

Substance Use and Recovery Services (SURS) plan

2024 progress report

Engrossed Senate Bill 5476; Section 1(7); Chapter 311; Laws of 2021

RCW 71.24.546

December 1, 2024

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Executive summary

The ruling ([State v. Blake](#)), in effect, decriminalized controlled substance possession and prompted the Washington State Legislature to pass Engrossed Senate Bill (ESB) 5476 (2021), which directed the creation of the Substance Use Recovery Services Advisory Committee (SURSAC) and the eventual [Substance Use Recovery Services Plan](#) (SURS Plan).

The SURS Plan was written and submitted to the legislature by the Washington State Health Care Authority (HCA), on behalf of SURSAC, as outlined in [ESB 5476 \(2021\)](#). The SURS Plan responds to the State v. Blake decision by addressing court system responses and behavioral health—substance use disorder (SUD) and mental health (MH)—outreach/engagement, treatment, and recovery services.

Codified in [RCW 71.24.546](#), the statute indicates:

“The Authority, in collaboration with the substance use recovery services advisory committee established in subsection (2) of this section, shall establish a substance use recovery services plan. The purpose of the plan is to implement measures to assist persons with substance use disorder in accessing outreach, treatment, and recovery support services that are low barrier, person centered, informed by people with lived experience, and culturally and linguistically appropriate. The plan must articulate the manner in which continual, rapid, and widespread access to a comprehensive continuum of care will be provided to all persons with substance use disorder.”

Table 1: ESB 5476 deliverable timeline

Deliverable	Date
Preliminary report to Legislature	November 24, 2021
Final plan submitted to Governor and Legislature	January 13, 2023
Adopt rules/contracts necessary to implement the plan	December 1, 2023
Annual Plan Implementation Report to Governor and Legislature	December 1, 2023, and each subsequent year until 2026

During the 2023 Special Session, the Washington State Legislature passed [Second Engrossed Second Substitute Senate Bill \(2E2SSB\) 5536 \(2023\)](#), which has adopted language and funding closely linked to several recommendations outlined by the SURSAC, which were included in the SURS Plan submitted on January 13, 2023. The forthcoming implementation reports for Senate Bill 5476 will include progress updates on the execution of directives specified in 2E2SSB 5536, which are directed to HCA and other state agencies.

Substance Use and Recovery Services Advisory Committee (SURSAC)

In January 2024, SURSAC convened to actively engage with legislative members, gaining valuable insights into some of the priorities of the Legislature and Governor's Office for the upcoming 2024 legislative session. During this meeting, a Mentimeter survey was conducted to gather comprehensive feedback and input on the suggested focus areas of the SURS Plan, which they intended to discuss and address throughout the year.

Starting in 2023 through 2024, the SURSAC meeting agendas were updated to include presentations from providers and participants involved in the regional Recovery Navigator Programs (RNP). These presentations highlight the accomplishments and challenges faced in developing a statewide prebooking diversion program, and captured specific geographical regions impacted by the SURS Plan and subsequent legislation.

View the [SURSAC member roster](#).

SURS plan implementation updates

The 2024 SURSAC meetings also featured detailed updates on the implementation progress of the SURS Plan, prioritizing plan elements identified through the Mentimeter survey in January. SURS Plan implementation updates provided to SURSAC, their respective meeting dates, and presenter names, respective agencies are outlined below.

- March 4: Naloxone and overdose prevention education campaigns: Prevent Overdose WA, Friends for Life, For Our Lives, and It Starts with One (Nikki Meline, DOH, Melissa Thoenke, HCA, Anne Paulsen, HCA)
- April 1: Drug Paraphernalia Law and Impacts on Harm Reduction Programs (Tim Candela, DOH)
- May 6:
 - Health Engagement Hubs (HEH) two-site Pilot update (Sarah Melfi-Klein, HCA)
 - Safe supply workgroup and SUD Intake, Screening, and Assessment workgroup updates (Kelley Sandaker, Michelle Martinez, HCA)
- July 1:
 - Training for Caregivers of Youth with SUD (Chloe Wilkins, HCA)
 - Pathways to Recovery for Employment and Education (PREE) grant program (Lisa Bennett-Perry, HCA)
- August 5:
 - Diversion Data Integration Platform (Michelle Martinez, HCA)
 - SUD Prevalence Data Reporting – Inventory report (Yumiko Aratani, HCA)
 - Housing Subsidies per 5536 §33 (Lisa Bennett-Perry, HCA)
 - SUD Intake, Screening, and Assessments (SUDISA) workgroup update (Kelley Sandaker, HCA)
- November 4: Overdose Data 2023 (Tim Candela, DOH)

Additionally, SURSAC received presentations on the following topics:

- February 5: 1115 Waiver and other programs assisting with reentry after incarceration (Jason McGill, HCA)
- April 1: Overview of new legislation impacting behavioral health systems and services (Evan Klein, HCA)
- May 6: ScalaNW – new Emergency Department program facilitating connection to behavioral health services (Liz Wolkin, HCA)
- June 3: Icelandic Model overview (Aren Sparck, HCA Office of Tribal Affairs)
- July 1: Department of Children, Youth, and Families (DCYF) SB 6109 Follow-Up: trends in children entering out-of-home care (Vickie Ybarra, DCYF)
- August 5: State Opioid Administrator Updates (Kristopher Shera, HCA)

Recovery Navigator Program (RNP) quarterly report reviews

Throughout the year, SURSAC received presentations on the RNP quarterly data. In these presentations, members had the opportunity to discuss and provide feedback on the methods used to collect and deliver data from these services. In addition, guests in attendance were also provided the opportunity to ask questions and provide comments, input, and feedback into RNP data collection procedures and policies.

