Washington State Health Care Authority

Report to the Legislature

Substance use disorder recovery programs implementation report

Recovery residences, Recovery Navigator Program, Health Engagement Hub pilot, and Law Enforcement-Assisted Diversion programs

Second Engrossed Second Substitute Senate Bill 5536; Section 38(3)(a); Chapter 1; Laws of 2023

July 1, 2025

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Executive summary

Revised Code of Washington (RCW) 71.24.913 requires the Washington State Health Care Authority (HCA) to submit annual implementation reports to the Governor and the Legislature through July 2028.

Program status updates

This report provides an update on the status of these programs as directed in RCW 71.24.913, ensuring transparency and accountability in their implementation:

- Progress made in recovery residences.[1]
- Recovery Navigator Programs.[2]
- Health Engagement Hubs pilot programs.[3]
- Law enforcement-assisted diversion (LEAD) grant programs.[4]

This report also includes grants provided to employment, education, training, certification, and support programs from the newly formed Passageways to Recovery Employment and Education (PREE) grant program.[5]

Specifically, **RCW 71.24.913** requires that the legislative report include this information:

1. The number of contracts awarded to law enforcement assisted diversion programs, including the amount awarded in the contract, and the names and service locations of contract recipients;
2. The location of recovery residences, recovery navigator programs, health engagement hub pilot programs, and law enforcement assisted diversion programs;
3. The scope and nature of services provided by recovery navigator programs, health engagement hub pilot programs, and law enforcement assisted diversion programs;
4. The number of individuals served by recovery residences, recovery navigator programs, health engagement hub pilot programs, and law enforcement assisted diversion programs;
5. If known, demographic data concerning the utilization of these services by overburdened and underrepresented communities; and
6. The number of grants awarded to providers of employment, education, training, certification, and other supportive programs, including the amount awarded in each grant and the names of provider grant recipients.

This report covers data from state fiscal year (FY)2024 (July 1, 2023, to June 30, 2024).

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[1] Recovery residences: RCW 71.24.657, RCW 71.24.665, RCWs 41.05.760, 41.05.761,41.05.762, and 71.24.660.
[2] Recovery Navigator Programs: RCW 71.24.115
[3] Health Engagement Hub pilot programs: RCW 71.24.112
[4] LEAD grant programs: RCW 71.24.589
[5] PREE grant program: RCW 71.24.135

Data collection for long-term effectiveness study

RCW 71.24.909 directs HCA to contract with the Washington State Institute for Public Policy (WSIPP) to conduct a study of the long-term effectiveness of the Recovery Navigator Programs and law enforcement assisted diversion programs. The assessment will be submitted to the Legislature and relevant committees in June 2024. HCA will also incorporate data gathered for the purposes of this report into the long-term effectiveness study. Subsequent assessments under RCW 71.24.909 will be made available June 2028, June 2033, and June 2038.

Recovery residences

Summary

Recovery residences are for individuals in recovery from substance use disorder (SUD), as well as those early in their treatment and recovery journey. The residences are designed to create a home-like environment free from alcohol and illegal drug use. The focus is on peer support and helping residents receive treatment for SUDs, as well as providing other services and support. All residences offer sober living environments and utilize a social model recovery approach. They are differentiated by the intensity of staffing, governance, and recovery support services.

National Alliance for Recovery Residences (NARR) levels are informed by the American Society of Addiction Medicine (ASAM) categorization of different types of treatment and recovery programs, and the terms Levels and Types can be used interchangeably. Washington State recognizes the following level/types of recovery residences:

- **Level I Type P (Peer-run)** are democratically run, alcohol and illicit substance-free recovery homes. Oxford Houses™ are the most widely known example. The key characteristic of Level I residences is that they are democratically governed.
- **Level II Type M (Monitored)** are frequently called sober homes or sober living. They are alcohol and illicit substance-free recovery housing that utilize house rules and peer accountability to maintain safe and healthy living environments. House Managers are appointed by the owner/operator to serve as the head of household. Some Level II's provide recovery support services and life skills development but at a lower intensity than Level IIIs.
- **Level III Type S (Supervised)** delivers weekly, structured programming, including peer-based and other recovery support services and life skills development programming. Staff are supervised, trained, or credentialed. Level IIIs are designed to support populations who need more intense support in developing recovery support than provided by Level I or Level II.
- **Level IV Type C (Clinical)** integrates the social and medical model typically using a combination of supervised peer and professional staff. In addition to peer-based recovery support, recovery support services, and life skills development, Level IV's offer clinical addiction treatment. An example of a Level IV recovery residence is one that implements certain models of care in a therapeutic community.[6]

[6] Standards | National Alliance for Recovery Residences

The HCA registry of recovery residences includes both Level 1 and Level II residences that have been accredited by the Washington Alliance of Quality Recovery Residences (WAQRR), following the National Alliance of Recovery Residences (NARR) best practices. These residences allow residents to use prescribed medication for physical health, mental health, and substance use disorders.

RCW 71.024.660 requires that service providers need to refer qualified individuals to recovery housing on the HCA Recovery Home Registry. Level III and Level IV homes have historically been licensed by the Department of Health (DOH) and are not currently listed on the registry. Level III homes are no longer required to be licensed by DOH and can be accredited through WAQRR.

Funding

Second Engrossed Second Substitute Senate Bill (2E2SSB) 5536 (2023) appropriated $2,000,000 of the state general fund for recovery residences for FY2024.

