

Marijuana Legalization/Initiative 502 Mandates for DBHR

Overview

Washington Initiative 502 (I-502) to legalize recreational use of marijuana for those 21 and older was approved by popular vote in 2012 and was updated in the 2015 Legislative Session through 2E2SH2136. Per I-502 and amending law, the Health Care Authority (HCA) Division of Behavioral Health and Recovery (DBHR) is directed to do the following:

- **Design and administer the Healthy Youth Survey (HYS) and Young Adult Health Survey (YAHS).** The surveys are used to identify trends about youth and young adult use of substances, behaviors, risks, and outcomes as well as school, community, family, and peer-individual risk and protective factors.
- **Contract with the Washington State Institute for Public Policy (WSIPP)** to conduct cost-benefit evaluation and produce reports to the legislature by December 2018, with subsequent reports in 2022 and 2032.
- **Use funding for the development, implementation, maintenance, and evaluation of prevention and treatment programs** and practices, mental health services for children and youth, and services for pregnant and parenting women.

Of the funds appropriated for new programs and new services:

85% must be directed to evidence-based or research-based programs and practices that produce objectively measurable results and, by September 1, 2020, are cost-beneficial.

Up to 15% may be directed to proven and tested practices, emerging best practices or promising practices.

DBHR prevention services are focused on community-level programs delivered by tribes or contracted through Community Prevention and Wellness Initiative (CPWI) coalitions, educational service districts (ESDs), Office of Superintendent of Public Instruction (OSPI), Department of Children, Youth and Families (DCYF), and community based organizations (CBO).

DBHR was allocated funds to increase youth residential treatment services, support Parent-Child Assistance Program (PCAP) expansion and tribal youth treatment services.

DBHR was also directed to provide training on evidence/research-based and promising practices programs for treatment and prevention.

Eligibility requirements

CPWI communities must show a high-need in the following risk categories: academic failure, crime, prevalence of alcohol and other drug use, and mental health problems.

Eligibility for treatment services: residential services are available for youth ages 13 to 17 with substance use disorders who meet the American Society of Addiction Medicine (ASAM) criteria for this level of care. Youth younger or older than 13-17 are served in youth facilities on a case-by-case basis when clinically appropriate. Priority is given to youth who are pregnant, intravenous drug users, referrals from detoxification, Involuntary Treatment Act referrals, and at-risk/runaway youth.

Authority

Washington State Initiative Measure No. 502, authorized in Chapter 4, Laws of 2015 (2nd Special Session); 2E2SHB 2136, RCW 69.50.545,

and Washington State Liquor and Cannabis Board.

Budget

Initiative 502 established a Dedicated Marijuana Account (DMA). For the 2017-2019 biennium DSHS (and now HCA), DBHR was given specific appropriations for service enhancements and new programs. Additionally a portion of the funds are to be used to replace services previously funded with other state or federal dollars (see budget section). No appropriations were made prior to the 2015-2017 biennium.

HCA’s FY 2019 budget is as follows:

Service	Budget
Youth Residential	\$11,924,000
Cost Benefit Evaluations-WSSIP	\$ 200,000
Healthy Youth Survey-LGAN	\$ 500,000
PCAP	\$ 396,000
Life Skills Training-OSPI	\$ 250,000
Increase Tribal Youth Services	\$ 386,000
Maintain Youth Residential Services	\$ 2,684,000
Evidence Based Research Training	\$ 250,000
Home Visiting Services-DCYF	\$ 2,434,000
Youth Treatment Services	\$ 3,278,000
Youth Prevention Services	\$ 2,500,000
Total	\$24,802,000

Numbers served

Youth SUD treatment

There are currently 46 youth SUD residential beds at three substance use disorder treatment contractors, with 16 more to be added in 2019.

Youth SUD prevention

Funding contributed to enhancing and expanding community prevention services and evidence-based programs which are reaching more than 90 communities through 82 CPWI sites and six CBOs with DMA and leveraged funding.

In SFY 2018, 35 schools provided LifeSkills Training in 285 middle school classrooms funded by DMA.

16 evidence-based/research-based program trainings were completed in FY 2018.

In SFY 2018, 396 home visits were provided by DCYF; 144 new home visiting slots were made possible by DMA funding in FY 2018.

PCAP services are provided to up to 1,439 clients and their families at one time with the support of DMA funds.

Tribal SUD prevention and treatment

Sixteen federally recognized tribes implemented prevention and treatment programs, such as White Bison, Talking Circles, and Gathering of Native Americans, using DMA funds.

Partners

Tribes, OSPI, Washington State Liquor and Cannabis Board, Washington State Department of Health, Washington State Institute for Public Policy, Department of Children, Youth and Families, Washington State Board of Health, University of Washington, Washington State University, Community Prevention and Wellness Initiative coalitions, community based organizations, educational service districts, and local school districts.

Oversight

HCA ensures program quality and fidelity.

For more information

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