Members expressed the need for a more comprehensive data collection system, suggesting that it would be more effective than capture the desired data for Behavioral Health Administrative Service Organizations (BH-ASOs) and others. The state has made investments in various products that could form the basis of a data integration platform, and HCA continues to explore options for fulfilling the directive outlined in [RCW 71.24.908](#): Data integration platform to support diversion efforts.

One member shared insights on conducting crisis response and collecting personally identifying information from individuals in crisis, emphasizing the importance of respectful and ethical practices that allow. Providers and BH-ASOs were also able to offer their perspectives and share their experiences, challenges, and successes during these meetings.

In response to SURSAC's concerns on data collection, HCA has convened a cross-divisional, cross-agency RNP data workgroup. This workgroup has enlisted the support of Department of Social Health and Services (DSHS), Research & Data Analysis (RDA) Division to advise on process improvements in data collection and analysis to better demonstrate the impact of the program.

SURSAC recommendations overview

Recommendations are numbered according to the order in which they were voted on by the committee.

Treatment recommendations

- Recommendation 7: [Health Engagement Hubs for People Who Use Drugs](#)
- Recommendation 14: [Safe supply workgroup](#)
- Recommendation 11: [SUD engagement and measurement process](#)
- Recommendation 15: [Expanding funding for OTPs to include partnerships with rural areas](#)

Data recommendations

- Recommendation 6: [BH-ASO and RNP data reporting](#)
- Recommendation 13: [LE and BH data collection and reporting](#)

Diversion, outreach, and engagement recommendations

- Recommendation 10: [Expanding investment in programs along the 0-1 intercept on the sequential intercept model](#)
- Recommendation 12: [Stigma-reducing outreach and education, more importantly regarding youth and schools](#)
- Recommendation 5: [Amend RCW 69.50.4121 – Drug paraphernalia law](#)

Recovery support services recommendations

- Recommendation 1: [Tax incentives for landlords and respite space housing vouchers](#)
- Recommendation 3: [LGBTQIA+ community housing](#)
- Recommendation 4: [Training of foster and kinship parents of children who use substances](#)
- Recommendation 16: [Addressing zoning issues regarding behavioral health services](#)
- Recommendation 2: [Legal advocacy for those affected by SUD](#)
- Recommendation 8: [Employment and education pathways](#)
- Recommendation 18: [Continuum of housing](#)
- Recommendation 9: [Expansion of WRHL and asset mapping](#)

Implementation updates

2E2SSB 5536 incorporates specific language and funding allocation tied to the recommendations outlined in the Substance Use and Recovery Services Plan. The following list provides directives and updates associated with recommendations from the SURS Plan and the corresponding funding and implementation updates designated for each proposed initiative over the last state fiscal year (FY), FY 2024, which began July 1, 2023, and ended June 30, 2024. The conclusion of this report highlights aspects of the SURS Plan that were not able to be fully implemented and would require dedicated funding and/or policy changes to implement.

Treatment

Health Engagement Hub (HEH) pilot

An 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 a section within 2E2SSB 5536 that mandates HCA to implement a pilot program to try this new model. The legislature appropriated \$4 million from opioid abatement settlement funds for FY 2024 and FY 2025 to implement two pilot sites, with one in an urban area and one in a rural area. This pilot program was appropriated an additional \$3 million from ESSB 5950, section 210, proviso 135, which will allow an additional three sites to be added in addition to the two inaugural sites in FY 2025.

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 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.”

The first contracts for pilot sites were executed with Blue Mountain Heart to Heart in Walla Walla as the inaugural rural HEH site, and HealthPoint Auburn as the urban site, with the initial \$4 million appropriated for the 2024–2025 biennium. HCA has additionally retained training and technical assistance for sites with

the University of Washington Addictions, Drug & Alcohol Institute and data collection and evaluation support from DSHS RDA . In August 2024, HCA identified three additional pilot HEH sites, pending completion of agreements and contracts. ESSB 5950 directed HCA to consider proposals based on geographic distribution across the state, and ability to serve communities disproportionately impacted by overdose, health issues, and other harms related to drugs, prioritizing organizations led by Black, Indigenous, and people of color (BIPOC), including Tribes. Selected sites include Sound Pathways in Snohomish County, Lummi Nation, and the Confederated Tribes and Bands of the Yakama Nation, who will join the inaugural sites in evaluation activities. Implementation is expected throughout fall and winter 2024–2025.

View the full text of [Recommendation 7](#).

SUD Intake, Screening, and Assessments (SUDISA) workgroup

2E2SSB 5536 Sec 36 amends 71.24 RCW and directs HCA to form a workgroup to propose changes to intake, screening, and assessment systems for SUD services. The goal is to increase the workforce's capacity for administering assessments and simplify the process for people seeking treatment. Per **RCW 71.24.912**, the workgroup includes care providers, payors, and people who are seeking or have sought substance use treatment, as well as other individuals to represent other impacted professions and communities, as recommended by an internal steering committee. View the [workgroup roster](#).

The SUDISA workgroup, convened by HCA in December 2023, held bimonthly meetings to deliver recommendations to the Washington State legislature. These recommendations aim to enhance SUD intake, screening, and assessment processes by striving to make them as brief, low-barrier, and person-centered as possible, to broaden the workforce capable of conducting SUD assessments, to initiate care quickly and efficiently, to support utilization management, and achieve workgroup-identified goals.

