

Substance use and recovery services plan

Progress report 2023-2024

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

RCW 71.24.546

December 1, 2023

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Executive summary

The ruling (*State v. Blake*), in effect, decriminalized controlled substance possession and led to the passing of Engrossed Senate Bill 5476, which directed the creation of the Substance Use Recovery Services Advisory Committee (SURSAC) and the eventual substance use recovery services plan. The plan was developed by the Washington State Health Care Authority (HCA) on behalf of the Substance Use Recovery Services Advisory Committee (SURSAC), as outlined in [Engrossed Senate Bill 5476 \(2021\)](#)- Responding to the *State v. Blake* decision by addressing court system responses and behavioral health- substance use disorder (SUD) and mental health (MH)- outreach/engagement, treatment, and recovery services:

“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: ESB 5476 deliverable timeline

Deliverable	Date
Preliminary report to Legislature	November 24, 2021
Final plan submitted to Governor and Legislature	January 13, 2023
Annual Plan Implementation Report to Governor and Legislature	December 1, 2023, and each subsequent year until 2026
Adopt rules/contracts necessary to implement the Plan	December 1, 2023

During the 2023 Special Session, the Washington State legislature passed [Second Engrossed Second Substitute Senate Bill 5536](#). 2E2SSB 5536 has adopted language and funding that are closely linked to several of the recommendations outlined by the Substance Use Recovery Services Advisory Committee (SURSAC) and the Substance Use and Recovery Services Plan submitted January 13, 2023. The forthcoming implementation reports for [Engrossed Senate Bill 5476](#) will encompass progress updates on the execution of directives specified in Senate Bill 5536, which are directed HCA and other state agencies.

SURSAC recommendations overview

Recommendations are numbered according to the order in which they were voted on by the Committee.

Treatment

Table 3: Treatment recommendations

Recommendation
Recommendation 7: Health Engagement Hubs for People Who Use Drugs
Recommendation 14: Safe supply workgroup
Recommendation 11: SUD engagement and measurement process
Recommendation 15: Expanding funding for OTPs to include partnerships with rural areas

Data

Table 4: Data recommendations

Recommendation
Recommendation 6: BH-ASO and RNP data reporting
Recommendation 13: LE and BH data collection and reporting

Diversion, outreach, and engagement

Table 5: Diversion, outreach, and engagement recommendations

Recommendation
Recommendation 10: Expanding investment in programs along the 0-1 intercept on the sequential intercept model
Recommendation 12: Stigma-reducing outreach and education, more importantly regarding youth and schools
Recommendation 5: Amend RCW 69.50.4121 – Drug paraphernalia law

Recovery support services

Table 6: Recovery support services recommendations

Recommendation
Recommendation 1: Tax incentives for landlords and respite space housing vouchers
Recommendation 3: LGBTQIA+ community housing
Recommendation 4: Training of foster and kinship parents of children who use substances
Recommendation 16: Addressing zoning issues regarding behavioral health services
Recommendation 2: Legal advocacy for those affected by SUD
Recommendation 8: Employment and education pathways
Recommendation 18: Continuum of housing
Recommendation 9: Expansion of WRHL and asset mapping

Legislative appropriations SURSAC recommendations

Table 7: Legislative appropriations- SURSAC recommendations

SURS plan recommendation	Recommendation description	Legislative response	Appropriated Funding
Recommendation 1: Tax incentives for landlords and respite space housing vouchers	Recommended creating tax incentives and short-term housing vouchers to include respite spaces	<p>Tax incentive and exemption</p> <p>2E2SSB 5536 Sections 18 and 19- Administrative provisions contained in RCW 84.36.800 - 84.36.865.34 incorporating incentives and tax exemptions</p> <p>Housing vouchers</p> <p>Funding allocated for Housing vouchers in 2E2SSB 5536 Section(s) 33(8)</p>	<p>Biennium Total: \$7,500,000 for Short-term housing vouchers for individuals with SUD</p>
Recommendation 2: Legal advocacy for parents affected by SUD	Recommended establishing legal advocacy be provided for parents and families, including kinship and foster care families, those affected by SUD in court cases regarding custody, parenting plans, guardianship, and Child Protective Services (CPS) cases	<p>No update or change in precedent related to legal advocacy for families affected by SUD as It relates to child custody and guardianship</p> <p>Legal advocacy for adults with charges including possession:</p> <p>2E2SSB 5536 section 39 addresses Public Defense consultation and representation for indigent adults for those charged with offenses involving allegations of possession or public use of a controlled substance, counterfeit substance, or legend drug</p>	<p>Biennium Total: No funding appropriated specifically for legal advocacy for families impacted by SUD. \$9,000,000 appropriated to the Office of Public Defense for consultation and representation to indigent adults charged with offenses involving allegations of possession or public use of a controlled substance, counterfeit substance, or legend drug</p>
Recommendation 3: LGBTQIA+ community housing	Recommended creating Recovery housing that is	Recovery housing grants	<p>Biennium Total: \$4,000,000 for grants for the operational</p>

SURS plan recommendation	Recommendation description	Legislative response	Appropriated Funding
	responsive to the needs of the LGBTQIA+ community including supportive policies and training for existing housing providers	<p>2E2SSB 5536 Section(s) 12, 17 & 33(9)</p> <p>Sec 12: Establishes recovery residences as essential public facilities</p> <p>Outreach for underserved and rural areas</p> <p>Sec 17 amends RCW 71.24.657, to direct HCA to conduct outreach to underserved and rural areas to support the development of recovery housing, including resources for women, LGBTQIA+, Black, indigenous, immigrant, and youth.</p>	<p>costs of new staffed recovery residences</p> <p>Biennium Total: No specific amount appropriated to support training and outreach</p>
<p>Recommendation 4: Training of foster and kinship parents of children who use substances</p>	<p>Recommended to provide and enhance substance use training and recovery support education to foster and kinship guardians and caregivers of displaced youth, creating a supportive environment for children and transition-age youth (TAY)</p>	<p>Training for parents of adolescents and transition age youth with SUD</p> <p>2E2SSB 5536 Section 20, codified as RCW 71.24.522</p> <p>Directs Department of Children Youth and Families to establish a training for parents of adolescents and transition age youth with substance use disorders to provide education, communication strategies, means to obtain opioid overdoes reversal medication, self-care, and suicide prevention</p>	<p>No specific amount appropriated</p>
<p>Recommendation 5: Amend RCW 69.50.4121- Drug paraphernalia law</p>	<p>Recommended amending RCW 69.50.4121 to remove language that prohibits</p>	<p>RCW 69.50.4121- Drug paraphernalia law</p> <p>2E2SSB 5536 Sections 7 and 8 amended RCW 69.50.4121</p>	<p>No funding attached to new law</p>

SURS plan recommendation	Recommendation description	Legislative response	Appropriated Funding
	<p>“giving” or “permitting to give” drug paraphernalia in any form so that programs that 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. SURSAC recommends that the state expressly preempt the field in Washington State regarding any penalties imposed for selling/giving paraphernalia per RCW 69.50.4121.</p>	<p>concerning drug paraphernalia regulation. Section 7 removes testing and analyzing. Chapter 7.80 RCW and exempts public health workers from prosecution for the distribution of paraphernalia and taking illicit substances for the purpose of drug testing as part of a public health program. The state preempts the entire field of drug paraphernalia regulation within the state. Local ordinances relating to drug paraphernalia must be authorized by state law. However, per subsection 2 of section 8, cities and counties can enact their own laws and ordinances relating to the establishment or regulation of harm reduction services or supplies.</p>	
<p>Recommendation 6: BH-ASO and RNP data reporting</p>	<p>Recommended establishing specific data collection and reporting requirements among behavioral health administrative services</p>	<p>Implementation of a data integration platform for RNP, LEAD, and AJA</p> <p>2E2SSB 5536 Section 22, codified as RCW 71.24.913, directs the Authority to develop and implement a data integration platform by June 30, 2025, to support recovery</p>	<p>No specific amount appropriated</p>

SURS plan recommendation	Recommendation description	Legislative response	Appropriated Funding
	<p>organizations (BH-ASOs) related to their regional Recovery Navigator Programs (RNP).</p>	<p>navigator programs, law enforcement-assisted diversion programs, arrest and jail alternative programs, and similar diversion efforts.</p> <p>A new section is added to Chapter 71.24 (RCW 71.24.909), which requires HCA to contract with the Washington State Institute for Public Policy to conduct a study on the long-term effectiveness of recovery navigator and law enforcement-assisted diversion programs in Washington state.</p>	
<p>Recommendation 7: Health engagement hubs for people who use drugs</p>	<p>Recommended to establish Health Engagement Hubs throughout the state to serve as an all-in-one location where people who use drugs can access a range of medical, harm reduction, treatment, and social services.</p>	<p>Health Engagement Hubs</p> <p>2E2SSB 5536 Section(s) 26, codified as RCW 71.24.112. & 33(4)</p> <p>Establish a 2-site pilot program for Health Engagement Hubs to create an all-in-one location where adults who use drugs can access a range of medical, harm reduction, treatment, and social services, and linkage to housing, transportation, and other support services.</p> <p>Payment structures by June 30, 2024</p> <p>Implement by Aug 1, 2024</p>	<p>Biennium Total: \$4,000,000 to establish a 2-site pilot program for Health Engagement Hubs</p>

SURS plan recommendation	Recommendation description	Legislative response	Appropriated Funding
<p>Recommendation 8: Employment and education pathways</p>	<p>Recommended to create a grant program to support community-based providers of employment and education pathways for individuals in recovery.</p>	<p>2E2SSB 5536 Section(s) 27, codified as RCW 71.24.113, & 33(6)</p> <p>Employment & Education grant program</p> <p>Establishes a grant program for providers of employment, education, training, certification, and other supportive programs designed to provide persons recovering from a substance use disorder with employment and education opportunities.</p>	<p>Biennium Total: \$5,242,000 to establish the employment and education grant program</p>
<p>Recommendation 9: Expansion of WRHL and asset mapping</p>	<p>Recommended to expand upon the current recovery readiness asset tool and the Washington Recovery Helpline (WRHL) to map and direct individuals to community-based care access points and helps locate and help those needing outreach, treatment, and recovery support services.</p>	<p>2E2SSB 5536 Section(s) 28, codified as RCW 71.24.911</p> <p>Behavioral Health Treatment and Recovery Support Services Mapping Tool</p> <p>Establishes a behavioral health treatment and recovery support services mapping tool that could be used to find locations of behavioral health services and includes a referral system to help facilitate the connection between an individual and a facility that is currently accepting new referrals.</p>	<p>No specific amount appropriated</p>
<p>Recommendation 10: Expanding investments in programs along the 0-1 intercept on the</p>	<p>Recommended continued and increased investments in evidence-based diversion</p>	<p>2E2SSB 5536 Section(s) 13, 33(1), and 33(12).</p> <p>Arrest & Jail Alternatives grant program - RCW 36.28A.450</p>	<p>Biennium Total: \$5,000,000 provided solely for the purposes of maintaining a memorandum of</p>

