

**2023-25 Omnibus Operating Budget
Proposed Conference Budget
Community Behavioral Health and Blake Related Items**

(Dollars in Thousands)

	2023-25		4-Yr Total
	NGF-O	Total Budget	NGF-O
<i>HCA- Comm. Behavioral Health Items</i>			
1. Children in Crisis	182	308	182
2. Behavioral Health Crisis Response	0	5,684	0
3. Trueblood Diversion Pilots	8,000	8,000	8,000
4. BH Occupational Therapy	544	1,650	1,654
5. Behavioral Health Consumer Advocacy	726	0	1,483
6. Expand MH Services and Supports	0	25,332	0
7. Behavioral Health Housing	6,750	6,750	16,000
8. Behavioral Health Institute	0	1,500	0
9. MCO Behavioral Health Rate Increase	95,286	267,711	227,567
10. Rural Behavioral Health Pilot	300	300	300
11. Strategic Plan Children & Youth	1,199	1,199	500
12. Behavioral Health Support	568	739	3,134
13. Behavioral Health JLEC	170	170	170
14. Behavioral Health Contracting	888	1,604	1,814
15. Regional BH Coordinator Pilot	160	160	160
16. Volunteer Counseling Services	800	800	800
17. Assisted Outpatient Treatment	0	0	2,550
18. Certified Peer Specialists	5,455	6,994	9,315
19. COVID FMAP Increase	-10,207	0	-10,207
20. Project ECHO and START Trainings	546	1,092	1,132
21. CLIP HMH Delay	-6,056	-12,112	-12,374
22. EMS Co-Responders	1,000	2,000	2,043
23. Youth Homelessness Outreach	200	200	200
24. Psychiatric Per Diem Rates	14,841	52,077	35,486
25. Stanwood Commitment Facility Beds	1,653	3,677	6,707
26. Community Long-Term Inpatient Beds	1,485	7,644	7,501
27. BH Facility Operating Costs	16,417	35,686	61,519

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28. Civil Conversion Rate Enhancement	3,450	9,033	8,249
29. Behavioral Health Personal Care	9,400	9,400	19,207
30. Children’s Long-Term Inpatient Prog	3,467	6,934	9,591
31. Maple Lane Facility Rates	7,011	17,585	15,084
32. Intensive Outpatient/Partial Hosp.	1,080	7,499	1,906
33. BH Residential Room & Board Rates	4,000	4,000	8,173
34. CCBHC Planning Grant	1,000	1,000	1,000
35. Crisis System Enhancements	0	44,490	0
36. Kitsap County Crisis Triage Center	250	250	250
37. Foundational Community Supports	0	876	0
38. FFS Behavioral Health Rate Increase	643	2,097	1,534
39. King County MOUD Support	500	500	500
40. Prevention Svcs for PCAP & PPW	1,184	2,631	5,282
41. Stanwood Commitment Facility Supprt	1,562	1,862	1,967
42. Lynnwood Recovery Center	2,200	2,200	2,200
43. Youth Residential Services	6,000	6,000	6,000
44. Mobile Integrated Health Pilot	750	750	750
45. Non-Medicaid Funding	55,705	55,705	133,196
46. Native Media Campaign	0	313	0
47. PCAP Rate Increase	1,516	2,611	3,626
48. Problem Gambling Treatment Services	111	403	297
49. Problem Gambling Program	0	618	0
50. Parent Portal	0	400	0
51. PPW Residential Delay	-1,135	-1,703	-1,135
52. Prenatal Substance Exposure Svcs	1,116	2,312	2,777
53. Youth Inpatient Navigators	3,281	3,988	9,140
54. Trueblood Phase 3	11,737	11,737	28,033
55. Trueblood Master Leasing	761	761	2,410

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Community Behavioral Health and Blake Related Items**

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56.	Trueblood ARNP Prescribers	2,847	4,909	6,202
57.	Trueblood Program Administration	246	246	503
58.	Trueblood Phase 1 and 2	7,169	7,169	14,579
59.	Trueblood Diversion Program	11,449	11,449	29,310
60.	Teaching Clinic Enhancement Project	0	130	0
61.	Health Care for Uninsured Adults	3,805	3,805	15,809
62.	UW 90/180 Beds	0	23,763	0
63.	UW Short-Term Beds	0	10,280	0
64.	Crisis Stabilization Facilities	13,211	26,719	34,851
65.	WISe Services Access	500	500	500
Subtotal HCA Non-Blake		295,723	702,387	727,429
HCA- Comm. Behavioral Health Items - Blake/SUD Related				
66.	Expand SUD Services and Supports	0	35,415	0
67.	Short-Term SUD Housing Vouchers	0	4,000	0
68.	Recovery Residences	0	6,000	0
69.	Clubhouse Grants	0	3,500	0
70.	Tribal Prevention and Tx Grants	0	15,447	0
71.	Fentanyl Public Education	0	2,000	0
72.	Prevention Services Fund Shift	0	2,000	0
73.	Prescription Opioid Education	0	1,830	0
74.	MOUD in Jails Technical Support	0	538	0
75.	Law Enforcement Assisted Diversions	0	5,000	0
76.	MOUD in Jails	0	5,000	0
77.	Pediatric Transitional Care	0	5,500	0
78.	SUD Prev., Outreach, Tx, Recovery	0	3,000	0
79.	Safe Supply Work Group	0	300	0
80.	Recovery Housing	0	300	0

