HOUSE BILL REPORT
2SHB 1528

As Amended by the Senate

Title: An act relating to recovery support services.

Brief Description: Concerning recovery support services.

Sponsors: House Committee on Appropriations (originally sponsored by 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 History:
Committee Activity:
Health Care & Wellness: 2/15/19, 2/19/19 [DPS];
Appropriations: 2/27/19, 2/28/19 [DP2S(w/o sub HCW)].
Floor Activity:
Passed House: 3/5/19, 98-0.
Senate Amended.
Passed Senate: 4/16/19, 48-0.

Brief Summary of Second Substitute Bill

- Directs the Health Care Authority to maintain a registry of recovery residences that have been certified by a certification organization that meets specified standards or to contract with an entity to maintain the registry.
- Establishes a revolving fund for loans to operators of recovery residences seeking certification and registration.
- Allows the community substance use disorder program to include technology-based recovery supports.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 14 members: Representatives Cody, Chair; Macri, Vice Chair; Caldier, Assistant Ranking Minority Member; Chambers, Davis, DeBolt, Harris, Jinkins, Maycumber, Riccelli, Robinson, Stonier, Thai and Tharinger.

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.

Minority Report: Do not pass. Signed by 1 member: Representative Schmick, Ranking Minority Member.

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 29 members: Representatives Ormsby, Chair; Bergquist, 2nd Vice Chair; Robinson, 1st Vice Chair; MacEwen, Assistant Ranking Minority Member; Rude, Assistant Ranking Minority Member; Caldier, Chandler, Cody, Dolan, Fitzgibbon, Hansen, Hoff, Hudgins, Jinkins, Macri, Mosbrucker, Pettigrew, Pollet, Ryu, Schmick, Senn, Springer, Stanford, Steele, Sullivan, Sutherland, Tarleton, Tharinger and Ybarra.

Minority Report: Do not pass. Signed by 2 members: Representatives Dye and Kraft.

Minority Report: Without recommendation. Signed by 1 member: Representative Stokesbary, Ranking Minority Member.

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.

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 Second Substitute Bill:

The Health Care Authority (Authority) must maintain a registry of approved recovery residences or contract with a nationally-recognized recovery residence certification organization based in Washington to maintain the registry. 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 recovery support.

A recovery residence may be included in the registry if it has been certified by a certification agency that meets specified standards. The standards relate to requiring peers to be involved in the governance of the recovery residence; integrating recovery support into daily activities; maintaining the recovery residence as a home-like environment that promotes healthy recovery; promoting resident activities within the recovery residence and in the community; and maintaining an environment free from alcohol and illicit drugs.

Recovery residences are not required to become certified or entered in the registry. By January 1, 2023, licensed or certified service providers referring patients in need of recovery support housing may only refer clients to registered recovery residences.

The Authority must contract with the nationally-recognized recovery residence certification organization based in Washington to establish a technical assistance program for recovery residence operators seeking certification. The technical assistance must include new manager training, assistance preparing facility operations documents and policies, and support for working with residents on medication-assisted treatment. The technical assistance program expires on July 1, 2025.

The Authority must establish a revolving fund for loans to operators of recovery residences seeking certification and registration. The loans may be used for facility modifications or operating start-up costs, such as rent or mortgage payments, security deposits, salaries for on-site staff, and minimal maintenance costs. The revolving fund program expires on July 1, 2025.

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

Legislative findings are made regarding the effects of substance use disorder on the family and society; the importance of access to quality recovery housing to help people stay in recovery following treatment; and the role of recovery housing services in preserving the state's investment in a person's treatment. Legislative recognition is made relating to the potential for fraudulent and unethical recovery housing operators.

EFFECT OF SENATE AMENDMENT(S):

The Senate amendment specifies that the limitation on service providers referring clients for housing in a recovery residence does not limit the discharge or referral options to other appropriate placements or services that are available to a person in recovery from a substance use disorder.

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 recognizes that recovery happens in the community, not in treatment. People cannot leave treatment and return to their previous environments and be expected to succeed. If people are being discharged to homelessness or without long-term recovery supports, the investment in treatment will not last and the state will continue to pay for repeated incarcerations and hospitalizations. The opposite of addiction is not sobriety, it is connection and the type of connection offered by these homes is cost-effective and life-changing. People who live in recovery support housing between three and 12 months have their chances of long-term recovery increase substantially. There are three times as many people seeking recovery housing than there are beds available. Recovery housing provides people leaving recovery treatment with a built in network of people currently in recovery and holds them accountable. Recovery housing surrounds people with other individuals striving for long-term recovery. In order for people to remain in long-term recovery after discharging from treatment they must be provided with direct access to quality recovery housing.

Having a certification process based on a common quality standard will improve the quality of recovery residences in the state. Going through the certification process makes recovery residences better and more efficient. As the number of certified residences grow and the common quality standard becomes the norm, those operators who are doing harm to vulnerable people will either improve their operation or start to lose referrals. When an agency refers someone to a certified residence, they can have more confidence in the safety and effectiveness of the home. Currently, there is no way for a referral source to know if the home is safe, healthy, and recovery-focused.

One of the most significant impediments to opening a residence is cost and the bill's expansion of the revolving loan fund that is available to Oxford housing is a fantastic first step in helping well-intentioned people and organizations to meet the demand. Opening a

recovery residence is a daunting task and there is no network of recovery residence providers to help people through the process, and the technical assistance will be helpful.

(Opposed) None.

Staff Summary of Public Testimony (Appropriations):

(In support) None.

(Opposed) None.

Persons Testifying (Health Care & Wellness): Representative Davis, prime sponsor; Alan Muia, Washington Alliance for Quality Recovery Residences; Carmin Ottley, Truly Motivated Transitional Living; Noah Van Houten; and Michael Mohn.

Persons Testifying (Appropriations): None.

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

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