

State Vs. Blake Engrossed Senate Bill 5476

**Responding to the State v. Blake
decision by addressing justice system
responses and expansion of behavioral
health services**

Substance use recovery services plan

The Health Care Authority (HCA) will establish a committee which is tasked with developing measures to assist persons with Substance Use Disorder (SUD) 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.

Advisory committee

HCA will establish a substance use recovery services advisory committee (Committee). HCA must appoint members to the committee who have relevant background related to the needs of persons with SUD and be reflective of the community of individuals living with behavioral health disorders. The committee shall include legislative representation and a wide range of local and national experts.

Substance use recovery services plan

The Advisory Committee is to inform the development of the Substance Use Recovery Services Plan. The Plan will include measures to assist persons with SUD 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 will also establish a fundamental framework for regional capacity for Community-based care access points, address barriers in access to existing systems, and design a mechanism for referring person into supportive services.

Timeline

The table below shows the specific deliverables and dates of implementing the substance use recovery services plan.

Deliverable	Date
Preliminary report to Governor and Legislature	December 1, 2021
Final plan submitted to Governor and Legislature	December 1, 2022
Annual Plan Implementation Report to Governor and Legislature	December 1, 2023 and each subsequent year until 2026
Adopt rules/contract necessary to implement the Plan	December 1, 2023

Recovery navigator program

Each Behavioral Health Administrative Services Organization (BHASO) shall establish a recovery navigator program to deliver community-based outreach, intake, assessment, and connection to services for individuals with an SUD who encounter law enforcement and other first responders.

Uniform program standards

HCA will develop uniform program standards modeled upon Law Enforcement Assisted Diversion (LEAD). The standards will consider the nature of referral into the Recovery Navigator Program, followed by long term intensive case management. In developing response time requirements within the statewide program standards, the authority shall require, subject to the availability of amounts appropriated for this specific purpose, that responses to referrals from law enforcement occur immediately for in-custody referrals and shall strive for rapid response times to other appropriate settings such as emergency departments.

Recovery navigator program strategic plan

Before receiving funding for implementation and ongoing administration, each behavioral health administrative services organization must submit a program plan that demonstrates the ability to fully comply with statewide program standards. Each plan must maintain enough trained personnel for providing intake and referral services, conducting assessments, intensive case management, and making warm handoffs to treatment and recovery support services along the continuum of care.

Funding

The table below shows the specific funding sources and state fiscal years that will be used to fund the recovery navigator program.

Funding source	State fiscal year
25 million general fund-state	SFY 22
20 million general fund-state	SFY 23

Expanded recovery support services

HCA will establish the expanded recovery support services program to increase access to recovery services for individuals in recovery from substance use disorder (SUD). HCA shall consult with behavioral health administrative services organizations, regional behavioral health providers, and regional community organizations to adopt regional expanded recovery plans. The Regional Expanded Recovery Plans will include input from the substance use recovery services advisory committee, and are consistent with the substance use recovery services plan, both established in section one of ESB 5476.

Regional expanded recovery plan

The regional expanded recovery plans will consider sufficient access for youth and adults to meet each region's needs for the following:

- Recovery housing;
- Employment pathways, support, training, and job placement;
- Education pathways, including recovery high schools and collegiate recovery programs;
- Recovery coaching and SUD peer support;
- Social connectedness initiatives, including the recovery café;
- Family support services;
- Technology-based recovery support services;

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- Transportation assistance; and,
- Legal support services.

Funding

The table below shows the specific programs, funding sources, and state fiscal years that will be used to fund expanded recovery support services.

Program	Funding source	State fiscal year
Clubhouse service expansion	\$1.6 million General Fund-State	SFY22
	\$3.1 million General Fund-State	SFY23
	\$3.8 million Federal	Biennium
Short Term Housing Vouchers	\$0.5 million General Fund-State	SFY22
	\$0.5 million General Fund-State	SFY23
SUD family navigator services grant program	\$0.5 million General Fund-State	SFY22
	\$0.5 million General Fund-State	SFY23

Homeless Outreach Stabilization Transition (HOST) expansion

HCA will expand homeless outreach stabilization transition (HOST) programs with the goal of expanding access to modified Assertive Community Treatment delivered by multi-disciplinary teams. The teams will perform outreach and engagement to individuals who are living with SUD and are experiencing lack of, or transitioning from, housing.

HCA will consult with outreach organization who have experience delivering this services model to establish guidelines regarding team staffing types, service intensity, quality fidelity standards, and metrics to verify programs are targeting the priority population.

Timeline

The table below shows the specific deliverables and dates of implementing HOST expansion.

Deliverable	Dates
Expand HOST programs	January 1, 2024
Distribute grant funds	March 1, 2024

Funding

The table below shows the specific programs, funding sources, and state fiscal years that will be used to fund HOST expansion.

Funding source	State fiscal year
\$5 million General Fund-State	SFY22

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\$7.5 million General Fund-State SFY23

Other supportive programs

Medications for opioid use disorder in jail

HCA will expand efforts to provide opioid use disorder medication in city, county, regional, and tribal jails.

Funding

The table below shows the specific programs, funding sources, and state fiscal years that will be used to fund HOST expansion.

Funding source	State fiscal year
\$2.5 million General Fund-State	SFY22
\$2.5 million General Fund-State	SFY23

Opioid treatment network enhancement

HCA will increase contingency management resources for opioid treatment networks that are serving people with stimulant use disorder.

Funding

The table below shows the specific programs, funding sources, and state fiscal years that will be used to fund expanded opioid treatment networks.

Funding source	State fiscal year
\$0.5 million General Fund-State	SFY22
\$0.5 million General Fund-State	SFY23

Questions?

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