SURS plan recommendation	Recommendation description	Legislative response	Appropriated Funding
<p>sequential intercept model</p>	<p>programs that operate along intercepts 0 and 1 on the sequential intercept model, including the Recovery Navigator Program (RNP), Arrest/Jail Alternative programs, Law Enforcement Assisted Diversion (LEAD), and other harm-reduction, trauma-informed, and public health-based approaches.</p>	<p><i>(Preexisting program, established with HB 1767 in 2019 legislative session)</i></p> <p>Law Enforcement Assisted Diversion (LEAD) – RCW 71.24.589</p> <p><i>(Previously a pilot program established with SB 5380 in 2019 legislative session)</i></p> <p>Arrest and Jail Alternatives is a grant program developed and implemented by the Washington Association of Sheriffs and Police Chiefs, in consultation with the LEAD National Support Bureau, aimed at supporting local initiatives to properly identify criminal justice system-involved persons with substance use disorders and other behavioral health needs, and engage those persons with therapeutic interventions and other services.</p> <p>5536 shifts LEAD from a pilot program to an ongoing grant program; instructs sufficient funds to be allocated to secure technical assistance by the LEAD Support Bureau for the authority and for the implementing jurisdictions.</p>	<p>understanding with the Criminal Justice Training Commission to provide ongoing funding for community grants.</p> <p>Biennium Total: \$5,000,000 for LEAD expansion</p>
<p>Recommendation 11: SUD engagement and measurement process</p>	<p>Recommendation for HCA to convene a workgroup to review current processes and</p>	<p>2E2SSB 5536 Section(s) 36, codified as RCW 71.24.630</p> <p>SUD Treatment Assessments Work Group</p>	<p>No specific amount appropriated</p>

SURS plan recommendation	Recommendation description	Legislative response	Appropriated Funding
	workforce needs related to intake, screening, and assessment for substance use disorder (SUD) services.	<p>Directs HCA to convene a work group to recommend changes to systems, policies, and processes related to intake, screening, screening, and assessment for SUD services with the goal to broaden the workforce capable of administering SUD assessments and make the assessment process as brief as possible, etc.</p> <p>Recommendations are due to the governor and appropriate committees of the legislature by December 1, 2024.</p>	
Recommendation 12: Stigma-reducing outreach and education for youth and schools	SURSAC recommended education related to naloxone administration and overdose identification to be provided in Washington State public schools (grades 6 – 12) to help reduce stigma and save lives.	<p>No legislation in the 2023 session was passed to direct schools to provide naloxone education to students. However, several educational campaigns and overdose prevention initiatives have been funded per ESB 5187, Section 215, Proviso 61.</p> <p>In 2019, the state passed SSB 5380, which enacted RCW 28a.210.390, requiring school districts with 2,000 students or more to obtain and maintain at least one set of opioid overdose reversal medication doses in each of its schools.</p>	<p>No funding was allocated specifically for a school-administered stigma reduction education curriculum.</p> <p>\$1,000,000 Was allocated in the budget (5187) to deploy an opioid awareness campaign for youth</p>
Recommendation 13: Law enforcement	The recommendation	2E2SSB 5536 Sec 38, codified as RCW 71.24.908	No specific amount appropriated

SURS plan recommendation	Recommendation description	Legislative response	Appropriated Funding
and behavioral health data collection and reporting	requests building upon and providing ongoing funding for a data integration infrastructure that can receive and analyze standardized data gathered by law enforcement, courts, prosecutors, RNP case management, behavioral health treatment services, and recovery support services to meet the mandates.	<p>Data Integration Platform</p> <p>The Authority is responsible for regularly assessing the prevalence of substance use disorders and interactions of persons with substance use disorder with service providers, nonprofit service providers, first responders, healthcare facilities, and law enforcement agencies. Starting in 2026, the Authority must provide an annual report that includes a comprehensive assessment of this information.</p>	
Recommendation 14: Safe supply workgroup	Recommended assembling a statewide workgroup to make recommendations on a framework for safe supply for future inclusion in the Washington State Substance Use Recovery Services Plan.	<p>Engrossed Senate Bill 5187</p> <p>Section 215 (124) allocated funding to HCA to establish a safe supply workgroup during the 2023-2025 biennium to evaluate potential models for safe supply services and make recommendations on inclusion of a safe supply framework in the Substance Use Recovery Services Plan to provide a regulated, tested supply of controlled substances to individuals at risk of drug overdoses.</p>	Biennium total: \$300,000
Recommendation 15: Increase access to Opioid Treatment Program (OTP)	Recommendation proposes changing state rules and laws and	2E2SSB 5536 Section(s) 12, 14 & 33(5)	Biennium Total: \$3,768,000 to Washington State Health Care Authority

SURS plan recommendation	Recommendation description	Legislative response	Appropriated Funding
services in rural areas	expanding funding to help increase the number of opioid treatment programs (OTP) OTPs in rural areas.	<p>Opioid Treatment Programs (OTPs)</p> <p>Sec 12: Establishes OTPs (including mobile and fixed-site medication units) as essential public facilities.</p> <p>Sec 14: Requires conditional use permits for the siting of OTPs only to the extent that they are similarly applied to other essential public facilities and health care settings.</p> <p>Expanding OTPs statewide while prioritizing expansion in rural areas.</p>	
Recommendation 16: Addressing zoning issues regarding behavioral health services	Recommendation addresses outdated language around recovery residence licensing, zoning barriers affecting treatment, harm reduction, and recovery services, and the inconsistency between state, county, and city/town regulations regarding zoning for these types of facilities.	2E2SSB 5536 Sec 12 revised RCW 36.70A.200 to outline the process for identifying and siting essential public facilities in county and city planning. These facilities include airports, state education and transportation facilities, regional transit authority facilities, correctional facilities, solid waste handling facilities, opioid treatment programs, recovery residences, harm reduction programs, inpatient facilities, mental health facilities, group homes, community facilities, and secure community transition facilities.	No specific funding amount appropriated
Recommendation 18: Continuum of housing	Provide capital and operating funding to support housing	<p>2E2SSB 5536 Sec 15</p> <p>Instructs Dept of Commerce, subject to funds appropriated,</p>	Biennium Total: \$4,000,000

SURS plan recommendation	Recommendation description	Legislative response	Appropriated Funding
	<p>options at various points of intersection along the continuum of care, including housing people who use drugs to those in recovery, which may or may not include abstinence.</p>	<p>to fund the construction costs necessary to start up recovery housing in regions of the state that currently lack them.</p> <p>A new section is added to Chapter 43.330, codified as RCW 43.330.580, which establishes a program to fund construction costs for substance use disorder treatment and recovery housing in underserved areas, including central and eastern Washington and rural areas, subject to appropriate funds.</p> <p>2E2SSB 5536 Sec 17(1) directs the Authority to make sufficient funding available to establish an adequate and equitable stock of recovery residences in each state region, subject to funds appropriated for this purpose.</p> <p>2E2SSB 5536 Sec 33(9) provides grant funding to HCA for operational costs of newly staffed recovery residences.</p>	<p>...provided solely for the authority to provide grants for the operational costs of new staffed recovery residences which serve individuals with substance use disorders who require more support than a level 1 recovery residence, with a focus on providing grants to recovery residences which serve individuals in the five most populous counties of the state.</p>

NOTE: There is no recommendation 17, because the numbering of the recommendations is based on the order in which they were reviewed by SURSAC after passing from the subcommittees. Recommendation 17 did not receive majority support from the SURSAC, and as a result, is not included in the SURS Plan and subsequent progress reports.

Plan recommendations and implementation updates

State lawmakers had enacted a temporary law regarding the 2021 Washington Supreme Court [ESB 5476](#), *State v. Blake*, which struck down the state's previous drug possession laws. During the 2023 Legislative session, lawmakers deliberated and passed a new permanent drug law. SURSAC's official recommendation on this matter to the legislature was to decriminalize drug possession, a recommendation that was not adopted by the legislature.

Legislative deliberations largely centered around whether offenses should be a simple misdemeanor or a gross misdemeanor. Simple misdemeanors carry up to a \$1,000 fine and 90 days in jail. Gross misdemeanors can receive up to a \$5,000 fine and 364 days in jail.

As part of a special 30-day session of the Legislature, called by the Governor, the Legislature passed [Second Engrossed Second Substitute Senate Bill \(2E2SSB\) 5536](#), amending [RCW 69.50.4013](#), making possessing a controlled substance or knowingly using a controlled substance in a public place a gross misdemeanor punishable by imprisonment of up to 180 days in jail, or by a fine of not more than \$1,000, or by both. Instead of jail booking and referral to the prosecutor, law enforcement is encouraged to offer a referral to assessment and services under RCW 10.31.110 or other program, such as Arrest and Jail Alternative programs, Law Enforcement-Assisted Diversion programs, and the Recovery Navigator Program.

[Second Engrossed Second Substitute Senate Bill 5536](#) also included language and funding directly associated with some of the recommendations set forth by the SURSAC and the Substance Use and Recovery Services Plan. Below is the list of recommendations from the Plan, the associated directives and any funding provided to each proposed initiative. Implementation updates for HCA directives are also provided.

Recommendation 1: Tax incentives for landlords and respite space housing and vouchers

Recovery housing incentives for landlords

SURSAC Recommendation

This recommendation stemmed from the need to support recovery housing operations that offer Medications for Opioid Use Disorder (MOUD) services and provide more housing options in all areas of Washington. The recommendation provides a strategy to mitigate the challenges of securing and maintaining permanent housing for tenants and owners. The 2022 housing market consisted of homeowners and recovery residence operators/owners finding it more profitable to sell their homes rather than continue to operate. The cost of real estate was working against the community and supportive system for those seeking recovery services. Operators were shifting out of recovery housing and selling their homes to capitalize on the current market. As a result, the committee recommended incentives including property tax breaks for landlords to incentivize lending their rental homes to recovery housing operators. The committee also recommended capital state funds to establish new recovery residences.

Legislative response

Per [2E2SSB 5536](#); Section 19, a nonprofit organization's real and personal property in providing emergency or transitional housing for low-income homeless persons or victims of domestic violence who are homeless for personal safety reasons is exempt from taxation if the charge does not exceed the actual cost of operating and maintaining the housing. The exemption applies to taxes levied for collection in the calendar years 2024 through 2033 and is subject to administrative provisions contained in RCW [84.36.800](#) through [84.36.865.34](#). The tax preference performance statement for section 18 of 5536 aims to maximize funding for recovery residences and increase availability.

To measure the effectiveness of the tax exemption, the joint legislative audit and review committee is directed to evaluate annual changes in the total number of parcels qualifying for the exemption, the amount of annual property tax relief resulting from the tax exemption, the yearly average number of people housed at recovery residences, the annualized amount charged for housing at recovery residences, and the annual amount of expenditures by nonprofits to maintain recovery residences. The legislature intends to extend the expiration date of the property tax exemption under section 18 if the review finds that the number of properties qualifying for the exemption has increased, the number of individuals using recovery housing has increased, and the amount charged for recovery housing is reasonably consistent with the actual cost of operating and maintaining the housing.

Housing vouchers

SURSAC Recommendation

As part of the larger recommendation to expand housing, SURSAC also recommended the establishment of a new voucher program for experienced and accredited housing operators to hold bedspaces for people awaiting treatment or who have otherwise returned to substance use.

