

Second Engrossed Second Substitute Senate Bill (2E2SSB) 5536

Overview

In January 2023, Washington State Health Care Authority (HCA) submitted the [Substance Use Recovery Services Plan](#) to the governor's office and the Senate Law & Justice subcommittee. This plan outlined 18 recommendations from the [Substance Use Recovery Services Advisory Committee \(SURSAC\)](#) for consideration during the upcoming legislative session.

To address *State v Blake* and criminal court system responses to drug use and possession and expand behavioral health outreach, treatment, and recovery support services throughout the state, Second Engrossed Second Substitute Senate Bill 5536 (2E2SSB 5536 or "the Blake bill") was passed during the 2023 Special Session on May 16, 2023. Many of the SURSAC recommendations were funded and/or enacted. [Read the complete bill text](#)

New Projects & Program Changes

In addition to allocating funding for new and existing programs, 5536 also provided directives to HCA to make changes to existing programs and develop new resources:

§25(3-4): Recovery Navigator Program (RNP)

Section 25(3) instructs HCA to revise its uniform program standards by June 30, 2024. The revised standards will provide guidance for Behavioral Health Administrative Services Organizations (BH-ASO) to follow in the design of their recovery navigator programs to achieve fidelity with the core principles of the law enforcement assisted diversion (LEAD) program.

Section 25(4) indicates that, subject to the availability of amounts appropriated, the authority shall provide funding to each BHASO for the continuation of and revisions to the recovery navigator programs they fund. This section also

directs the authority to arrange for technical assistance to be provided by the LEAD national support bureau to all behavioral health administrative services organizations, contracted providers, and independent stakeholders and partners, such as prosecuting attorneys and law enforcement.

[Read RCW 71.24.115 – Recovery Navigator programs](#)

§36: Substance Use Disorder Intake, Screening, and Assessment (SUDISA) work group

Directs HCA to convene a work group to recommend changes to systems, policies, and processes related to intake, screening, and assessment for SUD services. This workgroup met throughout 2024 to develop recommendations that broaden the workforce capable of administering SUD assessments and make the assessment process low-barrier and easier for people seeking services to navigate.

[Read RCW 71.24.912 – Work group – Systems, policies, and processes related to intake, screening, and assessment for substance use disorder](#)

§17(2): Recovery housing voucher program

Directs HCA to establish a voucher program to allow accredited recovery housing operators to hold bed space for individuals awaiting treatment.

§17(3): Recovery housing outreach

Directs HCA to conduct outreach to rural and underserved areas to support development of recovery residences, including adequate resources for women, LGBTQIA+ communities, black, indigenous and other people of color communities, immigrant communities, and youth.

§17(4): Training for recovery residence providers

Directs HCA to coordinate training for housing providers regarding appropriate service to LGBTQIA+ communities, black, indigenous, and

other people of color communities, and immigrant communities. Moreover, this training shall include consideration of topics like harassment, communication, antiracism, diversity, and gender-affirming behavior, and ensure applicants for grants or loans related to recovery residences receive access to the training.

[Watch the recovery residence provider training on YouTube: “Cultural Competencies in Recovery Residences”](#)

§20: Training for caregivers of children and transition-age youth with SUD

Establishes training for parents of adolescents and transition-age youth with substance use disorders to provide education, communication strategies, means to obtain opioid overdose reversal medication, self-care, and suicide prevention. HCA, in partnership with the Department of Children, Youth, and Families (DCYF), will develop this training by June 30, 2024.

§22: Data integration platform for diversion efforts

Directs HCA to develop and integrate a data integration by June 30, 2025 to support RNP, LEAD, AJA, and similar diversion efforts.

[Read RCW 71.24.908: Data integration platform to support diversion efforts](#)

§27: Education and employment grant program

Subject to funding, the authority shall establish 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. The grant program shall employ a low-barrier application and give priority to programs that engage with black, indigenous, persons of color, and other historically underserved communities.

Data reporting

[Read RCW 71.24.913 – Comprehensive assessments, reports](#)

§38(1-2): SUD Prevalence Assessments and Interactions Reports

Section 38 tasks the authority with reporting to the legislature on the prevalence of Substance Use Disorder (SUD) and interactions of persons with SUD with service providers, nonprofit service providers, first responders, health care facilities, and law enforcement agencies. To support the agency in this effort, HCA must outline the types and sources of data necessary to implement the means and methods for gathering this data in an inventory report to the legislature by December 1, 2024.

[Read the Preliminary Inventory Report \(2023\) and the Final Inventory Report \(2024\) on the HCA Legislative Reports webpage](#)

§38(3): Implementation Report for recovery residences, RNP, health engagement hubs pilot program, and LEAD

5536 Implementation Reports offer data related to recovery residences, education and employment grants, RNPs, health engagement hubs, and LEAD grants from July 2024 to July 2026.

