

Substance use disorder recovery programs implementation report

Recovery residences, recovery navigator program, health engagement hub pilot, and LEAD program

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

July 1, 2024

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Table of contents

- Executive summary 3
- Recovery residences 5
 - Summary 5
 - Funding 5
 - Locations 5
 - Data 6
- Recovery Navigator Program (RNP) 9
 - Summary 9
 - Funding 9
 - Locations 10
 - Data 10
- Health Engagement Hub (HEH) pilot 13
 - Summary 13
 - Funding 13
 - Locations 13
 - Data 13
- Law Enforcement Assisted Diversion (LEAD) program 15
 - Summary 15
 - Funding 15
 - Locations 16
 - Data 16
- PREE grant program 18
 - Summary 18
 - Funding 18
 - Locations 18
 - Data 19
- Conclusion 20

Executive summary

[RCW 71.24.913§3\(a\)](#) requires the Washington State Health Care Authority (HCA) to submit an annual implementation report to the Governor and the Legislature, from July 1, 2024, until July 1, 2028.

Program status updates

This report provides an update on the status of these programs and initiatives as requested in [RCW 71.24.913§3\(a\)](#), ensuring transparency and accountability in their implementation.

- Progress made in recovery residences¹.
- Recovery navigator programs².
- Health Engagement Hubs pilot programs³.
- Law enforcement-assisted diversion grants programs⁴.

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 program⁵.

Specifically, [RCW 71.24.913§3\(a\)](#) requires the legislative report include the following 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 2023 (July 1, 2022, to June 30, 2023). Subsequent annual reports will cover data from state fiscal year 2024 and so on.

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 Law enforcement-assisted diversion grants programs: [RCW 71.24.589](#)

⁵ Passageways to Recovery Employment and Education (PREE) grant program: [RCW 71.24.135](#)

Data collection for long-term effectiveness study

RCW 71.24.909 directs the 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. HCA will incorporate data found under RCW 71.24.913§3(a) (see above) into the creation of this long-term effectiveness study.

Recovery residences

Summary

Recovery residences are for individuals in recovery from substance use disorder (SUD). The residences are designed to create a home-like environment that is free from alcohol and illegal drug use. The focus is on peer support and helping residents receive treatment for substance use disorder, as well as providing other services and support. According to the National Alliance of Recovery Residences (NARR) and the Substance Abuse and Mental Health Services Administration (SAMHSA), there are four levels of Recovery Residences. These levels range from a residence operated by self-supporting residents (such as an [Oxford House](#)) to a fully staffed Residential Treatment Facility.

- In Washington, four levels are divided between housing (levels 1 and 2) and treatment (levels 3 and 4).
 - The accredited recovery residences in Washington state are all Level 1 (i.e., Oxford House) and Level 2, which indicates the presence of program staff within the housing program.
 - Level 1 recovery residences are led and function with the efforts of the residents. The residents elect their peers to leadership roles and use democratic processes such as elections and consensus to make decisions and approve new residents into the home.
 - A level 2 Recovery Residence has at least one paid leadership position. This could be clinical staff but tends to be more reliant on peer support staff.

Funding

The Legislature enacted 2E2SSB 5536 in May of 2023, appropriating \$2,000,000 of the state general fund for recovery residences. Another \$3,000,000 of the state general fund Opioid Abatement Settlement Program was appropriated for recovery residences through the proviso in [Senate Bill 5950](#), Section 215(113)(h), Laws of 2024. These funds are for operational costs of newly staffed recovery residences that serve individuals with substance use disorders who require more support than a Level 1 recovery residence. As we advance, a portion of this funding will focus on providing grants to recovery residences that serve individuals in the five most populous counties of the state.

