

Marijuana Legalization/Initiative 502 Mandates for DBHR

Overview

Washington Initiative 502 (I-502) to legalize recreation 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 of I-502 and provide quarterly updates with information pertaining to rates of adult and youth substance use and the economic impact of I-502. WSIPP will produce 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 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 youth residential treatment services, support Parent-Child Assistance Program (PCAP) expansion and Tribal youth treatment services.

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 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 13-17 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 DBHR was given specific appropriations for services 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.

Healthcare Authority’s FY 2020 budget is as follows:

| Service | Budget |
|-------------------------------------|--------------|
| Youth Residential | \$11,928,000 |
| 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 | \$ 150,000 |
| Home Visiting Services-DCYF | \$ 2,434,000 |
| Youth Treatment Services | \$ 3,278,000 |
| Youth Prevention Services | \$ 2,500,000 |
| Total | \$24,806,000 |

Numbers Served

Youth SUD Treatment:

There are currently 30 youth SUD residential beds at two substance used disorder treatment contractors, with 16 more to be added in 2020.

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 90 communities through 82 CPWI sites and 30

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December 11, 2019

Community Based Organizations (CBOs) with DMA and leveraged funding.

In SFY 2019, 29 schools provided LifeSkills Training in 23 school districts by DMA.

16 Evidence Based/Research Based Program Trainings were completed in FY 2019.

In SFY 2019, 7,331 home visits were provided by DCYF; 396 new home visiting slots were made possible by DMA funding in FY 2018 and FY 2019.

Tribal SUD Prevention and Treatment:

16 Federally Recognized Tribes implemented prevention and treatment programs, such as White Bison, Talking Circles, and Gathering of Native Americans, using DMA funds.

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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