Locations

Table 1: Locations of Level I and Level II housing

County	Oxford House Level I Type P (Peer-run)	Recovery residences Level II Type M (Monitored)	Grand total
Adams	0	0	0
Asotin	1	0	1
Benton	26	11	37
Chelan	5	0	5
Columbia	0	0	0
Clallam	13	1	14
Clark	46	12	58
Cowlitz	14	0	14
Douglas	6	0	6
Ferry	0	0	0
Franklin	2	3	5
Garfield	0	0	0
Grant	2	0	2
Grays Harbor	3	0	3
Island	3	0	3
Jefferson	0	0	0
King	65	14	79

County	Oxford House Level I Type P (Peer-run)	Recovery residences Level II Type M (Monitored)	Grand total
Kitsap	26	45	71
Kittitas	2	0	2
Klickitat	0	0	0
Lewis	0	0	0
Lincoln	0	0	0
Mason	3	11	14
Okanogan	2	0	2
Pacific	1	0	1
Pend Oreille	0	0	0
Pierce	28	17	45
San Juan	0	0	0
Skagit	7	6	13
Skamania	0	0	0
Snohomish	28	20	48
Spokane	41	10	51
Stevens	0	0	0
Thurston	13	19	32
Wahkiahkum	0	0	0
Walla Walla	2	1	3
Whatcom	3	0	3
Whitman	0	0	0
Yakima	13	21	34
Grand Total	355	191	546

Data

Each month, Oxford Houses and WAQRR residences provide the Program Manager with deliverables that outline statistics and data. This includes numbers of homes, beds, admissions, and departures.

Calculations for this report use the starting number of occupied beds in June 2024, then for each month of state fiscal year (SFY) 2024, added the number of new admissions to arrive at the number of people served for SFY24 for both Level I Type P and Level II Type M recovery residences.

Table 2: Number of individuals served SFY24

Recovery housing level	Numbers of new admissions
Oxford Houses – Level I Type P	7139
Recovery residences – Level II Type M	2005

Demographic data – Oxford House residents

From May 2024 to June 2024, every member in every Oxford House located in Washington was asked to take a confidential, anonymous survey. 2,880 members were presented with the survey, and 2,661 members participated, resulting in a report representing 92.4 percent of the total membership in Washington state throughout this one-month period.

Chart 1: Race distribution of Oxford House residents as of June 2024

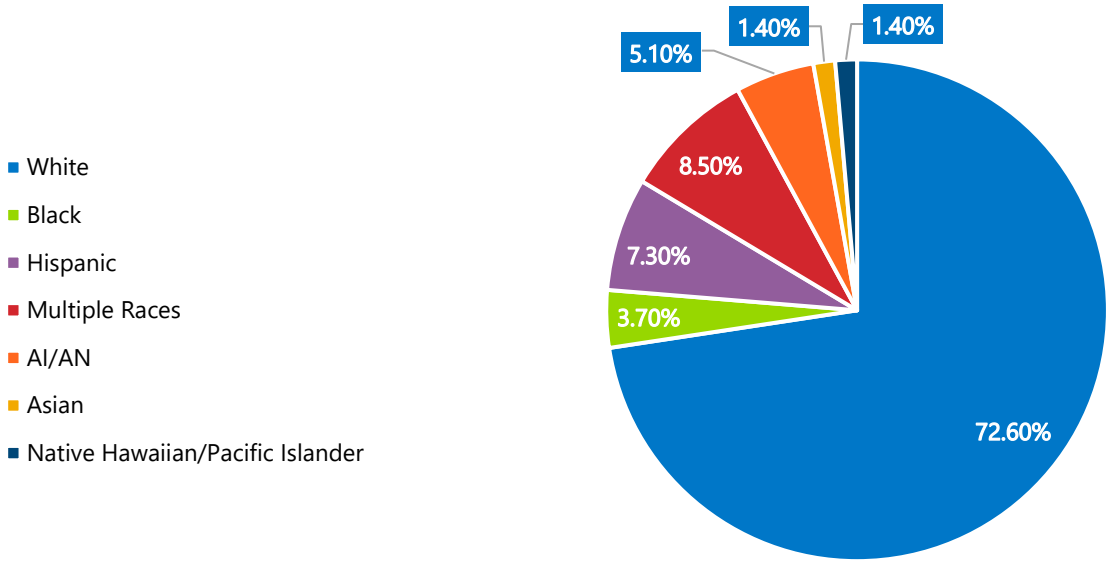


Chart 1 provides information regarding race distribution through the program as of June 2024. Areas that do not appear to have numbers may not be displayed due to small number suppression.