[Read the Implementation Report \(July 2024\)](#)

§38(4): Results and effectiveness reporting

Directs HCA, beginning in 2027, to provide the results and effectiveness of the following four projects:

1. Expanding the Washington Recovery Helpline and Recovery Readiness Asset Tool to create a behavioral health services mapping tool (§28)
2. The data integration platform to support diversion efforts across the state (§22)
3. The training provided to caregivers of youth with SUD (§20)
4. The training developed for housing providers (§17(4))

§24: RNP and LEAD long-term effectiveness study

Instructs HCA to contract with the WA State Institute for Public Policy (WSIPP) to study the short-term implementation and long-term effectiveness of the RNP and LEAD programs.

[Read RCW 71.24.909: Study on Recovery Navigator Program and LEAD](#)

[Read the status report \(June 2024\)](#)

Budget for SFY 25

The following programs received fiscal allocations through 5536 to support the work during SFY25.

§33(1): Arrest and Jail Alternatives (AJA) grant program

Provides appropriations for Arrest and Jail Alternative funding.

- \$3,600,00 from the Opioid Abatement Settlement for State Fiscal Years 2024-2025
- \$700,000 GF-S, State Fiscal year 2024
- \$700,000 GF-S, State Fiscal year 2025

§13: Law Enforcement Assisted Diversion (LEAD) expansion

Amended RCW 71.24.589 to support expansion of the pre-booking diversion LEAD grant program and allocates funding to expand LEAD from a pilot program to a statewide grant program.

- \$2,500,000 GF-S, State Fiscal Year 2024
- \$2,500,000 GF-S, State Fiscal Year 2025

[Read RCW 71.24.589 – Law enforcement assisted diversion – Grant program](#)

§33(5): Opioid Treatment Program (OTP) rural expansion

Provides funding for the authority 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.

- \$3,768,000 from the Abatement Settlement for State Fiscal Years 2024-2025

§33(7): Substance Use Disorder (SUD) family navigators

Provides appropriations to provide grants to support SUD family navigator programs.

- \$500,000 from the Opioid Abatement Settlement for State Fiscal Years 2024-2025
- \$750,000 GF-S, State Fiscal year 2024
- \$750,000 GF-S, State Fiscal year 2025

§33(10): Behavioral health co-responder services

Provides appropriations to support the provision of behavioral health co-responder services on non-law enforcement emergency medical response teams.

- \$1,000,000 GF-S, State Fiscal year 2024
- \$1,000,000 GF-S, State Fiscal year 2025

§33(11): Bridge program

Provides appropriations for HCA to increase contracts for services to provide information and support that is associated with 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.

- \$250,000 GF-S, State Fiscal year 2024
- \$250,000 GF-S, State Fiscal year 2025

§17(2): Housing Voucher Program

Section 17(2) authorizes HCA to establish a voucher program to allow accredited recovery housing operators to hold bed space for individuals waiting for treatment.

- \$3,750,000 GF-S, State Fiscal year 2024
- \$3,750,000 GF-S, State Fiscal year 2025

Funding is allocated for the authority to provide grants for the operational costs of new, staffed recovery residences that 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 that serve individuals in the five most populous counties of the state.

- \$2,000,000 GF-S, State Fiscal year 2024
- \$2,000,000 GF-S, State Fiscal year 2025

§26: Health engagement hubs pilot program

Directs HCA to implement a pilot program for health engagement hubs by August 1, 2024. Hubs are an all-in-one location where youth and adults who use drugs can access a range of medical, harm reduction, treatment, and social services, including linkage to housing, transportation, and other support services. The pilot program will include at least two sites; one site will be in an urban area and one will be in a rural area.

- \$4,000,000 from the Opioid Abatement Settlement for state fiscal years 2024-2025

[Read RCW 71.24.112 – Health engagement hubs pilot program](#)

[Find the Health Engagement Hubs Fact Sheet on the HCA Legislative Relations webpage](#)

§33(3): 23-Hour Crisis Relief Centers

Provides appropriations for the authority to award grants to crisis services providers to establish and expand 23-hour crisis relief center capacity.

- \$1,000,000 GF-S, State Fiscal year 2024
- \$1,000,000 GF-S, State Fiscal year 2025

[Read RCW 71.24.916 – 23-hour crisis relief centers](#)

Partners

The Substance Use Recovery Services Advisory Committee (SURSAC) and subcommittees have been partners to HCA in the development and implementation of many of the policies and program support provided via 2E2SSB 5536.

[View the SURSAC roster](#)

For more information

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[State v. Blake and behavioral health expansion | Washington State Health Care Authority](#)