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Proposed Conference Budget
Community Behavioral Health and Blake Related Items**

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<i>HCA Appropriations in Blake Conference Bill</i>			
81. SUD Family Navigators	0	500	0
82. Crisis Relief Facility Grants	2,000	2,000	2,000
83. Alternatives to Arrest and Jail	0	3,600	0
84. Controlled Sub.Treatment Admin	0	7,593	0
85. Opioid TX Program Expansion	0	3,768	0
86. SUD Education Grants	0	5,242	0
87. Health Engagement Hubs	0	4,000	0
<i>Subtotal HCA Blake</i>	2,000	116,533	2,000
<i>Admin. Office of the Courts</i>			
88. State v. Blake	0	103,853	0
89. Therapeutic Court Funding	20,630	20,630	41,248
90. Blake-Admin, Refunds & Scheduling	1,627	1,627	1,627
<i>Office of Public Defense</i>			
91. State v. Blake	0	6,000	0
<i>Office of Civil Legal Aid</i>			
92. State v. Blake-Civil Legal Aid	0	2,387	0
<i>Washington State Patrol- Budget</i>			
93. Court Order Processing	1,962	1,962	1,962
<i>Washington State Patrol- Assumed in 5536</i>			
94. Controlled Substances	1,263	1,263	2,163
<i>Department of Revenue- Assumed in 5536</i>			
95. Recovery Residence Tax Admin	734	734	1,014
<i>Joint Legislative Audit and Review Committee- Assumed in 5536</i>			
96. Recovery Residence Tax Review	0	23	0
<i>Department of Health- Assumed in 5536</i>			
97. Mobile/Fixed Site Med. Unit	0	60	0
<i>Subtotal Other Blake</i>	26,216	138,539	48,014

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Grand Total	323,939	957,459	777,443

HCA Comments:

1. Children in Crisis

One-time funding is provided to implement Second Substitute House Bill 1580 (Children in crisis), which creates a Multisystem Care Coordinator within the Office of the Governor and a Rapid Care Team composed of representatives from multiple agencies.

2. Behavioral Health Crisis Response

Funding is provided to implement changes to the behavioral health crisis response system pursuant to Engrossed Second Substitute House Bill 1134 (988 system.) This includes funding for the Health Care Authority (HCA) to provide grants to new or existing mobile rapid response teams and to community-based crisis teams to support efforts for meeting the standards and criteria for receiving an endorsement pursuant to provisions of the bill. In addition, funding is provided for staffing and actuarial costs related to implementing provisions of the bill.

3. Trueblood Diversion Pilots

Funding is provided on a one-time basis in FY 2024 for the Health Care Authority (HCA) Authority to contract with diversion programs previously funded by contempt fines incurred in the Trueblood, et. al. v. DSHS litigation as information regarding outcomes and sustainability of the programs are evaluated.

4. BH Occupational Therapy

Funding is provided to implement Senate Bill 5228 (Behavioral health OT), which allows occupational therapy services to be provided to clients with a behavioral health primary diagnosis under the state's Medicaid plan.

5. Behavioral Health Consumer Advocacy

**2023-25 Omnibus Operating Budget
Proposed Conference Budget
Community Behavioral Health and Blake Related Items**

(Dollars in Thousands)

2023-25		4-Yr Total
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Historically, Medicaid Managed Care Organizations (MCOs) have been responsible to pay for the costs of the Ombuds-like services provided by the Office of Behavioral Health Consumer Advocacy and funding has been built into MCO capitation rates. CMS has required the state to remove this cost from MCO rates and they are now paid directly by the HCA. The federal match available to HCA is lower than what was available through the MCOs. State and federal appropriations are adjusted to reflect the changes.

6. Expand MH Services and Supports

Federal funding authority is provided to continue expansions of mental health services and supports including prevention, treatment, outreach, and recovery support services.

7. Behavioral Health Housing

Funding is provided for a targeted grant program to three behavioral health administrative services organizations to transition persons who are either being diverted from criminal prosecution to behavioral health treatment services or are in need of housing upon discharge from crisis stabilization services.