Chart 2: Gender distribution of Oxford House residents as of July 2024

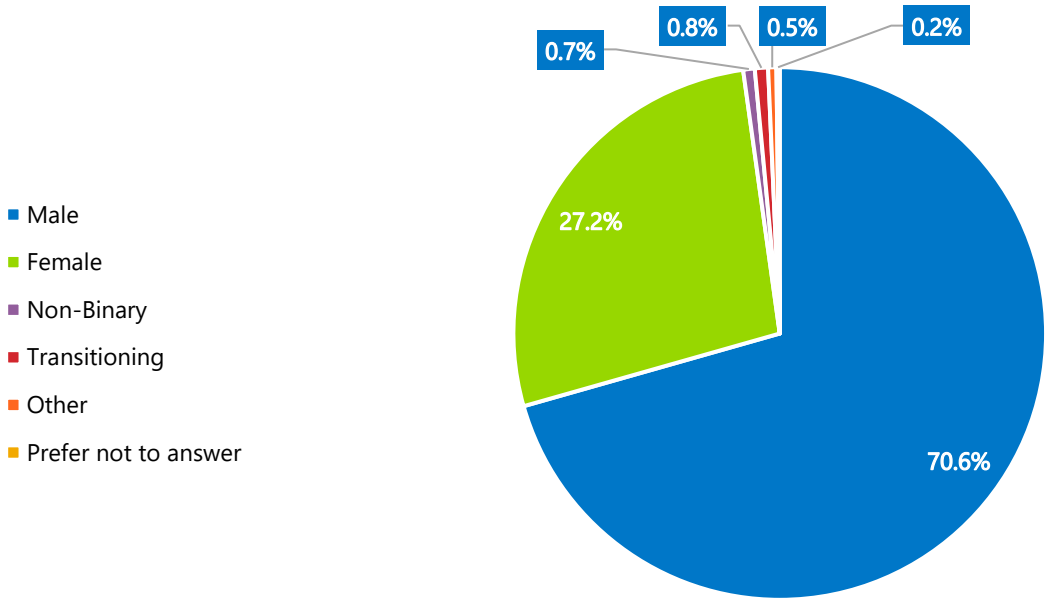


Chart 2 provides information regarding gender distribution through the program as of June 2024. Areas that do not appear to have numbers may not be displayed due to small number suppression.

Chart 3: Race distribution of WAQRR House residents as of July 2024

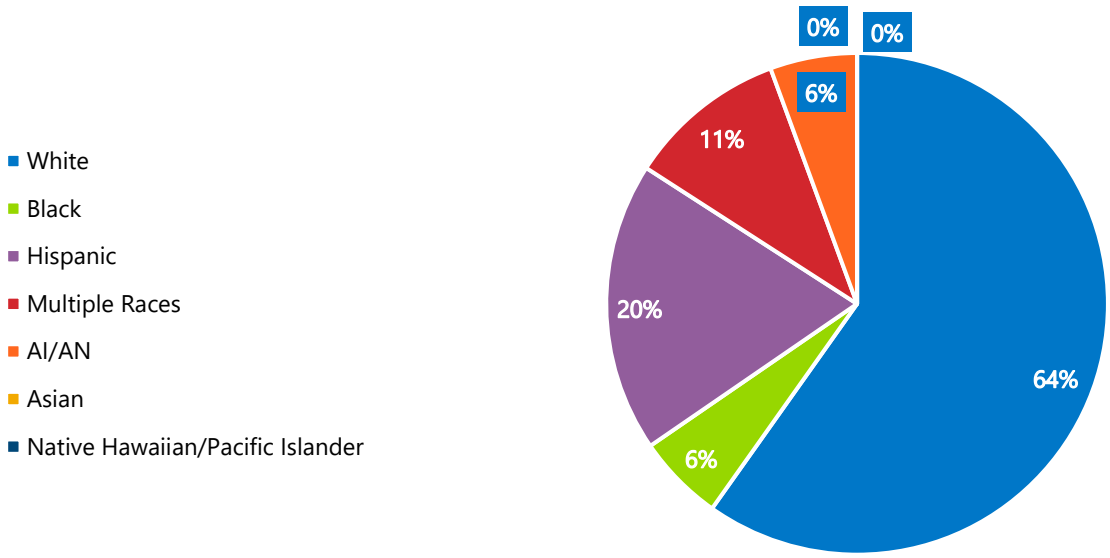


Chart 1 provides information regarding race distribution through the program as of July 2024. Areas that do not appear to have numbers may not be displayed due to small number suppression.

Chart 4: Gender distribution of WAQRR House residents as of June 2024

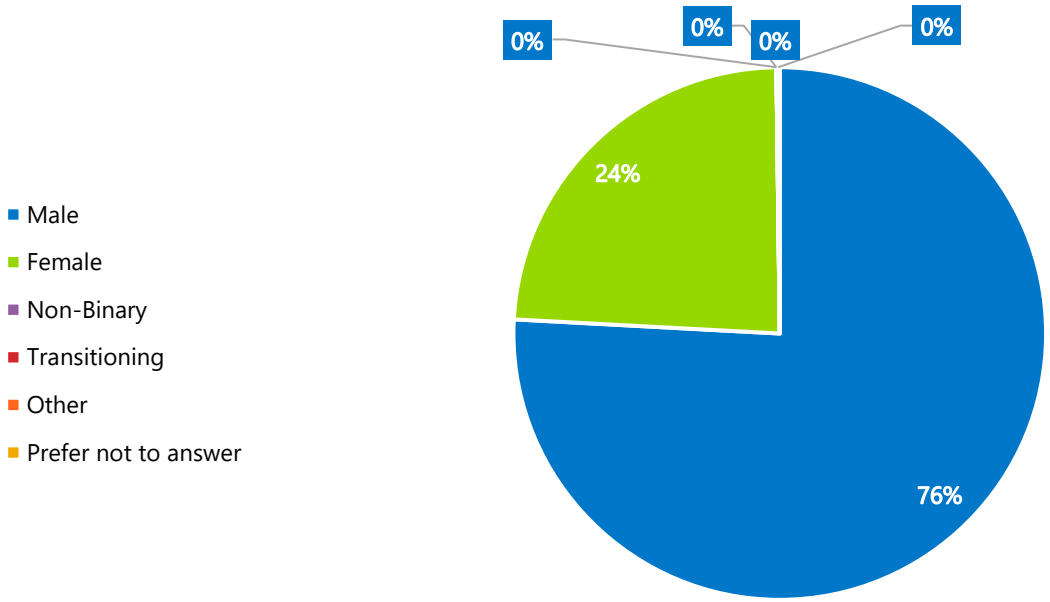


Chart 2 provides information regarding gender distribution through the program as of July 2024. Areas that do not appear to have numbers may not be displayed due to small number suppression.