Table 1: Locations of Level 1 and Level 2 Housing

County	Oxford House (Level 1)	Recovery Houses (Level 2)	Grand total
Asotin	1		1
Benton	26	9	35
Chelan	5		5
Clallam	13		13
Clark	45	8	53
Cowlitz	14		14
Douglas	5		5

County	Oxford House (Level 1)	Recovery Houses (Level 2)	Grand total
Franklin	2	2	4
Grant	2		2
Grays Harbor	3		3
Island	2		2
King	63	9	72
Kitsap	25	33	58
Kittitas	2		2
Mason	3	7	10
Okanogan	2		2
Pacific	1		1
Pierce	28	3	31
Skagit	7	5	12
Snohomish	29	12	41
Spokane	40	4	44
Thurston	13	18	31
Walla Walla	2	1	3
Whatcom	3		3
Yakima	13	7	20
Grand Total	349	118	467

Data

Each month, both programs provide the program manager with deliverables that outline statistics and data, which include numbers of homes, beds, admissions, and departures. Calculations for this report use June 2022 to obtain the base number of occupied beds, and then for each month of state fiscal year (SFY) 2023, added the number of new admissions to arrive at the number of people served for SFY23 for Oxford Housing. WAQRR provided several individuals based on a similar process of reviewing the beginning and end of the fiscal year and including the average monthly turnover rate of 12 percent.

Table 2: Number of individuals served SFY23

Recovery housing level	Numbers new admissions
Oxford (Level 1)	6,944
Recovery Residences (Level 2)	1,688

Demographic data

From May 2023 to June 2023, every member in every Oxford House located in Washington was asked to take a confidential, anonymous survey. 2,839 members were presented with the survey, and 2,599 members participated, resulting in a report representing 91.5 percent of the total membership in Washington state.

Chart 1: Race distribution of Oxford House residents as of June 2023

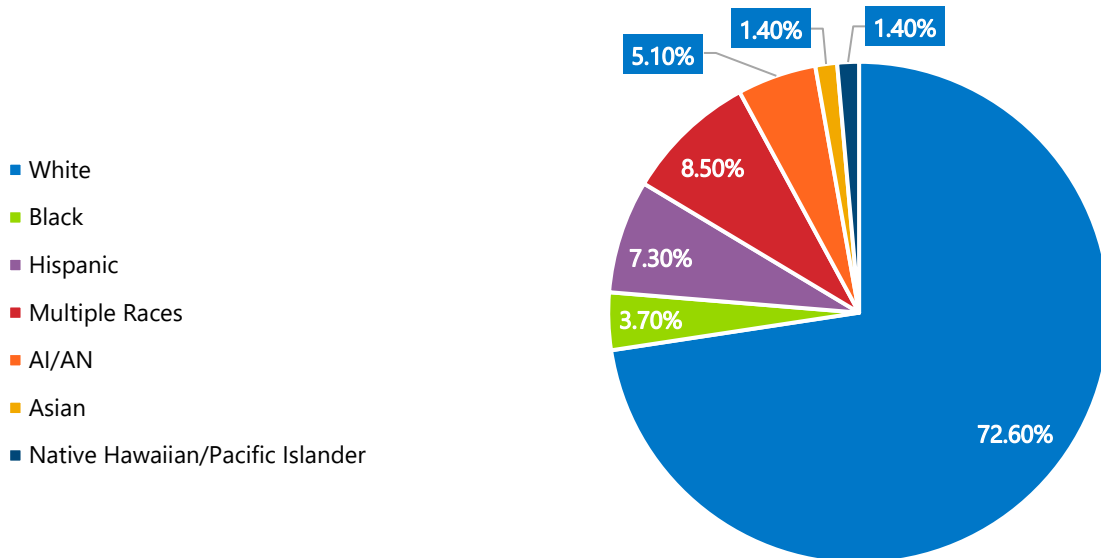


Chart 1 Provides information regarding race distribution through the program in June 2023. Areas that do not appear to have numbers may not be displayed due to small number suppression.