8. Behavioral Health Institute

Funding is provided on a one-time basis for the University of Washington Behavioral Health Institute to continue and enhance its efforts related to behavioral health training and workforce development.

9. MCO Behavioral Health Rate Increase

Funding is provided to increase non-hospital Medicaid behavioral health provider rates by 15 percent effective January 1, 2024. HCA must employ directed payment or other methodologies allowed under Medicaid managed care regulations to direct the funding increase to non-hospital behavioral health providers.

10. Rural Behavioral Health Pilot

**2023-25 Omnibus Operating Budget
Proposed Conference Budget
Community Behavioral Health and Blake Related Items**

(Dollars in Thousands)

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Funding is provided on a one-time basis to continue support for a pilot program in Island County to improve behavioral health outcomes for young people in rural communities.

11. Strategic Plan Children & Youth

Chapter 76, Laws of 2022 (2SHB 1890), created an advisory group for the purpose of developing a behavioral health strategic plan for children, transitioning youth, and their caregivers. Funding is provided on a one-time basis to continue the work to develop the strategic plan.

12. Behavioral Health Support

Funding is provided to implement Substitute Senate Bill 5189 (Behavioral health support). The bill creates a new certification for Behavioral Health Support Specialists (BHSS) and requires the HCA to ensure the services provided by these providers are reimbursable under the Medicaid program.

13. Behavioral Health JLEC

Funding is provided on a one-time basis for staff support of a joint legislative and executive committee (JLEC). Primary funding for support of the JLEC is provided in the budget for the Office of Financial Management.

14. Behavioral Health Contracting

Funding and FTE authority is provided for implementation of Engrossed Second Substitute House Bill 1515 (Behavioral health contracts) which requires HCA to adopt network adequacy standards and a review process for MCO behavioral health networks within the Medicaid program.

15. Regional BH Coordinator Pilot

**2023-25 Omnibus Operating Budget
Proposed Conference Budget
Community Behavioral Health and Blake Related Items**

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2023-25		4-Yr Total
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Funding is provided on a one-time basis in FY 2024 for the HCA to continue a grant to the city of Snoqualmie to pilot behavioral health emergency response and coordination services through a regional behavioral health (BH) coordinator.

16. Volunteer Counseling Services

Funding is provided on a time basis for HCA to continue to provide support for a program to provide pro bono counseling and behavioral health services to uninsured individuals with incomes below 300 percent of the federal poverty level.

17. Assisted Outpatient Treatment

Funding is assumed in the Outlook for increased utilization costs related to implementation of Engrossed Senate Bill 5130 (Assisted outpatient treat.). This bill modifies assisted outpatient treatment processes under the Involuntary Treatment Act.

18. Certified Peer Specialists

Funding is provided to implement Second Substitute Senate Bill 5555 (Certified peer specialists). Amounts appropriated include funding to retrain peers under the new standards for certified peers established in the bill and to provide ongoing enhanced training for certified peer specialists.

19. COVID FMAP Increase

The Families First Coronavirus Response Act was enacted March 18, 2020. This act enhances the federal financial participation in the Medicaid program by 6.2 percent. The Consolidated Appropriations Act, 2023, begins to phase down the enhancement from 6.2 percent to 5.0 percent from April 1, 2023, to June 30, 2023; to 2.5 percent from July 1, 2023, to September 30, 2023; and to 1.5 percent from October 1, 2023, to December 31, 2023. The enhancement ends December 31, 2023.

20. Project ECHO and START Trainings

**2023-25 Omnibus Operating Budget
Proposed Conference Budget
Community Behavioral Health and Blake Related Items**

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2023-25		4-Yr Total
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Funding is provided for HCA to provide trainings to support children with developmental disabilities and behavioral health needs. The trainings will be provided through contracts with the Project Echo (Extension for Community Healthcare Outcomes) and the Systemic, Therapeutic, Assessment, Resources, and Training (START) program.

21. CLIP HMH Delay

The enacted 2021-23 biennial operating budget includes funding for the HCA to contract with a new specialized community CLIP provider for services to youth with complex co-occurring developmental disabilities and behavioral health disorders. The HCA has been unable to find a contractor for these services. Funding is removed from the HCA's budget for this project.

22. EMS Co-Responders

Funding is provided to create a grant program to support local initiatives to include behavioral health co-responders on emergency medical services teams operated by local and regional fire departments and authorities.

23. Youth Homelessness Outreach

Funding is provided on a one-time basis to continue support for homeless youth after discharge from an inpatient treatment facility.

24. Psychiatric Per Diem Rates

Funding is appropriated for the estimated increase in costs for Medicaid clients resulting from a rebase of psychiatric hospital per diem rates. Estimated impacts on the costs for state-funded non-Medicaid patients is captured in the non-Medicaid funding step.