Highlights regarding Recovery Residences

On October 6th, 2024 HCA Leadership had the pleasure to join Governor Jay Inslee on a visit to an Oxford House in Federal Way on to talk with people in recovery from substance use. The House was appropriately named the Epic Oxford House because it was EPIC. It was a beautiful home that overlooked the Puget Sound and was able to house 12 men. In a circle of folding chairs, stools and couches, the assembled group shared stories of perseverance and personal growth. The conversation was led by Governor Inslee's questions and centered on hearing personal stories of people's experiences with recovery from substance abuse and the role that living at an Oxford House had in that change.

There were representatives from different Oxford Houses, Chapter members, and state outreach staff. It was heartwarming to hear about their journeys of recovery. Several of the folks shared about the support, feelings of family, and the personal growth they have experienced as part of Oxford House.

One of the questions that the Governor asked was "how do you pay your rent?" In unison, many of them said "we have jobs." One gentleman said that this is the first time he has had a job where he can save money, invest, and pay his taxes. Another gentleman said that "This is the first time I've had a home in my life," saying that growing up, they moved around a lot and never really knew what it felt like to live in stability rather than chaos.

A third resident said that "The Oxford House structure taught me to advocate for myself and to have boundaries while respecting other people's boundaries. Having conflict within the house is a positive because having tough conversations provides the opportunity to practice advocating for ourselves and for others. Having moments to practice personal growth and recovery within the context of house and chapter meetings helps take those skills and apply them to our waking life'."

As a testament to the success of Oxford House, he house that Governor Inslee visited is actually owned by someone who used to live in an Oxford House many years ago. He now owns several houses in the area and rents them to Oxford House participants.

This action lines up with Oxford Tradition Nine: "Members who leave an Oxford House in good standing are encouraged to become associate members and offer friendship, support, and example to newer members."

Recovery Navigator Program (RNP)

Summary

Recovery Navigator Program providess behavioral health services to individuals who are diverted from the criminal legal system by law enforcement as a result of simple drug possession or other alleged criminal activity due to unmet behavioral health needs. This includes individuals who have frequent criminal legal system contact, and law enforcement can provide referral at the point of arrest as an alternative to booking or upon social contact unrelated to enforcement actions. Referrals to RNP may also come from other community programs or individuals, including first responders. In partnership with Behavioral Health Administrative Service Organizations (BH-ASOs), RNP provides community-based outreach, intake, assessment, and connection to services for individuals through pre-booking (pre-arrest) diversion and community referral. These services support individuals with lived or living experience of drug use and SUD, co-occurring SUDs, and mental health conditions.

The Recovery Navigator Program (RNP) is designed to align with the core principles of the Law Enforcement Assisted Diversion (LEAD) model, as outlined in RCW 71.24.115. Through the Uniform Program Standards (UPS), BH-ASOs are guided in structuring their RNPs to reflect LEAD fidelity. This includes working collaboratively with HCA and the LEAD Support Bureau when evaluating or updating program design. Given that LEAD-modeled pre-arrest and pre-booking diversion programs operate across the state, HCA also coordinates with BH-ASOs, Washington Association of Sheriffs & Police Chiefs (WASPC), and the LEAD Support Bureau to ensure cross-program alignment and adherence to LEAD principles. This partnership helps ensure consistent service and smooth cooperation between RNPs and LEAD programs.

Funding

Ongoing funding support for RNP in the state budgets for SFY24 and SFY25 include $20,000,000 for implementation and operation of the statewide , as well as an additional $2,000,000 for maintaining recovery navigator services in King, Pierce, and Snohomish counties, on top of the base-level appropriations. In addition, BH-ASOs received funding of $1,400,000 to support the regional RNP administrator and RNP plan development required through SB 5476.

RNP also received supplemental funding in SFY25, totaling $2,500,000, to expand RNP services in regions where projected expenditures for FY2025 exceed the revenues provided through their funding allocation. HCA continuously evaluates expenditures to determine which regions meet this requirement and need additional support.