Chart 2: Gender distribution of Oxford House residents as of June 2023

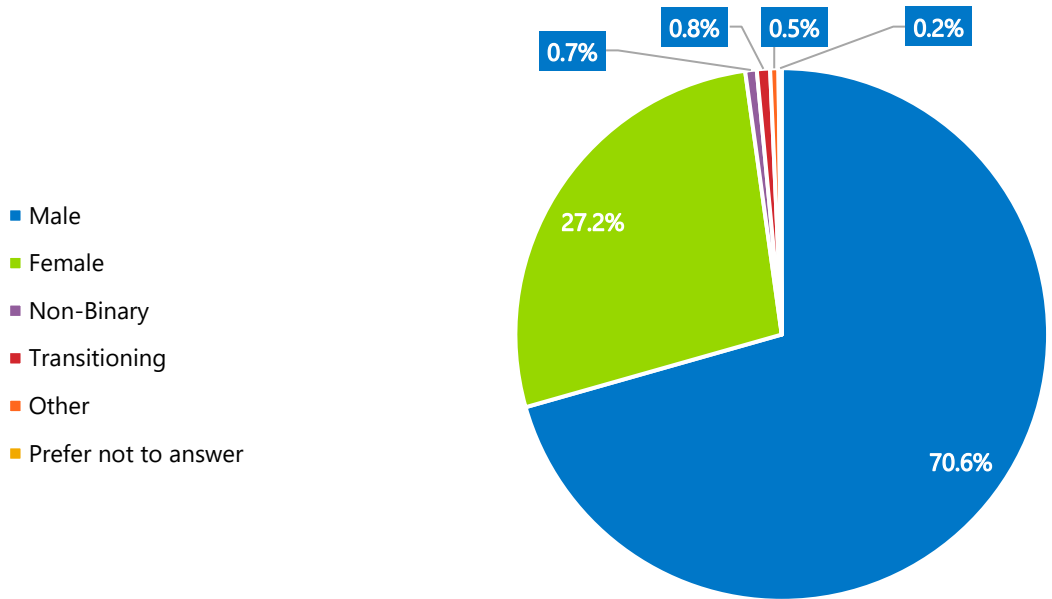


Chart 2 Provides information regarding gender distribution through the program in June 2023. Areas that do not appear to have numbers may not be displayed due to small number suppression.

Recovery Navigator Program (RNP)

Summary

RNP provides 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 / first responders can provide referral upon social contact. Referrals to RNP may also come from other community programs. In partnership with Behavioral Health Administrative Service Organizations (BH-ASOs), RNP is a statewide effort to provide community-based outreach, intake, assessment, and connection to services for individuals referred through pre-booking diversion and community referral. These services support individuals who use drugs and individuals with SUD, including individuals with co-occurring substance use disorders and mental health conditions.

Funding

Ongoing funding support for RNP in the state budgets for SFY24 and SFY25 includes \$20,000,000 for implementation and operation of the statewide recovery navigator program, as well as \$2,000,000 allocated specifically to maintaining recovery navigator services in King, Pierce, and Snohomish counties in addition to the proportion of the allocation they receive through their proportion of the statewide support. The regional Behavioral BH-ASOs also receive funding of \$1,400,000 to support the regional RNP administrator and RNP plan development required through ESB 5476.

RNP will receive supplemental funding in SFY25, totaling \$2,500,000, to expand RNP services in regions where projected expenditures for the fiscal year 2025 exceed the revenues provided through their funding allocation. HCA is determining which regions meet this requirement and need additional support.

