

Cannabis legalization (Initiative 502 mandates)

Overview

Washington Initiative 502 (I-502) to legalize recreational use of cannabis for those 21 and older was approved by popular vote in 2012 and was updated in the 2015 Legislative Session through 2E2SHB2136. Engrossed Second Substitute Senate Bill 5796 restructured Dedicated Marijuana Account (DMA) and renamed the Dedicated Cannabis Account (DCA). 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. Due to COVID-19, the HYS survey was delayed from Fall 2020 to Fall 2021 and is now administered on odd numbered years.
- **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 will produce reports in 2023 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.

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, 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.

Authority

WA 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 Cannabis Account (DCA). In 2022, E2SSB 5796 was passed, restructuring the the appropriations within the DCA.

Health Care Authority's FY 2024 budget:

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
Life Skills - OSPI	\$ 250,000
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

People 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, 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 39 CPWI sites and 8 CBOs with DCA and leveraged funding. In SFY 2023, 3,621 unduplicated participants were served through 257 individual programs, such as mentoring, parenting education, and youth education/skill building.

In SFY 2023, Three school districts implemented the LifeSkills Training (LST) in several middle schools. One of these school districts also took advantage of the Readiness to Implement LST Grant and the LST Facilitator Training Grant to aid schools in building capacity to implement this program and prepare school staff to deliver this training.

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

One hundred forty eight Evidence Based/Research Based Program Trainings were completed in SFY 2023.

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

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.

Oversight

Health Care Authority ensures program quality and fidelity.

For more information

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