The workgroup carefully considered the diverse uses of screenings and assessments in medical and behavioral health settings, encompassing the entire continuum of care from inpatient to outpatient services. We extend our gratitude to all the workgroup members and statewide associations who contributed their participation, knowledge, and perspective to this important legislative task.

Final recommendations will be presented to the Governor and relative legislative committees by December 1, 2024. When published, these findings will be shared on HCA's [Legislative reports webpage](#).

View the full text of [Recommendation 11](#).

Safe supply workgroup

SURSAC set forth a recommendation to establish a safe supply workgroup to recommend a safe supply model that fits the needs and concerns of Washington residents who would be directly impacted by the implementation of a statewide safe supply system, including people who use drugs. Safe supply refers to providing prescribed medications as a safer alternative to the toxic illegal drug supply to people who are at high risk of overdose. The original SURSAC recommendation noted that there are several models to explore and many important implications and logistics to consider within those models.

SURSAC members have noted that to realize the public health, safety, and social benefit of this recommendation, individuals will need to be able to access their substance(s) of choice in a form that is as safe as possible to consume (safe supply) and to do so without legal interference in a medicalized

framework. This resulting system is intended to reduce harms associated with drug use, including overdose and incarceration.¹

Following submission of the substance use recovery services plan, [Senate Bill 5187](#), Section 215 (124), was enacted, granting authorization for the allocation of \$300,000 from the opioid abatement settlement account as a state appropriation. This allocation is intended to support the establishment of a statewide safe supply workgroup, and HCA has used a portion of these funds to contract with Health Management Associates to facilitate the safe supply workgroup. [Workgroup membership](#) was appointed by the Governor's Office.

The primary objective of this workgroup is to conduct a comprehensive analysis and assessment of the threat of untested and unregulated drug supply to individuals who use drugs, outcomes resulting from public health models that provide tested, regulated drugs to individuals at risk of death from laced substances or overdose. The workgroup will ultimately provide recommendations to the Governor and the relevant legislative committees by December 1, 2024, to go with the workgroup's conclusive findings and recommendations. When published, these findings will be shared on HCA's [Legislative reports webpage](#).

View the full text of [Recommendation 14](#).

Increasing access to Opioid Treatment Programs (OTPs)

[2E2SSB 5536 Sec 12](#) establishes OTPs and recovery residences as essential public facilities in regards to a comprehensive plan of each county and city under [RCW 36.70A.200](#). Part of the requirements include a process for identifying and siting essential public facilities, such as:

- Airports
- State education facilities
- Transportation facilities
- Transit authority facilities
- Correctional facilities
- Solid waste handling facilities
- OTPs
- Recovery residences
- Harm reduction programs
- Inpatient facilities
- MH facilities
- Group homes
- Community facilities
- Secure community transition facilities

HCA staff in the Washington State Opioid Treatment Authority office (WA-SOTA) have been meeting with representatives from the Washington State Attorney General's Office (AGO) monthly to help coordinate these changes and other efforts related to provision of services through OTPs. HCA staff also report to the AGO any awareness of city and/or county legislative authorities that have been reported to HCA as having

¹ [Addressing the Syndemic of HIV, Hepatitis C, Overdose, and COVID-19 among people who use drugs: The potential roles for decriminalization and safe supply \(2020\)](#)

potential zoning requirements or zoning moratorium in conflict with the changes to the above RCW, which may result in prohibition or pausing the creation of OTPs and harm reduction programs.

[2E2SSB 5536 Sec 33\(5\)](#) provides funding to increase the number of mobile methadone units operated by existing OTPs and to expand OTPs, with prioritization in rural areas with funding allocated from the opioid abatement settlement account for the fiscal biennium ending June 30, 2025, to increase mobile methadone units, fixed medication units, and expand OTPs, focusing on rural areas.

HCA staff in the WA-SOTA office are currently working with the Department of Commerce (Commerce) on a RFA bid opportunity for an OTP in rural area of WA State. The RFA is in its final draft and will be released by the end of August 2024. Potential bidder will be selected by November 2024, with contract signed by December 2024. Current status could be found at the [HCA Bids and contracts webpage](#).

[2E2SSB 5536 Sec 14](#) revised RCW [71.24.590](#) to outline the licensing and certification requirements for OTPs. Specifically, RCW 71.24.590§1h has been updated to include:

“the Department [of Health] shall ...Provide public notice to all appropriate media outlets in the community in which the facility is proposed to be located that states the applicant is proposing a facility in that community.”

As of 2024, DOH has now created their own procedures for how DOH provides public notice to all appropriate media outlets in the community where new OTP facilities are proposed. All proposed OTP applicants are now informed of this process by DOH and this information can now also be found publicly posted on DOH’s technical assistance materials for proposed OTP applicants:

- DOH Proposed OTP webpage for info: [Proposed Opioid Treatment Programs | Washington State Department of Health](#)
- DOH Proposed OTPs Licensing and Public Notice Frequently Asked Questions (FAQ): [Opioid Treatment Programs \(doh.wa.gov\)](#)

View the full text of [Recommendation 15](#).

Data

RNP quarterly report data

RNP is currently operating within all 39 counties in Washington State. Direct service providers are subcontracted through the BH-ASO, and provide referral, outreach, and case management services for individuals deflected as part of a prebooking diversion program. Data is currently being collected at the provider level and reported through their regional BH-ASO. Quarterly reports are counted per each individual encounter, which can be duplicative in nature, where one individual, in separate instances, is reflected multiple times based on the services they receive or multiple referrals.