Locations

Figure 1: Recovery navigator providers map

Recovery Navigator Providers Map

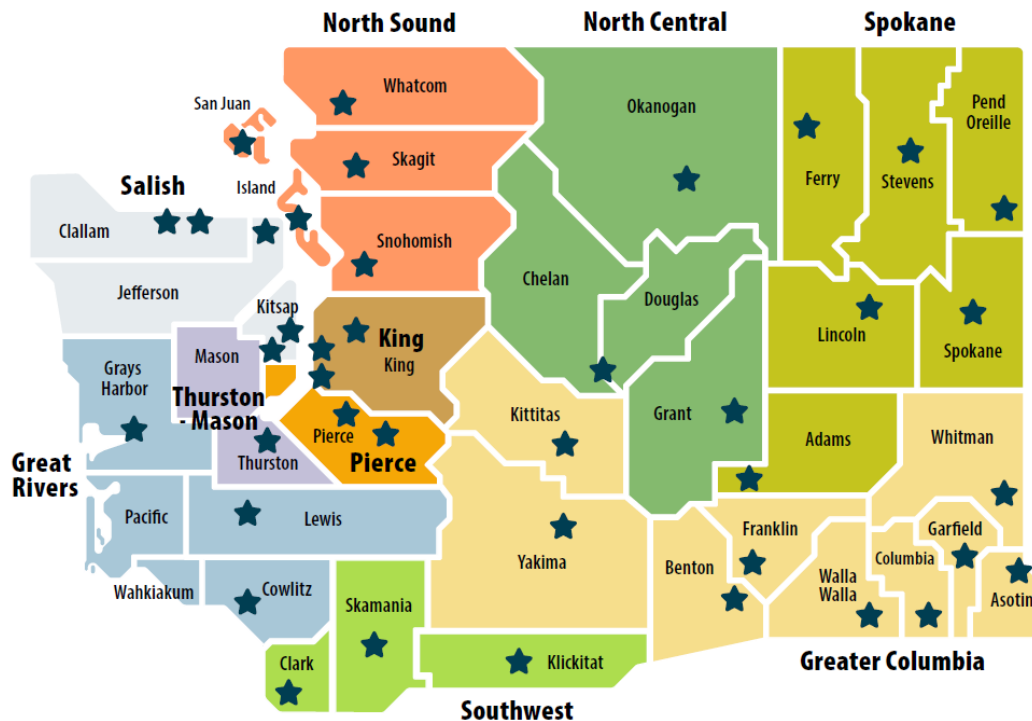


Figure 1 Map provides an overview of the location of service providers in the various counties throughout the state. Some counties don't appear to have a service provider, but they are covered by service providers that provide services to multiple counties in their region.

Data

Data was collected from the State Fiscal Year 2023 programs from July 1, 2022, through June 30, 2023. Demographic data for case management was not collected until after the start of the fiscal year, so it does not currently represent a whole fiscal year of data. Due to policy surrounding small number suppression, numbers less than 11 are suppressed in this report, and therefore, those numbers and categories will not be shown in the graphics below.

The Substance Use and Recovery Services Advisory Committee (SURSAC) also requested that RNP data display unique clients. In addition to data collected through current workbooks, the HCA's data analysts have used a 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.

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. In addition, these clients are never discharged from the program and continue to receive support through follow-up and engagement by peer case managers.

Referral and Outreach Clients

This category represents individuals who are contacted upon referral (law enforcement, social contact, community organization) and referrals from community-based partners. If an individual is referred, and is not subsequently admitted as participant, they remain in outreach status, where an outreach coordinator will contact them on a regular basis.

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

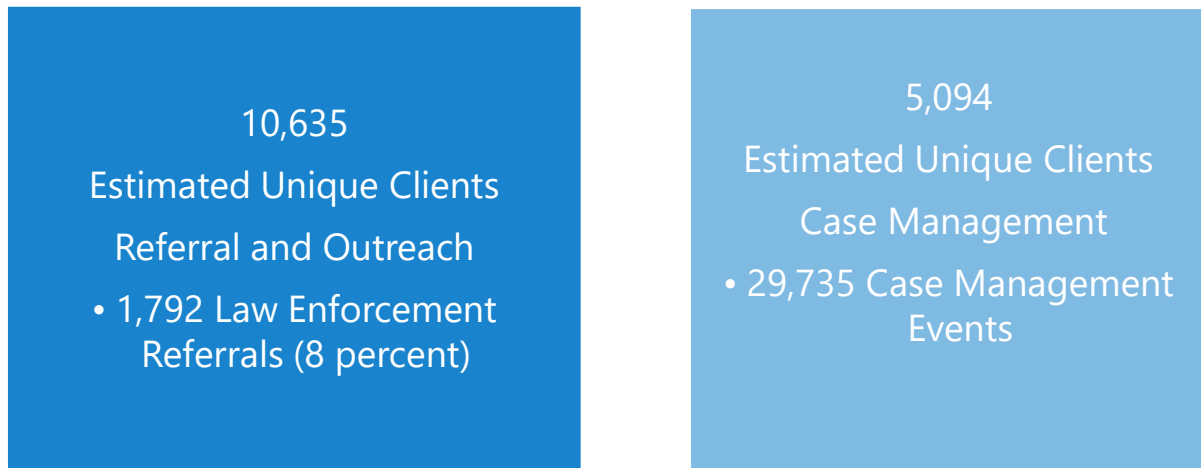


Figure 2 images above provide estimated unduplicated client information regarding the number of individuals served in Referral and Outreach, as well as Case Management and how many of the Referral and Outreach referrals were provided from law enforcement.

