

Marijuana legalization/Initiative 502 mandates for HCA's Division of Behavioral Health and Recovery (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. Due to COVID-19, the HYS survey was delayed from Fall 2020 to Fall 2021 and will now be administered in odd years moving forward.
- **Contract with the Washington State Institute for Public Policy (WSIPP)** to conduct cost-benefit evaluation of I-502 and provide quarterly updates with data pertaining to rates of adult and youth substance use and the economic impact of I-502. WSIPP will produce reports in 2023 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 are cost-beneficial.

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

HCA, 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).

HCA, DBHR was allocated funds to increase home visiting services-DCYF, providing family-focused services to expectant parents and families with new babies and young children to support the physical, social, and emotional health of the children.

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

Eligibility requirements

Community Prevention and Wellness Initiative (CPWI) communities must show higher risk in the following categories: academic failure, crime, prevalence of alcohol, marijuana, and other drug use, and mental health problems.

Eligibility for treatment services: residential services are available for youth ages 13-17 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

WA 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 2019-2021 biennium DBHR was given specific appropriations for services

enhancements and new programs. No appropriations were made prior to the 2015-2017 biennium.

Health Care Authority's FY 2022 budget:

Service	Budget
Youth Residential PCAP	\$11,924,000
Youth Residential Services	\$ 396,000
Youth Treatment Services-DCYF JJRA	\$ 2,684,000
Evidence-Based Training/WFD	\$ 3,287,000
Total Treatment Services	\$18,382,000
Tribal Youth Services	\$ 375,000
Youth Prevention Services	\$ 2,473,000
Life Skills - OSPI	\$ 250,000
I-502 Cost Benefit Eval - WSIPP	\$ 200,000
Healthy Youth Survey	\$ 500,000
Home Visiting Services-DEL	\$ 2,434,000
Evidence Based Training/WFD	\$84,000
Administrative	\$108,000
Total Prevention Services	\$6,424,000
Mental Health - BHACOs	\$3,684,000
Total Service	\$28,493,000

Numbers served

Youth SUD treatment:

There have been 30 additional youth SUD residential beds at two substance used disorder treatment agencies with the use of DMA expansion dollars. Sixteen more are anticipated to be added in 2022. This same contractor will also bring online 12 youth recovery house beds. DMA funds are now distributed to all youth SUD residential treatment providers to maintain bed capacity.

In SYF 2021, PCAP services are provided to up to 1,409 clients and their families at one time with the support of DMA funds.

Youth SUD prevention:

Funding contributed to enhancing and expanding community prevention services and evidence-based programs which are reaching over 40 CPWI sites and 10 CBOs with DMA and leveraged funding. In SFY 2021, 2,689 unduplicated participants were served through 171 individual programs, such as mentoring, parenting education, and youth education/skill building. One hundred percent (100%) of DMA programs implemented were considered evidence-/researched based,

In SFY 2021, 15 schools were awarded the Life Skills Training (LST) Prevention grant. Additionally, 3 schools took advantage of readiness to implement LST

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grants to aid schools in building capacity to implement this programming.

Seventy-one Evidence Based/Research Based Program Trainings were completed in FY 2021.

In SFY 21, 6,617 home visits were provided by 396 home visiting slots made possible across 14 local implementing agencies by DMA funding. Home Visits declined slightly due to COVID, at least half of the 14 Local Implementing Agencies had staff leave for personal reason or deployed to help local community health departments with COVID-19 response work.

Tribal SUD prevention and treatment:

Twenty Federally Recognized Tribes implemented prevention programs, such as Sport Prevention Wellness Culture, Choice & Respect Program, Family and Culture, and Healing of the Canoe.

Partners

Washington Tribes, Office of the Superintendent of Public Instruction, 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

Health Care Authority ensures program quality and fidelity.

For more information

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