Legislative response

Per [2E2SSB 5536](#) Section 17(2), the Authority is responsible for establishing a voucher program for temporary housing and establishing an adequate stock of recovery residences in each region of the state. The voucher program allows accredited recovery housing operators to hold bed space for individuals waiting for treatment. [2E2SSB 5536 Section 33\(8\)](#) allocated funding for fiscal year 2023 and fiscal year 2024 to HCA to provide short-term housing vouchers for individuals with substance use disorders. [ESB 5187](#); section 215 (102) also allocated state appropriations from the general fund for fiscal year 2024 and fiscal year 2025, and funding from the opioid abatement settlement account—state appropriation is provided solely for the authority to provide short-term housing vouchers for individuals with substance use disorders.

HCA implementation update

Proviso funds from the biennial budget ([5187](#)) supported existing programs that provide supportive services to people who use drugs (e.g. Peer Pathfinder, Homeless Outreach Stabilization and Transition (HOST) program, PATH, Housing and Recovery through Peer Services (HARPS), and other recovery-centered programs). HCA is in the process of hiring a program manager to coordinate housing voucher distribution to ensure there are staff that can adequately meet the needs of the community and ensure best utilization of the resources available.

Recommendation 2: Legal advocacy for those affected by SUD

SURSAC Recommendation

SURSAC recommended that legal advocacy be provided for parents and families, including kinship and foster care families, affected by SUD in court cases regarding custody, parenting plans, guardianship, and Child Protective Services (CPS) cases.

Legislative response

The legislature did not pass new legislation to mandate legal representation for parents and families affected by SUD in court cases regarding custody, parenting plans, guardianship, and Child Protective Services (CPS) cases.

[2E2SSB 5536 Sec 39](#) amends [Chapter 2.70 RCW](#) by indicating the Office of Public Defense can provide consultation and representation services for indigent adults facing pending charges or violations of [RCW 69.50.4011](#), [69.50.4013](#), [69.50.4014](#), or [69.41.030](#) in courts of limited jurisdiction in counties with a population of 500,000 or less and cities with a population of 200,000 or less. This does not create an entitlement to counsel at state expense or a right by counties or cities for provision of services that would exceed the amounts appropriated. Office of Public Defense received funding from the state general fund for the fiscal year ending June 30, 2024, and from the state general fund for the fiscal year ending June 30, 2025, to support these services.

Recommendation 3: LGBTQIA+ community housing

Outreach to develop equitable recovery housing and diversity, equity, and inclusion (DEI) training for recovery housing providers

SURSAC Recommendation

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

Legislative Implementation

[5536 Sec 17](#) amends [RCW 71.24.657](#) to direct the Authority to conduct outreach to underserved and rural areas to support the development of recovery housing for women, LGBTQIA+, Black, indigenous, immigrant, and youth.

By January 1, 2024, training for housing providers will be developed to address harassment, communication, antiracism, diversity, and gender-affirming behavior, ensuring grant or loan applicants receive the training.

HCA implementation update

No dedicated funding was received to support these specific outreach efforts. However, HCA has updated an existing contract with the Washington Alliance for Quality Recovery Residences (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.

No dedicated funding was received to support these specific training efforts. However, HCA has decided to contract with WAQRR to develop and provide this training for housing providers. WAQRR is on track to meet the January 1, 2024 deadline.

HCA is following up with feedback from SURSAC to discuss opportunities for LGBTQIA+ advocacy groups to review the training curriculum and provide input to WAQRR.

Recommendation 4: Training of foster and kinship parents of children who use substances

Training of foster and kinship parents of children who use substances

SURSAC Recommendation

SURSAC recommended the development of a training program to provide recovery support education and a supportive environment for children and transition-age youth (TAY), aimed at foster and kinship guardians, and caregivers of displaced youth. Training and resources should also include family of origin to support chances of reunification and continued recovery and support upon returning to one's home.

Legislative response

[2E2SSB 5536 Sec 20](#) directs the Authority, in collaboration with the Department of Children, Youth, and Families (DCYF), to create a training program for parents of adolescents and transition-age youth with substance use disorders 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.

HCA implementation update

HCA and DCYF are determining how best to operationalize this training. HCA is also currently filling a position vacancy that will lead this work once filled.

Naloxone for child welfare workers, foster/kinship families, and youth in state care

SURSAC Recommendation

The SURSAC recommended updating state policy to obtain and provide naloxone for care workers and foster/kinship families, and for naloxone to be provided to youth who use drugs.

Legislative response

[2E2SSB 5536 Section 21](#) updated RCW [43.216.021](#) to direct the Department of Child, Youth, and Families (DCYF) to provide opioid overdose reversal medication and training in the use of such medication to all department staff whose job duties require in-person service or case management for child welfare or juvenile rehabilitation clients.

Recommendation 5: Amend RCW 69.50.4121- Drug paraphernalia law

SURSAC Recommendation

The SURSAC recommended amending RCW [69.50.4121](#) to remove language that prohibits “giving” or “permitting to give” drug paraphernalia in any form so that programs that 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. SURSAC recommended that the state expressly preempt the field in Washington State regarding any penalties imposed for selling/giving paraphernalia per RCW [69.50.4121](#).

Legislative response

[2E2SSB 5536 Sections 7 and 8](#) amended RCW [69.50.4121](#) concerning drug paraphernalia regulation. Section 7 states that selling or allowing the sale of drug paraphernalia by individuals is a class I civil infraction under [Chapter 7.80 RCW](#), and removes the penalty for *giving* someone paraphernalia. The definition of drug paraphernalia includes equipment, products, and materials used in various activities, including planting, propagating, cultivating, growing, harvesting, manufacturing, compounding, converting, producing, processing, preparing, packaging, repackaging, storing, containing, concealing, injecting, ingesting, inhaling, or introducing controlled substances into the human body. It removes previous RCW language prohibiting the individual sale of drug *testing* or *analyzing* equipment.

The section also includes language clarifying that the prohibitions related to selling/providing paraphernalia by individuals does not apply to public health programs and includes language to allow for smoking and drug testing equipment to be provided by public health and syringe service programs. In addition to syringe equipment, the revised law exempts public health workers from arrest and prosecution for taking samples of controlled substances for the purpose of analyzing drug composition.

In section 8, Washington State preempts the entire field of drug paraphernalia regulation within the state, except as provided in subsection 2, and that local ordinances relating to drug paraphernalia must be authorized by state law. Subsection 2 added language which indicated “nothing in this legislation prohibits cities or counties from enacting laws or ordinances related to the establishment or regulation of harm reduction services concerning drug paraphernalia.”

Recommendation 6: BH-ASO and RNP data reporting

RNP Quarterly Report Data

SURSAC Recommendation

The Committee recommended establishing specific data collection and reporting requirements among behavioral health administrative services organizations (BH-ASOs) related to their regional Recovery Navigator Programs (RNPs). This recommendation also requested specific data to be included in the RNP quarterly reports for SURSAC to monitor program effectiveness and inform recommendations for program improvements. The recommendation addressed [RCW 71.24.5453.h](#), related to “reporting requirements by behavioral health administrative service organizations to monitor the effectiveness of the programs and recommendations for program improvement.”

Legislative response

No legislative action was taken to establish specific data collection and reporting requirements among BH-ASOs related to their RNPs.

HCA Implementation Update

The RNP Administrator and program leads at HCA continue to meet with BH-ASOs, the Law Enforcement Assisted Diversion (LEAD) Support Bureau, and RNP service providers to improve data collection processes for the RNP and meet the data collection and reporting recommendations put forth by SURSAC.

Data integration platform for diversion programs

SURSAC Recommendation

The SURSAC recommended that the State build upon, and provide ongoing funding for, a data integration infrastructure that can receive and analyze standardized data gathered by law enforcement, courts, and prosecutors, Recovery Navigator Program case management, behavioral health treatment services; and recovery support services.

Legislative response

2E2SSB 5536 section 22 amends RCW 71.24.908, adding a section requiring the Authority to develop and implement a data integration platform by June 30, 2025, to support recovery navigator programs, law enforcement-assisted diversion programs, arrest and jail alternative programs, and similar diversion efforts. The platform will serve as a statewide common database for tracking diversion efforts, a data collection and management tool for practitioners, assist in standardizing definitions and practices and track pretrial diversion participants by race, ethnicity, gender, gender expression or identity, disability status, and age. The Authority must leverage existing platforms and establish a quality assurance process for behavioral health administrative services organizations. Information submitted to the platform is exempt from public disclosure requirements under Chapter 42.56 RCW.

Implementation Update

Data are currently being collected by each contracted provider through their regional BHASO. Quarterly reports are counted per each individual encounter, which can be duplicative in nature, where one individual, in separate instances, is reflected multiple times based on the services they receive or multiple referrals. The Authority is currently working on a public facing dashboard for SURSAC to review. HCA has incorporated feedback into the Workbooks and quarterly reports based on SURSAC feedback and internal reviews. The Recovery Navigator Program Administrator and supporting team are working to refine how to present the number of unduplicated people served. This includes working closely with the BHASOs and the direct service providers going forward to identify alternative ways to collect and report on individuals and the services being provided.

Using 5536 administrative funding provided in Section 33(2), HCA is determining which resources are necessary to implement a platform that can meet the intended objectives.

Recommendation 7: Health Engagement Hubs for people who use drugs

SURSAC Recommendation

The SURSAC recommended the establishment of Health Engagement Hubs throughout the state – available within a one-hour drive of any location in the state (or two hours in frontier areas) with at least one health hub available per 200,000 residents in WA State – to serve as an all-in-one location where people who use drugs can access a range of medical, harm reduction, treatment, and social services. This recommendation draws most immediately from Goal 2.2.1 of the State Opioid and Overdose Response Plan (SOORP). It expands upon work from the Center for Community-Engaged Drug Education, Epidemiology, and Research (CEDEER) at the UW Addictions, Drug, & Alcohol Institute, including low-barrier buprenorphine programs and expressed needs/interests from program participants at Syringe Services Programs (SSP).¹

Legislative response

[2E2SSB 5536 Sec 26](#) directs the Authority to launch a pilot program for Health Engagement Hubs by August 1, 2024, to test the functionality and operability of these Hubs. The pilot program will be conducted on at least two sites, one in an urban and one in a rural area. The Authority will report on the results and propose expansion plans by August 1, 2026. By June 30, 2024, payment structures for Health Engagement Hubs will be developed by HCA. The Hubs will offer medical, harm reduction, treatment, and social services to people aged 18 and older.

HCA implementation update

A cross-agency Health Engagement Hub (HEH) planning work group between DOH and HCA meets weekly, with an operations track and a payment structure track that work on the development of HEH rules related to the types of services that can, or must, be offered at each hub and work out the payment structures for services provided through the hubs.

HCA and DOH will host a listening session in November 2023 to share the Health Engagement Hub (HEH) program design, staffing model, and required contractor competencies. HCA is aiming to have sites selected (one urban, one rural) in early 2024. This timeline and process may change depending on the results of the listening session.