Table 3: Referral and outreach, case management: Distribution by race SYF 2023

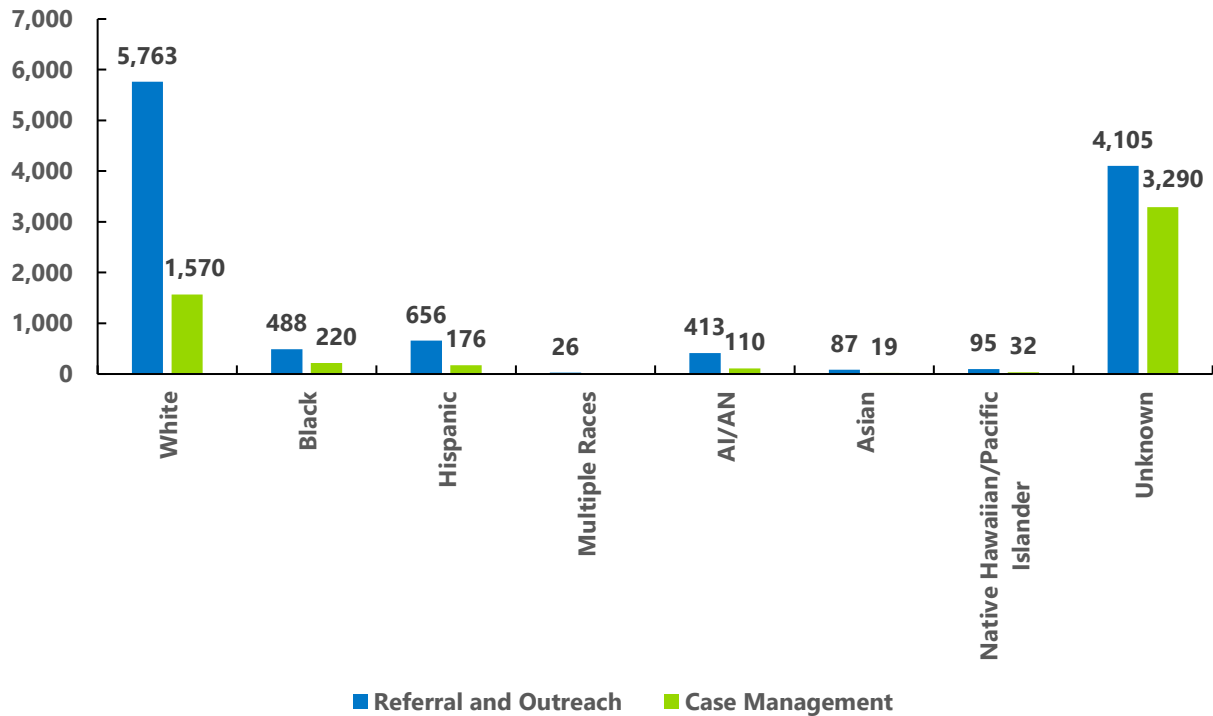


Table 3: This table provided information regarding the number of individuals that were provided services throughout the state fiscal year 2023 and their provided race. Hispanic population may also be counted towards other races as it is not codified as a unique race, according to the Behavioral Health Data System.

Table 4: Referral and outreach, case management: Gender distribution SYF 2023

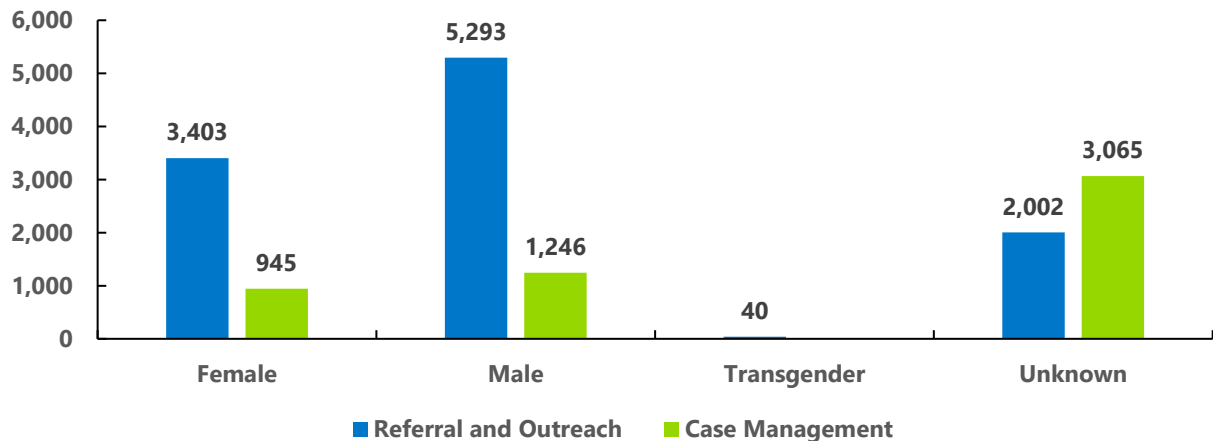


Table 4: Provides information regarding gender distribution through the program for SYF 2023. Areas that do not appear to have numbers may not be displayed due to small number suppression.