25. Stanwood Commitment Facility Beds

**2023-25 Omnibus Operating Budget
Proposed Conference Budget
Community Behavioral Health and Blake Related Items**

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2023-25		4-Yr Total
NGF-O	Total Budget	NGF-O

Under a tax sharing compact between the Tulalip Tribes and the state, a civil commitment facility is being developed in Stanwood. The Tribes are responsible for the siting, design, and construction of the facility. The state is responsible for supporting the Tribes in identifying an appropriate site, acquiring permits, and for the ongoing operations and maintenance of the facility. Funding is provided for the HCA to pay for 16 beds at the facility beginning in October 2024.

26. Community Long-Term Inpatient Beds

Funding is adjusted for changes in utilization and the cost of providing long-term involuntary inpatient treatment in a community setting. It is assumed that the number of community beds will increase to 300 by the end of FY 2024 and 316 by the end of FY 2025.

27. BH Facility Operating Costs

Funding is provided for the operating costs of 15 behavioral health facilities that were funded in prior Capital budgets. It is assumed that 57 beds will come online in FY 2024 increasing to 177 beds in FY 2025. The Outlook assumes continued ramping up to 294 beds by the end of FY 2027. The facilities include a mix of intensive behavioral health, peer respite, secure withdrawal and management, and substance abuse residential treatment providers. HCA must coordinate with other state agencies to track and report on behavioral health bed capacity and utilization.

28. Civil Conversion Rate Enhancement

Funding is provided for HCA to pay enhanced rate for patients committed pursuant to the dismissal of criminal charges and a civil evaluation ordered under RCW 10.77.086 or 10.77.088 who are served in community settings. The enhancement shall be available to all hospital and non-hospital facilities serving this population except those whose rates are set at 100 percent of their most recent Medicare cost report.

29. Behavioral Health Personal Care

**2023-25 Omnibus Operating Budget
Proposed Conference Budget
Community Behavioral Health and Blake Related Items**

(Dollars in Thousands)

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NGF-O	Total Budget	NGF-O

Medicaid Managed Care Organizations (MCOs) are responsible for paying the state match for Medicaid Personal Care Service exceptional rates that are required because of an enrollee's complex behavioral health needs. Funding is adjusted to reflect current projections on the utilization and cost of these services. HCA is authorized to negotiate a tiered rate structure for behavioral health personal care services for consideration in the 2024 legislative session.

30. Children's Long-Term Inpatient Prog

The Legislature provided funding in the FY 2022 supplemental operating budget to increase the number of individuals served daily in the Children's Long-Term Inpatient Program (CLIP) to 72 by June 2023. Funding was also provided to increase the CLIP rate from \$857 to \$895 per day effective January 1, 2023. HCA has been delayed in increasing CLIP utilization. Funding is adjusted with the assumption that CLIP slots will phase up to 72 by June 2024. In addition, funding for the CLIP rate is increased to \$1,121 per day effective July 1, 2023.

31. Maple Lane Facility Rates

Funding is provided for the Medicaid per diem costs of individuals to be served in a new 16-bed residential treatment facility to be operated by the Department of Social and Health Services on the Maple Lane campus. Additional costs for the facility are provided in the DSHS budget. The facility shall serve patients who have been committed for long-term involuntary treatment services pursuant to the dismissal of criminal charges and a civil evaluation ordered under RCW 10.77.086 or 10.77.088. Funding is included for a consultant to provide recommendations for maximizing federal match for this unit. It is assumed that HCA will pay an enhanced rate for civil conversion patients beginning in FY 2024 and that in FY 2025 HCA will reimburse DSHS on a cost basis for the services provided at this facility.

32. Intensive Outpatient/Partial Hosp.

Funding is provided to maintain the Intensive Outpatient/Partial Hospitalization pilot sites at the FY 2022 contracted levels and to shift these services to a Medicaid benefit beginning in CY 2024.

33. BH Residential Room & Board Rates

**2023-25 Omnibus Operating Budget
Proposed Conference Budget
Community Behavioral Health and Blake Related Items**

(Dollars in Thousands)

2023-25		4-Yr Total
NGF-O	Total Budget	NGF-O

Funding is provided to increase resources for BHASOs and MCOs for the increased costs of room and board for behavioral health inpatient and residential services provided in nonhospital facilities.

34. CCBHC Planning Grant

Funding is appropriated on a one-time basis for planning efforts related to the Certified Community Behavioral Health Clinic (CCBHC) model. The funding must be used to secure actuarial expertise, conduct research into national data and other state models, and engage stakeholders in the process. The HCA must submit a report with findings, recommendations, and cost estimates by December 31, 2024.