Recommendation 8: Employment and education pathways

SURSAC Recommendation

The SURSAC recommended creating a grant program to support community-based providers of employment and education pathways for individuals in recovery. The grant would expand the availability of these programs with a low-barrier, one-page grant application, prioritizing programs that engage with BIPOC and other historically underserved communities. Supported Employment and Supported Education services will be available through this grant. Services include barrier removal support services such as

¹ Kingston S, Newman A, Banta-Green C. Results from the 2021 WA State Syringe Service Program Health Survey. Seattle, WA: Addictions, Drug & Alcohol Institute, Department of Psychiatry & Behavioral Sciences, University of Washington, February 202

childcare expenses, driver licensing fees, and transportation, along with any costs associated with job training itself.

Legislative response

[2E2SSB 5536 Sec 27](#) directs the Authority to establish a grant program for employment, education, training, and certification for substance use disorder recovery, prioritizing programs involving historically underserved communities like black, indigenous, and persons of color.

HCA implementation update

HCA released low-barrier applications for this grant program – Pathways to Recovery Employment Education (PREE) – grantees have been identified and HCA is in the process of contracting with community-based organizations for Supported Employment and Supported Education services. The PREE grant program includes funding for staffing, education cost, and barrier removal funds for each agency. Five agencies have been selected for the grants and are in the process of executing contracts with HCA.

The tentative PREE grant recipients are:

- Friends of Youth (King County)
- Native American Reentry Services (NARS) (Statewide)
- Consistent Care Support Service, LLC (Pierce County)
- Yakima Neighborhood Health (Yakima)
- Peer Washington (Thurston, Mason, and King Counties)

Recommendation 9: Expansion of WRHL and asset mapping

SURSAC Recommendation

The SURSAC recommended creating a tool that maps and directs individuals to community-based care access points and helps locate and help those needing outreach, treatment, and recovery support services. SURSAC surmised that the state can enhance their capacity to reach more Washingtonians affected by SUD and their families by expanding upon the current recovery readiness asset tool and the Washington Recovery Helpline (WRHL).

Legislative response

[2E2SSB 5536 Sec 28](#) directs the Authority to collaborate with the Department of Social and Health Services 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.

HCA implementation update

HCA is examining the scope of the project and whether this work can be done internally with existing resources, or if an external contract will be necessary to meet community needs as well as the objectives for the tool outlined in the bill language. HCA is also discussing how this requirement aligns with, or potentially duplicates efforts, related to the [988 system final technical and operational plan to legislature](#).

Recommendation 10: Expanding investments in programs along the 0-1 intercept on the sequential intercept model

SURSAC Recommendation

SURSAC recommended continued and increased investments in evidence-based diversion programs that operate along intercepts 0 and 1 on the sequential intercept model, including the Recovery Navigator Program (RNP), Arrest/Jail Alternative (AJA) programs, Law Enforcement Assisted Diversion (LEAD), and other harm-reduction, trauma-informed, and public health-based approaches. These programs and interventions center around a social justice lens for providing supportive care to underserved communities and populations.

Pretrial diversion program

Legislative response

[2E2SSB 5536 Sec 9](#) outlines a new section, added to chapter [69.50 RCW](#), that allows eligible defendants charged in any jurisdiction with a Recovery Navigator Program (RNP), an Arrest and Jail Alternative (AJA) program, or a Law Enforcement Assisted Diversion (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](#), or [69.41.030\(2\) \(b\) or \(c\)](#) if the defendant completes an assessment and substantially complies with recommended treatment, if applicable, or up to 120 hours of community service.

If the court grants the defendant's motion to participate in pretrial diversion, an RNP, AJA, or LEAD program shall provide the court written confirmation of completion of the assessment and 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.

Further details about the pretrial diversion program can be found in the Revised Code of Washington (RCW) [69.50.4017: Alternatives to prosecution—Pretrial diversion](#).

HCA implementation update

A Memorandum of Agreement (MOA) has been drafted by the LEAD National Support Bureau for the purpose of a shared understanding of roles and responsibilities for implementation of pre-trial or pre-filing diversion referrals under [2E2SSB 5536](#), sec 9. This MOA will serve as an agreement between diversion programs (including Recovery Navigator Program, LEAD, and Arrest & Jail Alternatives) and the court and/or prosecutor in the jurisdiction in which they are operating. This document is currently under review by all parties. These MOAs have been sent out to BHASOs for review and assessment.

HCA is establishing a new position within DBHR to manage the pretrial diversion program requirements (assessments and regular progress updates) for RNP, LEAD sites under [RCW 71.24.589](#), and the Arrest and Jail Alternatives program.

Law Enforcement Assisted Diversion (LEAD) – statewide grant program

Legislative response

[2E2SSB 5536 Section 13](#) amends [RCW 71.24.589](#) to direct the Authority to expand the LEAD pilot project into a statewide grant program based on core principles recognized by the National Support Bureau. The program will partner with the bureau to award contracts for 24 jurisdictions in Washington, with cities, counties, tribes, subdivisions, public development authorities, and community-based organizations as lead agencies.

The expanded LEAD grant sites will be provided technical assistance from experts to develop and implement the program, ensuring fidelity to the research-based model. Key elements of the program include long-term case management for substance use disorders, coordination with community resources for overdose prevention, infectious disease transmission prevention, physical and behavioral health services, medications, housing, employment, and public assistance, 24-hour response to law enforcement for arrest diversions, and prosecutorial support for diversion services.

HCA Implementation update

With administrative funding provided in [5536 Section 33\(2\)](#), HCA is establishing a new position within DBHR to manage contracts for the existing statewide LEAD grant program and coordinate competitive procurement for the additional \$5 million in LEAD grant program funding allocated for the biennium in [Section 33\(12\)](#). The forthcoming procurement will be released in late 2023 through early 2024 and will fund expansion of existing LEAD programs and/or new LEAD grant sites.

Arrest and Jail Alternatives (AJA) – grant program

Legislative response

[2E2SSB 5536 Sec. 33\(1\)](#) outlines appropriations from the opioid abatement settlement account and state general fund for the fiscal biennium ending June 30, 2025. The funds are used to maintain a memorandum of understanding with the Criminal Justice Training Commission for ongoing funding for community grants under [RCW 36.28A.450](#).

HCA implementation update

A Memorandum of Understanding is in place with HCA, Washington State Association of Sheriffs and Police Chiefs, and the Criminal Justice Training Center. WASPC released a 2023-2025 request for application.

[Arrest and Jail Alternatives Grant Program 2022 Annual Report](#)

Recommendation 11: SUD engagement and measurement process

SURSAC Recommendation

The SURSAC recommended that HCA convene a workgroup to evaluate the intake, screening, and assessment process for SUD treatment, to ensure that existing processes are low-barrier, person-centered care, and informed by people with lived and living experience. This recommendation asks that:

- HCA convene a workgroup to review current processes and workforce needs related to intake, screening, and assessment for substance use disorder (SUD) services.
- HCA determines how to build an SUD engagement and measurement process, including developing rules and payment mechanisms.
- HCA works with people who use drugs (PWUD), care providers, state regulators, and payors to address this recommendation within 12 months.

Legislative response

[2E2SSB 5536 Sec 36](#) amends 71.24 RCW and directs the Authority to form a work group to propose changes to intake, screening, and assessment systems for substance use disorder services. The goal is to increase the workforce's capacity for administering assessments and simplify the process for people seeking treatment. The group will include care providers, payors, people who are seeking or have sought substance use treatment. The recommendations will be presented to the governor by December 1, 2024.

HCA implementation update

An HCA internal steering committee was formed to provide administrative guidance for the SUD Intake, Screening, and Assessments (SUDISA) work group. The steering committee decided on several areas of representation to recruit for, and the SURSAC Administrator developed an online application with those areas listed. The application link was distributed via the SURSAC listserv on August 2, September 29, and November 1, 2023. As of November 1, 2023, the internal steering committee has identified selected applicants for 27 out of 30 seats, and plans for a kick-off meeting in December 2023.

Recommendation 12: Stigma-reducing outreach and education for youth and schools

SURSAC Recommendation

SURSAC recommended that naloxone administration and overdose identification education be provided in Washington State public schools (grades 6 – 12) to help reduce stigma and save lives. This education would provide substantial preventative and life-saving recognition and training in administering naloxone for students, administrators, teachers, and other educational professionals at points of intersection for those who may be affected or know someone who is affected, by SUD.

Legislative Action

No legislation in the 2023 session was passed to direct schools to provide naloxone education to students. However, an opioid awareness campaign for youth has been funded per [ESB 5187](#), Section 215, Proviso 61, which is outlined below.

HCA implementation update

Health Care Authority, the Department of Health (DOH), the Office of Superintendent of Public Instruction (OSPI), and various educational service districts (ESD) have convened a work group to discuss how to meet the need for naloxone distribution in schools in lieu of receiving allocated funding for this purpose. The DOH is coordinating with OSPI and the ESDs to potentially offer every WA state high school two kits to be available on-site along with subsequent restocking. There are ongoing conversations around how to operationalize this statewide distribution and finalize a timeline and plan.

Opioid awareness campaign for youth

[ESB 5187](#); section 215 (61) provided specific appropriations to HCA during the 2023-2025 biennium to deploy and opioid awareness campaign targeted at youth to increase awareness of the dangers of fentanyl.

HCA implementation update

HCA intends to use funding allocated for an opioid awareness campaign for youth to sustain and expand the existing Friends for Life campaign over the biennium. Youth will continue to be the primary audience, with a specific focus on older teens (14-17) and young adults (ages 18-25). The proposal is to expand the campaign to prioritize youth from communities disproportionately affected by opioid use and overdose (e.g., BIPOC and LGBTQIA+) and youth in higher risk scenarios such as those interfacing with the juvenile court and foster care systems. To learn more about this campaign, visit [Friends For Life - Prevent Overdose \(wafriendsforlife.com\)](#).

Recommendation 13: Law enforcement and behavioral health data collection and reporting

SURSAC Recommendation

The recommendation requests building upon and providing ongoing funding for a data integration infrastructure that can receive and analyze standardized data gathered by law enforcement, courts, prosecutors, RNP case management, behavioral health treatment services, and recovery support services to meet the mandates of RCW 71.24.546533m, “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.”

Legislative response

[2E2SSB 5536 Sec 38](#) adds a new section to chapter 71.24 RCW which notes that the Authority is responsible for regularly assessing the prevalence of substance use disorders and interactions of persons with substance use disorder with service providers, nonprofit service providers, first responders, healthcare facilities, and law enforcement agencies. Starting in 2026, the Authority must provide an annual report that includes a comprehensive assessment of this information.

To prepare for these data collection and reporting requirements, the Authority must provide a preliminary inventory report to the governor and legislature by December 1, 2023, and a final inventory report by December 1, 2024. These inventory reports must:

- Identify existing types and sources of data available to the authority to provide the information required and what data are necessary but currently unavailable to the authority;
- Include recommendations for new data connections, new data-sharing authority, and sources of data that are necessary to provide the information required in subsection (1) of this section; and
- Include recommendations, including any necessary legislation, regarding the development of reporting mechanisms between the authority and service providers, nonprofit service providers, health care facilities, law enforcement agencies, and other state agencies to gather the information required.

The preliminary inventory report is being drafted and on track to be submitted to the legislature prior to the start of the 2024 legislative session.

Beginning July 1, 2024, the Authority must also provide an implementation report on recovery residences, recovery navigator programs, health engagement pilot programs, and law enforcement-assisted diversion grants programs.