Health Engagement Hub (HEH) pilot

Summary

HEH serves as an all-in-one location 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 section 26 within [2E2SSB 5536](#) that mandates HCA to implement a pilot program. In addition, the Legislature appropriated \$4 million from Opioid Abatement Settlement funds for state fiscal years 2024-2025 to implement 2 pilot sites, with one in an urban area and one in a rural area. [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 the Washington State Department of Health (DOH) - Office of Infectious Disease, Drug User Health team, on the implementation of this program to ensure that efforts align with cross-agency goals around the expansion of services and resources through both the 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

The pilot program will include at least two sites: one urban and one rural. Appropriations for this program included \$4,000,000 from the Opioid Abatement Settlement for state fiscal years 2024-2025. Additionally, this pilot program received an additional \$3,000,000 from ESSB 5950, section 210, proviso 135, allowing three more sites to be added to the two inaugural sites.

Locations

The first contracts for pilot sites are with Blue Mountain Heart-to-Heart in Walla Walla, as the inaugural rural Health Engagement Hub site, and HealthPoint in Auburn as the urban site, with the initial 4 million appropriated for the 2024 & 2025 biennium.

Data

The Legislature outlines a go-live date for the pilot sites of August 1, 2024. Data will be collected and is outlined in contracts with the pilot sites. HCA will collect data from the pilot sites which will focus on activities related to access to physical and behavioral healthcare including, but not limited to medications for opioid use disorder, harm reduction services, screening and treatment for infectious diseases, as well

as demographic data to ensure the target populations are being engaged. Additionally, HCA will collect data intended to inform a long-term payment structure for health engagement hubs.

Law Enforcement Assisted Diversion (LEAD) program

Summary

LEAD currently operates as a grant program pursuant to [RCW 71.24.589](#) as amended through Second Engrossed Second Substitute Senate Bill 5536 during the 2023 1st Special Session. It is administered by HCA, in partnership with the LEAD Support Bureau (LSB, or “the Bureau”).

According to RCW 71.24.589 (Law enforcement assisted diversion—Grant program):

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 this program can be found on the December 2023 Legislative Report, [Law Enforcement Assisted Diversion \(LEAD\) pilot program](#).

Funding

Funding was included as a proviso in Engrossed Second Substitute Senate Bill 5536, Section 33§12 during the 2023 1st Special Session to maintain the ongoing operation of the existing sites as well as to award new contracts under the grant program to additional jurisdictions in the State of Washington. The Authority arranges for Technical Assistant by the LEAD Support Bureau for all contractors in this program.

We received funding in [Senate Bill 5187](#) to maintain existing contracts, and funding in [Senate Bill 5950](#) to expand. In Senate Bill 5187, section 1213(64), \$5,000,000 of the opioid abatement settlement account allocates funding that is provided solely for the authority to maintain funding for ongoing grants to LEAD programs outside of King county under RCW 71.24.590.

Additionally, section 64 provisions \$5,000,000 of the general fund, indicating allocations are provided solely for the authority to maintain funding for grants to LEAD programs outside of King County established pursuant to chapter 314, Laws of 2019. And 5950 appropriated an additional \$2.5 M to Seattle’s LEAD program.

Locations

Currently, there are four LEAD program locations. This includes providers located in:

- Whatcom county
- Mason County
- Thurston County
- Snohomish County

Data

Data were collected from the programs for the State Fiscal Year 2023, from July 1, 2022, through June 30, 2023. Due to policy surrounding small number suppression, numbers less than 11 are suppressed in this report and therefore those number and categories will not be shown in the graphics below.