35. Crisis System Enhancements

Funding is provided for HCA to expand and enhance regional crisis services. These amounts must be used to expand services provided by mobile crisis teams and community-based crisis teams either endorsed or seeking endorsement pursuant to standards adopted by the HCA. Beginning in fiscal year 2025, the legislature intends to direct amounts to be used for performance payments to mobile rapid response teams and community-based crisis teams that receive endorsements pursuant to Engrossed Second Substitute House Bill No. 1134 (988 system).

36. Kitsap County Crisis Triage Center

Funding is provided on a one-time basis to provide support for the Kitsap County Crisis Triage center. These funds shall be used for costs that cannot be billed through the Medicaid program.

37. Foundational Community Supports

Funding is provided for foundational community supports programming to improve community discharge efforts for patients at the state hospitals and to host a provider symposium.

38. FFS Behavioral Health Rate Increase

**2023-25 Omnibus Operating Budget
Proposed Conference Budget
Community Behavioral Health and Blake Related Items**

(Dollars in Thousands)

2023-25		4-Yr Total
NGF-O	Total Budget	NGF-O

Funding is provided for a 22 percent rate increase for certain substance use disorder and mental health treatment facilities serving tribal members that do not elect enrollment in managed care plans. The costs for these services are reimbursed by HCA on a fee for service methodology rather than being contracted through managed care plans.

39. King County MOUD Support

Funding is provided on a one-time basis for HCA to contract through the King County BHASO for increasing access to Medication for Opioid Use Disorder (MOUD) services.

40. Prevention Svcs for PCAP & PPW

The Parent Children Assistance Program (PCAP) provides case management, home visits, and support services to pregnant and parenting women (PPW) with substance use disorders and their young children. Residential substance use disorder treatment is also available for women and their children under the age of six. Funding is provided on a phased in basis to increase the number of PCAP case management slots by 56 and increase the number of PPW residential beds by 16 in FY 2025. The Outlook assumes an additional 32 beds are phased in through FY 2027.

41. Stanwood Commitment Facility Supprt

Under a tax sharing compact between the Tulalip Tribes and the State of Washington, a civil commitment facility is being developed in Stanwood. The Tribes are responsible for the siting, design, and construction of the facility. The State is responsible for supporting the Tribes in identifying an appropriate site, acquiring permits, and for the ongoing operations and maintenance of the facility. Funding is provided to increase HCAs FTEs from 4 - 5 and for other costs associated with the HCA's responsibilities to provide support for the development of the facility. This includes one-time costs for furniture, equipment, and start-up costs.

42. Lynnwood Recovery Center

Funding is provided on a one-time basis to provide support for the Lynnwood Community Recovery Center. These funds shall be used for costs that cannot be billed through the Medicaid program.

**2023-25 Omnibus Operating Budget
Proposed Conference Budget
Community Behavioral Health and Blake Related Items**

(Dollars in Thousands)

2023-25		4-Yr Total
NGF-O	Total Budget	NGF-O

43. Youth Residential Services

Funding is provided on a one-time basis for a contract with a licensed youth residential psychiatric substance abuse and mental health agency located in Clark and Spokane counties.

44. Mobile Integrated Health Pilot

Funding is provided for a grant to the city of Arlington in partnership with the north county regional fire authority for a mobile integrated health pilot project. The project shall provide mobile integrated health services for residents who cannot navigate resources through typical methods through brief therapeutic intervention, biopsychosocial assessment and referral, and community care coordination.

45. Non-Medicaid Funding

Funding is provided to increase Behavioral Health Administrative Service Organizations (BH-ASO) and MCO wraparound service contracts. This funding shall be used to implement a 15 percent rate increase for non-Medicaid services.

46. Native Media Campaign

Funding is provided to support a media campaign related to substance abuse and suicide prevention of Native Americans.

47. PCAP Rate Increase

The Parent Child Assistance Program (PCAP) provides case management services to pregnant and parenting women with substance use disorders. Funding is provided for a 15 percent rate increase for PCAP service providers.

48. Problem Gambling Treatment Services

Funding is appropriated to add problem gambling treatment as a new behavioral health treatment service in the Medicaid state plan.

**2023-25 Omnibus Operating Budget
Proposed Conference Budget
Community Behavioral Health and Blake Related Items**

(Dollars in Thousands)

2023-25		4-Yr Total
NGF-O	Total Budget	NGF-O

49. Problem Gambling Program

Funding and a half FTE is provided for implementation of Second Substitute House Bill 1681 (problem gambling) which clarifies the responsibilities of the HCA and the Department of Health for the Problem Gambling Program and directs quarterly meetings of the problem gambling advisory committee. Increased revenues into the problem gambling account resulting from other provisions of the bill are appropriated to increase access to problem gambling treatment services.

50. Parent Portal

Chapter 134, Laws of 2022 (SHB 1800), required the HCA to implement a parent portal to connect families to their community's service and education infrastructure related to behavioral health services for minors. Funding is provided on a one-time basis to support the HCA's efforts to continue to implement the parent portal.

