Washington State
Health Care Authority
Report to the Legislature

Substance Use and Recovery Services (SURS) Plan

2025 progress report

Engrossed Senate Bill 5476; Section 1(7); Chapter 311; Laws of 2021

RCW 71.24.546

December 1, 2025

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Executive summary

In 2021, the Washington State Supreme Court decision in **State v. Blake** invalidated the state's felony drug possession statute and, in effect, decriminalized simple possession of controlled substances. In response, the Washington State Legislature passed **Engrossed Senate Bill (ESB) 5476** (2021), which directed the Washington State Health Care Authority (HCA) to establish the Substance Use Recovery Services Advisory Committee (SURSAC) and to develop the **Substance Use Recovery Services Plan** (SURS Plan) in collaboration with the committee.

The SURS Plan was written and submitted to the legislature by HCA, on behalf of SURSAC, as outlined in ESB 5476 (2021). The SURS Plan responds to the State v. Blake decision by addressing court system responses and behavioral health outreach/engagement, treatment, and recovery services for individuals who possess and use controlled substances, and as part of the continuum of services for individuals who use drugs.

Codified in **RCW 71.24.546**, the statute states:

> "The Authority, in collaboration with the substance use recovery services advisory committee established in subsection (2) of this section, shall establish a substance use recovery services plan. The purpose of the plan is to implement measures to assist persons with substance use disorder in accessing outreach, treatment, and recovery support services that are low barrier, person centered, informed by people with lived experience, and culturally and linguistically appropriate. The plan must articulate the manner in which continual, rapid, and widespread access to a comprehensive continuum of care will be provided to all persons with substance use disorder."

Table 1: RCW 71.24.546 deliverables timeline

Deliverable	Due Date
Preliminary report to Legislature	December 1, 2021
Final plan submitted to Governor and Legislature	December 1, 2022
Adopt rules/contracts necessary to implement the plan	December 1, 2023
Annual Plan Implementation Report to Governor's Office and Legislature	December 1, 2023
Annual Plan Implementation Report to the Governor's Office and Legislature	December 1, 2024
Annual Plan Implementation Report to the Governor's Office and Legislature	December 1, 2025
Annual Plan Implementation Report to the Governor's Office and Legislature	December 1, 2026 (Final)

During the 2023 Special Session, the Washington State Legislature passed **Second Engrossed Second Substitute Senate Bill (2E2SSB) 5536 (2023)**, which adopted language and funding closely linked to several recommendations included in the SURS Plan, which was submitted on January 13, 2023. The forthcoming report summarizes execution of initiatives specified in 2E2SSB 5536. This report will also provide updates on programs originally funded in ESB 5476: Responding to the State v. Blake decision by addressing justice system responses and behavioral health prevention, treatment, and related services.

Substance Use and Recovery Services Advisory Committee (SURSAC)

Per RCW 71.24.546, SURSAC was directed to develop the SURS Plan (which was completed and submitted to the Governor's Office and the Legislature in early 2023), and to provide consultation and advice related to the development and adoption of rules to implement the plan. In addition, per RCW 71.24.115, each Recovery Navigator Program (RNP) must submit quarterly reports to HCA, to be shared with the SURSAC for discussion at meetings. Meeting agendas are created with these directives in mind, while allowing room for discussion of new topics of interest.

View the SURSAC member roster.

SURS Plan implementation updates

During state fiscal year (SFY) 2025, SURSAC meetings featured detailed updates on the implementation progress of the SURS Plan. Since the SURS Plan includes 17 recommendations with multiple facets, HCA prepared updates which focused on elements of the plan that the committee identified as high priority through a survey conducted during the January 2024 SURSAC meeting. In December 2024, SURSAC also completed a MURAL exercise to identify priority items. The specific SURS Plan implementation updates provided to SURSAC, their respective meeting dates, and presenter names and respective agencies are outlined in Table 2.

Table 2: Meeting Overview of Implementation Updates

SURS Plan Recommendation/5536 Directive	Related implementation update(s)[1]	Meeting date(s)
Provide training of foster and kinship parents with children who use substances	Training for Caregivers of Youth with SUD, presented by Chloe Wilkins (HCA)	July 1, 2024
Strengthen education and employment pathways, including training, placement, and supported services	Pathways to Recovery for Employment and Education (PREE) grant program, presented by Lisa Bennett-Perry (HCA)	July 1, 2024
Build upon, and provide ongoing funding for, a data integration infrastructure that can receive and analyze standardized data gathered by the criminal legal system, RNP case management, behavioral health treatment services, and recovery support services	Diversion Data Integration Platform update, presented by Michelle Martinez (HCA); and SUD Prevalence Data Reporting – Inventory Report presented by Yumiko Aratani (HCA)	August 5, 2024
Provide a continuum of housing along the substance use and recovery spectrum, including people who use drugs	Housing Subsidies update, presented by Lisa Bennett-Perry (HCA)	August 5, 2024

[1] These updates have not always been able to align perfectly with the SURSAC recommendation due to differences in the language and intent of the recommendation and the language and intent of the related legislation.

SURS Plan Recommendation/5536 Directive	Related implementation update(s)[1]	Meeting date(s)
Develop and implement a new SUD engagement and measurement process	SUD Intake, Screening, and Assessments (SUDISA) work group updates, presented by Kelley Sandaker (HCA)	August 5, 2024, and May 5, 2025
Decriminalize simple possession of controlled substances with no civil penalties or fines, and emphasize diversion for other eligible charges	Research and data presentations on drug statewide arrest and charge data related to simple possession, presented by Tasha Fox (RDA)	March 3, 2025, and May 5, 2025

Additionally, SURSAC received quarterly summaries of data related to the RNP as well as regional highlights from the Behavioral Health Administrative Service Organizations (BH-ASOs) and direct service providers. HCA also organized presentations and conversations on the following related topics in SFY 2025:

- July 1, 2024: Washington State Department of Children, Youth, and Families (DCYF) SB 6109 Follow-Up: trends in children entering out-of-home care | Vickie Ybarra, DCYF
- August 5, 2024: State Opioid Administrator Updates | Kristopher Shera, HCA
- November 4, 2024: Overdose Data 2023 | Tim Candela, Washington State Department of Health (DOH)
- December 2, 2024: State Opioid and Overdose Response Plan (SOORP) | Kris Shera, Charissa Fotinos, and Teesha Kirschbaum, HCA
- January 6, 2025: Overview of SUD legislation to be considered in 2025 session | Representative Lauren Davis and Senator Manka Dhingra, Washington State Legislature
- February 3, 2025: Law Enforcement Assisted Diversion (LEAD) education series – Part 1 | LEAD National Support Bureau
- February 3, 2025: Program Data Acquisitions and Storage System (PDAMS) overview | Cooper Wright, HCA
- April 7, 2025: LEAD education series – Part 2 | LEAD National Support Bureau
- May 5, 2025: Legislative update | Shawn O'Neill, HCA
- June 2, 2025: Research and Data Analysis (RDA) on Current State Assessment | Katie Bittinger, Washington State Department of Social and Health Services (DSHS)

All meeting agendas, notes, materials, and recordings can be found on the HCA Substance Use Recovery Services Advisory Committee webpage.

Regional Navigator Program (RNP) regional highlights

Starting in 2023, SURSAC meeting agendas were updated to include regional presentations from administrators, providers, and participants involved in implementing and operating RNPs. These presentations highlight the accomplishments and challenges faced in developing a statewide pre-booking diversion program and provide qualitative information that complements the quantitative data in the RNP quarterly data reports. From July 2024 through June 2025, SURSAC heard program highlights from the following BH-ASO regions:

- North Central (August 2024)
- Thurston-Mason (September 2024)
- King, North Central, and Greater Columbia (November 2024)
- Salish (December 2024)
- Pierce February 2025)
- King County (April 2025)
- Greater Columbia (May 2025)

SURSAC recommendations overview

This annual report focuses on progress made and/or challenges implementing the original recommendations which were incorporated in the SURS Plan. The following recommendations are organized based on the SURSAC subcommittee that developed.

Treatment subcommittee

- Health Engagement Hubs for People Who Use Drugs
- SUD engagement and measurement process
- Safe supply workgroup
- Expanding funding for OTPs to include partnerships with rural areas

Data subcommittee

- BH-ASO and RNP data reporting
- Law Enforcement and BH data collection and reporting

Diversion, outreach, and engagement subcommittee

- Expanding investment in pretrial diversion programs
- Opioid awareness campaign for youth

Recovery support services subcommittee

- LGBTQIA+ community housing
- Training for foster and kinship parents of children who use substances
- Employment and education pathways
- Expansion of Washington Recovery Helpline and asset mapping
- Continuum of housing

Not adopted or partially adopted

- Tax incentives for landlords and respite space housing vouchers (opens a PDF)
- Legal advocacy for those affected by SUD
- Revising drug paraphernalia law
- Addressing zoning issues regarding behavioral health services (opens a PDF)

SURS Plan implementation updates

The following section outlines the directives from 5536 associated with recommendations from the SURS Plan and the corresponding funding designated for each proposed initiative over SFY 2025 (July 1, 2024, through June 30, 2025). The conclusion of this report highlights aspects of the SURS Plan that could not be fully implemented and would require dedicated funding and/or policy changes to implement. Please note that this report primarily summarizes HCA's implementation efforts. Additional activities led by other state agencies under the broader SURS Plan may not be captured here.

Treatment subcommittee recommendations

Health Engagement Hub (HEH) pilot

HEHs are physical locations where people who use drugs can access a range of medical, behavioral health, harm reduction, and social services. In 2E2SSB 5536 (2023), the Washington State Legislature directed HCA to implement a HEH pilot program located at two sites, one urban and one rural. HCA contracted with Blue Mountain Heart to Heart in Walla Walla and HealthPoint in Auburn as the inaugural rural and urban sites, respectively. The Legislature provided $4 million from opioid abatement settlement funds for SFY 2024 and SFY 2025 to implement these pilot sites. RCW 71.24.112 states:

> "The authority shall implement a pilot program for health engagement hubs by August 1, 2024. The pilot program will test the functionality and operability of health engagement hubs, including whether and how to incorporate and build on existing medical, harm reduction, treatment, and social services in order to create an all-in-one location where people who use drugs can access such services."

HCA is collaborating with DOH to carry out this program and make sure our efforts support shared goals to expand services and resources through both community behavioral health and public health systems.

In addition, RCW 71.24.112(2) instructs HCA to:

> "Develop payment structures for health engagement hubs by June 30, 2024. Subject to the availability of funds appropriated for this purpose, and to the extent allowed under federal law, the authority shall direct medicaid managed care organizations to adopt a value-based bundled payment methodology in contracts with health engagement hubs and other opioid treatment providers. The authority shall not implement this requirement in managed care contracts unless expressly authorized by the Legislature."

SB 5950, the 2024 supplemental operating budget, appropriated an additional $3 million to the program, allowing three more sites to be added. Expansion sites were selected in late 2024 and, in accordance with proviso language, prioritized Tribal affiliation and geographic diversity. HEH contracts are now in place with the following additional sites:

- Sound Pathways, in partnership with CONQUER Clinics
- Lummi Counseling Services (Lummi Nation)
- Yakama Public Health (Confederated Tribes and Bands of the Yakama Nation).

Figure 1: HEH pilot locations

Data

HCA partnered with DSHS RDA to design and implement the HEH evaluation. Over the course of SFY 2025, the evaluation team engaged in an intensive series of meetings with state partners and HEH sites to develop the focus of the evaluation and data collection. The measurement model is focused on describing HEH services as delivered at each site, for each client, over time. The data collection system uses the Research Electronic Data Capture platform (REDCap) for secure online entry or client and encounter data by staff at each HEH site.

The primary source of outcome data is existing records in the DSHS Integrated Client Databases (ICDB). Our ability to associate HEH participation with outcome data in the ICDB depends on obtaining client consent to share their name and date of birth with the evaluation team. Clients can choose to remain anonymous to the evaluation, in which case their HEH data for clinical services are collected anonymously in REDCap using a randomly assigned identifier, and they are excluded from the outcome evaluation.