HCA implementation update

HCA DBHR is working with the program leads to develop data collection and reporting plans and ensure these data are ready to be included in the annual reports.

Starting on July 1, 2027, the Authority must provide the results and effectiveness of the following projects and programs in the annual report:

- Collaborations with the Department of Health and Social and Health Services to develop the statewide behavioral health treatment and recovery support services mapping tool
- The development and implementation of a data integration platform
- The training developed for caregivers of children with SUD in consultation with the Department of Children, Youth, and Families.
- The training developed by HCA for housing providers.

HCA leadership has initiated discussions to determine the initial scope of the report for each of these projects and programs.

Recommendation 14: Safe supply workgroup

SURSAC Recommendation

As part of the discussion surrounding the criminal legal response to possession of a controlled substance, SURSAC identified safe supply as necessary to address a poisoned illicit supply of drugs and reduce overdose deaths. The treatment subcommittee recommended assembling a statewide workgroup to make recommendations on a framework for safe supply for future inclusion in the Washington State Substance Use Recovery Services Plan. The workgroup would detail how the state may provide a regulated, tested supply of controlled substances to individuals at risk of drug overdoses. The workgroup should center the voices of people who use drugs, have lived and living experiences, and have lost loved ones. This workgroup should consider values of non-commercialization and alternative lawful income sources for

people trapped in the illicit distribution economy and could be displaced by a safe supply program to prevent potential unintended consequences that would disadvantage communities most impacted.

Legislative response

[Engrossed Senate Bill 5187](#) Section 215 (124) allocated funding to HCA to establish a safe supply workgroup during the 2023-2025 biennium to evaluate potential models for safe supply services and make recommendations on inclusion of a safe supply framework in the Substance Use Recovery Services Plan to provide a regulated, tested supply of controlled substances to individuals at risk of drug overdoses. The work group must provide a preliminary report and recommendations to the governor and appropriate committees of the legislature by December 1, 2023, and shall provide a final report by December 1, 2024. Members of the work group are to be appointed by the governor's office.

HCA implementation update

HCA has executed a contract with Health Management Associates (HMA) to coordinate and provide work group facilitation and lead the strategic planning among the various stakeholders of the work group members. The preliminary report has been drafted and includes existing research around safe supply models, including research presented by Adam Palayew to the SURSAC at a meeting in September 2022. The governor's office is in the process of confirming work group members.

Recommendation 15: Increase access to Opioid Treatment Program (OTP) services in rural areas

As of November 30, 2023, there are 36 OTPs in Washington State, each serving between 200 and more than 1,000 patients. In addition, there are currently 4 OTP Mobile Medication Units (OTP MMUs) in Washington State. OTP MMUs are legally considered extensions of the brick-and-mortar OTP home clinic. There is no federal rule limiting the number of individuals an OTP can serve, and OTP are the only outpatient treatment setting that can treat patients with all FDA approved MOUD, including methadone. As of November 2023, OTPs in Washington State collectively serve more than 14,000 people with a primary OUD diagnosis.

The SURSAC recommended that Washington state to change state rules and laws, and expand funding to increase access to, opioid treatment programs (OTP) with the following considerations:

Establishing off-site medications as free-standing facilities or co-located in other healthcare settings

SURSAC Recommendation

Create state rules, or a regulatory process, for OTPs that want to establish offsite medication units located as free-standing facilities and/or co-located within a variety of community settings such as, but not limited to hospitals, medical primary care systems, pharmacies, FQHCs, and correctional health settings.

Legislative response

The Washington State Department of Health as of November 2023, is engaging in rule making to establish a registration/regulatory process within WAC 246-341 for an OTP provider to establish offsite OTP medication units.

Establishing OTPs as essential public facilities

SURSAC Recommendation

SURSAC recommended that RCW 36.70A.200 and WAC 365-196-550 are amended to ensure that OTP branch sites of all kinds (including mobile and fixed-site medication units) are clearly seen as “essential public facilities” and that they cannot be zoned out or stalled by moratoriums by City and/or County legislative authorities.

Legislative response

[2E2SSB 5536 Sec 12](#) establishes OTPs and recovery residences as essential public facilities in regards to a comprehensive plan of each county and city under [RCW 36.70A.200](#) to include a process for identifying and siting essential public facilities, such as airports, state education facilities, transportation facilities, transit Authority facilities, correctional facilities, solid waste handling facilities, opioid treatment programs, recovery residences, harm reduction programs, inpatient facilities, mental health facilities, group homes, community facilities, and secure community transition facilities.

[2E2SSB 5536 Sec 33\(5\)](#) 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 opioid treatment programs, focusing on rural areas.

Removing patient cap and citation requirements for OTPs

SURSAC Recommendation

Update RCW [71.24.590](#) to remove several requirements for the citation of OTP that stigmatize the treatment setting type and treat it in ways that other SUD behavioral health agencies and health care facilities settings are not, including the removal of the requirement in RCW [71.24.590](#) that allows a county legislative authority to cap the patient census of an OTP specific setting.

Legislative response

[2E2SSB 5536 Sec 14](#) revised RCW [71.24.590](#) to outline the licensing and certification requirements for opioid treatment programs. The department must consult with county and city legislative authorities, license or certify programs in accordance with appropriate land use ordinances, and not discriminate based on the applicant's corporate structure. The program must consider the size of the population in need of treatment, the availability of other certified programs transportation systems, and the applicant's capability to provide appropriate services. The department prioritizes licensing or certification to applicants who have demonstrated their capability and can measure their success. No city or county legislative Authority can impose a maximum capacity for an opioid treatment program, and programs applying for licensing or certification must provide a written notice explaining the reasons for the denial. Opioid treatment programs can order, possess, dispense, and administer medications approved by the US Food and Drug Administration for opioid use disorder, alcohol use disorder, tobacco use disorder, and reversal of opioid overdose. Registered nurses and licensed practical nurses can dispense up to a thirty-day supply of approved medications. A mobile or fixed-site medication unit may be established as part of a licensed opioid treatment program.

[RCW 71.24.590](#) has been updated to read about opioid treatment programs “(1)(h) 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.

As of September 26, 2023, the Washington State Department of Health-Health Systems Quality Assurance (DOH HSQA) division is currently thinking of how to operationalize this RCW language change, in a way that meets the intent of the legislation, but also does not stigmatize the provider type of opioid treatment programs.

[RCW 71.24.590](#) has been updated to state “(2) No city or county legislative authority may impose a maximum capacity for an opioid treatment program.”

Increase access to Opioid Treatment Program (OTP) services in rural areas

SURSAC Recommendation

Allocate funding to a state agency to provide a Request for Information (RFI) or Request for Proposals (RFP) to resource established OTP to operate an increased number of OTP sites expand geographic reach.

Legislative response

[2E2SSB 5536 Sec 33\(5\)](#) appropriates \$3,768,000 of Opioid Abatement Account funds to be used to increase the number of mobile methadone units operated by existing opioid treatment providers; increase the number of opioid treatment provider fixed medication units operated by existing opioid treatment providers; and to expand opioid treatment programs with a prioritization for rural areas.

HCA implementation update

As of October 16, HCA staff received feedback from WA OFM staff which has ultimately cleared a pathway for HCA to create a solicitation process to help to increase the number of opioid treatment program providers, and to expand opioid treatment programs with a prioritization for rural areas of the state. The WA State Opioid Treatment Authority (SOTA) office at HCA will be working on establishing a solicitation process. More feedback to come in months ahead. Once a solicitation process is established, notice will be given publicly. All interested parties can sign up for the state’s WEBS system in the interim to stay up to date with any state funding opportunity.

Recommendation 16: Addressing zoning issues regarding behavioral health services

SURSAC Recommendation

This recommendation addressed outdated language around recovery residence licensing, zoning barriers affecting treatment, harm reduction, and recovery services, and the inconsistency between state, county, and city/town regulations regarding zoning for these types of facilities. In this recommendation, SURSAC calls on the state to specifically include inpatient, outpatient, recovery residences, harm reduction (including syringe service programs), community-based, and treatment related programs including OTPs and mobile treatment services in their definition of essential public facilities. The committee also recommended that the state explicitly define recovery housing on a continuum to be inclusive of people in several stages of recovery.

Legislative response

[2E2SSB 5536 Sec 12](#) revised [RCW 36.70A.200](#) to outline the process for identifying and siting essential public facilities in county and city planning, and includes recovery residences in the definition of public facilities, reducing previous barriers around licensing and zoning.

Recommendation 18: Continuum of housing

SURSAC Recommendation

The SURSAC asked that the legislature to appropriate capital and operating funds to support housing options at various points of intersection along the continuum of care, including housing people who use drugs to those in recovery, which may or may not include abstinence. This consists of a request for funding to support immediate shelter options to bridge or transitional housing through long-term permanent housing.

The committee urges the legislature to fund a continuum of housing and housing services for individuals who use drugs and those who are abstinent, in recovery, through capital and operating investments. Legislative action related to housing for individuals with behavioral health needs is outlined below:

New construction funding for recovery housing

Legislative response

[2E2SSB 5536 Sec 15](#) instructs Department of Commerce, subject to funds appropriated, to fund the construction costs necessary to start up recovery housing in regions of the state that currently lack them. A new section is added to [Chapter 43.330 RCW](#) establishes a program to fund construction costs for substance use disorder treatment and recovery housing in underserved areas, including central and eastern Washington and rural areas, subject to appropriate funds.

Establishing an adequate and equitable stock of recovery residences in every region

Legislative response

[2E2SSB 5536 Sec 17\(1\)](#) adds a new section to Chapter 71.24, codified as [RCW 71.24.657](#), directing the Authority to make sufficient funding available to establish an adequate and equitable stock of recovery residences in each state region, subject to funds appropriated for this purpose.

HCA implementation update

HCA plans to contract with an external partner for facilitation of the grant program to ensure that it aligns with required training under [RCW 71.24.657](#).

Operational costs Funding for Newly Staffed Recovery Residences

Legislative response

[2E2SSB 5536 Sec 33\(9\)](#) provides grant funding to HCA for operational costs of newly staffed recovery residences. The state general fund has allocated funding for the fiscal year ending June 30, 2024, and for the fiscal year ending June 30, 2025, to fund the operational costs of newly staffed recovery residences for individuals with substance use disorders in the five most populous counties.

HCA implementation update

HCA plans to contract with an external partner for facilitation of the grant program to ensure that it aligns with required training under RCW [71.24.657](#).

Recovery housing grant program

Legislative response

[5536 sec 33 \(9\)](#) appropriated \$2,000,000 from the state general fund for the fiscal year ending June 30, 2024; and \$2,000,000 from the state general fund for the fiscal year ending June 30, 2025 for a grant program for the operational costs of new staffed recovery residences which serve individuals with substance use disorders who require more support than a level 1 recovery residence, This grant program will focus on providing grants to recovery residences which serve individuals in the five most populous counties of the state.

HCA implementation update

HCA plans to contract with an external partner for facilitation of the grant program to ensure that it aligns with required training under RCW [71.24.657](#).