51. PPW Residential Delay

Funding was provided in the FY 2022 supplemental operating budget for a residential treatment facility to serve pregnant and parenting women in Gray's Harbor. The project is delayed as a facility and provider has not yet been identified for this program. One-time savings are assumed in FY 2024. Funding remains for implementation of the services in FY 2025. HCA is directed to request funding in the FY 2024 supplemental operating budget if a provider can be contracted and services be available prior to July 2024.

52. Prenatal Substance Exposure Svcs

Funding is provided to implement Second Substitute House Bill 1168 (Prenatal substance exposure), which requires HCA to submit recommendations to the Legislature on ways to increase access to diagnoses, treatment, services, and supports by June 1, 2024. Funding is also provided to contract with providers on behalf of the Department of Children, Youth, and Families for prenatal substance exposure services and to contract with a statewide non-profit entity to offer free support groups for individuals with fetal alcohol spectrum disorder.

53. Youth Inpatient Navigators

**2023-25 Omnibus Operating Budget
Proposed Conference Budget
Community Behavioral Health and Blake Related Items**

(Dollars in Thousands)

2023-25		4-Yr Total
NGF-O	Total Budget	NGF-O

The FY 2022 supplemental operating budget provided funding for HCA to contract for youth inpatient navigator teams in four regions of the state. Funding is provided to expand the teams into other geographic regions of the state.

54. Trueblood Phase 3

Pursuant to the Trueblood et. al. v. DSHS settlement agreement, funding is appropriated for implementation of phase 3 of the Trueblood et. al v. DSHS lawsuit, including the expansion to Thurston/Mason and Salish regions.

55. Trueblood Master Leasing

Pursuant to the Trueblood et. al. v. DSHS settlement agreement, funding is provided for a one-time technical assistance contract and ongoing landlord incentive funding. This funding will be used to support master leasing efforts in the Trueblood phase 1-3 regions.

56. Trueblood ARNP Prescribers

Pursuant to the Trueblood et. al. v. DSHS settlement agreement, funding is provided to add 11 FTE psychiatric Advanced Registered Nurse Practitioner (ARNP) prescribers to forensic Housing and Recovery through Peer Services (HARPs) and forensic Projects for Assistance in Transition from Homelessness (PATH) teams in phases 1-3 of the Trueblood settlement. It is assumed that these positions will phase in during FY 2024.

57. Trueblood Program Administration

Pursuant to the Trueblood et. al. v. DSHS settlement agreement, funding is provided for a position at the HCA focused on supporting Trueblood initiatives.

58. Trueblood Phase 1 and 2

Pursuant to the Trueblood et. al. v. DSHS settlement agreement, funding is provided for additional resources for phase 1 and phase 2 regions.

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Proposed Conference Budget
Community Behavioral Health and Blake Related Items**

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2023-25		4-Yr Total
NGF-O	Total Budget	NGF-O

59. Trueblood Diversion Program

Funding is provided to implement Engrossed Second Substitute Senate Bill 5440 (Competency evaluations) for diversion service and outpatient competency restoration services.

60. Teaching Clinic Enhancement Project

Funding is provided for a 0.5 FTE position at the HCA to participate in efforts to ensure behavioral health agencies are compensated for their role as teaching clinics for students seeking professional education in behavioral health disciplines and for new graduates working toward licensure.

61. Health Care for Uninsured Adults

Funding is provided to expand health coverage for Washington residents with incomes at or below 138 percent of the federal poverty level, regardless of immigration status, beginning July 1, 2024.

62. UW 90/180 Beds

Federal funding authority is appropriated for HCA to reimburse the University of Washington Behavioral Health Teaching Facility through the Certified Public Expenditure (CPE) program. The proposal assumes that 75 long-term civil commitment beds at the facility will open on July 1, 2024, and the payment methodology is based on a ratio of cost to charges (RCC).

63. UW Short-Term Beds

Federal funding authority is appropriated for HCA to reimburse the University of Washington Behavioral Health Teaching Facility through the Certified Public Expenditure (CPE) inpatient payment program. The proposal assumes that 25 geriatric and 50 med-surge beds at the facility will open on July 1, 2024 and the payment methodology is based on a ratio of cost to charges (RCC). The CPE program requires the expenditure of local funds by participating providers in lieu of state funds to qualify for federal matching funds. The beds will be used to serve individuals with complex medical and psychiatric issues.