Each element of our data collection approach, both what would be measured and how it would be measured, was carefully developed in a consensus-building process between RDA and HEH sites. REDCap development was finalized at the end of April 2025 and launched at four of five HEH sites on May 5, 2025.

As of July 31, there were 1,260 unique clients with at least one encounter enrolled across the five sites, and over two-thirds have consented to share their name and date of birth, making them eligible for inclusion in the outcome evaluation.

View the full text of the **establishing Health Engagement Hubs recommendation**.

SUD Intake, Screening, and Assessments (SUDISA) workgroup

In response to the SURS Plan recommendation for a new SUD engagement and measurement process, 2E2SSB 5536 directed HCA to form a workgroup to propose changes to intake, screening, and assessment systems for SUD services. The workgroup was tasked with recommending changes to systems, policies, and processes related to intake, screening, and assessment for substance use disorder services. The goal is to broaden the workforce capable of administering substance use disorder assessments and to make the assessment process as brief as possible.

RCW 71.24.912 directs the work group to include:

- Care providers
- Payors
- People who are seeking or have sought substance use treatment
- individuals representing other impacted professions and communities, as recommended by an internal steering committee

HCA developed and implemented an in-depth recruitment process to appoint a work group in alignment with the requirements in statute. View the SUDISA workgroup roster.

HCA convened the workgroup in December 2023 and held bimonthly meetings throughout 2024 to develop recommendations to the Washington State Legislature.

Final recommendations were sent to the Governor and relative legislative committees in January 2025. The work group recommended the state of Washington:

- Increase reimbursement rates to support higher wages for SUD treatment providers and incentivize a broader SUD services workforce
- Establish an educational campaign for the behavioral health workforce to understand current policy allowing additional credentialed professionals to provide SUD assessments.
- Expand suite of Medicaid-billable services provided by Certified Peer Support Specialists[i] within various settings prior to SUD assessment/intake
- Expand use of telemedicine for SUD assessment and treatment, including publication of a list of agencies that provide these services

View the full legislative report: SUDISA Report to the legislature.

View the full text of the recommendation for a new SUD engagement and measurement process.

Safe supply workgroup

SURSAC recommended establishing a safe supply workgroup to consider and develop a safe supply framework for inclusion in the SURS Plan. Safe supply refers to providing safer alternatives of regulated drugs to discourage use of the toxic and uncontrollable illegal drug supply for people who are at high risk of overdose. The original SURSAC recommendation noted that there are several models to explore and many important implications and logistics to consider within those models.

As part of their recommendation, SURSAC members suggested that to realize the public health, safety, and social benefit of this recommendation, individuals will need to be able to access their substance(s) of choice in a form that is as safe as possible to consume (safe supply) and to do so without legal

interference in a medicalized framework. This resulting system is intended to reduce risks associated with drug use, including overdose and incarceration.[2]

Following submission of the SURS Plan, Engrossed Substitute Senate Bill (ESSB) 5187 (2023) granted authorization of $300,000 from the opioid abatement settlement account as a biennial state appropriation to support the establishment of a statewide safe supply workgroup. HCA used a portion of these funds to contract with Health Management Associates to facilitate the safe supply workgroup. In alignment with the proviso language, workgroup membership was appointed by the Governor's Office. The workgroup primarily focused on and provided recommendations addressing a prescribed safer supply model for those with a diagnosed substance use disorder and provided the following recommendations in a report to the Governor and the relevant legislative committees in February 2025:

- Remove barriers to the implementation of a randomized clinical trial of safer supply for people with opioid use disorder in Washington.
- Propose state legislation establishing a scalable safer supply pilot program.
- Enhance and expand existing harm reduction and substance use disorder treatment services statewide.

The full report is available on HCA's Legislative reports webpage.

View the full text of the recommendation to assemble a safe supple workgroup.

Increasing access to Opioid Treatment Programs (OTPs)

2E2SSB 5536 established that Opioid Treatment Programs (OTPs) and their satellite mobile and fixed site medication units are considered essential public facilities in regard to a comprehensive plan of each county and city under RCW 36.70A.200. Part of the requirements under the RCW includes a process for a city and county to identify and site essential public facilities, such as OTPs and their medication unit satellite sites. OTPs are the only outpatient treatment setting where people can receive any of the three types of medications for opioid use disorder (MOUD): methadone, buprenorphine products, and naltrexone.

OTP siting

One of the primary challenges to increasing access to these programs has been city or county zoning regulations that prohibit them, even though RCW 36.70A.200 identifies OTPs as essential public facilities which cannot lawfully be prohibited with local zoning laws.

HCA staff in the Washington State Opioid Treatment Authority office (WA-SOTA) have been meeting with representatives from the Washington State Attorney General's Office (AGO) twice monthly to discuss instances of alleged MOUD patient and OTP patient discrimination. The WA-SOTA team also report to the AGO any awareness of Washington city or county legislative authorities that have been reported to the WA-SOTA team as having potential improper zoning requirements or zoning moratoriums specifically for OTP provider sites, in conflict with the changes to the above RCW, which may result in prohibition or pausing the creation of OTP sites.

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[2] Addressing the Syndemic of HIV, Hepatitis C, Overdose, and COVID-19 among people who use drugs: The potential roles for decriminalization and safe supply (2020)

Even with the changes to RCW 36.70A.200 to include OTPs and their mobile medication unit satellite sites, as well as all of the interagency work noted above between AGO and HCA regarding this topic, there continues to be instances throughout the state of city and county legislative authorities seeking to zone out OTPs and their medication unit sites, in violation of existing state laws.

The HCA WA-SOTA team also does outreach to provide information and education directly to any city or county legislative authority and their respective planning department staff on the topics of MOUD treatment, OTPs, **RCW 36.70A.200**, **RCW 71.24.590**, and the Washington Law Against Discrimination (WLAD). Where appropriate, the WA-SOTA team makes city and county legislative authorities aware that by limiting access to OTP expansion efforts and thus limiting treatment options to individuals with an opioid use disorder in their community, they may be in violation of Washington State laws.

OTP expansion

2E2SSB 5536 provides funding to increase the number of mobile methadone units operated by existing OTPs and to expand OTPs, with prioritization in rural areas with funding allocated from the opioid abatement settlement account for the fiscal biennium ending June 30, 2025, to increase mobile methadone units, fixed medication units, and expand OTPs, focusing on rural areas.

HCA staff worked with Department of Commerce (Commerce) to release a Request for Applications (RFA) bid opportunity in September 2024. HCA awarded the contract to Acadia Healthcare to build an OTP in Wenatchee. Acadia Healthcare did not request the full amount of funding available to them, so a second RFA was released in March 2025. HCA awarded the contract to Oregon Recovery Treatment Centers, LLC, to build an OTP in Walla Walla.

2E2SSB 5536 revised the licensing and certification requirements for OTPs. Specifically, RCW 71.24.590(1)(h) includes:

> "The Department [of Health] shall …Provide public notice to all appropriate media outlets in the community in which the facility is proposed to be located that states the applicant is proposing a facility in that community."

In 2024, DOH created their own procedures for how DOH provides public notice to all appropriate media outlets in the community where new OTP facilities are proposed. All proposed OTP applicants are now informed of this process by DOH and this information is publicly posted on DOH's technical assistance materials for proposed OTP applicants:

- **Proposed Opioid Treatment Programs webpage | Washington State Department of Health**
- **DOH Proposed OTPs Licensing and Public Notice Frequently Asked Questions (FAQ)**

View the full text of the **recommendation to increase access to OTP services in rural areas**.

Data recommendations

Recovery Navigator Program (RNP) quarterly report data

The RNP is a statewide initiative providing community-based outreach, engagement, and case management services for individuals with substance use disorders who intersect with the criminal legal system. The program serves as a pre-booking diversion pathway, connecting participants to treatment, housing, and recovery supports rather than incarceration.

The RNP is currently operating in all 39 counties in Washington State. Direct service providers are subcontracted through BH-ASOs, and provide referral, outreach, and case management services for individuals deflected as part of a pre-booking diversion program. Data is currently being collected at the subcontracted provider level and reported through their regional BH-ASO.

To strengthen consistency and data quality, HCA continues to refine its processes for data collection and reporting within an RNP Data Workgroup. The workgroup is comprised of staff with expertise in program administration, process improvement, and data quality and assurance and will support ongoing quality improvement in the RNP data collection and reporting processes. The workgroup is focusing on several ongoing improvements:

- Refining error processing to improve data integrity and reduce reporting discrepancies.
- Streamlining coding practices to more accurately identify and track unique clients across regions.
- Enhancing validation and data completeness checks to support accurate statewide reporting.

HCA is also developing and testing a data collection and validation platform: Program Data Acquisition, Management, and Storage (PDAMS). PDAMS is expected to be implemented in early 2027. In preparation, HCA is revising the RNP Data Collection Workbook and creating comprehensive training and transition materials for providers and BH-ASOs.

The RNP Administrator and support team continue to provide technical assistance, support data quality initiatives, and coordinate process improvement efforts in collaboration with regional BH-ASOs and subcontracted service providers. Additionally, HCA is developing a public-facing data dashboard for review by SURSAC and other stakeholders to increase transparency and accessibility of program outcomes.

Jump to the Recovery Navigator Program (RNP) section of this report.

View the full text of the recommendation on RNP data reporting.

Data integration platform for diversion programs

2E2SSB 5536 directed HCA to develop and implement a data integration platform by June 30, 2025, to support RNPs, LEAD programs, arrest and jail alternative (AJA) programs, and similar diversion efforts. The platform was to serve as a statewide common database for tracking diversion efforts and a data collection and management tool for practitioners, while assisting in standardizing definitions and practices and tracking pretrial diversion participants by race, ethnicity, gender, gender expression or identity, disability status, and age. Information submitted to the platform is exempt from public disclosure requirements under Chapter 42.56 RCW.

To date, funding has not been granted to support implementation of a Diversion Data Integration Platform. The funding allocated from 2E2SSB 5536 (2023) was insufficient to meet the requirements. HCA explored alternative sources to fund the tool, but funding has not been identified. Without the necessary resources, HCA has been unable to initiate development of the integration platform.

View the full text of the recommendation on a data integration platform.

Law enforcement and behavioral health data collection and reporting

This recommendation outlined building upon and providing ongoing funding for a data infrastructure that can receive and analyze standardized data gathered by law enforcement agencies, courts,

prosecuting attorney offices, RNP case management, behavioral health treatment services, and recovery support services to meet the mandates of RCW 71.24.546§3(m):

> "The plan must consider... recommendations regarding the collection and reporting of data which identify the number of persons law enforcement officers and prosecutors engage related to drug possession and disparities across geographic areas, race, ethnicity, gender, age, sexual orientation, and income. The recommendations shall include, but are not limited to, the number and rate of persons diverted from charges to recovery navigator services or other services, who receive services and what type of services, who are charged with simple possession, and who are taken into custody."

2E2SSB 5536 Sec. 38 added a new section to Chapter 71.24 RCW, codified as RCW 71.24.913, noting that HCA is responsible for regularly assessing the prevalence of SUDs and interactions of persons with SUDs with service providers, nonprofit service providers, first responders, healthcare facilities, and law enforcement agencies. Starting in 2026, HCA must provide an annual report that includes a comprehensive assessment of this information.

Between May and August 2024, HCA conducted over 100 interviews to take inventory of HCA programs that include data on interactions of individuals who use drugs to analyze cross-sector interactions. This included interviews with:

- Service providers
- Non-profit service providers
- First responders
- Health care facilities
- Law enforcement

The final inventory report was submitted in December, 2024. Read the full report: SUD prevalence and cross-sector interactions: inventory of data and reporting capabilities.

At the August SURSAC meeting, HCA shared preliminary data related to statewide systems which collect and maintain data relative to the prevalence of substance use and SUD. HCA continues to evaluate the best way to incorporate existing data sources and represent the extent of both individuals who have problematic substance use and a diagnosed SUD.

