SENATE BILL REPORT
SB 5078

As of January 19, 2015

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, Darneille and Warnick.

Brief History:
Committee Activity: Human Services, Mental Health & Housing: 1/19/15.

SENATE COMMITTEE ON HUMAN SERVICES, MENTAL HEALTH & HOUSING

Staff: Kevin Black (786-7747)

Background: Initiative 502 (I-502), approved November 6, 2012, established a marijuana excise tax on sales of marijuana by licensed marijuana producers, processors, and retailers. Tax collections under I-502 began in July 2014.

Proceeds from the marijuana excise tax must be disbursed by the state Liquor Control Board (LCB) every three months. Certain fixed funding amounts 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;
- 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. According to

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the Economic and Revenue Forecast Council, amounts projected to be deposited in the Basic Health Plan Account under I-502 are $96.5 million for the 2015-17 biennium and $173.5 million for the 2017-19 biennium.

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 temporary beds and service and support referrals 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.

In May 2014, the Washington State Institute for Public Policy published an inventory of evidence-based, research-based and promising practices for service intervention and treatment for adult behavioral health, including peer bridger, mobile crisis response, and supported housing for chronically homeless adults. Of these, mobile crisis response and supported housing were identified as research-based programs. Peer bridger is identified as a promising practice.

Summary of Bill: 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.

Appropriation: None.

Fiscal Note: Requested on January 14, 2015.

Committee/Commission/Task Force Created: No.

Effective Date: The bill takes effect on August 1, 2015.

Staff Summary of Public Testimony: PRO: The programs that this bill would fund are best practices for recovery that are not usually found in primary care. Medicaid usually doesn't cover the full cost of these programs. We need non-Medicaid funding to be sustained. Some essential services cannot be covered by Medicaid, and some persons who need services do not qualify. Please add services for persons with a substance use disorder to the bill. We

need to identify new resources for state-funded crisis services. We have some wording suggestions to clarify the intent of the bill around supported housing.

Persons Testifying: PRO: Jim Bloss, National Alliance on Mental Illness (NAMI), NAMI WA; Gregory Robinson, WA Community Mental Health Council; Melissa Johnson, Assn. of Alcoholism & Addictions Programs; Brian Enslow, WA State Assn. of Counties; Nick Federici, Fairfax Hospital, Pioneer Human Services, WA Low Income Housing Alliance.