**2023-25 Omnibus Operating Budget
Proposed Conference Budget
Community Behavioral Health and Blake Related Items**

(Dollars in Thousands)

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NGF-O	Total Budget	NGF-O

64. Crisis Stabilization Facilities

Funding is provided for the operating costs of 7 crisis stabilization facilities that were funded in prior Capital budgets. It is assumed that 49 beds will come on line in FY 2024 increasing to 93 beds in FY 2025 and 112 beds are assumed in the Outlook. HCA must coordinate with the Office of the insurance Commissioner and others to assess to what extent the costs of crisis services for clients of private insurance carriers, Medicaid MCOs, and individuals enrolled in Medicaid fee-for-service are being subsidized through state funded BH-ASO contracts.

65. WISE Services Access

One-time funding is provided to increase access to Wraparound with Intensive Services for children and youth. This funding shall be used for 1-2 grants for providers interested in starting a new WISE team or expanding capacity in a current WISE program.

66. Expand SUD Services and Supports

Federal funding authority is provided to continue expansions of substance use disorder services and supports including prevention, treatment, outreach, and recovery support services.

67. Short-Term SUD Housing Vouchers

Funding is provided for short-term housing vouchers for individuals with SUD.

68. Recovery Residences

**2023-25 Omnibus Operating Budget
Proposed Conference Budget
Community Behavioral Health and Blake Related Items**

(Dollars in Thousands)

2023-25		4-Yr Total
NGF-O	Total Budget	NGF-O

Funding is provided to expand recovery residences for people living with opioid use disorders. The funding shall be used for operational costs of new staffed recovery residences which serve individuals with substance use disorders who require more support than a level 1 recovery residence.

69. Clubhouse Grants

Funding is provided for support funds to new and established Clubhouse programs throughout the state.

70. Tribal Prevention and Tx Grants

Funding from Opioid settlement revenues is provided for Tribes to be used for prevention, treatment, and other strategies to address and mitigate the effects of the misuse and abuse of opioid related products. Tribes will have the latitude to use the funding as they see fit to benefit their communities, provided the activities are allowable under the terms of the Opioid settlement agreements.

71. Fentanyl Public Education

Funding is provided for development of a health promotion and education campaign, with a focus on synthetic drug supplies, including fentanyl, and accurate harm reduction messaging for communities, law enforcement, and others.

72. Prevention Services Fund Shift

The Partnership for Success (PFS) program provides services that address underage drinking, cannabis/tobacco prevention, and opioid/prescription drug misuse among individuals between the ages of 12 and 25. State funding is provided to continue this prevention program that was originally funded through a 5-year PFS federal grant.

73. Prescription Opioid Education

**2023-25 Omnibus Operating Budget
Proposed Conference Budget
Community Behavioral Health and Blake Related Items**

(Dollars in Thousands)

2023-25		4-Yr Total
NGF-O	Total Budget	NGF-O

Funding is provided for the HCA to contract with programs to prevent inappropriate opioid prescribing at the following sites: 1) Washington State University's College of Nursing; 2) the Washington State Medical Association and the Washington State Hospital Association's Joint Better Prescribing Better Treatment initiative; and 3) the Department of Labor and Industries and the University of Washington's joint Occupational Epidemiology and Health Outcomes Program.

74. MOUD in Jails Technical Support

Funding is provided for technical assistance for improving access to Medication for Opioid Use Disorder (MOUD) in jails and to support efforts for jails to navigate regulatory pharmacy and health care requirements related to these services.

75. Law Enforcement Assisted Diversions

Funding is provided to continue Law Enforcement Assisted Diversion programs outside of King County previously funded on a one-time basis.

76. MOUD in Jails

Funding is provided to continue Medication for Opioid Use Disorder (MOUD) treatment services in jails. This continues funding that was previously provided on a one-time basis.

77. Pediatric Transitional Care

Funding is provided for HCA to implement a pilot program to reimburse a licensed pediatric transitional care facility in Spokane county to provide neonatal abstinence syndrome services to infants who have prenatal substance exposure.

78. SUD Prev., Outreach, Tx, Recovery

Funding is provided for HCA to contract for opioid prevention, outreach, treatment, or recovery support services that are not reimbursable under the state Medicaid plan. Of these amounts, \$500,000 is provided for Spanish language opioid prevention services.

**2023-25 Omnibus Operating Budget
Proposed Conference Budget
Community Behavioral Health and Blake Related Items**

(Dollars in Thousands)

2023-25		4-Yr Total
NGF-O	Total Budget	NGF-O

79. Safe Supply Work Group

Funding is provided for a work group to evaluate potential models for safe supply services and make recommendations on inclusion of a safe supply framework in the Washington state substance use recovery services plan to provide a regulated, tested supply of controlled substances to individuals at risk of drug overdose.

80. Recovery Housing

Funding is provided for HCA to contract with the Washington Alliance for Quality Recovery Residences to expand the network of accredited recovery residences and provide ongoing technical assistance to existing approved residences.