Diversion, outreach, and engagement recommendations

Pretrial diversion program

2E2SSB 5536 allows eligible defendants charged in any jurisdiction with an RNP, AJA program, or LEAD program to participate in a pretrial diversion program. This program provides an opportunity to avoid criminal charges under:

- RCW 69.50.4011(1) (b) or (c)
- 69.50.4013
- 69.50.4014
- 69.41.030(2) (b) or (c)

The defendant is not criminally charged if they complete an assessment and substantially comply with recommended treatment, if applicable, or complete up to 120 hours of community service.

According to RCW 69.50.4017, if the court grants the defendant's motion to participate in pretrial diversion, an RNP, AJA, or LEAD program shall provide the court both:

1. Written confirmation of completion of the assessment.
2. A statement indicating the defendant's enrollment or referral to any specific service or program.

If the assessment includes a recommendation for treatment or services, the RNP, AJA, LEAD program or service provider shall provide the court with regular written status updates on the defendant's progress on a schedule acceptable to the court (at least monthly). The defendant successfully completes pretrial diversion either by having 12 months of substantial compliance with the assessment and recommended treatment or services and progress toward recovery goals as reflected by the written status updates, or by successfully completing the recommended treatment or services, whichever occurs first.

A draft Memorandum of Agreement (MOA) by the LEAD National Support Bureau for the purpose of a shared understanding of roles and responsibilities for implementation of pretrial or pre-filing diversion referrals under RCW 69.50.4017. This MOA is intended to serve as an agreement between diversion program providers (including RNP, LEAD, and AJA) and the court and/or prosecutor in the jurisdiction in which they are operating pretrial diversions.

Since the 2025 Washington legislative session amid a state budget deficit, all three programs – AJA, LEAD, and RNP, received financial cuts that have impacted the ability to support implementation and ongoing expansion of pretrial diversion services for participating courts. These programs have been rolled back to prioritizing their original services for pre-booking diversions with hopes of adding in pretrial diversion in the future.

View the full text of the recommendation to invest in evidence-based diversion programs.

Law Enforcement Assisted Diversion (LEAD) statewide grant program

In 2019, the LEAD model was used as a template to establish a pilot site program through Substitute Senate Bill 5380. Pilot sites were established in four counties: Mason, Snohomish, Thurston, and Whatcom. 2E2SSB 5536 Sec. 13 directed HCA to expand the LEAD pilot project into a statewide grant program that is based on core principles recognized by the LEAD Support Bureau (the bureau). HCA partnered with the bureau to award contracts for sites in Washington, with cities, counties, tribes, subdivisions, public development authorities, and community-based organizations as LEAD agencies. 2E2SSB 5536 appropriated $5 million to support adding these new grant sites, as well as expansion of the existing programs.

In 2024, HCA went through a competitive procurement process to solicit proposals for additional LEAD program sites. HCA selected four sites and has since signed contracts with them. The four sites are working diligently to launch or expand/enhance services in those communities.

Table 3: LEAD grant sites

Site	Subcontractor	Service area
City of Seattle	Evergreen Treatment Services, Ideal Options, Purpose Dignity Action Co-LEAD	Seattle
Gateways to Freedom	None	Jefferson County

Catholic Charities of Yakima	None	Chelan & Douglas Counties
Second Chance Outreach/Hope For Homies	None	Marysville

Key elements of the LEAD program include:

- Long-term case management for problematic substance use
- Coordination with community resources for overdose prevention
- Infectious disease transmission prevention
- Physical and behavioral health services
- Medications
- Housing
- Employment
- Public assistance
- Prosecutorial support for pretrial diversion services

The LEAD program received a 10% funding reduction in the 2025-2027 biennial budget. We continue to fund all eight sites as they adjust to programmatic reductions. LEAD Support Bureau provides technical assistance to the sites as to how best to operationalize these reductions while aligning with the core tenets of the model.

View the full text of the **recommendation to invest in evidence-based diversion programs.**

Arrest and Jail Alternatives (AJA) grant program

2E2SSB 5536 Sec. 33(1) outlines appropriations from the opioid abatement settlement account and state general fund to support the AJA program, which was established with the passage of HB 1767 (2019). The funds are used to maintain a memorandum of understanding with the Washington State Association of Sheriffs and Police Chiefs (WASPC) and Criminal Justice Training Commission for ongoing funding for community grants under **RCW 36.28A.450.** The program supports local initiatives to properly identify criminal legal system-involved persons with SUDs and other behavioral health needs and engage those persons with therapeutic interventions and other services prior to or at the time of jail booking, or while in custody.

WASPC released a 2025-2027 request for application and awarded AJA grant funding to the sites listed in Table 4.

Table 4: AJA Grant location table

Name	Service area
Airway Heights	Cheney, WA
Gateways to Freedom	Jefferson County
Olympia Peninsula Community Clinic	Clallam County
Blue Mountain Heart to Heart	Walla Walla County

Catholic Community Services of Western Washington	Olympia, WA
Okanogan County Sheriff's Office	Okanogan County

The AJA program funding was reduced by 10% in the 2025-2027 biennial budget.

WASPC also develops and releases annual reports on implementation of the AJA program. Read the full **Arrest and Jail Alternatives Grant Program 2024 Annual Report**.

View the full text of the **recommendation to invest in evidence-based diversion programs.**

Opioid awareness campaign for youth

In this recommendation, SURSAC calls for the integration of naloxone education, overdose identification, and stigma-reducing messaging into public school systems (grades 6–12)—including support for outreach, curriculum, and safe storage and administration policies to reduce barriers and normalize life-saving practices.

ESSB 5187 Sec. 215 (61) provided specific appropriations to HCA during the 2023–2025 biennium to deploy an opioid awareness campaign targeted at youth to increase awareness of the dangers of fentanyl.

HCA used the funding allocated for an opioid awareness campaign for youth to sustain and expand the existing Friends for Life campaign over the biennium. Youth were the primary audience, with a specific focus on older teens (ages 14–17) and young adults (ages 18–25). Additionally, parents and caregivers continue to be included as a secondary audience, as their influence can be a pathway for getting the campaign information to youth.

The recent expansion of the campaign prioritized youth from communities disproportionately affected by opioid use and overdose, such as BIPOC (Black, Indigenous, and People of Color) youth, youth with disabilities, and those identifying as LGBTQIA2S+ (lesbian, gay, bisexual, transgender, queer, intersex, asexual, two-spirit, and other). It also prioritizes youth in higher-risk scenarios such as those engaged with the juvenile/adult court and foster care systems. To learn more about this campaign, visit the **Friends for Life website**.

Prior to the release of the newest campaign work, HCA completed research and insight interviews to inform and develop a plan around messaging and tactics for this expansion. The overall goals of the campaign remain to educate youth, young adults, and their care givers on how to recognize and prevent an overdose. To reach youth in high-risk settings, HCA created more physical **toolkit** items that can be used by partner organizations who work with this population, such as a conversation guide and a paper zine which includes colorful images and messaging. HCA funded **short videos** that were developed by youth with lived experience. These co-created video assets were used in statewide digital media buy throughout June and July 2025. The digital media buy included showing videos on streaming and social media. Additionally, educational information was created for parents and caregivers related to medications for opioid use disorder and treatment options.

While the priority audiences of this phase of work are assumed to be heavily online, research showed that many of this high-risk population may not have regular access to technology. HCA made the decision to also create an out-of-home media plan to reach more of the population in places they already frequent.

The out-of-home media buy ran for the month of July and included buses, bus shelters, transit centers, light rail, and convenience stores across Seattle, Everett, Whatcom, Snohomish, and Pierce counties.

An ongoing strategy for Friends for Life is to partner with community-based organizations (CBOs) and fund unique projects proposed by the CBOs to integrate the campaign information into the communities they serve. This past year led to new or repeat partnerships with five different CBOs from April to June 2025. The five CBOs of this last year were:

- Bellingham Queer Collective
- c89.5 radio station
- Community Health Workers Coalition for Migrants and Refugees
- Rainier Ave Radio, and
- Safe Yakima.

Feedback from these partnerships has been positive and this strategy will be continued in future phases of work.

In the post-campaign evaluation survey, we have seen an increased awareness and understanding of naloxone and fentanyl particularly in the Spanish-speaking population, as well as a significant rise in the parent/caregiver population. The campaign hopes to build on the successful partnerships that have been created around the state and continue to find ways to support CBOs in unique ways. Additional activities and educational materials for school-aged youth (12-18) are also prioritized in the upcoming year.

View the full text of the **recommendation for a youth opioid awareness campaign**.

Recovery support services recommendations

LGBTQIA+ community housing

SURSAC recommended that HCA and Commerce should be intentional regarding housing equity, inclusivity, and the safety of LGBTQIA2S+ community members. The recommendation identified that there are limited dedicated housing options for individuals who apply and are accepted into housing that identify with the LGBTQIA2S+ community, and that operators have no supportive policies or training to care for this population. SURSAC recommended that the state provides funding and policy to implement and/or enhance training and outreach efforts to better support the housing needs of the LGBTQIA2S+ community.

2E2SSB 5536 Sec. 17 directed HCA to conduct outreach to underserved and rural areas to support the development of recovery housing for people who are women, LGBTQIA2S+, Black, indigenous, immigrants, or youths. Despite no dedicated funding to support the specific outreach efforts outlined in RCW 71.24.657, HCA updated an existing contract with WAQRR to develop and provide outreach to underserved and rural areas to support development of recovery housing that supports women, LGBTQIA+, BIPOC, and youth populations.

In December 2023, the Washington Alliance for Quality Recovery Residences (WAQRR) launched a live training course for housing providers to address harassment, communication, antiracism, diversity, and gender-affirming behavior, via a contract with HCA. The training was posted to YouTube soon after, for ongoing access and education to the public. **Watch the Cultural Competencies training for recovery residence providers on YouTube**.

RCW 71.24.913 directs HCA to begin reporting on the "effectiveness and outcomes" of the trainings we've developed in 2027, but this would require assessing the impact of the training on the communities that it is intended to benefit (the individuals living in recovery residences). To date, funding has not been granted to contract with organizations that could evaluate and produce a community impact effectiveness evaluation. In the absence of dedicated funding, HCA is moving forward with alternative approaches to assess training effectiveness including developing pre-training and post-training surveys. The pre- and post-training surveys can demonstrate whether the training itself is effectively communicating cultural competency concepts to the recovery residence providers. These outcomes will be included in the SUD recovery programs implementation report, submitted July 1 of every year.

View the full text of the **recommendation to support LGBTQIA2S+ housing**.

Training for foster and kinship parents of children who use substances

2E2SSB 5536 directed HCA, in collaboration with the DCYF, to create a training program for parents of adolescents and transition-age youth with SUDs by June 2024. The training will cover science and education, adaptive communication strategies, self-care, opioid overdose-reversal medication, and suicide prevention. The training will be publicly available and promoted to licensed foster parents and caregivers.

The SUD Family Navigator training and curriculum program has added four in-person trainings (each training is four days long) for parents, family members, and caregivers who are interested in learning how to support youth with SUD. These trainings provide up-to-date information on SUD, addiction, and its effect on the adolescent brain, skills for families navigating their relationship with someone with SUD, and systems navigation.

In March 2025, HCA contracted with CARES NW to develop and deliver new caregiver trainings based on the **Community Reinforcement and Family Training (CRAFT)** model. In May, four community organizations were trained as CRAFT group facilitators, who are now able to provide CRAFT trainings to parents and caregivers of youth with SUD in their communities. Another round of CRAFT facilitator trainings is scheduled for SFY 2026.

RCW 71.24.913 directs HCA to begin reporting on the "effectiveness and outcomes" of this training in 2027, which would require assessing the impact of the training on the communities that it is intended to benefit (i.e., youth with SUD). To date, funding has not been granted for an external evaluator that could assess effectiveness. As a result, HCA is unable to contract with organization to conduct a full community impact evaluation.