HCA has incorporated feedback into the data collection workbooks and quarterly reports based on ongoing SURSAC feedback and internal review. The RNP administrator and supporting team are working to refine how to present the number of unduplicated people served. This includes working closely with the BH-ASOs and the direct service providers going forward to identify alternative ways to collect and report on individuals and the services being provided. HCA has also convened an RNP data workgroup to regularly review and provide process improvement recommendations for data collection, analysis, and

presentation. Statewide RNP Case Management Data is highlighted later in this report. HCA is currently working on a public facing dashboard for SURSAC to review.

Jump to the [Recovery Navigator Program \(RNP\)](#) section of this report.

View the full text of [Recommendation 6](#).

Data integration platform for diversion programs

[2E2SSB 5536 section 22](#) enacted [RCW 71.24.908](#), which directs HCA to develop and implement a data integration platform by June 30, 2025, to support RNPs, LEAD programs, arrest and jail alternative (AJA) programs, and similar diversion efforts. The platform will serve as a statewide common database for tracking diversion efforts, a data collection and management tool for practitioners, assist in standardizing definitions and practices and track pretrial diversion participants by race, ethnicity, gender, gender expression or identity, disability status, and age. HCA must leverage existing platforms and establish a quality assurance process for BH-ASOs. Information submitted to the platform is exempt from public disclosure requirements under [Chapter 42.56 RCW](#).

HCA continues to evaluate both existing resources and potential solutions to developing and implementing the integration platform. There are numerous barriers to a statewide database that incorporates both healthcare and public safety data, the primary being the need for agreement and support from over 100 various law enforcement agencies across the state and how to address confidentiality concerns. HCA continues to evaluate how best to operationalize a cross-system technology solution of this nature, while also gathering cost estimates to determine the funding needed to expand existing tools to new sites, and determining which resources are necessary to implement a platform that can meet the intended objectives. Due to the complicated and nuanced requirements of a statewide solution, HCA submitted Agency Budget Request seeking additional funding, depending on which combination of tools and resources can most cost-effectively meet the directive for this platform. In alignment with the statutory requirements, HCA is consulting with the LEAD Support Bureau on data integration approaches, platforms, quality assurance protocols, and validation practices.

View the full text of [Recommendation 6](#).

SUD comprehensive assessments and reports

[Recommendation 13](#) outlined building upon and providing ongoing funding for a data integration infrastructure that can receive and analyze standardized data gathered by law enforcement agencies, courts, prosecuting attorney offices, RNP case management, behavioral health treatment services, and recovery support services to meet the mandates of [RCW 71.24.546§3](#):

“Regarding the collection and reporting of data which identify the number of persons law enforcement officers and prosecutors engage related to drug possession and disparities across geographic areas, race, ethnicity, gender, age, sexual orientation, and income. The recommendations shall include, but are not limited to, the number and rate of persons diverted from charges to recovery navigator services or other services, who receive services and what type of services, who are charged with simple possession, and who are taken into custody.”

[2E2SSB 5536 Sec 38](#) added a new section to Chapter 71.24 RCW, codified as [RCW 71.24.913](#), which notes that HCA is responsible for regularly assessing the prevalence of SUDs and interactions of persons with SUDs with service providers, nonprofit service providers, first responders, healthcare facilities, and law enforcement agencies. Starting in 2026, HCA must provide an annual report that includes a comprehensive assessment of this information.

The preliminary inventory report was submitted prior to the start of the 2024 legislative session. Beginning July 1, 2024, HCA must also provide an implementation report on Recovery Residences, RNPs, HEH pilot programs, and LEAD programs. The first of these reports was submitted in July 2024. [Read the SUD Recovery Programs Implementation Report \(July 2024\)](#).

Between May and August 2024, HCA conducted over 100 interviews to take inventory of HCA programs that include data on interactions of individuals who use drugs, and with an SUD, with service providers, non-profit service providers, first responders, health care facilities and/or law enforcement.

At the August SURSAC meeting, HCA shared preliminary data related to statewide systems which collect and maintain data relative to the prevalence of substance use and SUD. HCA continues to evaluate the best way to incorporate existing data sources and represent the extent of both individuals who have problematic substance use and a clinically identified SUD. The final inventory report is currently being drafted and will be submitted by December 1, 2024, and can be found at the [HCA Legislative reports webpage](#).

[RCW 71.24.913](#) further outlines, starting on July 1, 2027, that HCA must provide the results and effectiveness of these projects and programs in the annual report:

- Collaborations with the DSHS to develop the statewide behavioral health treatment and recovery support services mapping tool ([RCW 71.24.911](#)).
- The development and implementation of a data integration platform ([RCW 71.24.908](#)).
- The training developed for caregivers of children with SUD, in consultation with DCYF ([RCW 71.24.522](#)).
- The training developed by HCA for housing providers to assist in providing appropriate services to LGBTQIA+ communities, BIPOC communities, and immigrant communities ([RCW 71.24.657](#)).
- Implementation strategies for the Behavioral Health Services Mapping tool ([RCW 71.24.911](#)) and Diversion Data Integration Platform ([RCW 71.24.908](#)), which would include consideration of metrics and data collection processes that will be needed to assess the results and effectiveness of these tools in preparation for these annual reports.

Evaluating the results and effectiveness for the training outlined in [RCW 71.24.522](#) and [RCW 71.24.657](#), both of which have already been launched, will require assessing the impact of the training on the communities that the trainings are intended to benefit and support. HCA submitted Agency Budget Request documentation, identifying additional resources needed to support new contracts with organizations that could conduct meaningful evaluations which measure effectiveness of these trainings.

