



# Behavioral health & comprehensive opioid response

2019

## Invest in Washington's behavioral health system.

1 Increase funding for the state's behavioral health system.

2 Fund the co-responder grant program (operating budget) and support passage of the law enforcement grant program (**2SHB 1767**).

3 AWC supports **SSB 5380**, and will continue to pursue funding to help city jails provide medication assisted treatment (MAT) for individuals with opioid addiction.

1 The behavioral health epidemic is devastating families and overwhelming law enforcement and social services. Nearly a quarter (24.3%) of adults with mental illness in Washington State reported that they were not able to receive the treatment they needed. Demand for behavioral health services continues to rise, and many people with serious mental illness worsen as they wait in jail for their competency evaluation. AWC supports additional behavioral health resources for cities including **E2SSB 5444** (*Trueblood* bill) which provides timely competency evaluations for individuals suffering from behavioral health disorders.

2 The mental health co-response grant program provides funds for local police departments to hire mental health professionals. If funded in the 2019-21 budget, mental health professionals can continue to partner with officers in the field to help connect individuals with services rather than defaulting into the criminal justice system. AWC supports **2SHB 1767** which creates a new but similar grant program to help move individuals who suffer from mental health and opioid addiction away from the criminal justice system and to appropriate behavioral health services.

## Washington ranks 28th nationally in access to mental health professionals.

3 In 2016 alone, there were 694 deaths and 1,828 hospitalizations due to opioid overdoses in Washington's communities. Even more often, individuals with opioid disorders end up in our local jails. **SSB 5380** modifies the protocols for using medications to treat opioid use disorder and requires city and county jails to provide medication assisted treatment to incarcerated individuals with an opioid use disorder. AWC supports the intent of the legislation but urges legislators to amend the bill to provide state funding for local governments to provide the services required under the bill. The current version of the bill provides no funding for local governments but mandates medication assisted treatment.

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# Additional information

## Trueblood settlement

After the 2015 trial known as *Trueblood*, the federal court ordered the Washington State Department of Social and Health Services (DSHS) to move individuals facing criminal charges out of jail and into treatment facilities within 7-14 days when they are in need of competency evaluation and restoration services. Demand for these services continues to rise, and people with serious mental illness worsen as they wait in jail for their competency evaluation. The intent of the settlement agreement is to provide for systemic reforms of the competency evaluation and restoration services system. Additionally, the settlement, focuses on arrest diversion and community-based supports for people with serious mental illness.

Cities face significant challenges in trying to address individuals for whom long-term care services simply do not exist. As a result, these individuals end up on city streets and often cycle in and out of contact with local law enforcement and the criminal justice system. Although the settlement agreement includes a phased-in approach in several counties, cities support including all parts of the state in this new approach.

## Opioid response

Cities greatly appreciate the steps the Legislature took in the 2018 session to pass the secure drug-take back law. This historic legislation will reduce the availability and abuse of unused prescriptions opioids as patients will now have access to safely dispose of unneeded medications. It is now time for the Legislature to take bold action to reduce the number of prescription opioids in our cities.

Cities support proposals that:

- Allow pharmacists to partially fill prescriptions upon request of the prescriber or patient
- Require practitioners to discuss alternatives when prescribing opioid-based drugs
- Required practitioners to register for the Prescription Monitoring Program and to take continuing education courses on best practices
- Connect certified peer counselors with individuals who have had a non-fatal overdose
- Mandate additional safety measures such as warning statements, risks, and safe disposal information

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