In lieu of a community impact evaluation, the program is developing participant surveys, to be administered electronically, to measure the effectiveness of CRAFT skills groups provided by trained CRAFT facilitators, to capture the following:

- Participants' self-reported confidence in CRAFT skill and utilization
- Participants' self-reported self-care and wellness
- Participants' county of residence

CARES NW will send reports to HCA with a summary of participant feedback from these surveys, which can be used for the reporting requirements beginning in 2027.

View the full text of the **recommendation to provide training for foster and kinship parents of children who use substances.**

Employment and education pathways

The intent of the Passageway to Recovery Employment and Education (PREE) program is to expand employment and education services to underserved communities. According to RCW 71.24.113, priority for employment and education services under the PREE program are provided to persons who identify as BIPOC and other historically underserved communities.

Services aim to meet the needs of people experiencing SUD and/or co-occurring disorders. HCA evaluated perspective models and determined that PREE sites will follow the evidence-based practice: Individual Placement and Support (IPS). Organizations that receive funding are committed to the core principles of IPS, which include:

- Zero-exclusion: eligibility is based on client choice.
- Integrated with treatment and agency wrap-around services.
- Competitive employment
- Rapid job search
- Systematic job development
- Time-unlimited support
- Attention to individual preferences
- Benefits planning

Funding was included as a proviso in 2E2SSB 5536, Sec. 27, during the first special session to establish the PREE grant program: $2,621,000 for FY 2024 and $2,621,000 for FY 2025. Biennial appropriations included $2,621,000 for FY 2026 and $2,621,000 for FY 2027.

Five agencies were selected to receive PREE grants, detailed in Table 5.

Table 5: PREE grant contract locations

Contractor name (legal name)	Locations served	Award amount
Consistent Care Support Services, LLC	Pierce County	$527,373
Friends of Youth	King County	$465,273
Native American Reentry Services	Statewide	$465,273
Peer Washington	Thurston/Mason and King	$565,273
Yakima Neighborhood Health Services (YNHS)	Yakima County	$565,273

Funding is provided for education and barrier-removal support. This includes but is not limited to the following:

- Education:
  - Short-term specific vocational and technical college training, up to one year
  - Short-term occupation specific enhancement education, up to one year
  - High school equivalency or GED
- Barrier removal:
  - Cost associated with transportation

- Interview clothing
- Identification
- Childcare cost with first resources options exhausted
- Occupational licenses
- Equipment
- Books for education

HCA finalized provider contracts on July 1, 2024. PREE organizations continued to provide services for enrolled clients and new enrollments.

Table 6: PREE data collected from July 2024–June 2025

Metric	Count
PREE enrollments	614
Employments started	194
Educational plans started (including vocational certifications, industry certifications, high school completions, and soft-skill classes)	339

Figure 2: Race of population served by PREE, SFY 2025

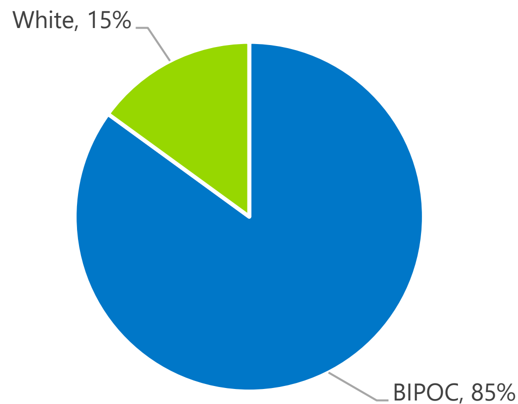


Figure 3: Sexual orientation of populations served by PREE, SFY 2025

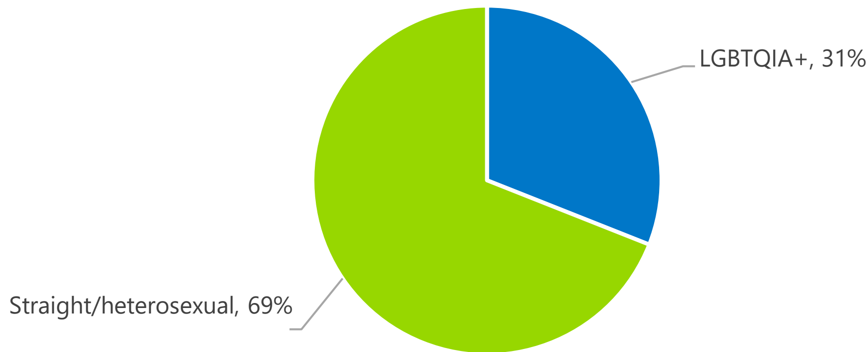
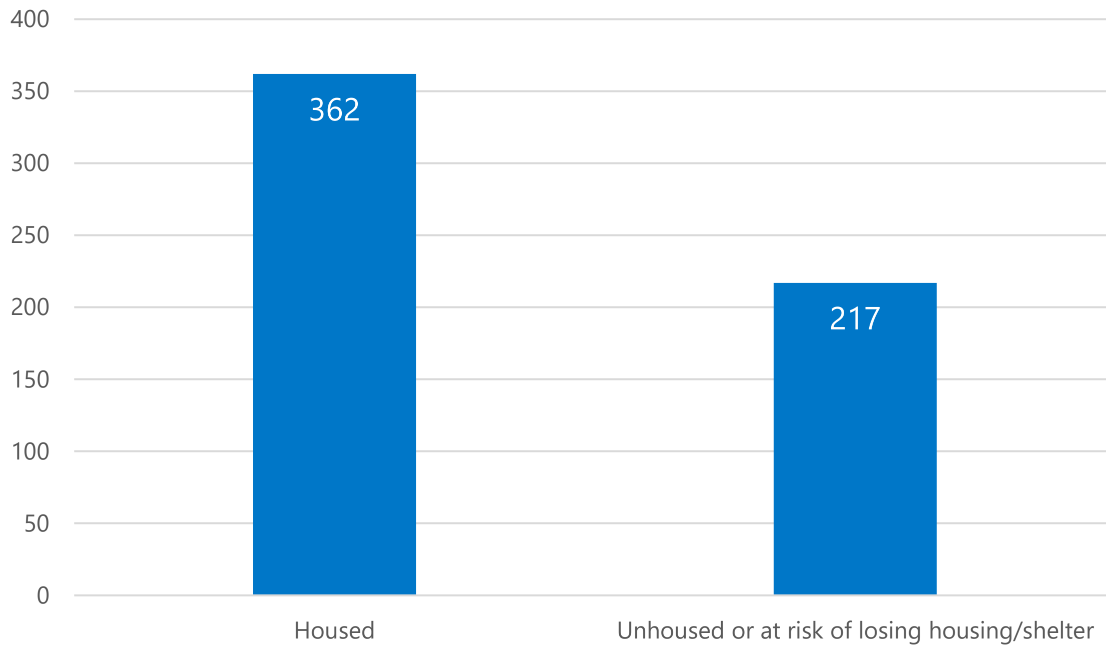


Figure 4: Housing status upon PREE enrollment, FY 2025



View the full text of the recommendation on employment and education pathways.

Recovery housing grant program

The Legislature appropriated funding to support both the construction and operational costs of recovery residences across Washington. A new section was added to Chapter 43.330 RCW, establishing a program to fund construction costs for SUD treatment and recovery housing in underserved areas, including central and eastern Washington and rural regions, subject to available appropriations.

2E2SSB 5536 Sec. 33(9) appropriated $2 million from the state general fund for FY 2024; and $2 million from the state general fund for FY 2025 for a grant program for the operational costs of new staffed recovery residences which serve individuals with SUDs who require more support than a level 1 recovery

residence. This program provides grant funding to recovery residences which serve individuals in the five most populous counties of the state.

Commerce has managed two distinct programs under this authority:

- **Recovery Residence Start-up Funds**, which cover the operational costs but not the construction.
- **Recovery Residence Capital Program**, which provides funding for acquisition, construction, or rehabilitation of residences.

In January 2024 the operational grants contract was signed and executed with WAQRR. By June 2024 the application process was closed, as all the funding has been contracted out. This resulted in 56 contracts in place, 505 beds added, with the number of homes added by county listed in Table 7. Work is ongoing with WAQRR and Commerce to develop the competitive solicitation process for the capital program, with funding expected to launch in Spring 2026.

Table 7: Number of newly added residences by county

County	Newly added residences
Benton	10
Chelan	1
Clark	4
Franklin	1
King	8
Kitsap	7
Kittitas	1
Lewis	1
Mason	2
Pierce	5
Snohomish	9
Spokane	6
Whatcom	1
Yakima	10
Total	**66**

View the full text of the recommendation on the recovery housing grant program.

Safe housing for youth exiting inpatient facilities (Bridge Program)

2E2SSB 5536 Sec. 33(11) allocates $250,000 for the FY 2024, and $250,000 for the FY 2025 to HCA to continue and increase a contract for services funded by ESSB 5693 (2022), aimed at providing information

and support for safe housing and support services for youth exiting inpatient mental health (MH) and/or SUD facilities to stakeholders, inpatient treatment facilities, young people, and other community providers that serve unaccompanied youth and young adults. This is also known as the Bridge Program.

The nonprofit NorthStar Advocates and the Bridge Program meet monthly with housing providers, a coalition of young adults with lived experience of homelessness, discharge planners, and behavioral health providers. NorthStar Advocates provides provider education, awareness training, and supports to discharge planners for Transition Age Youth (TAY) 12–24 exiting from an inpatient and residential care facilities. NorthStar Advocates provide education and awareness training to support connection between discharge planners in youth and young adult (12–24) inpatient and residential care and the community resources/nonprofits in regions that provide housing supports. The Bridge Program continues to meet with community members and organizations to inform and educate on how homelessness affects young adults in Washington.

The Bridge Coalition is a statewide collaboration between community-based housing providers, managed care organizations (MCOs), behavioral health discharge planners, other community-based professionals, and young people with lived experience for education and training directed by young people with lived expertise orchestrated by **NorthStar Advocates**. The coalition aims to increase the number of unaccompanied young people who return to the community with safe housing and behavioral health services upon exiting an inpatient behavioral health facility. This effort is funded within **2E2SSB 5167,** per the Blake Bill maintenance funding of $500,000 for FY 2026 and FY 2027. The current contract expires on June 30, 2027.

In addition to the Bridge Coalition meeting monthly to provide education, and awareness training, the coalition also offers technical assistance to facility providers (K8225), **Friends of Youth (K8369)** and **Excelsior Wellness (K8180)**, and consulting to HCA, as directed by **2SHB 1929** for $80,000 for FY 2026 and FY 2027. **NorthStar's website** has recorded trainings of agency spotlights and meetings that are available to view at any time.

View the full text of the **recommendation for the Bridge Program.**

Short-term housing vouchers

2E2SSB 5536 Sec. 33(8) allocated $3.75 million for FY 2025 from the state general fund for HCA to provide short-term housing vouchers for individuals with SUDs, with a focus on providing these resources to people in the five most populous counties in the state (King, Pierce, Snohomish, Spokane, and Clark).

Proviso funds from the biennial budget (ESSB 5187) supported existing programs that provide supportive services to people who use drugs, such as Peer Pathfinder, Homeless Outreach Stabilization and Transition (HOST) Program, PATH, Housing and Recovery through Peer Services (HARPS), and other recovery-centered programs.

Table 8: Number of individuals served by region, FY 2025

County	Number of individuals served
Clark	182
Pierce	150

Snohomish	238
King	145
Snoqualmie Tribe	19
Spokane	296
Total	**1030**

View the full text of recommendation on housing vouchers.

Behavioral health services mapping tool

2E2SSB 5536 directs HCA to expand the Washington Recovery Helpline and recovery readiness asset tool, providing a dynamically updated statewide behavioral health treatment and recovery support services mapping tool with dual interface capability.