81. SUD Family Navigators

Engrossed Second Substitute Senate Bill 5536 (Controlled substances) amends provisions relating to criminal justice and substance use disorder treatment in response to the State v. Blake decision. The bill includes an appropriation for grants to support substance use disorder family navigators.

82. Crisis Relief Facility Grants

Engrossed Second Substitute Senate Bill 5536 (Controlled substances) amends provisions relating to criminal justice and substance use disorder treatment in response to the State v. Blake decision. The bill includes an appropriation for startup grants for crisis relief centers.

83. Alternatives to Arrest and Jail

Engrossed Second Substitute Senate Bill 5536 (Controlled substances) amends provisions relating to criminal justice and substance use disorder treatment in response to the State v. Blake decision. The bill includes an appropriation to expand Alternatives to Arrest and Jail programs.

84. Controlled Sub.Treatment Admin

**2023-25 Omnibus Operating Budget
Proposed Conference Budget
Community Behavioral Health and Blake Related Items**

(Dollars in Thousands)

2023-25		4-Yr Total
NGF-O	Total Budget	NGF-O

Engrossed Second Substitute Senate Bill 5536 (Controlled substances) amends provisions relating to criminal justice and substance use disorder treatment in response to the State v. Blake decision. The bill includes an appropriation to HCA for the administrative workload associated with the bill.

85. Opioid TX Program Expansion

Engrossed Second Substitute Senate Bill 5536 (Controlled substances) amends provisions relating to criminal justice and substance use disorder treatment in response to the State v. Blake decision. The bill includes an appropriation to increase the number of mobile methadone units operated by existing Opioid Treatment Providers (OTPs), increase the number of OTP fixed medication units operated by existing OTPs, and expanding OTPs with a prioritization for rural areas.

86. SUD Education Grants

Engrossed Second Substitute Senate Bill 5536 (Controlled substances) amends provisions relating to criminal justice and substance use disorder treatment in response to the State v. Blake decision. The bill includes an appropriation for grants to providers of education and employment services for individuals with SUD.

87. Health Engagement Hubs

Engrossed Second Substitute Senate Bill 5536 (Controlled substances) amends provisions relating to criminal justice and substance use disorder treatment in response to the State v. Blake decision. The bill includes an appropriation to establish a health engagement hub pilot program to include both urban and rural locations

Admin. Office of the Courts

88. State v. Blake

Funding is provided to assist local jurisdictions with extraordinary court costs and legal financial obligation refunds that are a result of the State v. Blake Supreme Court decision.

89. Therapeutic Court Funding

Funding is provided to support new and existing therapeutic courts in Washington courts of limited jurisdiction.

**2023-25 Omnibus Operating Budget
Proposed Conference Budget
Community Behavioral Health and Blake Related Items**

(Dollars in Thousands)

2023-25		4-Yr Total
NGF-O	Total Budget	NGF-O

90. Blake-Admin, Refunds & Scheduling

One-time funding is provided to support the continuation of two tasks AOC was required to implement in FY 2023: (1) to work in collaboration with local court staff to prepare comprehensive lists of all cases impacted by the State v. Blake decision going back to 1971; and (2) to establish a centralized process for refunding legal financial obligations.

Office of Public Defense

88. State v. Blake

One-time expenditure authority is provided to assist with public defense services for clients whose convictions or sentences are affected by the State v. Blake court decision.

Office of Civil Legal Aid

92. State v. Blake-Civil Legal Aid

Funding provided to assist clients in resolving civil matters surrounding legal financial obligations and vacating sentences as a result of the State v. Blake court decision.

Washington State Patrol- Budget

93. Court Order Processing

Funding is provided to process the vacation of criminal records in accordance with the State v. Blake Supreme Court decision.

Washington State Patrol- Assumed in 5536

94. Controlled Substances

Appropriations from the Dedicated Cannabis Account are adjusted pursuant to Chapter 169, Laws of 2022 (E2SSB 5796) and the March 2023 revenue forecast.

Department of Revenue- Assumed in 5536

95. Recovery Residence Tax Admin

Funding is provided to implement Engrossed Second Substitute Senate Bill 5536 (Controlled substances).

Joint Legislative Audit and Review Committee- Assumed in 5536

96. Recovery Residence Tax Review

Funding is provided for JLARC conduct a tax preference review of the property tax exemption for recovery residences contained in Engrossed

**2023-25 Omnibus Operating Budget
Proposed Conference Budget
Community Behavioral Health and Blake Related Items**

(Dollars in Thousands)

2023-25		4-Yr Total
NGF-O	Total Budget	NGF-O

Department of Health- Assumed in 5536

97. Mobile/Fixed Site Med. Unit

Funding is provided to implement Engrossed Second Substitute Senate Bill 5536 (Controlled substances) to adopt rules related to off-site

NGF-O = GF-S + ELT + OpPath + Wkfrc Educ Invest + Fair Start for Kids