of Commerce.
- Creates grant programs related to establishing supported employment programs, community-based programs, and collegiate recovery services.
- Establishes pilot projects related to the use of technology-based recovery supports and recovery coaching services.
- Directs the Health Care Authority to contract for educational programs for the family members of persons with substance use disorders.

Hearing Date: 2/15/19

Staff: Chris Blake (786-7392).

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.

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

Since April 1, 2016, the Department of Social and Health Services, and subsequently the Authority, has contracted with behavioral health organizations to oversee the delivery of mental health and substance use disorder services for adults and children. A behavioral health organization may be a county, group of counties, or a nonprofit entity. Behavioral health organizations are paid by the state on a capitation basis and funding is adjusted based on caseload. Behavioral health organizations contract with local providers to provide an array of mental health services, monitor the activities of local providers, and oversee the distribution of funds under the state managed care plan.

In 2014 legislation was enacted that requires that all behavioral health services and medical care services be fully-integrated in a managed care health system for Medicaid clients. Statewide full integration is required to occur by January 1, 2020, however, counties were authorized to shift services to a fully-integrated system beginning January 1, 2016. As of January 2019, six of the 10 regional service areas had adopted a fully-integrated medical care model.

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. Supported housing services do not pay for rent or other room and board related costs.

Summary of Bill:

Recovery Residences.

The recovery residence program is established by the Department of Commerce (Department) to establish minimum standards for recovery residences that accept public funds, increase the number of quality recovery residences, and increase access to recovery residences for people recovering from a substance use disorder. A "recovery residence" is defined as a home-like environment that promotes healthy recovery from a substance use disorder and supports persons recovering from a substance use disorder through the use of peer supports. The Department must maintain a registry of recovery residences that have been certified by a certification organization. Recovery residences are not required to become either certified or registered. The certification organization must have a certification process that includes different levels of certification, peer involvement in the governance of the recovery residence, recovery support integrated into daily activities, maintenance as a home-like environment, resident activities in the recovery residence and the community, and a survey process that includes a facility inspection.

The Department must establish a program to issue rental vouchers to persons recovering from a substance use disorder. A person is eligible for the vouchers if the person is a resident of Washington, at least 18 years old, has an income less than 200 percent of the Federal Poverty Level, and has received a referral from an approved referral entity that attests that the person is receiving or has recently received substance use disorder treatment and needs a recovery

residence to maintain the person's recovery. An approved referral entity is a substance use disorder treatment program, a service provider, or another entity or provider approved by the Department.

Once approved, the person may use the rental vouchers at a recovery residence that is in the Department's registry. A person may receive up to six vouchers. Each voucher is worth the cost of one month of services at the recovery residence. Unused vouchers may be used at a later date if they are needed, but the person may not exceed the lifetime maximum of six vouchers. The Department must establish reimbursement guidelines for recovery residences.

After January 1, 2025, licensed or certified service providers may not refer patients in need of housing to support recovery from a substance use disorder to a recovery residence that is not registered with the Department.

The Department shall issue technical assistance grants to recovery residences that are seeking certification. The Department must be flexible in the permitted uses of the grant funds. Specific uses include new manager training, assistance preparing facility operation documents and policies, and facility modifications necessary to achieve certification. The technical assistance grant program expires July 1, 2025.

The Department shall also issue operation grants to new operators of a recovery residence that has been recently certified or is in the process of being certified, or existing operators of a recovery residence that are opening a new facility that has been recently certified or is in the process of being certified. Grants may only be issued to recovery residences that have been registered. The grants may be used for operating costs such as rent or mortgage payment, salaries for on-site staff, and minimal maintenance costs. Grants may not exceed \$75,000 for any site. The operation grant program expires July 1, 2025.

Substance Use Disorder Recovery-Related Grant Programs.

The Health Care Authority (Authority) must establish a grant program to assist licensed or certified service providers that work with persons with a substance use disorder with the preliminary costs of establishing services for patients in need of supported employment, including training employment specialists and initial operating costs. Grants may also be used to help people entering the workforce pay for incidental expenses, such as transportation needs, work-appropriate clothing, books, and supplies. The Authority must report to the relevant committees of the Legislature on the results of the program by December 1, 2021. The report must include the number of service providers receiving grants, the number of clients served by the program, the types of incidental expenses covered by the program, and recommendations for improving the program. The supported employment grant program expires July 1, 2022.

The Authority must provide grants for organizations to establish nonclinical, nonresidential, community-based programs for people with a substance use disorder. The program must provide recovery-focused support through access to peer contact, as well as interaction and participation in structured activities related to social skills, employment training, self-care, and stress management. The grants are to be primarily used to support general operating costs and may also be used for organizational costs. By December 1, 2020, the Authority must report to the relevant committees of the Legislature on the results of the grant program. The report must

include a list of the organizations receiving grants, the number and location of community-based programs that have begun or are under development, the types of organizational costs that were funded, and recommendations for supporting future programs and their operations.

The Student Achievement Council must create a grant program to support the establishment of collegiate recovery services. The services are to support students in higher education institutions to maintain recovery from a substance use disorder while attending school. The grants may be used for organizational efforts, meeting spaces, student awareness, recovery-oriented activities, identifying sources of ongoing support, and similar activities. Grant recipients must report to the Student Achievement Council on the use of the funds and the program's sustainability plan.

Substance Use Disorder Recovery-Related Pilot Projects.

The Authority must establish a pilot project to provide recovery coaching services to persons with a substance use disorder. The counties that are selected for the pilot project must establish a coordinating entity to manage a team of peers who have been trained to assist people with a substance use disorder with client goals and the identification of recovery resources. The coordinating entity must work with emergency departments, inpatient substance use disorder treatment programs, and youth substance use disorder treatment providers to receive notifications when a person who could benefit from engagement with a substance use disorder peer is being discharged from their care. Recovery coaching services continue for six months. The Authority must report to the relevant committees of the Legislature by December 1, 2021, on the results of the pilot program, including the number of people who received recovery coaching services, outcomes for people receiving the services, costs and savings associated with the use of the services, and recommendations for improving the program and expanding it statewide. The recovery coaching services pilot project expires July 1, 2022.

The Authority must establish a pilot project to determine the most effective use of technology-based recovery supports for Medicaid clients in recovery from a substance use disorder. The pilot project must identify technologies that are available to assist the clients in maintaining their recovery, anticipating potential relapses, and connecting them with necessary resources in a timely manner. The pilot project must take place in one mostly urban regional service area and one mostly rural regional service area. The Authority must report to the relevant committees of the Legislature on the results of the pilot project by December 1, 2021. The report must address the types of technology-based supports that were studied, the criteria for determining which clients would receive the supports, the number of clients who received the supports, client outcomes, costs and savings, and recommendations for improving and expanding the use of the supports. The technology-based recovery supports pilot project expires July 1, 2022.

The community substance use disorder program may include technology-based recovery supports.

Family Member Education Program.

The Authority must contract with organizations to provide free educational programs for the family members of persons with substance use disorders. The programs must teach family members about the clinical treatment of substance use disorders and the knowledge, skills, and problem-solving strategies needed for family members to cope. The topics to be addressed

include information about substance use disorders, current treatment options, effects of a substance use disorder on family members, crisis management, suicide prevention, self-care for family members, stress management, methods for providing support, and the identification of local supports and services.

Appropriation: None.

Fiscal Note: Requested on February 6, 2019.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.