In June 2025, HCA contracted with Third Horizon Strategies—the organization that developed the original prototype for the recovery readiness asset tool (RRAT) as part of the Roadmap to Recovery grant—to rework some of the coding structure of the RRAT so that it could meet requirements of the behavioral health services mapping tool. The recovery readiness asset tool was designed initially to be an internal resource that provided a metric of "recovery readiness" for each region in the state based on the number and types of behavioral health services available in those regions and the demand for those services within the regional populations. It was not originally intended as a public-facing search tool, so Third Horizon Strategies worked with HCA to provide consultation for the tool's coding, search filter taxonomy, and technological infrastructure, so that the RRAT can be transformed into an iteration of the Behavioral Health Services Mapping Tool.

HCA has also been coordinating with Crisis Connections, the organization under contract with HCA to manage the MOUD Locator Tool (part of the WA Recovery Help Line website), to identify potential pathways for how the behavioral health services mapping tool will intersect with or expand the Washington Recovery Helpline. Crisis Connections offers extensive experience managing and updating search tools for behavioral health resources.

HCA has also been directed to establish a range of other directories, and the agency is exploring strategies for meeting the directives for multiple projects with a singular provider directory that could serve as an all-in-one data source.

HCA continues to evaluate the best way to develop the mapping tool alongside other agency directives that include directories of providers and referral to services.

View the full text of the recommendation for a behavioral health services mapping tool.

ESB 5476 program updates

Recovery Navigator Program

RNP provides behavioral health services to individuals who are diverted from the criminal legal system by law enforcement as a result of simple drug possession or other alleged criminal activity due to unmet behavioral health needs. Law enforcement can provide referral at the point of arrest as an alternative to booking or upon social contact unrelated to enforcement actions. Referrals to RNP may also come from other community programs or individuals, including first responders or businesses. In partnership with BH-ASOs, RNP provides community-based outreach, intake, assessment, and connection to services for individuals through pre-booking (pre-arrest) diversion and community referral. These services support individuals who use drugs or have an SUD, mental health condition, or co-occurring disorder.

The RNP is designed to align with the core principles of the LEAD model, as outlined in RCW 71.24.115. Through the Uniform Program Standards (UPS), BH-ASOs are guided in structuring their RNPs in fidelity with the LEAD model. This includes working collaboratively with HCA and the LEAD Support Bureau when evaluating or updating program design. Given that LEAD-modeled pre-arrest and pre-booking diversion programs operate across the state, HCA also coordinates with BH-ASOs, Washington Association of Sheriffs & Police Chiefs (WASPC), and the LEAD Support Bureau to ensure cross-program alignment and adherence to LEAD principles. This partnership helps ensure consistent service and smooth cooperation between RNPs and other programs based on the LEAD model.

In 2023, 2E2SSB 5536 Sec. 25(3) directed HCA, by June 30, 2024, to revise its uniform program standards for BH-ASOs to follow in the design of their RNPs to achieve fidelity with the core principles. The revised standards are intended to align RNPs with the core principles of the LEAD model, ensuring greater consistency and effectiveness across regions. Specifically, the law requires that the updated standards incorporate key components of the LEAD framework, including:

- Project management
- Field engagement
- Biopsychosocial assessment
- Intensive case management
- Care coordination
- Stabilization housing when available
- Coordination with the legal system when appropriate

The legislation also emphasizes the need to expand the LEAD approach beyond traditional law enforcement referrals to include individuals with substance use disorders and co-occurring mental health conditions, ensuring access to services from a wide range of referral sources. These can include:

- Family members
- Emergency departments
- Harm reduction programs
- Community-based and faith-based organizations
- Business representatives
- Other criminal legal system partners

This expansion supports early intervention within the Sequential Intercept Model, aiming to reduce criminal legal system involvement and strengthen pathways to recovery and community stability.

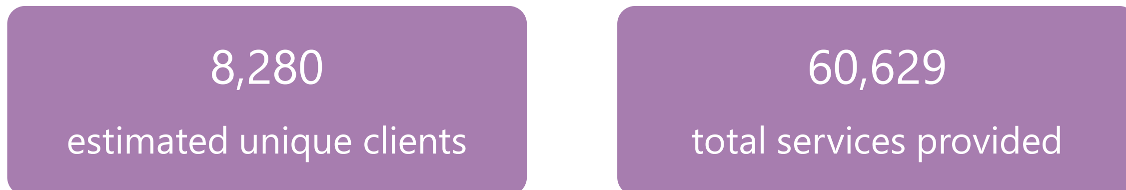
View the updated Uniform Program Standards on HCA's website.

Data

The following figures provide a snapshot of RNP activity and service reach during SFY 2025 (July 1, 2024 through June 30, 2025). These metrics illustrate the scale of outreach, referral response times, and case management services delivered across all regions.

Figure 1: FY 2025 RNP referral and outreach data

Figure 2: FY 2024 RNP case management data



Estimated Unique Client: The combination of ProviderOne ID, Client ID, first name, last name, alternate name, and birthdate.

Unique services: The combination of quarter, group, region, and row number of the row from the workbooks provided.

Success stories

Salish BH-ASO, Kitsap County, Agape

The following is a letter from a participant, in his own words, written in May 2025:

> " To the R.E.A.L. Team and whom it may concern, I just want to take a moment to say how much the R.E.A.L. Team has helped me during one of the hardest times in my life. When I was struggling with alcohol abuse and facing a DUI/Eviction from my residence, I felt completely lost. The R.E.A.L. Team stepped in and helped me get into treatment, which turned out to be exactly what I needed. They didn't just point me in the right direction—they walked with me through the process and ensured I was taking the right steps towards getting my life back together. Even after treatment, they stuck by me. They helped me figure out housing and connected me with programs and resources to keep me on track. They helped me build a solid foundation so I could actually start rebuilding my life instead of just staying stuck in survival mode. Rides, helping me with my bus pass, helping me with getting DOL/EBT set up and issues fixed, rides to and from court and work, encouraging me to stick to my goals, setting

up employment and literally anything I needed within their capacity-- all necessary things I had to do, that, well, I wouldn't have been able to without them. They also helped guide me through everything I needed to do in regards to my DUI/Eviction—helping me understand the process and staying on top of it. I can honestly say that without their help, I don't know where I'd be today. Thanks to their support, I've been able to get on my feet, stay focused on recovery, and start working toward a better future. I'm truly grateful for everything they've done for me, continue to do for me, and anything that I may require in the future. Absolutely some of the most passionate and genuinely caring group of people I've had by my side."

North Central BH-ASO:

This story began with the launch of the Regional Recovery Navigator Program (RNP) in Okanogan County, alongside our initial conversations with community partners.

To provide some context, Greg Bland, who started at our Okanogan County RNP site as a Carceral Recovery Coach with Advance NW, has since been promoted to Regional Recovery Navigator Program Manager for the entire North Central region.

Initially, Greg met with the Okanogan County Sheriff's Department to discuss potential services, facing resistance to the idea of peer support grounded in harm reduction, particularly in relation to Medication for Opioid Use Disorder (MOUD). Many believed that MOUD was merely enabling. While Sheriff Paul Budrow supported Greg's access to the jail, he still needed to prove the effectiveness of the program to other department members. In Greg's words, "We had to prove it worked."

He initially offered a vision without the certainty of if it would all be possible. Part of the vision was to secure bed dates for interested incarcerated individuals without the prerequisite of a full SUD assessment, provide peer support to them while incarcerated, and then continue to walk with them into recovery for as long as they needed. Second, he saw an opportunity, he attended an interested individual's court date, with a bed date letter in hand, the judge reviewed it and approved the individual to be released to treatment. Greg confirmed that the participant had made treatment and then repeated that process a few more times. Eventually he was invited to a meeting with officers of the court and then the process of supporting people during their incarceration and during their treatment phase. Greg said he probably did 150 transports from jail to treatment before there was another Carceral Recovery Coach added to the team. After roughly a year, both the courts and law enforcement began advocating for this new process, recognizing its value. With judicial and prosecutorial support expanding, Greg extended his efforts to collaborate with the Department of Corrections, and he began responding to them for community needs, and needs at arrest which included arranging bed dates for treatment to individuals before they were even in the jail. Next, the prosecutor's office began referring individuals to the program as well after having witnessed its clear benefits.

Earlier this year, when RNP faced potential funding cuts, the Okanogan County Sheriff's Office and community members actively advocated for the Recovery Navigator Program, underscoring the transformative shift in perspectives on peer support and treatment.

Last year, Greg began providing support in Grant County, where initial relationships with the main treatment provider, district court probation, and the court were strained. Greg initiated discussions with probation, openly addressing issues and seeking a chance to prove the program's effectiveness. Initially Greg asked for an opportunity to work with two participants, then five participants, and eventually, his success led to further engagement and weekly meetings to consider new participants.

Despite a couple of transport challenges in Grant County, Greg's leadership ensured the team met community partner needs. Collaborative efforts-built foundations in a previously fractured system, and a vital connection during community court granted Greg access to the Grant County Jail.

Expansion of Clubhouse and Peer-Run Organizations program

The Legislature provided funding in the 2024–2025 operating budget ($3,114,000), as part of a continuation of the funding from ESB 5476, to expand and provide continued funding for peer services to areas lacking programming to address SUD throughout Washington. In efforts to expand and continue access to peer services, HCA combined Blake and opioid abatement settlement account funding ($3.5 million) to support the 28 existing peer support and two new peer providers. Approved strategies and uses for the funding aligned with services provided by HCA Peer-Run Organizations

HCA continues to provide annual funding to Clubhouse and Peer organizations in urban and rural/frontier areas in providing access to services to underserved and marginalized populations including expansion of existing programs and new organizations. In SFY 2025, there was a reduction of two Clubhouse International Model Programs. One provider closed the Clubhouse due to financial hardships in October 2024. The other provider shifted from Clubhouse International Model to a Peer Support Model.

In SFY 2025, HCA provided funding for two new peer support providers, Whitman Recovery Community Center (WRCC), a Recovery Community Organization in Pullman, and City of Poulsbo-Recovery Café North Kitsap in Poulsbo.

Peers Rising (formally Kittitas Count Recovery Community Organization) has expanded peer services in rural areas including Ellensburg, Kittitas, and Yakima. The new Peers Rising in Yakima is scheduled to open in September 2025.

