

1 facility-based crisis triage and stabilization services. The
2 association and authority must collect and report information
3 regarding the number of facility-based crisis stabilization and
4 triage beds available in the locations receiving funding through this
5 subsection and submit a report to the office of financial management
6 and the appropriate committees of the legislature with this
7 information by December 1, 2022.

8 (b) \$2,213,000 of the general fund—state appropriation for fiscal
9 year 2023 is provided solely for Whatcom county to establish an
10 alternative response base station. Within these amounts: \$1,477,000
11 is provided solely for facility renovation and equipment; \$149,000 is
12 provided solely for acquisition of an alternative response transport
13 vehicle; and \$587,000 is provided solely for operating expenses,
14 including personnel, maintenance, and utility expenses.

15 (104) \$100,000,000 of the coronavirus state fiscal recovery fund—
16 federal appropriation is provided solely for, on a one-time basis,
17 the authority to address behavioral health treatment access issues
18 resulting from workforce shortages and impacts of the COVID-19 public
19 health emergency. This funding must be used to provide one-time
20 assistance payments to nonhospital-based community behavioral health
21 treatment providers receiving payment for medicaid services
22 contracted through the medicaid managed care organizations or
23 behavioral health administrative service organizations. The authority
24 shall begin distributing funding under this subsection as soon as
25 possible, and shall complete the distribution of funds by October 1,
26 2022. The authority must distribute funding in accordance with the
27 following requirements:

28 (a) The authority must enter into appropriate agreements with
29 recipients to ensure that this stabilization funding is used for
30 purposes of this subsection. Prior to the receipt of funds, providers
31 must agree to expend these assistance payments by June 30, 2023.

32 (b) Allocation methodologies must be administratively efficient
33 and based on previous medicaid utilization, modeled after prior
34 nongrant-based allocations, so that funding can be distributed more
35 timely than through grant or application-based allocations. The
36 authority must consider individuals served through medicaid and
37 behavioral health administrative service organizations contracts in
38 its allocation methodology.

39 (c) Providers must use the funding for immediate workforce
40 retention and recruitment needs or costs incurred due to the COVID-19

1 public health emergency. Funds may also be used to support other
2 needed investments to help stabilize the community behavioral health
3 workforce including, but not limited to, childcare stipends, student
4 loan repayment, tuition assistance, relocation expenses, or other
5 recruitment efforts to begin adding new staff and rebuilding lost
6 capacity.

7 (d) By December 1, 2022, the authority must submit an accounting
8 to the office of financial management and the appropriate committees
9 of the legislature that includes a list of all recipients of funding
10 under this subsection and the amount of funding received.

11 (e) Within the amounts appropriated in this subsection, the
12 authority may utilize up to \$200,000 to conduct a qualitative
13 analysis of how recipients utilized funds for workforce retention and
14 recruitment, which may include hiring a consultant and a survey of
15 selected recipients. The authority must report on the findings of the
16 qualitative analysis to the office of financial management and the
17 appropriate committees of the legislature by December 1, 2023.

18 (105) \$500,000 of the general fund—state appropriation for fiscal
19 year 2023 is provided solely for the authority to contract with the
20 University of Washington addictions, drug, and alcohol institute.
21 This funding must be used to develop, refine, and pilot a new,
22 advanced, evidence-based training for law enforcement to improve
23 interactions with individuals who use drugs. The training must be
24 developed so it can be adapted and used statewide to decrease
25 stigmatizing beliefs among law enforcement through positive contact
26 with people who use drugs and improve officer well-being and
27 effectiveness by providing skills and techniques to address the drug
28 overdose epidemic. The institute must develop and refine this
29 training, leveraging prior work, and in partnership with a steering
30 committee that includes people with lived or living experience of
31 substance use disorder and criminal legal involvement, researchers,
32 clinicians, law enforcement officers, and others. The training must
33 complement, but not duplicate, existing curricula already provided by
34 the criminal justice training commission. The institute must pilot
35 the advanced training in a subset of regional law enforcement
36 agencies and evaluate its acceptability and feasibility through
37 participant interviews and pretraining and posttraining ratings of
38 stigmatizing beliefs. The institute must incorporate feedback from
39 the pilot training sessions into a final training program that it
40 must make available to law enforcement agencies across the state.