

Lobbyist Report

Month July 2021



Meetings/Workgroups attended

Legislative Summary for Mental Health Specifically (To Send to Members)

July 7 Workforce & Rates Subgroup Meeting

July 15 Behavioral Health Coalition Meeting

July 21 Workforce & Rates Subgroup Meeting

July 21 O2G Association Meeting

July 22 Senator Ann Rives, Rep. Paul Harris, Rep. Peter Abbarno

July 27 Behavioral Health Agency Rules Workshop Series

July 28 O2G Association Meeting

Across the board, Behavioral Health issues are headlining the topic of discussion in pretty much every conversation, meeting, and press conference, regardless of what the original topic was. Police reform, use of force rules and standards, and the outcome of the Blake decision is starting to show an impact, and it's not looking like it's going in a favorable direction for all parties involved. The mental health trauma as a result of COVID is increasing and now with the variants and talks of mandates once again, these numbers are going to continue to climb. The general unrest and mistrust of health officials and the government is dominating the 24-hour news cycle and it's almost too much to even know where to begin...

HB 1310, "Joel's Law" restricts what an officer can do if there is probable cause. The intent of this bill was to prevent unnecessary use of force tactics by officers to lessen the chance of a death or other bodily harm occurring to the parties involved. Due to the lack of training and/or accessibility to a mental health crisis providers, many precincts are simply not responding to situations or if they do, unless there is dire threat, they are walking away since they cannot physically lay hands on a person to apprehend them. This is a very complex bill and there are many issues that need to be addressed, but what we are seeing so far is an increase of calls from friends/family/loved ones wishing to enact what their interpretation of Joel's law and are requesting to have an officer pick up someone in a mental health crisis. Some officers are not responding to these calls and therefore the person is not getting the care they need. This is a very broad description of what has been occurring and I hope to have more information over the next few weeks to help WHMCA determine if we can assist in any way. I have met with the lobbyist for The Washington Council of Police & Sheriffs and was given further insight to what is happening from the officers standpoint. Next will be to speak with the proponents for the bill with the goal to obtain a full picture of what their opinion is to see if WHMCA needs to be involved moving forward. When police officers are now being asked to also be mental health counselors in times of crisis, it is hard to see how this could lead to a positive result for any of those involved.

In response to the Blake Decision, we are now seeing empty drug courts and treatment centers and uptick in overdoses as drug charges are also no longer being enforced at the same level they were prior to the passing of this law. The bill lowers the punishment for drug possession from a felony to a misdemeanor in most cases. Therefore, people charged with these crimes are no longer required or are being held accountable for their actions. I work closely with the lobby for Drug Court and Pierce County Alliance and the reports they are putting out are nothing less than shocking. This is more of an SUD provider issue, but if WHMCA decides to pursue another bill that would create a more reasonable approach to LMHC's also being credentialed as SUDP's, this topic is something we need to keep our eye on.

The Behavioral Health Coalition sent out a survey to get legislative priorities from the stakeholders. Here are the top 5 results:

56% "Ability to bill and pay master's level interns and post grads"

56% "Fully fund school-based behavioral health providers"

38% "Insurance-blind behavioral health coverage"

25% "Statewide rapid recruitment, training, and placement of care coordinators"

25% "Fully fund staffing in schools to support students' social-emotional well-being"

During our next BHC meeting we will be going into more detail on the strategy in which would best work to reach the goals voted on by the coalition. This is likely to be a policy issue but more obviously, a funding request which as we know, can be extremely volatile. COVID has opened the eyes of many people who didn't want to see how much of a problem behavioral health is, especially in children. It is my belief that while budget requests are always difficult, now is time to make these asks since literally everyone, everywhere has been affected by COVID in one way or another. The statistics in regards to an increase of anxiety, depression, suicide, addiction, etc are something that can no longer be ignored or passed by. We have a reactive society and a reactive government and right now is the time to make those hard monetary asks to react to the problems at hand.

In the Workforce & Rates Subgroup meetings, I have been asked to discuss our ideas on increasing the workforce specifically in regards to rates. I'm not sure if this is going to be an actual dollar amount for new providers and those in community health centers, or an ask for a medicaid reimbursement increase just yet but this is something I need to discuss with the legislative subgroup and the board. I hope to bring back a fair and reasonable set of proposals for the rest of the subgroup discuss.

This is just a tip of the iceberg when it comes to behavioral health policies and issues I'm working on and hearing about. The stakeholder groups have been very informational and as I am gathering this information piece by piece, I will continue to put the puzzle together to see exactly where WHMCHA will fit in.

There are a lot of "cooks in the kitchen" right now and it is my goal as your lobbyist to create a solid recipe constructed of ideas and proposals to give back to the stakeholders. There is almost too much going on all at once but I feel like this is the time for us to step in and take charge of at least a few of the topics of priority interest.

Meetings Requested

Rep. Jessica Bateman - House Health Care Vice Chair

Rep. Michelle Caldier - House Health Care Assistant Ranking Member

Rep. Lauren Davis - House Health Care, Judiciary, Public Safety

Rep. Paul Harris - House Health Care, Vancouver Behavioral Health Board Member

Rep. Tarra Simmons - House Health Care, Judiciary, Public Safety

Rep. April Berg - Education and Local Government

Rep. Debra Entenman - Judiciary, Workforce

Rep. Jesse Johnson - 1013 Prime Sponsor

Sen. Mona Das - Caucus Vice Chair

Sen. Sam Hunt - Ways & Means, State Government

Sen. T'wina Nobles - Higher Ed, Early Learning, Behavioral Health

Sen. Keith Wagoner - Behavioral Health Sub. Comm.

General Legislative News

The overall "getting back to normal" agenda has drastically changed course over the past couple of weeks with the new COVID variants bringing COVID protocols back in to play. The backlash from the public has yet to be fully seen but legislators are preparing for the worst, all over again. The health and safety of the citizens of Washington is again in the forefront and the political divisiveness is surely going to get worse before it gets better. The interim is typically our time for in district meetings with members and their legislators but this is changing daily and we are likely moving back towards a "zoom meeting summer."

There is little talk of nothing else of importance other than how COVID is effecting our mental health, economy, schools, and so on. With that being said, in general legislators are looking to the powers that be to determine what they should be working on and then how they will be doing so. I hate to say there's going to a lot of "hurry up and wait"... but there's going to be a lot of "hurry up and wait".

What's on the Horizon?

After the next planning session with the WMHCA legislative subgroup I will report back with what our next steps will be for WMHCA members.



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