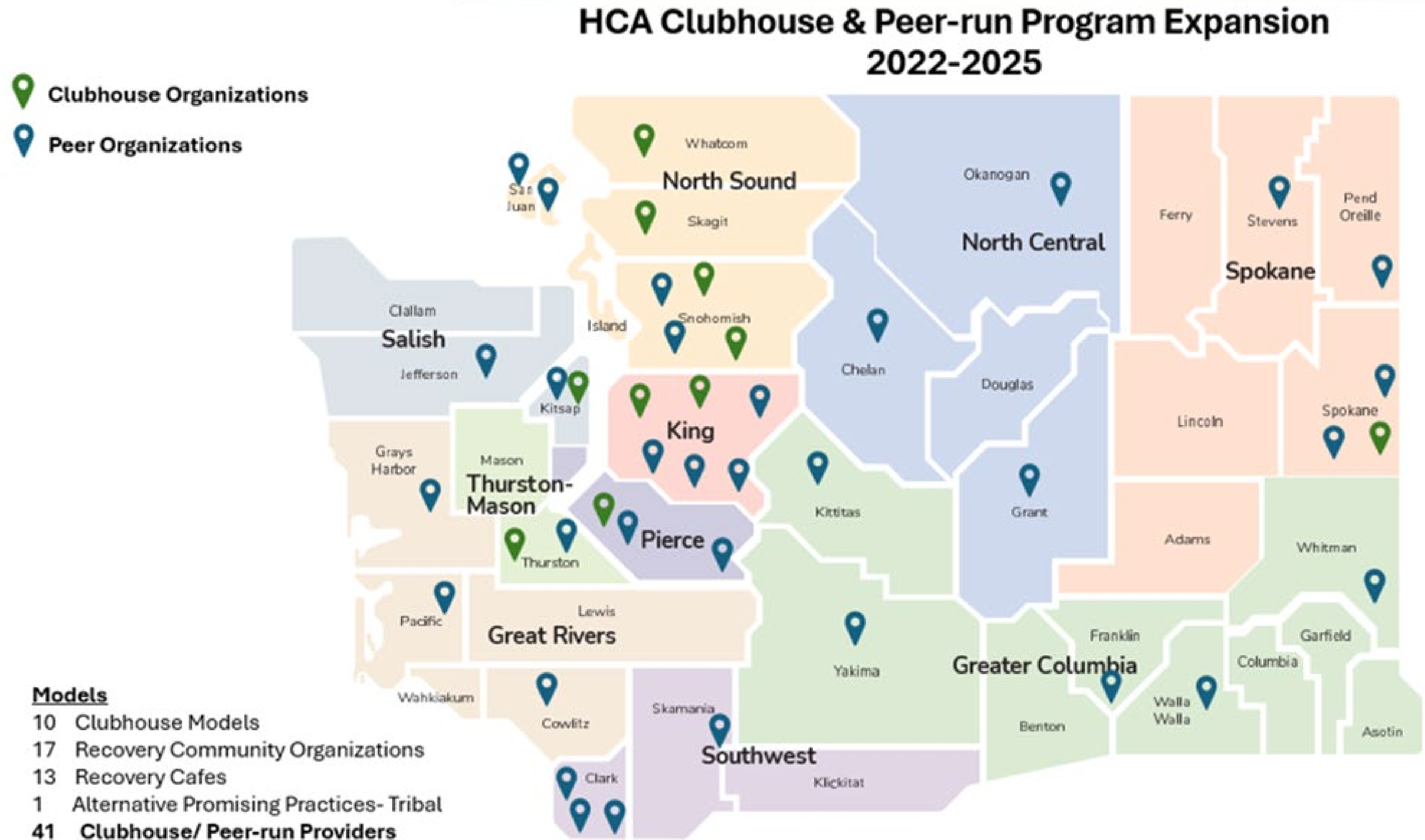
Puyallup Tribe Reentry Program's plan to open a new facility in December 2025 to support the increased demand for additional space to provide peer support services for the tribal community. This has led to an increase in staffing and peer programming.

Table: HCA Peer Support Organizations service outcomes for FY 2025

Service outcomes	FY 2025
Number of enrollments	6,045

Basic needs assistance	15,900
Employment services	2,981
Educational Services	7,079

Figure 4: Clubhouse and Peer-run Organization map, FY 2025



Success stories

The following success stories were submitted by Clubhouse and Peer-Run Organization administrators with permission to share.

Peers Rising: Ellensburg, WA

> This peer reached out to us while incarcerated, having previously established strong relationships with our staff through community service and ongoing engagement. He sought peer support in preparation for his upcoming court date, expressing concerns about housing after his release. Upon his release, he visited our office, where we assisted him in securing temporary housing at a hotel, provided him with a new phone to help find housing and job opportunities, and ensured he stayed connected with his legal commitments. Additionally, we supplied him with a comprehensive hygiene bag.
>
> This support inspired him to continue his journey, ultimately leading him to secure housing at a local Sober Living Home, where he now serves as House Co-Manager! His progress and dedication highlight the positive impact our services have on our peers and the community.

Peer Seattle: Seattle, WA

> I first met "Michelle[3]" when a volunteer introduced her to me. The day before, the volunteer had accompanied Michelle to secure a spot at a local shelter. Michelle returned to Peer Seattle the next day seeking additional support. I was available for an appointment and learned that her situation had recently changed. In early November, Michelle made the difficult decision to leave her parents' home, which she described as hostile and conditional. During our first meeting, Michelle shared her aspirations of becoming financially stable enough to undergo Facial Feminization Surgery and attending the University of Washington to experience collegiate life. After expressing these dreams, Michelle asked for reassurance that it was okay to dream big. I reminded her that there are no limits to what she can aspire to and assured her that Peer Seattle would provide a safe space for her to dream and plan.
>
> Two weeks later, Michelle returned for another appointment following a disappointing visit with a family member the night before. She arrived with a renewed sense of urgency and determination, expressing her desire to focus on securing employment while temporarily setting aside her college planning. Together, we reworked her résumé and submitted several job applications.
>
> At our most recent meeting, Michelle shared that she had learned about a canvassing position with the ACLU and Planned Parenthood through word of mouth on her way to Peer Seattle. This opportunity aligned with her goals of finding a job with responsibility and gaining a deeper understanding of the world. She was also drawn to

[3] A pseudonym to secure individual's identity.

> the position because it offered a supportive environment, particularly in working alongside other trans individuals. Michelle applied for the job the same day she heard about it and was hired a week later.
>
> I am deeply impressed by Michelle's determination and resilience in securing employment while navigating the challenges of becoming recently unhoused. Peer Seattle will continue to support her as she works toward her educational goals and turns her dreams into reality.

Homeless Outreach Stabilization Transition (HOST)

The Homeless Outreach Stabilization and Transition (HOST) program provides outreach-based treatment services to individuals with serious behavioral health challenges including SUD. Multi-disciplinary teams can provide behavioral health, medical, rehabilitative, and peer services in the field to individuals who lack consistent access to these vital services. HCA contracts with North Sound BH-ASO, King BH-ASO, Thurston Mason BH-ASO, Carelon Behavioral Health (Southwest and Pierce), and Spokane BH-ASO to implement HOST teams in Snohomish, King, Pierce, Thurston, Clark, and Spokane counties. The teams perform outreach and provide medical, behavioral health, case management, and peer services to individuals who are living with acute SUD and are experiencing homelessness.

The BH-ASOs subcontract HOST services to licensed community behavioral health agencies.

- King County: Downtown Emergency Service Center
- Southwest: Lifeline Connections
- North Sound: Evergreen Recovery Centers
- Pierce: Greater Lakes Mental Health
- Thurston-Mason: Olympic Health and Recovery Services/Providence
- Spokane: Frontier Behavioral Health

Contracts with BH-ASOs were executed in early 2022 and service provision started in July of 2022. HCA has conducted in-person site visits at each of the HOST teams and developed a fidelity tool and a self-assessment tool for providers.

From July 2024 through June 2025 HOST staff completed approximately **16,993** homeless outreach encounters and provided services to **2,336** unique HOST-eligible individuals.

Success stories

> The HOST team received a referral from the START program regarding one of their homeless clients. The team initially engaged with the client and his girlfriend in a Fred Meyer parking lot. At the time, the client expressed interest in addressing his substance use. However, he became lost to follow-up and had no reliable means of contact.

A few months later, the client reached out from the Smokey Point Detox facility seeking placement in a SUD inpatient program. The HOST team coordinated with the hospital to complete a SUD assessment, which led to his admission into an inpatient program. Upon discharge, he expressed a desire to connect with additional support services.

The client moved into an Oxford House, where the HOST team met with him to facilitate enrollment in SUD outpatient treatment, case management, and a mental health assessment. The Mental Health Professional on the HOST team completed an MH assessment and enrolled the client in MH outpatient services. The HOST Substance Use Disorder Professional obtained his discharge summary and arranged for SUD outpatient services.

The HOST case manager contacted the client's Department of Corrections officer to advocate for a reduced sentence and encourage voluntary surrender. A lighter sentence was granted. The team also provided bus passes for transportation and assisted in obtaining his birth certificate and state identification. The client reports that his newfound sobriety has given him the opportunity to mend his relationship with his children and sister. He is actively engaging in services and reports a positive outlook for his future.

Medication for opioid use disorder (MOUD) in jail

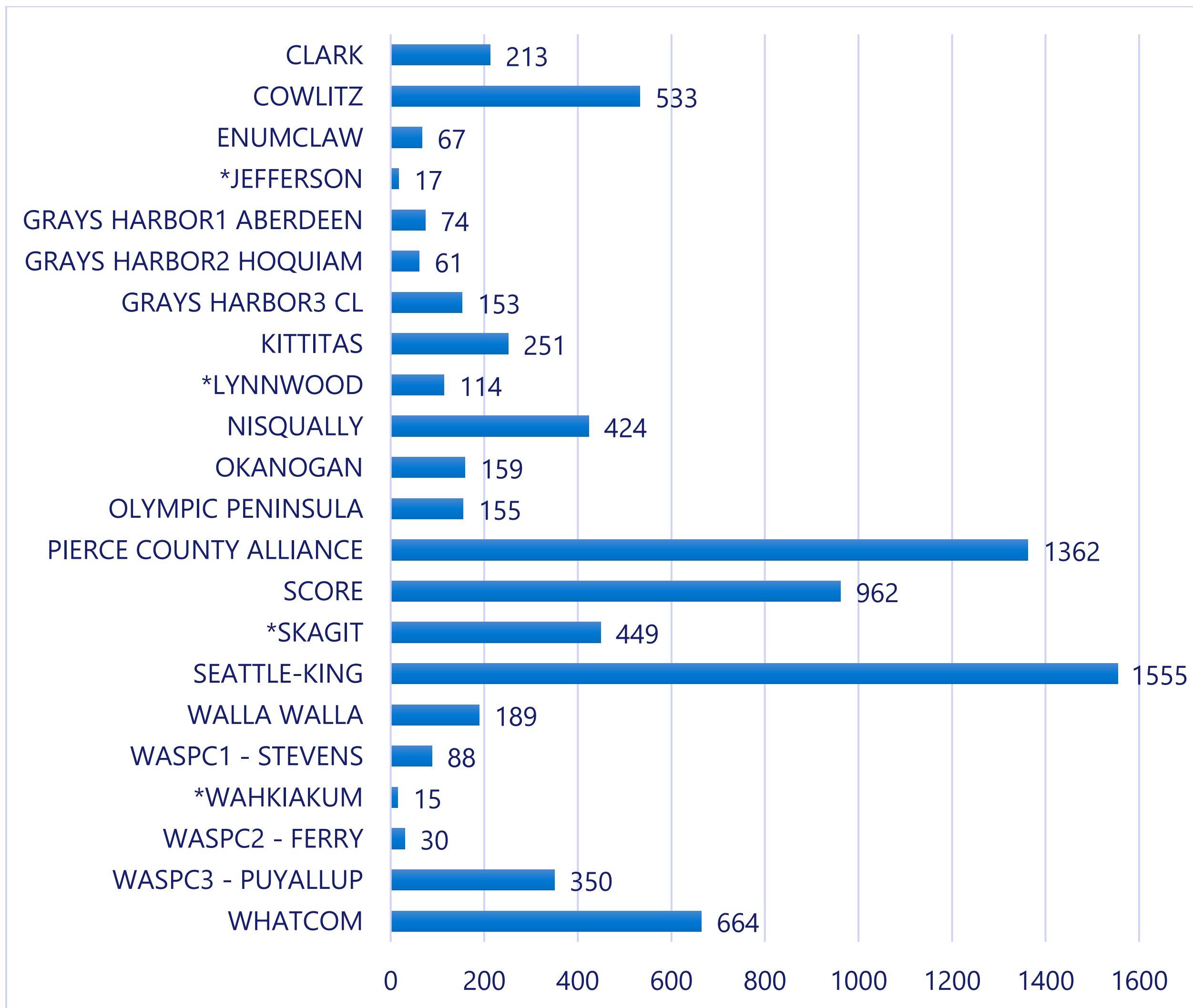
Twenty-three jails participated in the program in FY 2025. Incarcerated individuals are screened at the time of booking to assess for substance use history, withdrawal status, and medical needs prior to being offered MOUD, reentry assistance, peer support, transportation, and naloxone upon release. These jails also continue to receive support, through technical assistance and training, to expand their services to include medications for alcohol use disorder (MAUD).

