

Cannabis legalization (Initiative 502 mandates)

Overview

Washington Initiative 502 (I-502) to legalize non-medical cannabis use for those 21 and older was approved by popular vote in 2012. Per I-502 and amending law, the Health Care Authority's (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 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 produced a Preliminary Outcomes report in 2017 and an Intermediate Outcomes report in 2023. A final evaluation report will be published in 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.

Eligibility requirements

Community Prevention and Wellness Initiative (CPWI) communities must show higher risk in the following categories: academic failure, crime, prevalence of alcohol, cannabis, 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 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, 82-0529 (10/24)

referrals from detoxification, Involuntary Treatment Act referrals, and at-risk/runaway youth. Family Initiated Treatment (FIT) can be utilized for a parent (as defined in RCW 71.34.020 (46b)) for a youth to get an evaluation for treatment. However, per federal law the youth's consent is required to allow the results of the assessment to be shared with the parent and for the youth to receive treatment.

Budget

Initiative 502 established a Dedicated Cannabis Account (DCA), with revenues generated from taxation of cannabis sales and other related sources. In the 2015 Legislative Session, 2E2SHB2136 was passed to restructure account revenues and appropriations. In 2022, E2SSB 5796 again made substantial changes to DCA appropriations. In 2023, a minor change was made: appropriations for for Office of the Superintendent of Public Instruction (OSPI) were provided directly, instead of being passed through HCA.

Budget for SFY 25:

| Service | Budget |
|---|----------------------|
| I-502 Cost Benefit Eval - WSIPP | \$ 200,000 |
| Healthy Youth Survey/Young Adult Health Survey | \$ 500,000 |
| Total Data Surveillance/Evaluation | \$ 700,000 |
| Youth SUD Treatment & Recovery Services – BH-ASOs | \$ 11,924,000 |
| PCAP | \$ 396,000 |
| Youth Residential Services | \$ 2,684,000 |
| Youth Treatment Services-DCYF JJRA | \$ 3,278,000 |
| Treatment- Evidence-Based Training/WFD | \$ 100,000 |
| Total Treatment Services | \$ 18,382,000 |
| Tribal Youth Services | \$ 386,000 |

| | |
|---|----------------------|
| Youth Prevention Services | \$ 2,500,000 |
| Home Visiting Services-DCYF | \$ 2,434,000 |
| Prevention- Evidence Based Training/WFD | \$ 150,000 |
| Total Prevention Services | \$ 5,727,000 |
| Mental Health – BH-ASOs | \$ 3,684,000 |
| Total Mental Health – BH-ASOs | \$ 3,684,000 |
| Total | \$ 28,493,000 |

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, Juvenile Courts, juvenile Rehabilitation, Educational Service Districts, and local school districts.

Numbers served

Youth SUD treatment:

DCA funds are utilized to support youth SUD residential beds. These funds are currently distributed to all youth SUD residential treatment providers to maintain bed capacity, including training, recruitment and retention efforts, and development or enhancement of co-occurring disorder treatment services.”

In SYF 2023, Parent-Child Assistance Program (PCAP) services were provided to 1,490 clients and their families the support of DCA funds.

Youth SUD prevention:

HCA’s 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, 82-0529 (10/24)

Youth and Families (DCYF), and Community-Based Organizations (CBO).

Funding contributed to enhancing and expanding community prevention services and evidence-based programs which are reaching 76 CPWI sites and 10 CBOs with DCA and leveraged funding. In SFY 2023, 6,468 unduplicated participants were served through 183 individual programs, such as mentoring, parenting education, and youth education/skill building.

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

Fifty three Evidence Based/Research Based Program Trainings were completed in SFY 2024.

HCA’s DBHR was allocated funds to increase home visiting services in partnership with 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.

In **SFY 24, 6,429 home visits were provided by 392 home visiting** slots made possible across 14 local implementing agencies by DCA funding.

Tribal SUD prevention and treatment:

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

For more information

Contact: HCADBHRInformation@hca.wa.gov

Harrison Fontaine, SUD Prevention and Mental Health Promotion, Policy and Program Manager

Website: www.TheAthenaForum.org