Locations

Figure 1: Recovery navigator providers map

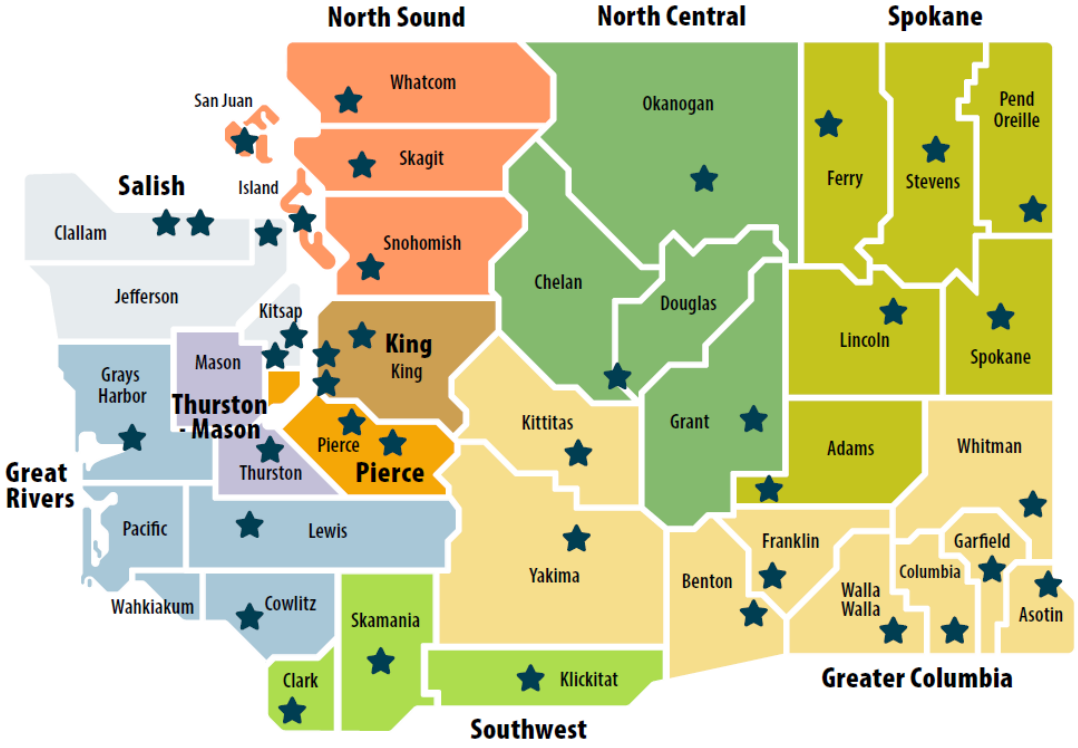


Figure 1 map provides an overview of the location of service providers throughout the state. Some counties don't have a service provider, but they are covered by service providers that provide services to multiple counties in their region. In SFY24, there were two separate providers in Pierce county; in SFY25, there will be one provider, with two separate locations. This map will be updated in future reports. For a listing of the community-based organizations and behavioral health agenices providing RNP services, visit the Provider Directory.

Data

Data was collected from SFY2024 programs from July 1, 2023, through June 30, 2024. Demographic data for participants enrolled in case management has been refined since the initial implementation of the program, and the current format was not finalized until after the start of the fiscal year, so the data below does not currently represent a whole fiscal year of data. Due to agency policy regarding small number suppression, numbers less than 11 are not shown in the graphics below.

The Substance Use and Recovery Services Advisory Committee (SURSAC) received regular updates on RNP data since early 2023 and provided feedback to improve understanding. This includes SURSAC's request that RNP data include the number of unique clients served, rather than just counting total services. In addition to data collected through current workbooks, the current formula for unique client count uses combination of ProviderOne ID, Client ID, First Name, Last Name, Alternate Name, and Birthdate to provide a moderately robust way to identify a unique client.

Referral and outreach clients

This category represents individuals who are contacted upon referral by law enforcement, community-based partners, and/or upon outreach efforts by RNP staff. If an individual is referred and not admitted as a participant, they remain in outreach status. While in this status, an outreach coordinator will contact them on a regular basis to build rapport and offer ongoing opportunity for engagement in the program.

Figure 2: Number of individuals served in referral and outreach (including law enforcement referrals) and number of individuals served in case management

Case management clients

The following data represents individuals who have been admitted as RNP participants. They receive varying degrees of support, ranging from light case management to intensive case management.

Figure 3: Number of individuals served in case management

6,954
individual clients in case management

4,779 in light case managment
3,419 in intensive case managment

44, 611
case management events

Demographic data

Table 3: Referral and outreach, case management: Statewide distribution by race for SYF2024