Program funding provides supplemental support as several jails transition to the Medicaid Section 1115 reentry waiver (Reentry Initiative). For jails participating in the Reentry Initiative, the MOUD/MAUD in Jails program covers ongoing non-billable services and supplies, non-covered jail staff such as correction officers, who are necessary for program implementation, and serving individuals in the timeframe outside of the 90-day prerelease. Participating jails continue to improve and streamline their processes to ensure all individuals are offered treatment options while incarcerated. Support is offered to individuals through the transition to release, removing barriers to continue treatment with community partners.

Long-acting injectables are now more widely available thanks to this program. Use of long-acting injectables has shown anecdotal success in supporting treatment stability for the individual for up to 30 days post-release and it eases the jail staff burden of daily dosing.

The following figure displays a table summarizing the total number of individuals who received MOUD services across participating county and municipal jails during SFY 2025, which includes data from July 1, 2024, through June 30, 2025. Data reflects services delivery counts as reported by contract providers.

Figure 5: Total people provided MOUD Services by MOUD in jails, FY 2025



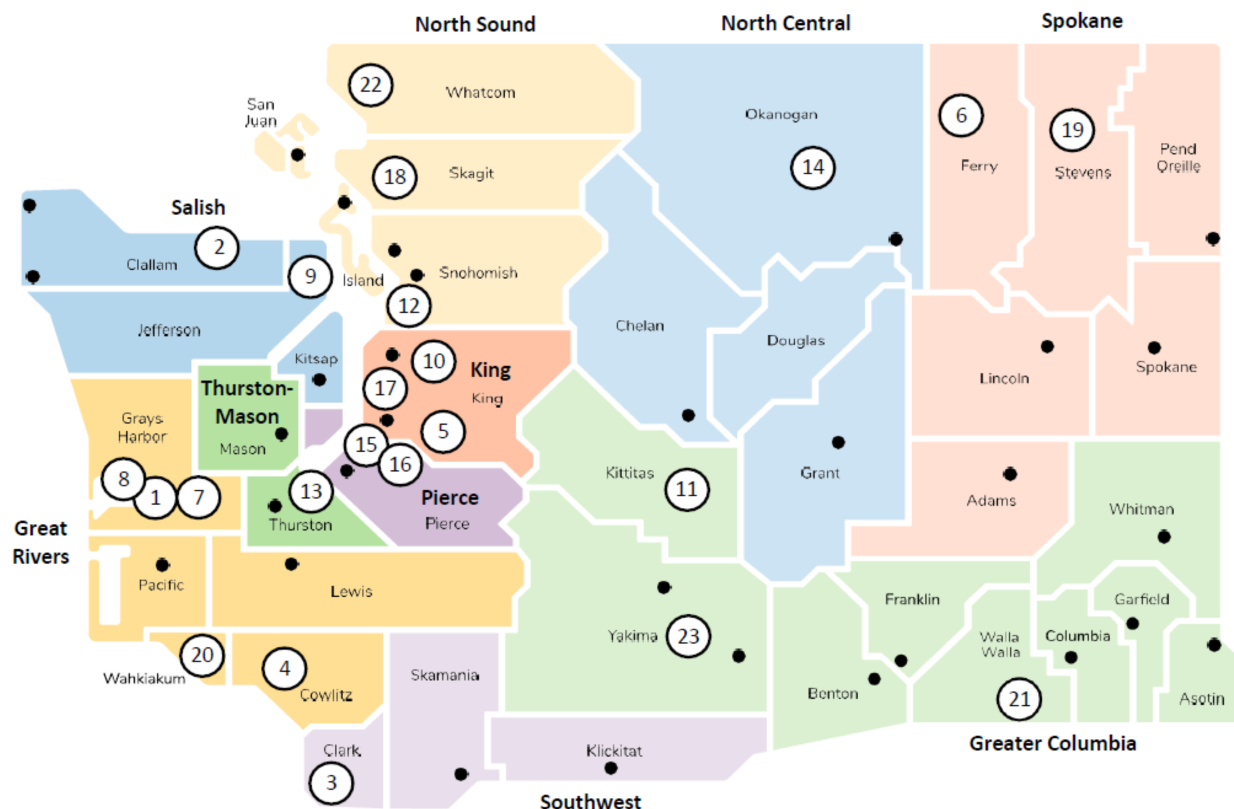
Note: Counts reflect records with complete information for booking date, thus, numbers may undercount services served due to missing information.

* indicates that jails who did not have a full implementation in SFY 2025

Figure 6: MOUD/MAUD in Jails program map, FY 2025

County, city, or Tribal jail

1. City of Aberdeen Jail
2. Clallam County Jail
3. Clark County Jail
4. Cowlitz County Corrections
5. City of Enumclaw Jail
6. Ferry County Jail
7. Grays Harbor County Corrections
8. City of Hoquiam Jail
9. Jefferson County Corrections
10. King County Correctional Facility
11. Kittitas County Jail
12. Lynnwood Community Justice Center
13. Nisqually Tribal Corrections
14. Okanogan County Corrections
15. Pierce County Corrections
16. Puyallup City Jail
17. SCORE - South Correctional Entity
18. Skagit County Community Justice Center
19. Stevens County Sheriff's Jail
20. Wahkiakum County Corrections
21. Walla Walla County Corrections
22. Whatcom County Corrections
23. Yakama Nation Corrections



● **Jails not in this program – may provide MOUD using other funding**

* MOUD/MAUD: Medications for opioid/alcohol use disorder

SUD Family Navigators

The SUD Family Navigator program focuses on implementing navigators who can serve families and individuals of loved ones experiencing SUD. This program was expanded to three new sites through ESB 5476, to support parents, partners, and other adult family members of youth and young adults experiencing SUD-related challenges in navigating systems of care.

SUD Family Navigator program trains and supports family navigators to serve families and individuals of loved ones experiencing SUD, of all ages, to include training and development of expertise in serving family members of youth and young adults with SUD. Navigators are certified peer counselors, trained to offer one-to-one peer coaching, socialization, peer group support, educational groups, employment support, supportive housing, resource linkage, referrals to community supports, and other activities within their scope and expertise. Navigators provide services to families and assist them with navigating the system on behalf of their loved one, and in some circumstances, services may be offered to the individual. Navigators serve families and individuals in a culturally responsive and patient-centered manner and build relationships with traditionally underserved communities/populations.

Table 9: Number of individuals and family members served by Family Navigator contractors, July 2024 – June 2025

Note: Cells containing a dash are redacted due to low numbers. This is to protect patient confidentiality.

Contractor	Number of individuals served	Number of family members served
Multicultural Child & Family Hope Center	293	303
Recovery Café of Clark County	127	36
Peer WA - Seattle	-	468
Peer WA - Kent	24	373
Peer WA - Spokane	114	817
Peer WA - Olympia	43	395
Total served FY 2025	**601**	**2,392**

Per RCW 71.24.522, the SUD Family Navigator program has added four in-person trainings in the fall quarter of 2024 (each training is four days long) for parents, family members, and caregivers who are interested in learning how to support youth with SUD. These trainings provide up-to-date information on SUD, addiction, and its effect on the adolescent brain, skills for families navigating their relationship with someone with SUD, and systems navigation.

View the training schedule and registration links.

Emergency department and hospital bridge program (ScalaNW)

ESB 5476 Section 22(11) provided funding to HCA to establish a position to create and oversee a program to onboard and support emergency department programs for initiating medications for patients with opioid use disorder and then paired with a referral to community-based outreach and case management programs. Due to the work of the position funded in ESB 5476 Section 22(11) and supported by one-time State Opioid Response grant dollars, HCA launched a statewide emergency department bridge program, ScalaNW, in June of 2024. The program was fully funded with abatement settlement funds in ESSB 5167 Section 214(75).

ScalaNW offers prehospital providers, emergency departments, and hospitals with tools and resources to treat opioid and other substance use disorders with evidence-based medications by centralizing the following resources:

- 24/7 addiction consultation
- Clinical protocols that provide clear direction for how to safely treat patients with opioid and other use disorders and were developed by a multidisciplinary team.
- A website that includes provider and patient education.
- 24/7 real-time MOUD follow-up appointment scheduling.

Hospitals that choose to enroll in ScalaNW have access to implementation technical assistance, staff training, evaluation and maintenance support, and scheduling progress reports via an Occupational Nurse Consultant at HCA.

As of August 2025, **34** hospitals and emergency medical dispatch departments across **16** counties are participating in the program, with 24 of them signed up for appointment scheduling. ScalaNW actively recruits clinics, OTPs, and telehealth providers for scheduling line enrollment. Each scheduling hospital has multiple brick-and-mortar and virtual options for follow-up appointments.

ScalaNW has been endorsed by professional organizations across the state, including Washington State Medical Association (WSMA), Washington State Pharmacy Association (WSPA), American College of Emergency Physicians, Washington Chapter (WA-ACEP), Washington Society of Addiction Medicine (WSAM), and Washington State Hospital Association (WSHA) and is actively collaborating with DOH. Partners for this program include:

- UW Psychiatry Consultation Line, which has expanded its addiction psychiatry services to meet the on-demand need of emergency departments.
- Addictions, Drug, and Alcohol Institute (ADAI), which facilitates the development of clinical protocols.
- Crisis Connections/Washington Recovery Help Line, which has increased staffing and developed new programming to create, maintain, and staff the 24/7 scheduling line and appointment database.

Visit the ScalaNW website.

Pending recommendations

The following recommendations from SURSAC demonstrate areas of the SURS Plan that have not yet been implemented and would require additional legislative action in order to fully realize.

Decriminalizing possession of controlled substances and paraphernalia with no civil penalties or fines

One of the more visible requirements of the SURS Plan was the committee's development and consideration of recommendations for an appropriate criminal legal response to possession of a controlled substance. Preliminary discussions surrounding this recommendation from the SURSAC produced considerations for various types of data that would assist in a meaningful recommendation. Data sets were identified as:

- Analysis of the racial impact of decriminalization of possession versus legalization of supply through review of national and international models.
- Current state of the criminal legal system and how it is being used either to incarcerate or as leverage for individuals to enter treatment, and successfully complete treatment.
  - What the effects are, and intent versus outcomes.
- Outcomes data for drug court participants, including analysis of racial outcomes.
- Study of system-wide impacts on the community.
- Research data on the efficacy of behavioral health interventions embedded within the criminal legal system.
- Analysis of gaps in current system to take care of the individual diverted due to decriminalization, into health care, child protective services (CPS), foster care, etc.
  - Looking at gaps where services are not available, like in rural areas
  - Health care cost savings for individuals who are diverted to harm reduction and low-barrier services
- Inclusivity (nature of the crime, race) of individuals in diversion programs and their outcomes
- Summary of which areas in the state are offering diversion programs for youth
- Considerations of social determinants of health and the criminal legal system
- Data on Involuntary Treatment Act (ITA), crisis stabilization centers and inpatient treatment programs are working outside of the criminal system
- Data comparison from what was or was not working prior to State v. Blake and the current statute

A comprehensive resource document was created and distributed to the SURSA Committee for their review. A special Committee meeting was held on September 9, 2022, that consisted of various presentations from

- American Civil Liberties Union (ACLU) summary of Policy Strategies from Commit to Change Washington and the Pathways to Recovery Act. **View the presentation slide deck.**
- LEAD Technical Assistance Team on pre-arrest diversion strategies from LEAD, RNP, and Arrest and Jail Alternatives (AJA). **View the presentation slide deck.**
- University of Washington on safe supply models. **View the presentation slide deck.**
- Oregon Health Justice Alliance on decriminalization successes and lessons learned regarding Oregon Measure 110. **View the presentation slide deck.**

- VOCAL- WA on disparity and inequity in criminal legal response to possession. **View the presentation slide deck**.

Through these presentations, common elements were identified to be incorporated with any recommendation made by SURSAC.

Common elements that are required for any response to possession include:

- Safe supply
- Law enforcement assisted diversion and referral options
- Investments in the behavioral health workforce and infrastructure for outreach, treatment, and recovery services
- Investment in harm reduction and low barrier engagement services

The gravity of this recommendation was considered by SURSAC members. While data and additional meeting time were provided, some SURSAC members voiced concern that there were some missed opportunities for a deeper understanding of the options developed and discussed. SURSAC made a final decision on this recommendation: Decriminalize possession of controlled substances and paraphernalia with no civil penalty or fines.