Safe Housing for Youth Exiting Inpatient Facilities

Legislative response

[2E2SSB 5536 Sec 33\(11\)](#) allocates \$250,000 for the fiscal year ending June 30, 2024, and \$250,000 for the fiscal year ending June 30, 2025, to the Authority 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 and/or substance use disorder 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.

HCA implementation update

HCA is planning to contract with NorthStar Advocates to continue the Bridge program. The Bridge is a statewide collaboration between community-based housing providers, behavioral health discharge planners, other community-based professionals, and young people with lived experience. The group aims to increase the number of unaccompanied young people who return to community with safe housing and services upon exiting an inpatient behavioral health setting. Members of The Bridge program will also work together to ensure the gains young people make during the inpatient treatment process are reinforced by creating individualized Return to Community Plans, including safe housing options, supportive services, and enrichment opportunities.

Website: [Projects – NorthStar Advocates](#)

Grant funding for youth housing to provide behavioral health services

Legislative response

[2E2SSB 5536 Sec 34](#) allocates funding for the fiscal year ending June 30, 2024, and 2025 to the Department of Commerce to support the Office of Homeless Youth in administering a competitive grant process for licensed youth shelters, HOPE centers, and crisis residential centers to provide behavioral health support services, including substance use disorder services, for youth in crisis and to increase funding for current grantees.

HCA implementation update

This funding was combined with other funding sources to help guide over \$40 million in grants to community-based organizations. The Office of Homeless Youth sought input from those with lived experience to evaluate competitive proposals for funding from service providers across Washington state. Funded projects support a wide range of interventions to prevent and address housing instability among young people ages 12 through 24, including emergency housing and rental assistance, crisis intervention services, outreach to connect homeless youth with resources, mental health services, and flexible funding to divert young people from the homeless crisis response system.

[View a complete list of the 112 grants awarded.](#)

Short-term housing vouchers

Legislative response

[ESB 5536 Section 33\(8\)](#) allocated \$3,750,000 for fiscal year 2024 and \$3,750,000 for fiscal year 2025 from the state general fund for HCA to provide short-term housing vouchers for individuals with substance use disorders, with a focus on providing these resources to people in the five most populous counties in the state (King, Pierce, Snohomish, Spokane, and Clark).

HCA implementation update

Proviso funds from the biennial budget ([5187](#)) supported existing programs that provide supportive services to people who use drugs (e.g. Peer Pathfinder, Homeless Outreach Stabilization and Transition (HOST) Program, PATH, Housing and Recovery through Peer Services-HARPS, and other recovery-centered programs). HCA is in the process of hiring a program manager to coordinate housing voucher distribution to ensure there is staff that can adequately meet the needs of the community and ensure best utilization of the resources available.

Overview of SURSAC meetings throughout 2023

SURSAC met on a monthly cadence in 2023 to keep up the important discourse regarding the substance use landscape, including criminal legal response and treatment options. The committee has reviewed and provided feedback on Recovery Navigator Program data and participated in a series of panel discussions including a wide range of professionals and people with lived experience on the topic of substance use and public safety. Meeting notes and recordings can be found on the State v Blake webpage: [State v. Blake and behavioral health expansion | Washington State Health Care Authority.](#)

5476 Program updates

Recovery Navigator Program

Each behavioral health administrative services organization (BH-ASO) has established a recovery navigator program, and services are provided in all 39 Counties in Washington State. RNPs are a pre-arrest diversion program modeled upon the components of the law enforcement assisted diversion (LEAD) program that provides community-based outreach, intake, brief assessment, and connection to services for individuals who have been diverted from the criminal legal system. RNP provides, as appropriate, long-term intensive case management and recovery coaching services to youth and adults with substance use disorder, including for persons with co-occurring substance use disorders and mental health conditions, who are referred to the program from diverse sources and shall facilitate and coordinate connections to a broad range of community resources, including treatment and recovery support services.

Over State Fiscal Year 2023, program providers or BH-ASOs appointed dedicated data personnel for the program, and workbooks and quarterly reports were developed and generated based on feedback from the BH-ASOs and direct service providers. HCA also worked with SURSAC to incorporate recommendations from committee members. Multiple electronic health records and case management applications are being used by some providers and BH-ASOs, which creates difficulty gathering uniform information and systematic reporting. Most programs have reached or are nearing their case management capacity, but demand for services, including added responsibilities through 2E2SSB 5536, has continued to increase.

Image 1: Fiscal Year 2023 RNP referral and outreach data

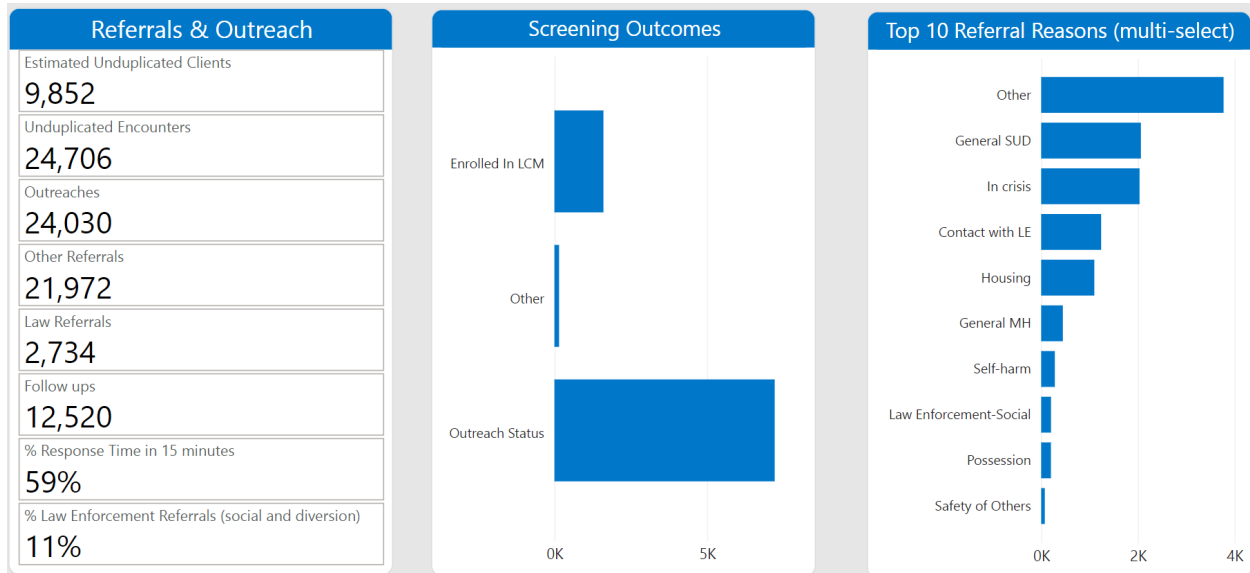
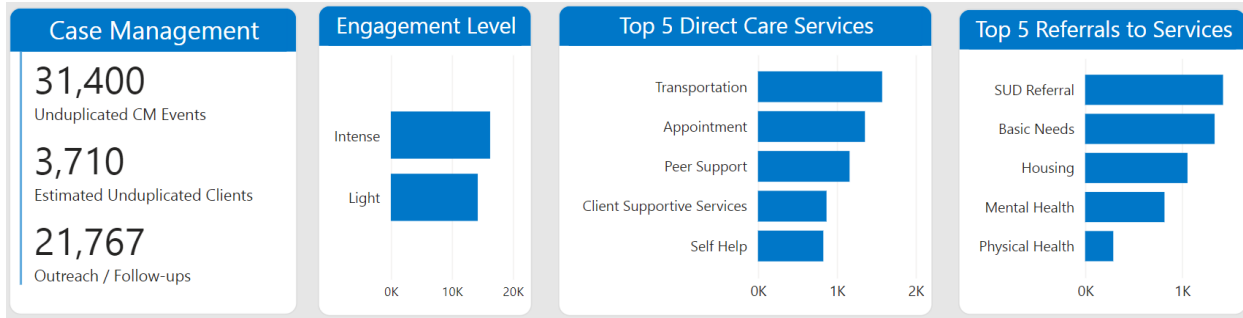


Image 2: Fiscal Year 2023 RNP case management data



Success stories

In June of 2022, Recovery Navigators were called to respond to a male under the influence of fentanyl, who at the time showed no signs of wanting to change his substance use. He was transported to the local hospital, where he was expected to be medically cleared for treatment. However, upon his release from the hospital, he decided not to enter treatment and was unable to be located. A few weeks later, RNP staff received a phone call due to the same person throwing himself into traffic and under the influence of fentanyl. RNP responded, and this time, were able to get him to agree to go to a treatment center. Upon graduation from treatment, he will be moving into transitional housing, where he will begin to plan out his wedding and continue rebuilding his relationship with his children. He continues to thrive in treatment, helping new members stay positive and helping in the kitchen as well.

Expansion of Clubhouse and Peer-run organizations

HCA Clubhouse and Peer-run Organizations Program received additional funding from State v. Blake 5476 with the primary focus of expanding peer services to areas lacking programming to address substance use disorder throughout Washington state. With this funding, HCA provided funding to an additional 21 peer-run organizations (See *Image 1* on the following page). As per legislative directive, the program was able to extend to rural and Eastern Washington locations, including Chelan, Grays Harbor, Cowlitz, Kittitas, Skamania, and Klickitat Counties. There are innovative expansion efforts by providers, including pop-up locations in frontier communities and specific program services for marginalized and underserved populations. Recovery Café of Clark County utilized the funding to establish three “Pop-up Cafes” currently operating in Washougal, Stevenson, and Goldendale. Peer WA Olympia has expanded services to rural areas by removing transportation barriers for access to services at their Olympia location from Grays Harbor, Lewis, and Mason Counties. The Moore Wright Group opened a new Recovery Café of Hope in Aberdeen, offering recovery support and innovative online and in-person workforce development training.

