



## 2018 State Legislative Priorities

### 1. EXPAND RECOVERY SUPPORT SERVICES

Our state spends millions on substance use disorder (SUD) treatment services, including detox, inpatient treatment, outpatient treatment, and medication assisted treatment. However, there is very little funding allocated to recovery support services, which help people stay in recovery after treatment and protect the state's significant financial investment in a person's treatment. Recovery support services include recovery housing, employment and education support, and peer support services. The Washington Recovery Alliance is advocating for three mechanisms to expand access to recovery support services.

#### A. Allocate funding for the provision of Medicaid-reimbursable SUD peer services

**Mechanism:** Support a budget proviso to provide funding for SUD peer support services, which will be newly reimbursable under the state Medicaid plan.

SUD peers help clients overcome barriers to recovery in a highly individualized way, assist clients in executing elements of their treatment/case management plan, fill holes in the system, and provide hope for recovery. When the state Medicaid plan is revised to allow for the reimbursement of SUD peer services, there needs to be funding funneled into the newly created billing code.

#### B. Allow Criminal Justice Treatment Account funds to be used for recovery support services

**Mechanism:** Support House Bill 1524

The Criminal Justice Treatment Account (CJTA) was initiated in 2002 to provide funding for substance use disorder treatment for individuals in the criminal justice system. When Washington state expanded Medicaid, the majority of those individuals became Medicaid eligible and their treatment is now covered by Medicaid. Recovery support services, however, are not covered. HB 1524 would allow CJTA funds to be used to support these individuals in obtaining recovery housing, employment and educational pursuits, and peer support, which substantially contribute to long-term recovery. This legislation has no fiscal implication.

#### C. Allow peer-run organizations to bill Medicaid

**Mechanism:** Support House Bill XXXX (TBD)

Peer-run organizations are managed and operated by individuals in mental health and/or addiction recovery to provide excellent, comprehensive services to individuals currently battling these conditions. At present, peer-run organizations are unable to bill Medicaid because they are outside of the traditional treatment network. The services they provide include outreach and engagement to bring clients into (or back into) treatment and support to help clients maintain in long-term recovery. Currently, peer-run organizations are forced to cobble together funds from other sources, but many of those funds are drying up, including the sizable federal grant, Access to Recovery, which expires in April 2018.

## **2. IMPROVE ACCESS TO QUALITY CARE FOR INDIVIDUALS WITH BEHAVIORAL HEALTH CONDITIONS**

**Mechanism:** Increase funding by \$160 million to supplement current Medicaid reimbursement rates

Current rates for outpatient mental health and addiction treatment services are so low that maintaining access to and quality of care for clients has become untenable. Our community behavioral health providers are unable to hire and retain employees because the salaries they are offering are not competitive. Some agencies have as many as 100 vacancies. Because of this, clients cannot access care in a timely fashion and the quality of care provided suffers. Increasing Medicaid behavioral health rates with state funding would allow providers to hire and retain a sufficient workforce to provide quality and timely care to the high need community they serve.

## **3. REDUCE BARRIERS TO RECOVERY FOR LOW-LEVEL POSSESSION OFFENSES**

**Mechanism:** Support House Bill XXXX (TBD) to render possession of a limited amount of illicit drugs with no intent to distribute a misdemeanor instead of a class C felony

Possession of illegal narcotics is a symptom of the brain disease of addiction. When these individuals receive treatment and enter long-term recovery, their ability to obtain employment and housing is massively impeded due to having a felony conviction on their record. If these non-violent, low-level offenses were re-codified as misdemeanors, this would massively improve the chances of long-term recovery once these individuals are afforded substance use disorder treatment. This legislation would also offer a pathway to expunge old felony possession charges for individuals previously convicted under the current statute. This legislation has no fiscal implication.