Diversion, outreach, and engagement

Pretrial diversion program

[2E2SSB 5536 Sec 9](#) enacted a new section, added to chapter [69.50 RCW](#), that allows eligible defendants charged in any jurisdiction with an RNP, AJA program, or LEAD program to participate in a pretrial

diversion program. This program provides an opportunity to avoid criminal charges under [RCW 69.50.4011](#)(1) (b) or (c), [69.50.4013](#), [69.50.4014](#), or [69.41.030](#)(2) (b) or (c) if the defendant completes an assessment and substantially complies with recommended treatment, if applicable, or up to 120 hours of community service. This new law was codified as [RCW 69.50.4017](#).

According to [RCW 69.50.4017](#), if the court grants the defendant's motion to participate in pretrial diversion, an RNP, AJA, or LEAD program shall provide the court written confirmation of completion of the assessment and a statement indicating the defendant's enrollment or referral to any specific service or program. If the assessment includes a recommendation for treatment or services, the RNP, AJA, LEAD program or service provider shall provide the court with regular written status updates on the defendant's progress on a schedule acceptable to the court (at least monthly). The defendant successfully completes pretrial diversion either by having 12 months of substantial compliance with the assessment and recommended treatment or services and progress toward recovery goals as reflected by the written status updates, or by successfully completing the recommended treatment or services, whichever occurs first.

A draft Memorandum of Agreement (MOA) has been created by the LEAD National Support Bureau for the purpose of a shared understanding of roles and responsibilities for implementation of pre-trial or pre-filing diversion referrals under [RCW 69.50.4017](#). This MOA is intended to serve as an agreement between diversion program providers (including RNP, LEAD, and AJA) and the court and/or prosecutor in the jurisdiction in which they are operating pretrial diversions. HCA has partnered with Washington State Administration of the Courts and LEAD Support Bureau to educate and provide technical assistance to courts to ensure the Pretrial Diversion MOA is available and customizable to court processes. HCA and partners will continue to uplift the importance of an MOA in order for diversion programs to accept pretrial referrals, as this agreement seeks to ensure that legal system partners and diversion service providers have a shared understanding of roles and responsibilities as well as outline best practices and communication pathways to best serve the participant.

View the full text of [Recommendation 10](#).

Law Enforcement Assisted Diversion (LEAD) statewide grant program

[2E2SSB 5536 Section 13](#) amended [RCW 71.24.589](#) to direct HCA to expand the LEAD pilot project into a statewide grant program that is based on core principles recognized by the [LEAD Support Bureau](#). The program partnered with the bureau to award contracts for sites in Washington, with cities, counties, tribes, subdivisions, public development authorities, and community-based organizations as lead agencies.

In 2019, the LEAD model was used as a template to establish a pilot site program through [Substitute Senate Bill 5380](#). Pilot sites were established in four counties: Mason, Snohomish, Thurston, and Whatcom. The scope of the program was then expanded in 2023 through 2E2SSB 5536 to convert the pilot program into an ongoing grant program, and an additional \$5 million in funding was included to support both expansion of the existing programs as well as adding new sites.

In 2024, HCA went through a procurement process to solicit proposals for new LEAD program sites. Four sites were identified as apparently successful applicants, and have since signed contracts with the four new sites who are working diligently to launch services in those communities.

New LEAD sites

- Gateway to Freedom (Port Townsend)

- City of Seattle
- Catholic Charities Diocese of Yakima (Chelan/Douglas county)
- Second Chance Outreach (Marysville)

The expanded LEAD grant sites are provided with technical assistance from experts to help develop and implement the program, ensuring fidelity to the research-based model. Key elements of the program include:

- Long-term case management for problematic substance use
- Coordination with community resources for overdose prevention
- Infectious disease transmission prevention
- Physical and behavioral health services
- Medications
- Housing
- Employment
- Public assistance
- Prosecutorial support for pretrial diversion services

Parallel to the procurement process for new LEAD sites, HCA worked with the existing four county programs to determine what their needs were and help expand their current programs. Out of the total \$5 million in expansion funding, \$1.88 million will be distributed to the LEAD programs in Mason, Snohomish, Thurston, and Whatcom counties to support hiring additional staff and investing in resources and client services.

View the full text of [Recommendation 10](#).

Arrest and Jail Alternatives (AJA) grant program

[2E2SSB 5536 Sec. 33\(1\)](#) outlines appropriations from the opioid abatement settlement account and state general fund for the fiscal biennium ending June 30, 2025 to support the AJA program, which was established with the passage of [HB 1767](#) in the 2019 Legislative Session. The funds are used to maintain a memorandum of understanding with the Washington State Association of Sheriffs and Police Chiefs and Criminal Justice Training Commission for ongoing funding for community grants under [RCW 36.28A.450](#). The program supports local initiatives to properly identify criminal legal system-involved persons with SUDs and other behavioral health needs and engage those persons with therapeutic interventions and other services prior to or at the time of jail booking, or while in custody.

WASPC released a 2023-2025 request for application, and awarded AJA grant funding to the following sites:

- Blue Mountain Heart to Heart (Walla Walla)
- Catholic Community Services (Olympia)
- City of Airway Heights
- City of Poulsbo
- Gateway to Freedom (Port Townsend)
- Olympic Peninsula Community Clinic (Port Angeles)

WASPC also develops and releases annual reports on implementation of the AJA program: [Arrest and Jail Alternatives Grant Program 2023 Annual Report](#).

View the full text of [Recommendation 10](#).