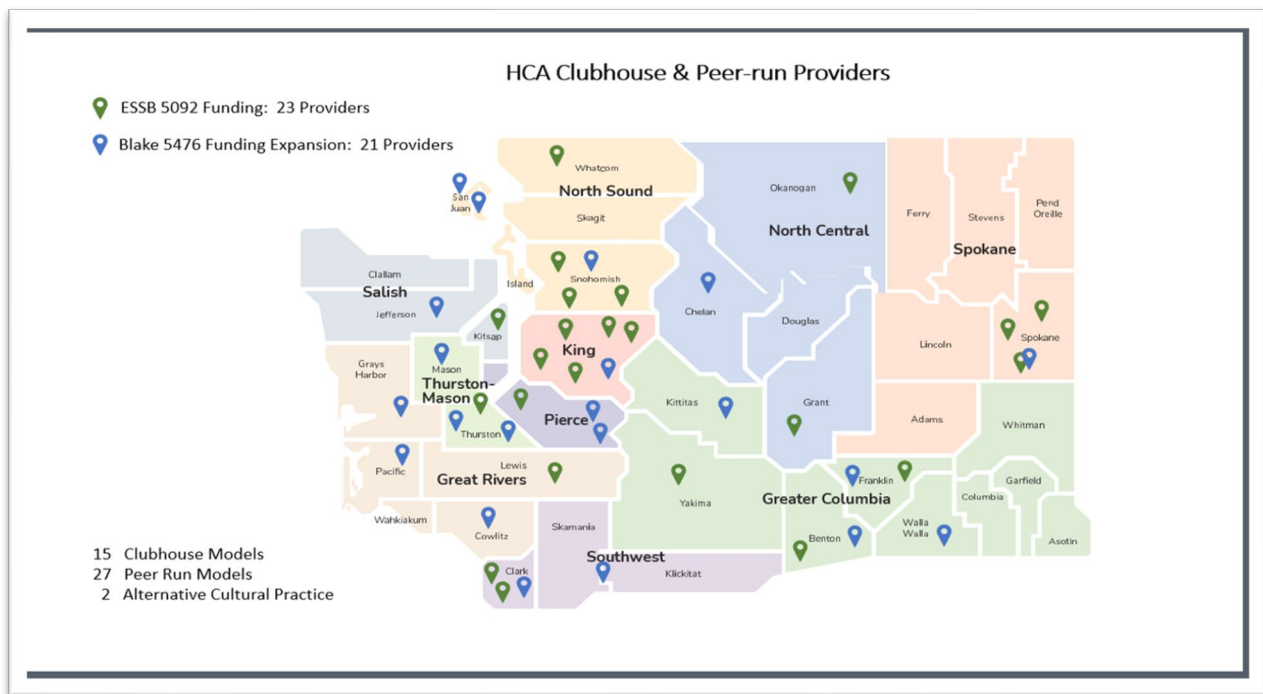
Chai Rivers Recovery Café, located in the rural town of Kelso in Cowlitz County, opened its doors in a remote area lacking recovery programming. Caring with Compassion Community joined as an HCA provider offering services for BIPOC and other marginalized communities in Graham and Pierce County. REBOOT Recovery helps veterans, first responders, and all families heal from trauma, addressing the mental health and suicide epidemic through peer-led services. Kittitas County Recovery Community Organization (KCRCO) in Ellensburg is providing services to local and extended communities including peer services inside the Kittitas County Jail to support individuals with transitioning to the community. Trilogy Recovery Center is engaging youth, adults, and families impacted by court system involvement

with peer services. HCA is honored to have the Puyallup Tribe’s Re-entry Program participating in the Clubhouse Peer-run Program providing peer support services to individuals on their recovery journey through cultural practices.

Table 8: Peer-run outcomes 2022-2023

Expansion data for 5476 compared to totals	# of Enrollments	# Completed Employment Goals	# Started Working	# Completed Education Goals	# Educational Outcomes
SB Blake 5476 Funded Organizations	4560	1671	372	1312	1284
Totals for state fiscal year 2023	10120	2556	686	2100	2331

Image 3: Peer-run provider map



Success stories

The following success story was received from a participant at the Puyallup Tribe and is stated in their words:

“I began services at the Puyallup Tribe, Re-Entry Services (RES) in October 2022, following my successful discharge from Olalla Recovery Center. Initially I came to find housing assistance which put me in contact with my Navigator and Recovery Coach at RES. My participation with RES involved attending the Wellbriety meetings and the Tuesday Red Road book study. These activities and services educated me in the Native traditions that were the spiritual component that I was missing in my recovery.

RES schedule activities opened up other opportunities for me to experience Native traditions such as the Sweat Lodge, drumming circles, Native American arts and crafts, and cultural cooking to name a few.

One such activity that impacted me was our participation in the Environmental gathering on Commencement Bay where we had the opportunity to open the gathering with a song with the RES staff and other gathered dignitaries.

Puyallup Tribe RES helped me with rental assistance and gone beyond, they've helped with basic hygiene essentials, clothing (Clothing Bundle), blanket, transportation assistance (ORCA card) and is preparing me to be of service in my recovery journey. More recently, I have completed the Peer Counseling pre-requisites, and am registered for the 12 Step Medicine Wheel workshop this coming February, with plans to update my resume to prepare for future employment and service work in recovery-based organizations.

With the assistance and guidance, I've received at the Puyallup Tribe RES, I have made lasting memories and foundational connections in my recovery journey with goals of success."

The following success story was received from Recovery Café Clark County:

"Recovery Café began working with C.W. in July. C.W. requested support obtaining funding to cover rent at her Oxford house. C.W. receives \$841.00 in SSI monthly and her past due rent was a major barrier to maintaining her housing. With our support C.W. completed the application for rental assistance through Thurston County's LiveStories program. She was approved for back pay rental assistance for rent coverage at her Oxford house through November.

Recovery Cafe will continue working with C.W. to explore other programs that she is eligible for and work towards connecting her with long-term funding through Community Behavioral Health Rental Assistance. C.W. is very excited at the idea of becoming a Peer Coach with Peer Olympia. C.W. is now registered for the next Recovery Coaching Academy at Peer Olympia and has been enjoying working towards her recovery goals without the stress of past due rent hanging over her head."

The following success story was received from Kittitas County Recovery Community Organization (KCRCO):

"The team at KCRCO met a future program participant through our outreach program with the local jail and upon his release; the first place he visited was KCRCO. The team at KCRCO were able to utilize our network partners to get him a cell phone, gift cards to Goodwill and a hygiene backpack. As this individual was unhoused, KCRCO

immediately started making calls to local sober houses. He was scared and feeling hopeless when he was released. He had a history of substance use disorder and he mentioned he was interested in 12-step meetings, so KCRCO referred him to all the recovery meetings in the community.

This participant started his recovery in a 12-step recovery journey, he went to recovery meetings and started staying at the cold weather shelter until he was accepted into a faith based sober house. He checked in with KCRCO everyday to update us with his progress.

Even with some barriers with housing for a few days, KCRCO could see his progress by his positivity, continued recovery-meeting attendance, and his engagement within the community. He is now a respected, responsible member of the community who can be seen as being of service to others by giving rides to individuals who want recovery in their lives. He has come into KCRCO multiple times to express his appreciation for our help and continued support.”

Homeless outreach stabilization transition (HOST) expansion

HCA has expanded homeless outreach stabilization transition (HOST) programs with the goal of expanding access to modified Assertive Community Treatment delivered by multi-disciplinary teams. HCA has contracted with North Sound BHASO, King BHASO, Thurston Mason BHASO, Carelon Behavioral Health, and Spokane BHASO 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. Through June 2023, HCA also contracted with the Downtown Emergency Services Center (DESC) to provide consultation and technical assistance on delivering this services model to establish guidelines regarding team staffing types, service intensity, quality fidelity standards, and metrics to verify that programs are targeting the priority population.

Contracts with BHASOs were executed in early 2022 and service provision started in July of 2022. As of June 2023, all six regions have contracted with local providers delivering services. HCA and DESC conducted four in-person site visits of HOST teams and developed a fidelity tool and a self-assessment tool for providers.

Table 9: HOST numbers served

Unique HOST-eligible individuals served	1,249
Number of total encounters	6,357

Success stories

In one month, a HOST Team served seven patients with wounds requiring antibiotics, provided syphilis treatment for six patients, prenatal and postnatal care for one patient, and injection of psychiatric medication while collaborating internally for three patients. Among these patients, 6 were bridged to a primary care provider, one was referred to neurosurgery, and one was referred to cardiology.

A pregnant patient delivered a healthy child and transitioned to the PATH program. During her pregnancy, she was moved from the street to a hotel. While awaiting housing, HOST assisted with bridging her to a high-risk OB/GYN clinic and assisted in starting her on a methadone program, including required transportation. A case manager assisted with DOL and other necessary paperwork for housing applications.

The HOST team met a client and her partner at an encampment during a “cleanup”. During a medical examination, the provider noted signs of recent stroke and presentation of other health concerns. The provider encouraged the client to return to the hospital to complete the previously ordered MRI. HOST team members assisted the client with scheduling this appointment and used Uber to transport the client from a location near her encampment and to and from her appointment. Once the MRI was completed, the provider followed up with the client to review it. The client requested assistance with completing disability documentation; the provider met with the client and completed paperwork. The client continues to follow up with the HOST team. She and her partner have since moved out of the encampment and are at a new location. She communicated her new location for follow up to the HOST team. HOST will continue to work with the client as she stabilizes her health and explores SUD and housing options.

Medication for opioid use disorder (MOUD) in jail

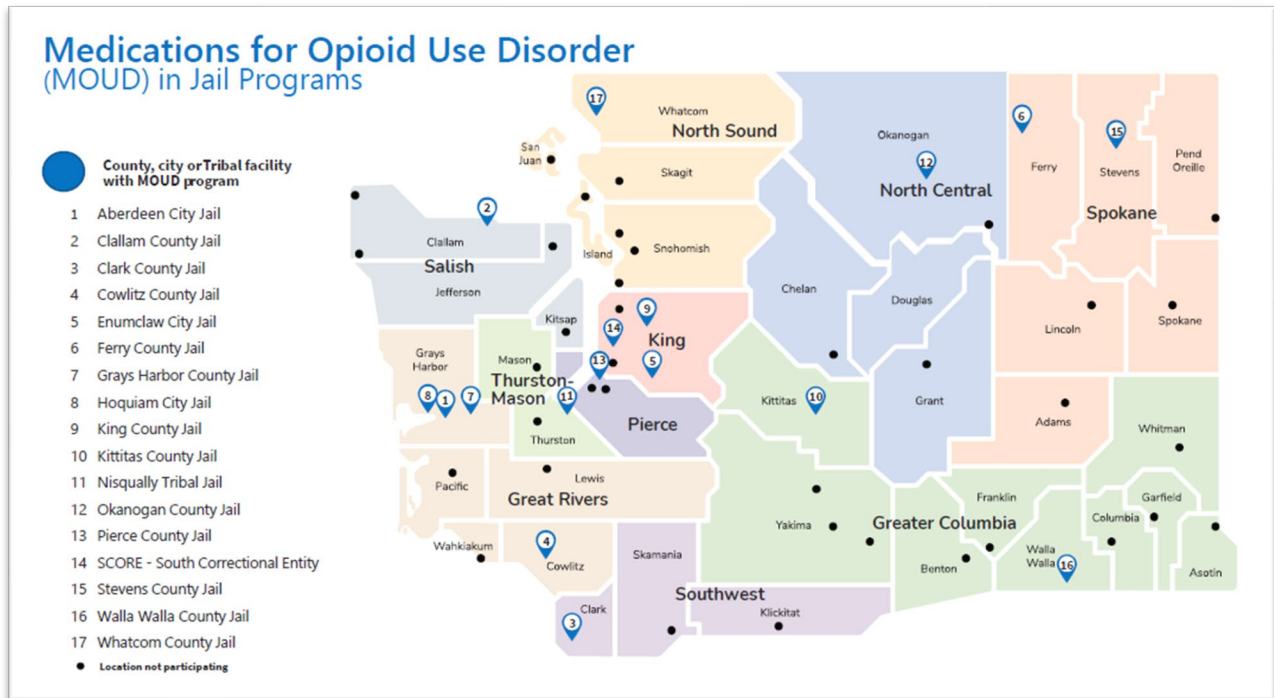
Through a combination of funding in ESB 5476 and ESSB 5092, the Health Care Authority contracts with local county, city and tribal jails to ensure to provide MOUD to incarcerated individuals with opioid use disorder, assisting jails in meeting the requirements of RCW [71.24.599](#) and meet the medication-based needs of individuals with Opioid Use Disorder.