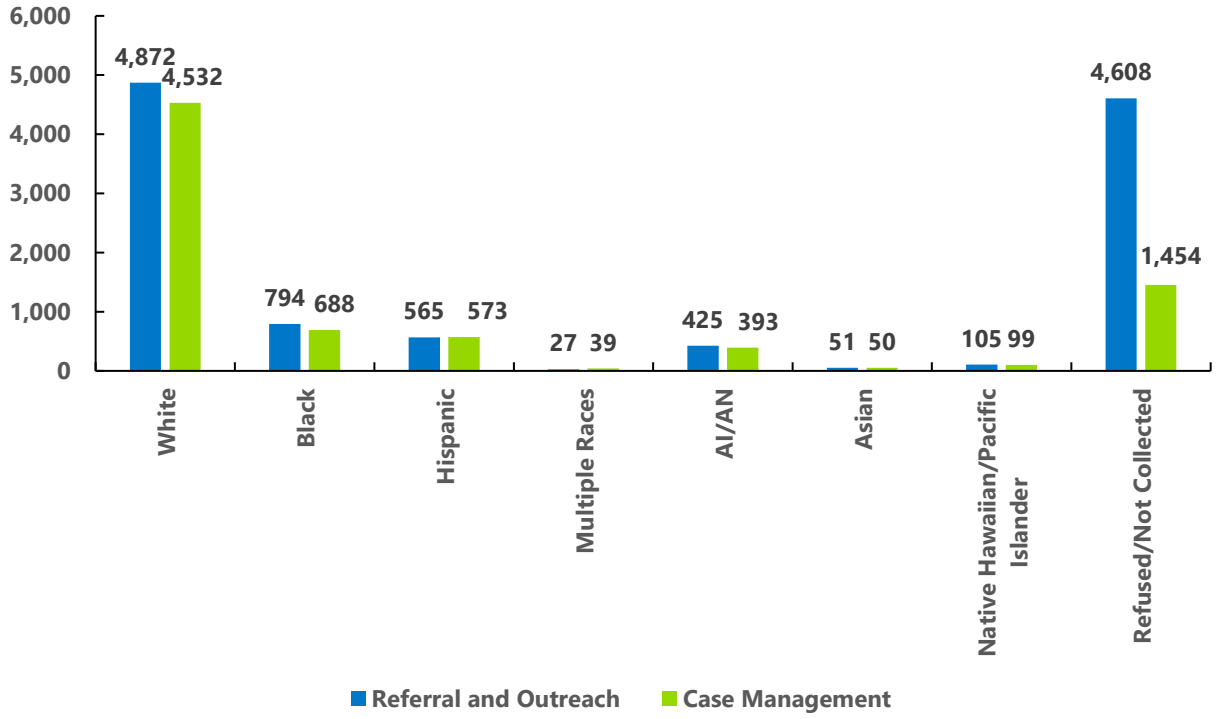


Table 3 provides information on the number of individuals who received services throughout the SFY2024 and their provided race. The Hispanic population may also be counted toward other races, as it is not codified as a unique race, according to HCA's Behavioral Health Data System.

Table 4: Referral and outreach, case management: Statewide gender distribution for SYF2024

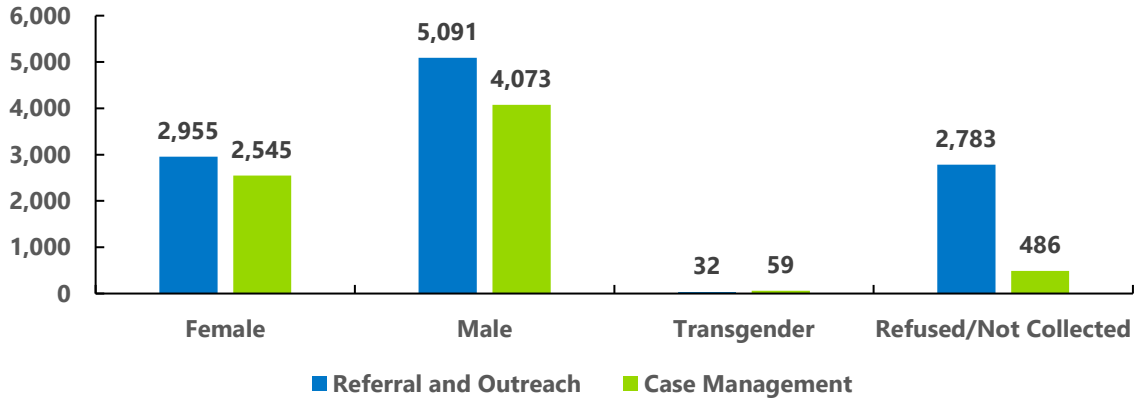


Table 4: Provides information regarding gender distribution through the program for SFY 2024. Areas that do not appear to have numbers may not be displayed due to small number suppression.

Health Engagement Hub (HEH) pilot

Summary

HEHs are physical locations where people who use drugs can access a range of medical, behavioral health, harm reduction, and social services. In 2023, the Washington State Legislature included a section within SB 5536 that mandates HCA to implement a pilot program located at two sites: One urban and one rural. In addition, the Legislature provided $4 million from opioid abatement settlement funds for SFY 2024–2025 to implement these pilot sites. RCW 71.24.112 indicates**:**

> The authority shall implement a pilot program for health engagement hubs by August 1, 2024. The pilot program will test the functionality and operability of health engagement hubs, including whether and how to incorporate and build on existing medical, harm reduction, treatment, and social services in order to create an all-in-one location where people who use drugs can access such services.

HCA is collaborating with DOH to carry out this program and make sure our efforts support shared goals to expand services and resources through community behavioral health and public health systems.

In addition, RCW 71.24.112(2) instructs HCA to:

> "Develop payment structures for health engagement hubs by June 30, 2024. Subject to the availability of funds appropriated for this purpose, and to the extent allowed under federal law, the authority shall direct medicaid managed care organizations to adopt a value-based bundled payment methodology in contracts with health engagement hubs and other opioid treatment providers. The authority shall not implement this requirement in managed care contracts unless expressly authorized by the Legislature."

Funding

HCA identified and contracted with five organizations to serve as pilot HEH sites. Funds for the program included $4,000,000 from opioid abatement settlement funds for SFY 2024–2025. Additionally, this pilot

program received an additional $3,000,000 from SB 5950, allowing three more sites to be included with the two inaugural sites.

Locations

The inaugural HEH pilot sites are the Blue Mountain Heart-to-Heart in Walla Walla (as the l rural site) and HealthPoint in Auburn (as the urban site). Funding for both HEHs includes $4 million for the 2024 and 2025 biennium.