Legal advocacy for those affected by SUD

This recommendation outlines a need for legal advocacy for parents and families, including kinship and foster care families, that are affected by SUD in court cases regarding custody, parenting plans, guardianship, and CPS cases. It proposes updating language in RCW 13.34.030, definition of indigent (b) to read: "Individuals in need of or receiving mental health, substance use, or behavioral health services." Updating this language would modify RCW 13.34.090, providing appointed counsel by the court for dependency and termination of parent-child relationship cases involving parental or guardian substance use.

This recommendation stated that there were no existing laws that would allow for representation for parents or guardians involved in parenting plans and dissolution cases. This recommendation calls for representation in family law cases, to those affected by substance use disorders, mental health, and behavioral health concerns. It also requests asks for the Family Law Board to work in conjunction with the Office of the Public Defenders to provide legal representation for primary residential parents and nonprimary residential parents (noncustodial) in parenting plan and custodial cases.

Family Law Board could adopt similar language and right to counsel in the Chapter 26.12 RCW series as they have in Chapter 13.34. Currently American Indian / Alaska Native parents and children under RCW 13.38.110 are provided this service in family law case. Providing clinics with court staff or experienced paralegals, connecting with community partners and peer navigators to include those who navigate marginalized groups, could help parents navigate how to properly create parenting plans and teach individuals how to navigate the family law or dependency matters. Providing support for changing parenting or reinstatement cases to have reunification as the end goal is also a key component of this recommendation.

View the full text of the **recommendation to fund legal representation of parents and families**

LGBTQIA2S+ housing

In this recommendation, SURSAC calls for a low-barrier grant program, administered through Commerce, to expand recovery-based housing in underserved and rural areas. Funding is prioritized for housing providers that implement inclusivity policies and meet the needs of priority populations, including LGBTQIA2S+ communities.

While some providers already serve LGBTQIA2S+ residents, feedback indicates that housing policies and practices are not always inclusive or responsive to community needs. For example, residents may be placed in shared rooms that do not align with their gender identity, creating safety and privacy concerns. To address these challenges, housing providers require additional training, guidance, and accountability to ensure services are culturally and linguistically appropriate and representative of LGBTQIA2S+ residents in both rural and urban areas.

In 2023, partial progress was made through 2E2SSB 5536, which provided training requirements for housing providers with direct resident contact. This training incorporates a multifaceted approach, including:

- Harassment prevention
- Effective communication strategies
- Antiracism practices

In addition to the trainings, the recommendation proposed a low-barrier grant program dedicated specifically to LGBTQIA+ recovery housing in underserved and rural regions; however, this program was not implemented. Stakeholders have emphasized that this gap continues to limit access to safe, affirming, and recovery-focused housing for LGBTQIA+ individuals. Leveraging smaller organizations with experience serving LGBTQIA+ communities and ensuring Commerce dedicates sustainable funding streams remain critical next steps for advancing this recommendation.

Finally, to make these efforts durable, stakeholders have stressed the importance of long-term funding strategies, expanding the definition of "fair housing," and creating dedicated grants for youth and rural housing providers. These measures would help ensure equitable access to recovery housing that is inclusive, affirming, and sustainable.

View the full text of the **recommendation on LGBTQIA2S+ housing**.

Revising drug paraphernalia laws

SURSAC'S recommendation proposed amending RCW 69.50.4121 to remove language that prohibits "giving" or "permitting to give" drug paraphernalia in any form, so that programs who serve people who use drugs do not risk class I civil infraction charges for providing life-saving supplies needed for comprehensive drug checking, safer smoking equipment, and other harm reduction supplies to engage and support people who use drugs. This recommendation also indicated that the state shall expressively preempt the field in Washington State regarding any penalties imposed for selling/giving paraphernalia per RCW 69.50.4121.

2E2SSB 5536 amended RCW 69.50.4121 to include specific language protecting people from arrest or prosecution for giving safer drug use supplies and taking drug samples for testing who are doing so in the context of a harm reduction program. Regarding state preemption, 2E2SSB 5536 added a section to chapter 69.50 RCW to state the following:

> RCW 69.50.612 State preemption—Drug paraphernalia. (1) The state of Washington hereby fully occupies and preempts the entire field of drug paraphernalia regulation within the boundaries of the state including regulation of the use, selling, giving, delivery, and possession of drug paraphernalia, except as provided in subsection (2) of this section. Cities, towns, and counties or other municipalities may enact only those laws and ordinances relating to drug paraphernalia that are specifically authorized by state law and are consistent with this chapter. Such local ordinances must have the same penalty as provided for by state law. Local laws and ordinances that are inconsistent with, more restrictive than, or exceed the requirements of state law may not be enacted and are preempted and repealed, regardless of the nature of the code, charter, or home rule status of such city, town, county, or municipality. (2) Nothing in this chapter shall be construed to prohibit cities or counties from enacting laws or ordinances relating to the establishment or regulation of harm reduction services concerning drug paraphernalia.

The language in subsection 2 allows for flexibility of cities and counties to enact local ordinances. This exemption poses a risk to programs who serve people who use drugs in cities or counties that choose to enact more restrictive ordinances related to the operation of harm reduction programs, which is counter to the recommendation of SURSAC and the intent behind state preemption.

View the full text of SURSAC's **recommendation to revise drug paraphernalia laws**.

Conclusion

Since 2021, under ESB 5476, HCA has collaborated with SURSAC to develop and implement the Substance Use Recovery Services (SURS) Plan, building on the state's investments in behavioral health expansion. 2ESSB 5536 (2023) provided significant legislative support to advance many of the SURS Plan's recommendations, and implementation efforts have continued to mature over the past couple years.

SURSAC has also identified several recommendations that have not yet received allocated funding or legislative authority.

Over the past year, HCA has supported SURSAC's role in ongoing review and evaluation of programs connected to ESB 5476 and 2ESSB 5536. Regular meetings and feedback processes have strengthened the cycle of process improvement, ensuring that information is shared, evaluated, and refined in partnership with state and local stakeholders. The expertise within SURSAC has helped ensure that programs are implemented with consideration for community input, lived experience, and the voices of those historically impacted by ineffective policies.

Per RCW 71.24.546, the final annual progress report will be submitted in December 2026.

Appendices

Appendix A: SURSAC members

Name	Area of representation/expertise
Tony Walton	Health Care Authority Director's Appointment
Lauren Davis	House of Representatives Member- Democrat
Dan Griffey	House of Representatives Member- Republican
Manka Dhingra	Senate Member- Democrat
John Braun	Senate Member- Republican
Vacant	Governor's Office
Caleb Banta-Green	Addictions, Drug & Alcohol Institute at UW Expert
Julian Saucier	Adult in Recovery from SUD who experienced criminal legal consequences
Amber Cope	Peer Recovery Services Provider
Brandie Flood	Anti-Racism Member
Stormy Howell	Representative of a Federally Recognized Tribe
Chad Enright	Washington State Association of Prosecuting Attorneys
John Hayden	Washington Association of Criminal Defense Lawyers
Kevin Ballard	Local Government
Niki Lewis	Association of WA Health Plans
Sherri Candelario	Recovery Housing Provider
James Tillett	Outreach Services Provider
Christine Lynch	SUD Treatment Provider
Sarah Gillard	Representative of experts serving persons with co-occurring SUD and MH conditions
Donnell Tanksley	Representative of experts serving persons with co-occurring SUD and MH conditions
Malika Lamont	Representative of experts on the diversion from the criminal legal system to community-based care for persons with SUD
Shawn Mire	Adult in Recovery from SUD who experienced criminal legal system consequences
Alexie Orr	Adult in Recovery from SUD who experienced criminal legal system consequences
Hunter McKim	Youth in Recovery from SUD who experienced criminal legal system consequences
Addy Adwell	SUD Provider Union member

Appendix B: SUDISA member roster

Area of representation/expertise	Member name and affiliation	County of residence
Psychotherapist	Ana Hartu, JBLM	Thurston
Behavioral health intake/referral	Cathy Assata	Snohomish
Behavioral health coding, billing, and medical record (EMH/EHR) professional	Trina Gallacci, Tribal FQHC	Clallam
Substance Use Disorder Professional (SUDP)	Sarah Gillard, Greater Columbia Behavioral Health BHASO	Franklin
Low-Barrier services	Carrie Reinhart, Neighborcare and DESC PACT team	King
Recovery Housing Provider	Daniel White, Communities of Belonging	King
Managed Care Organization (MCO)	Katherine (Katie) Ramos, Coordinated Care of Washington	Spokane
Veterans Affairs (VA)	Phillip Maes, VA Puget Sound	King
Behavioral Health Administrative Services Organization (BHASO)	Cara Reidy, Spokane regional BHASO	Spokane
Lived experience seeking treatment for substance use	Tiffanie Colombini	King
Lived experience with SUD recovery	Charnay DuCrest	Pierce
Outreach Worker	Garret Leonard, Olympia Bupenorphine Clinic	Thurston
Designated Crisis Responder	Dominique Fortson-Jordan	Franklin
Hospital Social Worker	Adriane Tillery, HMC, University of Washington	King
Tribal Health / Fee-for-Service	Bethany Barnard, Willapa Behavioral Health	Pacific
Behavioral Health Advocacy	Lashonti “La La Tea” Turner	Whatcom
SUD Outpatient Provider (1 of 2)	Amy Ruge, Columbia River Mental Health, Northstar Clinic	Clark
SUD Outpatient Provider (2 of 2)	Wayne Swanson, Subacute Recovery Services	Kitsap
SUD Residential/Inpatient Provider (1 of 2)	Alicia Egan, Sundown M Ranch	Yakima
SUD Residential/Inpatient Provider (2 of 2)	Brandy Branch, Lifeline Connections	Clark
MOUD Prescriber	Molly Martin	Clallam

SUD Withdrawal Management Provider	Qudsia Khan, Northwest Integrated Health	Pierce
SUD/MH Co-Occurring Provider	Jackielyn Jones, Peninsula Community Health Services	Kitsap
Family member of individual(s) with SUD	Elizabeth Bridges	Clark
Drug Court Graduate	Dallas Delagrange	Cowlitz
Harm Reduction Strategies Expert	Elizabeth Myers	Jefferson
DOH-SUDP Advisory Work Group member	Bergen Starke, Peninsula Community Health Services	Kitsap
Emergency Department Crisis Worker/ED Behavioral Healthcare Provider	Angela Tonkovich, LCSW, Harborview Medical Center Emergency Department	King
Addiction Medicine Physician (MD)	David Sapienza, MD	King

Members were selected based on an application process reviewed by the SUDISA steering committee.

Appendix C: Safe supply workgroup members

Area of representation/expertise	Member name	Organization
Representative of local government	Mike French	
Recovery housing provider	Tanikka Waterford	The Moore Wright Group
Expert in antiracism and equity in health care delivery systems	Tania Hernandez	Jamestown Healing Clinic, Holmen Recovery Center
Expert from Addictions, Drug, and Alcohol Institute (ADAI) at University of Washington	Addie Palayew	ADAI
Harm reduction services provider	Malia Lewis	Blue Mountain Heart to Heart
Adult in recovery from SUD	Robert Nelson	
Youth in recovery from SUD	Karis Paul	
Representative from the Association of WA Healthcare Plans (AWHP)	Melissa Saiz	Molina
Outreach services provider	Devin Majkut	
SUD treatment provider	Shelley Ethrington	
Peer recovery services provider	Robert Leyden	
Expert in serving persons with co-occurring SUD and mental health conditions	Laura Healy	
Member of a union representing workers in behavioral health field	Not filled	

Representative of sheriffs and police chiefs	Not filled
Representative of a federally recognized tribe	Not filled

[i] Still referred to as Certified Peer Counselors at the time of recommendations.