Table 5: Total number of individuals served through LEAD pilot sites in SFY23

County	Numbers Served
Mason	238
Thurston	344
Whatcom	239
Snohomish	403

Demographic data

Table 6: Race distribution by county

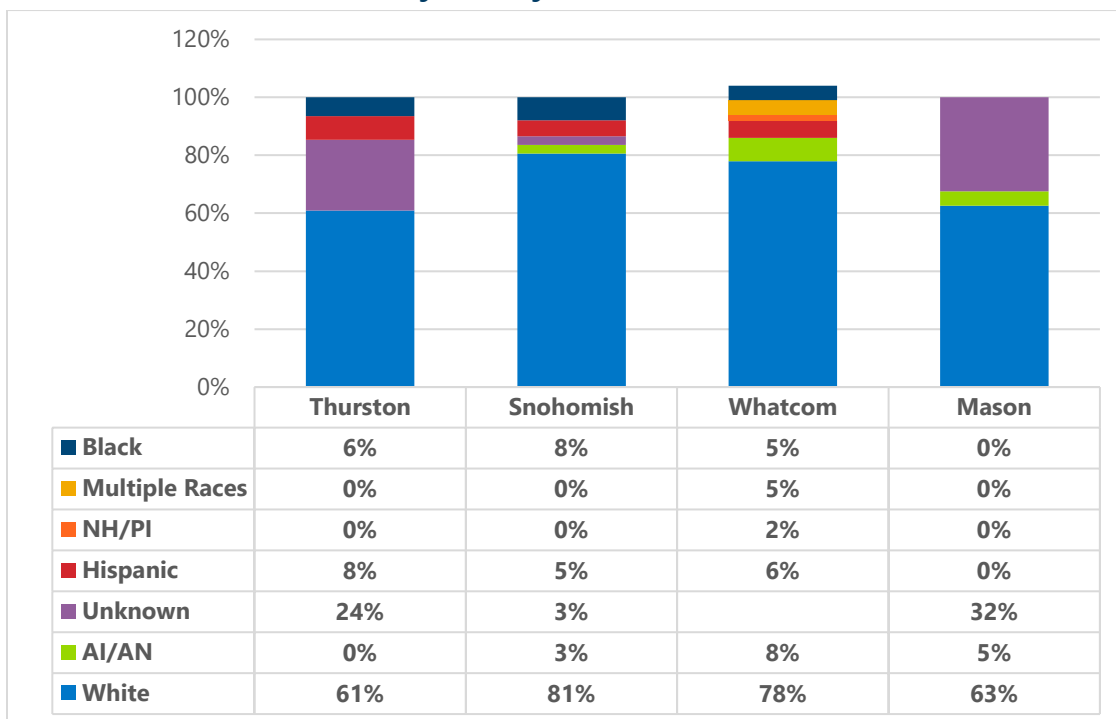


Table 6: This table provided information regarding the number of individuals that were provided services throughout the state fiscal year 2023 and their provided race. Hispanic population may also be counted towards other races as it is not codified as a unique race, according to the Behavioral Health Data System. Areas that do not appear to have numbers may not be displayed due to small number suppression.