HCA has finalized contracts with 18 separate city, county, and tribal jails for fiscal year 2024, with two additional correctional facilities in contract negotiations, and uses the funding to provide seamless access to medications for opioid use disorder (MOUD). The jail MOUD programs provide incarcerated individuals the opportunity for an OUD assessment, evidence-based medication for OUD, sustained treatment throughout incarceration, and connection to continue treatment upon release or transfer. Overall benefits may include a reduction in morbidity and mortality due to overdose, reduced re-offenses, reduced complications during withdrawal, improved jail staff safety, cost savings, reduced transfers to emergency departments, custodial costs, and overall improved jail relationships.

Table 10: Medications for opioid use disorder jail program

Jail	Total Served for FY23	# Induced	# Continued
Clark	105	91	14
Cowlitz	279	119	160
Grays Harbor Aberdeen	44	39	5
Grays Harbor Hoquiam	46	33	13
Grays Harbor CI	118	86	32
Kittitas	186	135	51
Nisqually	15	9	6
Okanagan	93	90	3
Olympic Peninsula	213	142	71
Pierce County Alliance	164	143	21
SCORE	563	563	0
Seattle-King	1471	1190	281
Enumclaw	71	61	10
Walla Walls	297	97	200
WASPC - Stevens	48	45	3
WASPC - Ferry	8	8	0
WASPC - Island	3	2	1
Whatcom	591	558	33

Image 4: Medications for opioid use disorder jail programs map



Success Stories

Clallam County Correctional Facility (CCCF) in partnership with Olympic Peninsula Community Clinic (OPCC):

Participant Y was experiencing withdrawal symptoms upon booking at the CCCF. Medical staff immediately started Participant Y on micro dosing protocol. Participant Y was able to reach 16mg dose of Suboxone and find nearly 30 days of recovery while in the care of the CCCF and OPCC. Participant Y followed-up with OPCC after his release. OPCC assisted Participant Y in applying for Oxford House and worked to coordinate visits for his children. Participant Y was able to connect with additional services through their tribe and is currently in compliance. Participant Y has been in outpatient treatment for nearly a month and currently has over 60 days of recovery.

Grays Harbor County Jail

Participant X began medications for opioid use disorder (MOUD) while in the Grays Harbor County Jail. Participant X was also treated for his mental health and prescribed medications. The jail re-entry coordinator assisted Participant X with placement in sober housing. The jail re-entry coordinator-maintained contact with the sober house manager who relayed that Participant X was having some issues. The jail re-entry coordinator reached out to Participant X and assisted in getting him another prescription for his mental health medications which had been lost. Participant X is currently stable in his housing and continuing to work on his substance use disorder and mental health issues. Because of the connection between the jail re-entry coordinator, the jail medical director and the sober housing manager, all worked together to keep Participant X in housing and moving forward.

Contingency management

According to RCW 71.24.145 (3) "Subject to the availability of amounts appropriated for this specific purpose, the Authority shall increase contingency management resources for opioid treatment networks that are serving people living with co-occurring stimulant use and opioid use disorder." Contingency Management is an evidence-based behavioral intervention for stimulant use disorder. It provides incentives to individuals contingent upon objective evidence of the target behavior, such as a negative urine drug test, to increase the likelihood of these behaviors, which are essential components and outcomes of effective treatment.

Funding for contingency management was included in ESB 5476. Program managers were able to develop a Contingency Management intervention in the Opioid Treatment Networks and Hub and Spokes. The State Hub & Spoke project completed their CM training in September 2021 and is working with WSU PRISM staff to implement their programs and engage in fidelity monitoring. State Opioid Response (SOR) Opioid Treatment Networks) Projects (20 sites) The SOR projects for the CM training include the SOR Hub & Spoke (6 sites) and the Opioid Treatment Networks (14 sites). These sites have received training and have implemented CM programs.

Table 11: CM contract and participant table

Date	Facility & Location	Program Status	Participants
9/30/22-06/30/2023	Public Hospital District #1 of Klickitat County	Active	1
9/30/22-06/30/2023	Family Health Omak	Active	30
9/30/22-06/30/2023	Grays Harbor County Public Hospital District #1	Working on internal process	0

Success Story

One participant reported being able to purchase Christmas presents for the first time with her gift cards earned for being stimulant-free because of her participation in the Contingency Management program. She has been in recovery for opioid use disorder for months but had been struggling with stimulants. This has been the longest she's been stimulant-free.

Short-term housing vouchers

ESB 5476 included appropriations to support the provision of short-term housing vouchers for individuals with substance use disorder. Through these appropriations, HCA was able to provide short-term housing vouchers for individuals with substance use disorders. These housing vouchers were provided through existing contracts with Housing and Recovery through Peer Services (HARPS) providers and were used to support individuals who required short-term or transitional housing and had a substance use disorder. Blake Funds (GFS SUD) totaled \$1 Million and that was \$100,000 per HARPS team at 10 teams statewide. SABG Funding went to hiring a 4th FTE with SUD Lived-experience for Catholic Charities, CVAB, Greater Columbia, North Sound, Salish, Spokane, and Thurston-Mason. Both teams with the additional SUD peer

and those without the new position continue to serve people with substance use disorders in the HARPS program. Teams with the additional SUD-specific peer have been able to focus more on enrollments for people with SUDs into their programs.

Table 12: Number of individuals housed with GFS SUD funds

Number of individuals housed with GFS SUD funds

<i>Catholic Charities</i>	31
<i>CVAB</i>	33
<i>Great Rivers</i>	105
<i>Greater Columbia</i>	38
<i>Greater Lakes</i>	38
<i>King County</i>	30
<i>North Sound</i>	no data
<i>Salish</i>	22
<i>Spokane</i>	23
<i>Thurston Mason</i>	48

Success stories

One of HARPS' successes involved a peer that had many barriers to housing, who unfortunately came across a sudden life changing and impactful medical issue leaving him deaf. Together, the HARPS team worked on assistive communication technology and getting him back on social security and on housing lists. He got approved for Aged, Blind, or Disabled (ABD) Cash Assistance Program and within a few months was approved for a low-income apartment in a disabled housing unit in Leavenworth, WA. Throughout his participation in the HARPS program, he was able to get connected with an opportunity to volunteer which he has found rewarding and brings him joy!

The HARPS team also had a client who made significant improvement this quarter. When the client came to HARPS, she was facing eviction due to struggling to make ends meet. She is a single mother to a child with special needs. HARPS team members were able to assist with back rent by utilizing HARPS funding. Her HARPS case manager continued to work with her to access community resources and get her name on subsidized waitlists. After a couple of months, she received notice that her apartment building was being condemned. She worked diligently with her case manager to obtain funding within the community to relocate. She has prior evictions, so it was hard to find a landlord that was willing to work with her. After weeks of searching, they found an apartment; the only issue was that they wanted her to pay a big deposit and 5 months of rent up front due to the evictions. The city gave her relocation funds, and she received funding through another agency as well as HARPS funding to help pay for the move in costs. Between her hard work and her case managers they were able to come up with all the funds for the move in. She is all moved in now and doing well.

Substance use disorder (SUD) family navigators

The substance use disorder (SUD) family navigator project 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.

Substance use disorder (SUD) 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 and addiction. 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.

Emergency department and hospital bridge program

ESB 5476 Section 22(11) provided funding to HCA to establish a position to create and oversee a program to initiate and support emergency department programs for inducing medications for patients with opioid use disorder paired with a referral to community-based outreach and case management programs. Due to the work of the position funded in 5476 Section 22(11), HCA is expecting to launch a new program to support Emergency Department and acute care hospitals to initiate medications for OUD in the first quarter of 2024. The program itself was unfunded by the legislature and is operating with interim funds via SOR no-cost extension and nonspecific abatement funding provided to HCA in the 23-25 budget.

The program, ScalaNW, intends to provide all WA emergency departments and hospitals with tools and resources to treat opioid use disorder with evidence-based medications by centralizing the following resources: 24/7 addiction consultation hotline, MOUD protocols developed by a multidisciplinary team and that provide clear direction for how to treat fentanyl dependence, a website that includes the protocols as well and patient discharge information and low barrier community resources, and a campaign to promote awareness of the program services. Technical assistance and staff education are available to interested hospitals via the position established by ESB 5476, which was allocated as a nursing position. In addition to these services, ScalaNW will support enrolled hospitals in developing mechanisms for, and partnerships to sustain, 24/7 scheduling of follow-up appointments and referrals to peer services. This program is conditionally endorsed by professional organizations across the state, including WSMA, WSPA, WA-ACEP, WSAM, and WSHA. The program intends to support the initiation of both evidence based and life-saving agonist medications, buprenorphine and methadone.

Partners for this program include the UW Psychiatry Consult Line, which has expanded its addiction psychiatry services to meet the on-demand need of emergency departments and ADAI, which has facilitated providers in the development of clinical protocols. Discussions are in progress to determine whether the WA Recovery Help Line can be utilized to assist with scheduling medication continuation appointments for patients at participating hospitals.

Conclusion

In 2022, HCA collaborated with the Substance Use Recovery Services Advisory Committee to write the Washington State Substance Use Recovery Services Plan, which built upon the state's investments in behavioral health expansion per ESB 5476. In 2023, 2E2SSB 5536 provided significant legislative support for many of those recommendations, and implementation efforts are well underway, as outlined in detail throughout this report.

The following recommendations from SURSAC demonstrate areas of the SURS Plan that have not yet been actualized due to lack of necessary funding and policy change.

- Decriminalizing possession of controlled substances and paraphernalia with no civil penalties or fines
- Increasing funding to expand the Health Engagement Hubs program (also known as Drug User Health Hubs)
- Revising drug paraphernalia laws to permit harm reduction programs to operate throughout the state
- Funding legal representation of parents and families, including kinship and foster care families, affected by substance use in family law court cases regarding custody, parenting plans, guardianship, and Child Protective Services cases. (This recommendation proposes updating language in RCW 13.34.030, the definition of indigent (b) to read: "Individuals in need of or receiving mental health, substance use, or behavioral health services.")

Beginning July 1, 2024, HCA will submit an additional annual report, per [RCW 71.24.913](#), focused on the impact metrics of the following programs:

- Recovery Residences
- Recovery Navigator Programs
- Health Engagement Hubs pilot programs
- Law Enforcement Assisted Diversion grant program

By the end of 2024, additional recommendations for the legislature and updates to the SURS Plan will be generated by the Safe Supply work group and the SUD Intake, Screening, and Assessments (SUDISA) work group for consideration during the 2025 legislative session.

Appendix A: SURSAC members

Table 2: Current SURSAC roster

Michael Langer 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	Amber Leaders 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 Daniel Peer Recovery Services Provider
Brandie Flood Anti-Racism Member	Stormy Howell Representative of a Federally Recognized Tribe	Chad Enright Prosecutors Office
John Hayden Public Defenders	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 Washington State Association of Sheriffs and Police Chiefs	Malika Lamont Representative of experts on the diversion from the criminal legal system to community-based care for persons with SUD
Chenell Wolfe 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
Kurtis Klingenberg Youth in Recovery from SUD who experienced criminal legal system consequences	Addy Adwell SUD Provider Union Member	