Opioid awareness campaign for youth

[ESB 5187; Section 215 \(61\)](#) provided specific appropriations to HCA during the 2023–2025 biennium to deploy an opioid awareness campaign targeted at youth to increase awareness of the dangers of fentanyl.

HCA intends to use funding allocated for an opioid awareness campaign for youth to sustain and expand the existing Friends for Life campaign over the biennium. Youth will continue to be the primary audience, with a specific focus on older teens (14–17) and young adults (ages 18–25). The proposal is to expand the campaign to prioritize youth from communities disproportionately affected by opioid use and overdose (e.g., BIPOC and LGBTQIA+) and youth in higher-risk scenarios such as those interfacing with the juvenile court and foster care systems. To learn more about this campaign, visit [Friends For Life - Prevent Overdose \(wafriendsforlife.com\)](#).

HCA has just completed research and insight interviews and have developed a plan around messaging and tactics for this expansion, with the overall goals and focus being the same as outlined previously. To reach youth in high-risk settings, HCA is planning to add more items to the materials list that can be used by partner organizations who work with this population. HCA will be focusing on identifying social media and paid digital media once the additional messaging is finalized. There is also a plan to develop educational information for parents and caregivers related to medications for opioid use disorder and treatment options.

While this high-risk population is heavily online, HCA has also begun to make a strategic plan around young adults who want to know more about recovery and that messaging will likely be used in more out-of-home placements to support a broader reach. These efforts will be further developed after the high-risk youth portion.

View the full text of [Recommendation 12](#).

Recovery support services

Outreach to develop equitable recovery housing and diversity, equity, and inclusion (DEI) training for recovery housing providers

SURSAC recommended that HCA and Commerce should be intentional regarding housing equity, inclusivity, and the safety of LGBTQIA+ community members. The recommendation identified that there are limited dedicated housing options for individuals who apply and are accepted into housing that identify with the LGBTQIA+ community, and that operators have no supportive policies or training to care for this population. SURSAC recommended that the state provides funding, policy, training, and outreach efforts to better support the housing needs of the LGBTQIA+ community.

[2E2SSB 5536 Sec 17](#) amends RCW [71.24.657](#) to direct HCA to conduct outreach to underserved and rural areas to support the development of recovery housing for women, LGBTQIA+, Black, indigenous, immigrant, and youth. In December 2023, the Washington Alliance for Quality Recovery Residences (WAQRR) launched a live training for housing providers to address harassment, communication, antiracism, diversity, and gender-affirming behavior, per contract with HCA. The training was posted to YouTube soon after, for ongoing access and education to the public.

[Watch the Cultural Competencies training for recovery residence providers on YouTube](#)

No dedicated funding was received to support the specific outreach efforts outlined in RCW 71.24.657. However, HCA updated an existing contract with WAQRR to develop and provide outreach to underserved and rural areas to support development of recovery housing that supports women, LGBTQIA+, BIPOC, and youth populations.

RCW 71.24.913 Section 4(d) directs HCA to begin reporting on the “effectiveness and outcomes” of this training in 2027. HCA is exploring options for contracting with an external partner to design and execute an evaluation of the training capable of demonstrating effectiveness and outcomes for this report.

View the full text of [Recommendation 3](#).

Training of foster and kinship parents of children who use substances

2E2SSB 5536 Sec 20 directed HCA, in collaboration with the DCYF, to create a training program for parents of adolescents and transition-age youth with SUDs by June 2024. The training will cover science and education, adaptive communication strategies, self-care, opioid overdose-reversal medication, and suicide prevention. The training will be publicly available and promoted to licensed foster parents and caregivers. This was enacted as [RCW 71.24.522](#).

The SUD Family Navigator training and curriculum program has added four in-person trainings (each training is four days long) for parents, family members, and caregivers who are interested in learning how to support youth with SUD. These trainings provide up-to-date information on SUD, addiction, and its effect on the adolescent brain, skills for families navigating their relationship with someone with SUD, and systems navigation:

- October 15–18
- October 21–24
- November 18–21
- December 2–5

[View the training schedule and registration links](#).

RCW 71.24.913 Section 4(c) also directs HCA to begin reporting on the “effectiveness and outcomes” of this training in 2027. HCA is exploring options for contracting with an external partner to design and execute an evaluation of the training capable of demonstrating effectiveness and outcomes for this report.

View the full text of [Recommendation 4](#).

Employment and education pathways

The intent of Passageways to Recovery Employment and Education (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 will be given to persons that identify as BIPOC, and other historically underserved communities. Services are intended to meet the needs of people experiencing SUDs and/or co-occurring disorders. 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.

- 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 was included as a proviso in 2E2SSB 5536, Section 27, during the 2023 first special session to establish the PREE grant program: \$2,621,000 for FY24 and \$2,621,000 for FY25

Five agencies were selected to receive PREE grants, detailed in Table 2.

Table 2: Contract location table

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 County	\$565,273

HCA’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 one year
- Short-term, occupation-specific, enhancement education up to one year.
- High school equivalency or GED.
- Barrier removals such as costs 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 launched services between February and March 2024.

View the full text of [Recommendation 8](#).

Behavioral health services mapping tool

2E2SSB 5536 Sec 28, codified as RCW 71.24.911, directs HCA to collaborate with the DSHS to expand the Washington Recovery Helpline and recovery readiness asset tool, providing a dynamically updated statewide behavioral health treatment and recovery support services mapping tool with dual interface capability.