Table 7: Gender distribution by county

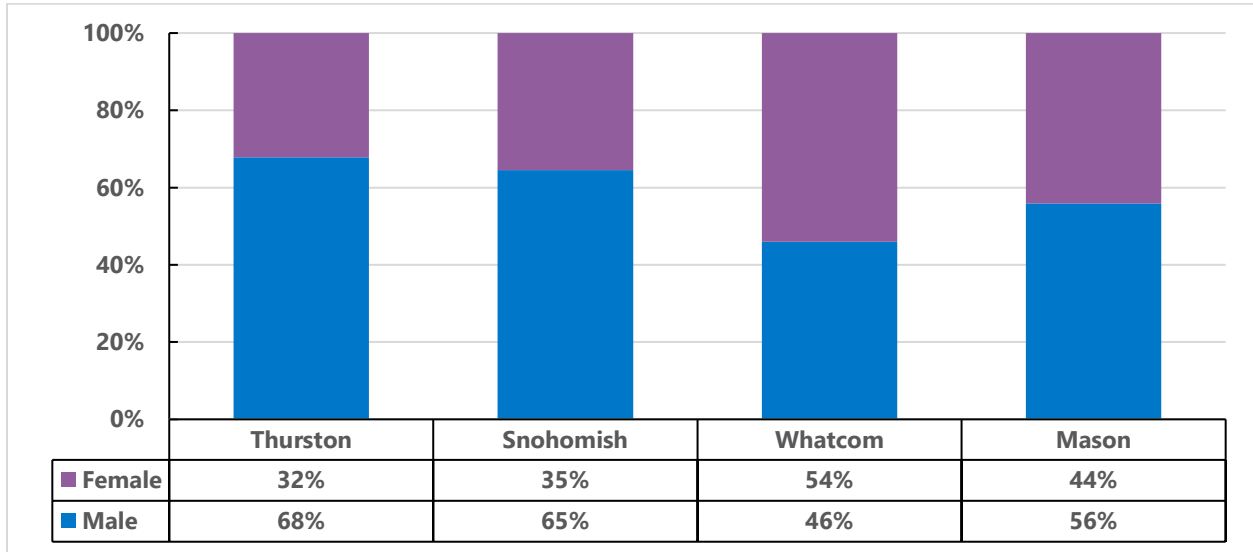


Table 7: This table provided information regarding the number of individuals that were provided services throughout the state fiscal year 2023 and their provided gender. Areas that do not appear to have numbers may not be displayed due to small number suppression.

Passageways to Recovery Employment and Education (PREE) grant program

Summary

The intent of the PREE program is to expand employment & education services to underserved communities. According to RCW 71.24.113, priority for employment and education services under the PREE program will be given to persons that identify as black, indigenous, persons of color (BIPOC), and other historically underserved communities. Services are intended to meet the needs of people experiencing substance use disorders and/or co-occurring disorders. HCA and the Recovery Support Services team evaluated perspective models and determined PREE sites will follow the evidence-based practice, Individual Placement and Support (IPS). Agencies that receive funding are committed to the Core principles of IPS, which includes:

- 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

Funding was included as a proviso in Engrossed Second Substitute Senate Bill 5536, Section 27, during the 2023 1st Special Session to establish the PREE grant program.

\$2,621,000 FY24

\$2,621,000 FY25

Five agencies were selected to receive PREE grants.

Locations

Table 8: PREE contract agencies

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

Contractor name (legal name)	Locations served	Award amount
Peer Washington	Thurston/Mason and King	\$565,273
Yakima Neighborhood Health Services (YNHS)	Yakima County	\$565,273

The Authority's total budget includes \$155,500 dedicated towards education and barrier removal support. This includes but is not limited to:

- Short term specific vocational and technical college training up to 1 (one) year
- Short term occupation specific enhancement education up to 1 (one) year.
- High school equivalency or GED.
- Barrier removal examples: Cost associated with transportation, interview clothing, identification, childcare cost with first resources options exhausted, occupational licenses, equipment, and books for education.

Provider contracts were executed at the end of December 2023. Agencies have hired and services launched between February and March 2024.

Data

Since the PREE services launched in February and March 2024 there is no substantial data to be shared. Program demographics and program outcomes are being collected. Program metrics include:

- Number of PREE enrollments.
- Number of vocational plans completed.
- Number of employments starts.
- Number of educational starts.
- Number of vocational certifications, industry certifications, high school completion and soft skill classes.
- Number of individuals that received barrier removal services.
- Number of individuals that received educational funds.

Conclusion

The Washington State Substance Use Recovery Services Plan has been developed through collaboration between the Substance Use Recovery Services Advisory Committee and HCA. This plan is a result of the state's investments in behavioral health expansion and has received significant legislative support through 2E2SSB 5536 in 2023, with current implementation efforts underway.

The program's primary objective is to address the health-related social needs of individuals and fill gaps in services, ultimately aiming to prevent their involvement in the criminal legal system. It offers community-based interventions through low-barrier programs that are rooted in principles of harm reduction and compassionate, person-centered care.

This report will undergo annual updates, incorporating data from the preceding fiscal year. HCA is actively involved in discussions to enhance data collection for the programs, focusing on identifying underserved and highly impacted populations within Washington state. The organization is dedicated to enhancing the effectiveness of the program by tailoring its initiatives to better assist those most in need.

Furthermore, the HCA tentatively plans to incorporate the findings from the Washington State Institute for Public Policy report and reflect recommendations in the subsequent data reports, after the Fiscal Year 2025. This report will provide insights into the program's impact on the community, and it will help the HCA further refine efforts to create a more equitable and just system. Any updates on these plans will be provided in the subsequent report.