

## Substance Use and Recovery Services Plan Recommendation

**Recommendation** – *Continue and further increase investment in evidence-based diversion programs that operate along intercepts 0 and 1 on the sequential intercept model, including, but not limited, to the Recovery Navigator Program, Arrest/Jail Alternative programs, LEAD, and other harm reduction, trauma-informed, and public health-based approaches, especially programs and interventions that center a racial justice lens; and amend [RCW 10.31.110 \(Alternatives to Arrest – Individuals with mental disorders or substance use disorders\)](#) and [RCW 10.31.115 \(Drug Possession – Referral to assessment and services\)](#) to reflect how these programs should be used as part of a statewide arrest and jail diversion system by mandating availability of services within a supportive network of care. Proposing state, regions, and counties to provide proportionate and adequate funding as supplied into the criminal legal system.*

To provide services, outlined below, to the Washington youth population the request was made to provide adequate policy changes to address the youth barrier, and CMS State Plan Amendment, for services made available to youth starting at the age of 13, the minimum Medicaid enrollee age without an adult, and incorporate MAT accessibility and coverage.

Consistent with the Plan requirement outlined in ESB 5476 Section 1.3(i), this recommendation requests shifting funding to increase and sustain investments to ensure equitable distribution of, and access to, culturally appropriate, non-punitive, community-based resources, including treatment.

A range of services are noted as diversion options in 10.31.110, and each of these should be made available in all regions – at least one in every BHASO at a minimum -- so that when law enforcement officers make referrals within their jurisdictions as part of the arrest and jail alternatives / diversion strategies, those referrals are met with a range of available behavioral health options to best meet the needs of the individual who has been diverted from legal system involvement.

Those services are:

- **Crisis stabilization units for youth and adults**, as defined in RCW 71.05.020 – “A short-term facility or a portion of a facility licensed or certified by the department, such as an evaluation and treatment facility or a hospital, which has been designed to assess, diagnose, and treat individuals experiencing an acute crisis without the use of long-term hospitalization” -- at which the individual must be examined by a mental health professional or substance use disorder professional within 3 hours of arrival
- **Triage facilities for youth and adults**, as defined in RCW 71.050.020 – “A short-term facility or a portion of a facility licensed or certified by the department, which is designed as a facility to assess and stabilize an individual or determine the need for involuntary commitment of an individual and must meet department residential treatment facility standards. A triage facility may be structured as a voluntary or involuntary placement facility”
- **Designated 24/7 crisis responders** for evaluation for initial detention and proceeding under 71.05 RCW
- **Mobile crisis response services for youth and adults**
- **Regional entities responsible for receiving referrals** in lieu of legal system involvement, such as Recovery Navigator Program

In addition, these services should be made available in all regions as well:

- **ASAM-alternative SUD Assessments (15 mins max) for youth and adults** (contingent on assessment recommendation approval)
- **Syringe Service Programs for youth and adults**
- **Health Hubs for youth and adults who use drugs** (contingent on Health Hub recommendation approval)
- **Detox/Withdrawal management for youth and adults**
- **MOUD (Suboxone) for youth and adults**
- **Outpatient treatment for youth and adults**
- **Ensure that long-term harm reduction supported case management is available after diversion so that diversion becomes meaningful**

**Bill Requirement(s)** – This recommendation directly addresses 5476 Section 1.3:

*“(g)Framework and design assistance for jurisdictions to assist in compliance with the requirements of RCW 10.31.110 for diversion of individuals with complex or co-occurring behavioral health conditions to community-based care whenever possible and appropriate, and identifying resource gaps that impede jurisdictions in fully realizing the potential impact of this approach.”*

*“(i)The proposal of a funding framework in which, over time, resources are shifted from punishment sectors to community-based care interventions such that community-based care becomes the primary strategy for addressing and resolving public order issues related to behavioral health conditions;”*

**Youth:** As more services for youth are available, RNP services will be directing youth into those services

**Rural Areas:** This funding will expand RNP programs in rural areas

**Tribes:** The subcommittee recognizes that each tribe are sovereign entities and will not impose requirements for RNP or diversion programs but would like to extend equal funding to provide these types of resources within their tribe. Each tribe would get the option to participate or establish their own diversion programs, or expand existing programs, and would get proportional investment as any BHASO/region, regardless of participation in or collaboration with local region BHASO RNP program.

### **Background & Supporting Data**

Specific models like LEAD and other evidence-based, public health, and harm reduction approaches have been effective but under-utilized in Washington State. Interventions that are outreach-based and that operate on a shared decision-making model, offering low-barrier engagement and trust-building relationships with clients deserve more investment and support. The emphasis among these interventions should target the zero and one locations on the sequential intercept model.

The Recovery Navigator Program is receiving \$25 million in 2022, and \$20 million in 2023, from the general-state fund to initiate and implement recovery service navigation in each of the 10 Behavioral Health Administrative Service Organizations throughout Washington State. However, these programs will need more than two years of funding to establish trust within communities and demonstrate efficacy as an alternative to a criminal-legal approach to substance use in communities, and increased annual funding is needed to expand services in BHASOs that cover multiple counties with rural areas that would also benefit from transportation services.

### **Concerns & Considerations**

- Some concern was expressed that money would continue to flow to programs without a system for accountability around outcomes, and that money should be withheld if the programs are not generating desired results

### **Collaboration with Existing Resources:**

- ❖ Arrest and Jail Alternatives (AJA), per [HB 1767](#), [RCW 36.28A.450](#)
- ❖ LEAD Pilot Project, per [5380 Section 29](#), [RCW 71.24.589](#)
- ❖ Recovery Navigator Program, per 5476, [RCW 71.24.115](#)
- ❖ Federal COSSAP funds

### **Approximate Financial Support & Staffing Needed**

*The Recovery Navigator Program is receiving \$25 million in 2022 and \$20 million in 2023 from the general-state fund*

- ❖ *Look at funds provided to BH-ASOs for RNP for program estimates*
- ❖ *Settlement funds are also a potential source of funding*

- ❖ *Allocating funding through RNP for transportation needs based on regional needs and capacity. To including purchasing vehicles, contracting local public transportation services, and per mile reimbursements.*

**Financial Impact: Recovery Navigator Program**

Dollars	FY23	FY24	FY25
<b>5476 Funding</b>	\$20 million general-state fund Additional 25 M	\$20 million general-state fund Additional 25 M**	\$20 million general-state fund Additional 25 M**
<b>HCA Grant-Based Funding</b>			
<b>Total Funds</b>			
<b>Staff (FTE)</b>	0	0	0

**\*\*incremental increasing over the years for increased services, increased population, outcomes**

**Financial Impact: Arrest & Jail Alternatives and LEAD Expansion**

NOTE: Decision Package has been submitted to expand this program

Dollars	FY23	FY24	FY25
<b>General State Funding</b>	\$4,300,000	\$4,300,000	\$4,300,000
<b>Grant Funding</b>			
<b>Total Funds</b>			
<b>Staff (FTE)</b>	0	0	0

**SURSA Committee Feedback:**