HCA continues to evaluate the best way to develop the mapping tool alongside similar statewide efforts. This could be operationalized by the expansion of the MOUD locator tool (part of the Washington Recovery Helpline), which is operated by Crisis Connections. However, HCA is also evaluating how this

requirement aligns with, or potentially duplicates efforts, related to the [988 system final technical and operational plan to Legislature](#). As a long-term solution, HCA intends to dedicate staff to the internal development and maintenance of the recovery readiness asset tool, including integration of an HCA-managed geospatial information system (GIS).

View the full text of [Recommendation 9](#).

New construction funding for recovery housing

[2E2SSB 5536 Sec 15](#) instructs Commerce, subject to funds appropriated, to fund the construction costs necessary to start up recovery housing in regions of the state that currently lack them. A new section is added to [Chapter 43.330 RCW](#) establishes a program to fund construction costs for SUD treatment and recovery housing in underserved areas, including central and eastern Washington and rural areas, subject to appropriate funds.

View the full text of [Recommendation 18](#).

Recovery housing grant program

[5536 sec 33 \(9\)](#) appropriated \$2 million from the state general fund for FY 2024; and \$2 million from the state general fund for FY 2025 for a grant program for the operational costs of new staffed recovery residences which serve individuals with SUDs who require more support than a level 1 recovery residence. This grant program provides grants to recovery residences which serve individuals in the five most populous counties of the state.

In January 2024 the operational grants contract was signed and executed with the Washington Alliance for Quality Recovery Residences (WAQRR). By June 2024 the application process was closed, as all the funding has been contracted out. This resulted in 56 contracts in place, 505 beds added, with the number of homes added by county in Table 3.

Table 3: Newly added residences by county

County	Newly added residence
Benton	9
Chelan	1
Clark	1
Franklin	1
King	8
Kitsap	7
Lewis	1
Mason	2
Pierce	4
Snohomish	6
Spokane	6
Whatcom	1
Yakima	9

View the full text of [Recommendation 18](#).

Safe housing for youth exiting inpatient facilities

[2E2SSB 5536 Sec 33\(11\)](#) allocates \$250,000 for the FY 2024, and \$250,000 for the FY 2025 to HCA to continue and increase a contract for services funded by [ESSB 5693](#) (2022), aimed at providing information and support for safe housing and support services for youth exiting inpatient MH and/or SUD facilities to stakeholders, inpatient treatment facilities, young people, and other community providers that serve unaccompanied youth and young adults. This is also known as the Bridge Program.

The nonprofit NorthStar Advocates and the Bridge Program meet monthly with housing providers, a coalition of young adults with lived experience of homelessness, discharge planners, and behavioral health providers. The Bridge Program continues to meet with community members and organizations to inform and educate on how homelessness affects young adults in Washington. NorthStar Advocates provides provider education, awareness training, and supports to discharge planners for Transition Age Youth (TAY) 12–24 exiting from an inpatient and residential care facilities. NorthStar Advocates provide education and awareness training to support connection between discharge planners in youth and young adult (12–24) inpatient and residential care and the community resources/nonprofits in regions that provide housing supports. ESSB 5693, section 215, subsection 127 states:

“\$250,000 of general state funds for fiscal year ending June 30, 2024; and \$250,000 from the state general fund for the fiscal year ending June 30, 2025. The amounts in this subsection are provided solely for the authority to continue and increase a contract for services funded in section 215(127), chapter 297, laws of 2022 (ESSB 5693) to provide information and support related to safe housing and support services for youth exiting inpatient mental health and/or substance use disorder facilities to stakeholders, inpatient treatment facilities, young people, and other community providers that serve unaccompanied youth and young adults.”

This is ongoing per special session from section 33 (11), 5536. On [NorthStar’s website](#), you will find recorded trainings of agency spotlights and the meetings that are available to view at any time. This program has been active since 2022.

View the full text of [Recommendation 18](#).

Grant funding for youth housing to provide behavioral health services

[2E2SSB 5536 Sec 34](#) allocates funding for FY 2024 and FY 2025 to Commerce to support the Office of Homeless Youth in administering a competitive grant process for licensed youth shelters, HOPE Centers, and crisis residential centers to provide behavioral health support services, including SUD services, for youth in crisis and to increase funding for current grantees.

This funding was combined with other funding sources to help guide over \$40 million in grants to community-based organizations. The Office of Homeless Youth sought input from those with lived experience to evaluate competitive proposals for funding from service providers across Washington State. Funded projects support a wide range of interventions to prevent and address housing instability among young people ages 12 through 24, including emergency housing and rental assistance, crisis intervention services, outreach to connect homeless youth with resources, MH services, and flexible funding to divert young people from the homeless crisis response system.

[View a complete list of the 112 grants awarded.](#)

View the full text of [Recommendation 18](#).

Short-term housing vouchers

[ESB 5536 Section 33\(8\)](#) allocated \$3.75 million for FY 2024 and \$3.75 million for FY 2025 from the state general fund for HCA to provide short-term housing vouchers for individuals with SUDs, with a focus on providing these resources to people in the five most populous counties in the state (King, Pierce, Snohomish, Spokane, and Clark).

Proviso funds from the biennial budget (5187) supported existing programs that provide supportive services to people who use drugs (e.g. Peer Pathfinder, Homeless Outreach Stabilization and Transition (HOST) Program, PATH, Housing and Recovery through Peer Services (HARPS), and other recovery-centered programs).

- 883 individuals were subsidized by General State SUD funds
- 595 individuals were enrolled in HARPS by SUD peers
- 2511 unique clients subsidized by HARPS in FY 2024.

View the full text of [Recommendation 18](#).