Expansion sites were selected in late 2024, prioritizing Tribal affiliation and geographic diversity, in accordance with proviso language. Contracts are now in effect with Lummi Counseling Services (Lummi Nation), Yakama Public Health (Confederated Tribes and Bands of the Yakama Nation), and Sound Pathways in Partnership with CONQUER Clinics (Snohomish County).

Figure 4: HEH pilot locations

Data

HCA retained the support of Department of Social and Human Services' Research and Data Analysis division to design and implement an evaluation of the HEH program. The evaluation will assess multiple components of the model, including client characteristics, health outcomes, and impact on the health care system. The evaluation will measure utilization patterns of services like low-barrier and drop-in primary care, mental and behavioral health services, medications for opioid use disorder, screening and treatment for infectious diseases, and wound care.

The evaluation will also collect demographic data to ensure key populations are being served, and cross-reference claims data to track health outcomes. The go-live date for the evaluation period is May 1, 2025. Between August 2024 and April 2025, limited service-level data were collected to support cost analysis and forecasting for the pilot phase, in addition to selecting indicators related to demographics and utilization patterns. Throughout the next year, HCA will use these data to inform a long-term payment structure for HEHs. We will present these findings to the Legislature in August 2026.

Law Enforcement Assisted Diversion (LEAD) program

Summary

HCA, in partnership with the LEAD Support Bureau (LSB or the Bureau) operates and administers a statewide grant program, according to RCW 71.24.589 and amended through 2E2SSB 5536 (2023).

According to RCW 71.24.589:

1. Subject to funds appropriated by the Legislature, the authority shall administer a grant program for law enforcement assisted diversion which shall adhere to law enforcement assisted diversion core principles recognized by the law enforcement assisted diversion national support bureau, the efficacy of which have been demonstrated in peer-reviewed research studies.

2. The authority must partner with the law enforcement assisted diversion national support bureau to award contracts, subject to appropriation, for jurisdictions in the state of Washington for law enforcement assisted diversion. Cities, counties, and tribes, subdivisions thereof, public development authorities, and community-based organizations demonstrating support from necessary public partners, may serve as the lead agency applying for funding. Funds may be used to scale existing projects, and to invite additional jurisdictions to launch law enforcement assisted diversion programs.

3. The program must provide for securing comprehensive technical assistance from law enforcement assisted diversion implementation experts to develop and implement a law enforcement assisted diversion program in a way that ensures fidelity to the research-based law enforcement assisted diversion model. Sufficient funds must be allocated from grant program funds to secure technical assistance for the authority and for the implementing jurisdictions.

Additional information, including historical background on the pilot project and LEAD expansion, is available in the December 2023 **LEAD pilot program** legislative report.

Funding

Funding was included as a proviso in SB 5536 to maintain the ongoing operation of the existing sites and award new contracts to additional sites in the state of Washington. HCA arranges for technical assistance by the LEAD Support Bureau for all contractors in this program.

SB 5187 also provided funding for HCA to maintain existing contracts. This legislation provides $5,000,000 of the opioid abatement settlement funds solely for HCA to maintain funding for ongoing grants to LEAD programs outside of King County under RCW 71.24.590.

Locations

Currently, there are eight LEAD program locations: This includes four original LEAD sites and four newly expanded sites. providers located in:

Original LEAD pilot sites

- Whatcom County – Whatcom Public Health
- Mason and Thurston counties – Olympic Health and Recovery Services
- Snohomish County – Evergreen Recovery Centers

New LEAD sites

- City of Seattle – Evergreen Treatment Services, Ideal Options, Purpose Action Dignity Co-LEAD
- Jefferson County – Gateway to Freedom
- Chelan and Douglas counties – Catholic Charities of Yakima
- Marysville – Second Chance Outreach/Hope for Homies

Data

Data were collected from the programs for SFY2024. Data presented in this report is from FY2023 when the first four sites were in operation. The new sites came on July 1, 2024. We anticipate the new sites can share data in the new biennium.

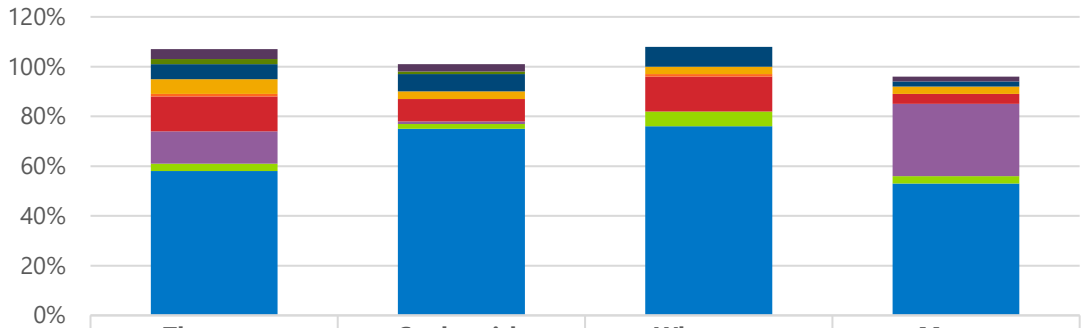
Due to policy surrounding small number suppression, numbers less than 11 are suppressed and not shown in the graphics below.

Table 5: Total number of individuals served through LEAD pilot sites in SFY24

County	Numbers served
Mason	303
Thurston	284
Whatcom	264
Snohomish	499

Demographic data for FY24: July 1, 2023–June 30, 2024

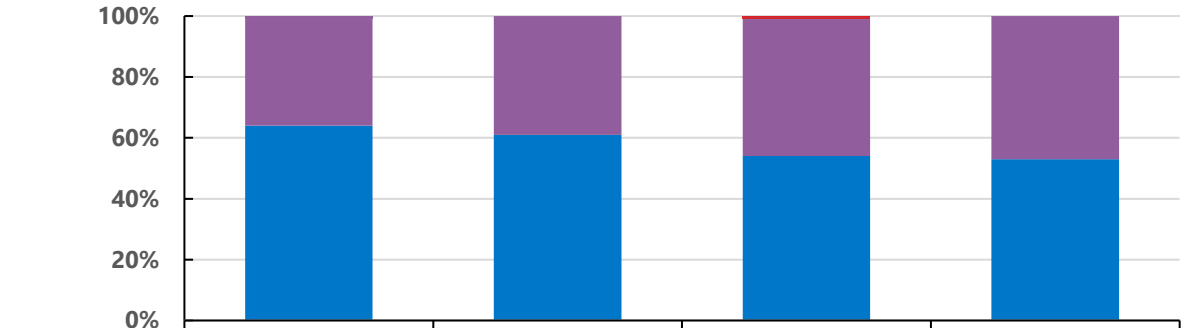
Table 6: Race distribution by county



	Thurston	Snohomish	Whatcom	Mason
Other	4%	3%	0%	2%
Asian	2%	1%	0%	0%
Black	6%	7%	8%	2%
Multiple Races	6%	3%	3%	3%
NH/PI	1%	0%	1%	0%
Hispanic	14%	9%	14%	4%
Unknown	13%	1%	0%	29%
AI/AN	3%	2%	6%	3%
White	58%	75%	76%	53%

Table 6 provides information on the number of individuals who received services throughout SFY2024 and their provided race. The Hispanic population may also be counted toward other races, as it is not codified as a unique race, according to HCA's Behavioral Health Data System. Areas that don't have numbers may not be displayed due to small number suppression.

Table 7: Gender distribution by county



	Thurston	Snohomish	Whatcom	Mason
Non-Binary	0%	0%	1%	0%
Transgender	1%	0%	0%	0%
Female	35%	39%	45%	47%
Male	64%	61%	54%	53%

Table 7 provides information on the number of individuals who received services throughout SFY2024 and their provided gender. Areas that don't have numbers may not be displayed due to small number suppression.

Passageways to Recovery Employment and Education (PREE) grant program

Summary

The intent of the PREE program is to expand employment and education services to underserved communities. According to **RCW 71.24.113**, priority for employment and education services under the PREE program are provided to persons who identify as Black, Indigenous, and People of Color (BIPOC) and other historically underserved communities.

Services aim to meet the needs of people experiencing substance use disorders and/or co-occurring disorders. HCA evaluated perspective models and determined that PREE sites will follow the evidence-based practice: Individual Placement and Support (IPS). Organizations that receive funding are committed to the core principles of IPS, which include:

- Zero-exclusion: Eligibility is based on client choice
- Integrated with treatment and/or agency wrap-around services
- Competitive employment
- Rapid job search
- Systematic job development
- Time-unlimited support
- Attention to individual preferences

- Benefits planning

Funding

SB 5536 provided the below funding to establish the PREE grant program.

- $2,621,000 in FY24
- $2,621,000 in FY25

HCA selected five organizations to receive PREE grants.

Locations

Table 8: PREE contract organizations

Contractor name (legal name)	Locations served	Award amount
Consistent Care Support Services, LLC	Pierce County	$527,373
Friends of Youth	King County	$465,273
Native American Reentry Services	Statewide	$465,273
Peer Washington	Thurston, Mason, and King	$565,273
Yakima Neighborhood Health Services (YNHS)	Yakima	$565,273

HCA's funding includes funding for education and barrier removal support. This includes but is not limited to:

- Short-term specific vocational and technical college training up to one year.
- Short-term occupation specific enhancement education up to one year.
- High school equivalency or GED.
- Barrier removal examples include cost associated with transportation, interview clothing, identification, childcare cost with first resources options exhausted, occupational licenses, equipment, and books for education.

HCA finalized provider contracts on July 1, 2024. PREE organizations continued to perform services, such as helping enrolled/carried over clients and new enrollments.

Data

Table 9: PREE data collected from July 2024–January 2025

# of PREE enrollments	**418**
# of vocational plans started	**343**
# of employments started	**343**
# of educational plans started	**149**

# of vocational certifications, industry certifications, high school completions, and soft-skill classes	**67**
# of individuals who received barrier removal services	**568**
# of individuals who received educational funds	**179**

Conclusion

In this report, we shared data and explored insights into how recovery residences, RNPs, the HEH pilot, and PREE grant programs impact the community. These programs are a result of the state's investments in expanding the behavioral health care system, which includes significant legislative support through SB 5536 (2023).

More importantly, these programs address health-related social needs, bridge gaps, and help connect people to the care and support they need to live a healthy life. The programs also reflect community-based, low-barrier interventions that focus on harm reduction and compassionate, person-centered care.

HCA will provide this report annually, incorporating data from the previous fiscal year. We are actively involved in discussions to enhance data collection for the programs, focusing on identifying underserved and highly affected populations within Washington state. This data—along with recovery residences, RNPs, HEH pilot, and PREE grant programs—can help our state create a more equitable behavioral health care system for those we serve.