ESB 5476 program updates

Recovery Navigator Program

Each BH-ASO has established an RNP, and services are provided in all 39 Counties in Washington State. RNPs are a pre-arrest diversion program modeled upon the components of the LEAD program that provides community-based outreach, intake, brief assessment, and connection to services for individuals who have been diverted from the criminal legal system. RNP provides, as appropriate, long-term intensive case management and recovery coaching services to youth and adults with SUD, including for persons with co-occurring SUDs and MH conditions, who are referred to the program from diverse sources and facilitate and coordinate connections to a broad range of community resources, including treatment and recovery support services.

Over FY 2024, program providers and/or BH-ASOs appointed dedicated data personnel for the program, and workbooks and quarterly reports were revised by HCA based on feedback from the BH-ASOs and direct service providers. HCA also worked with SURSAC to incorporate recommendations from committee members. Multiple electronic health records and case management applications are being used by some providers and BH-ASOs, which creates difficulty gathering uniform information and reporting systematically. Most programs have reached or are nearing their case management capacity, but demand for services, including added referral streams through pretrial diversion pathways outlined in RCW 69.50.4017, has continued to increase.

Figure 1: FY 2024 RNP referral and outreach data

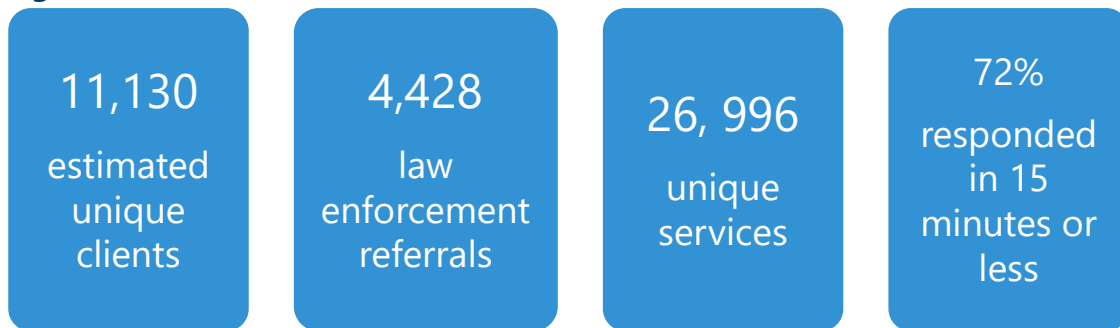


Figure 2: FY 2024 RNP case management data



Estimated Unique Client: The combination of ProviderOne ID, Client ID, first name, last name, alternate name, and birthdate.

Unique services: The combination of quarter, group, region, and row number of the row from the workbooks provided.

Incentive-based encounters: An option used to represent when monetary items are provided. These monetary items may or may not be provided with a contingency for a specific behavior, which is why the term has been changed from contingency management (from previous years), to better reflect this category.

Success stories

Salish BH-ASO, Kitsap County, Agape

The following is a letter from a participant, in his own words, written in May 2024:

"To whoever gets a chance to read this little note: I would love to say a few very truthful words about the men and women of the R.E.A.L. team. I believe that's not just their name, it's who and what they are. They are for real. And that's coming from a broken-down old man such as myself. I thought I knew it all as a specialist in the government shipyard. But all my knowledge didn't really mean a thing when it came to hard times. I was alone at the [local shelter] and had just been diagnosed with cancer. The R.E.A.L. team came across me and actually saw something in me that I could no longer see in myself. I regained hope through them and followed their lead. They carried me through, one step to another. I was about at the end of my line, not knowing where to go or where to turn. I had been through jails and prisons and destitution. At that point I was ashamed of myself. I truly wasn't like that deep down, but I couldn't escape the despair. Something inside of me said 'no more.' Knowing that I wasn't alone sparked some hope inside of me. With the helping guidance of the R.E.A.L. team it became possible to start all over. With their support I found a home. I am no longer facing jail time. I am attending 12-step meetings. Tomorrow is a new day and much brighter."

Great Rivers BH-ASO, Grays Harbor County: Destination Hope & Recovery

A participant initially engaged with a community partner found themselves in dire need of more substantial assistance to secure stable housing. They were temporarily housed in a hotel through a cold weather voucher that was nearing expiration, and the clock was ticking. With the support of RNP, they navigated the process of apartment applications, managing application fees, and the anxiety-inducing interviews required for approval. Despite obtaining housing and move-in support funding, communication breakdowns between the funding agency and the realty company threatened to derail her progress. Participant, overwhelmed and on the verge of giving up, reached out to RNP in distress. RNP

promptly intervened, facilitating crucial conversations between the participant, the funder, and the realty company, resolving misunderstandings, and aligning all parties involved. The RNP team also assisted them in coordinating with the public utility district to ensure their electricity was turned on and they received the keys to her new home. Furthermore, RNP helped access additional funding to cover these essential utility costs. The participant has been able to transition smoothly from a living situation in the hotel to their own apartment. Now securely housed, with all move-in expenses settled, and continuous support for their mental health and substance-use challenges, they stand as a testament to the power of community support and the strength of the human spirit. This story not only underscores the importance of comprehensive support systems but also celebrates the participant's courage and the transformative impact of timely, coordinated help.

Expansion of Clubhouse and Peer-run Organizations program

The Legislature provided funding in the states 2021–2023 biennial operating budget and under ESB 5476, State v. Blake, to expand peer services to areas lacking programming to address SUD throughout Washington. This funding was continued in the 2023 biennial budget (ESSB 5187&215\$97). In addition, the state received opioid abatement settlement account funds to address the opioid and overdose epidemic public health crisis. Approved strategies and uses for the funding aligned with services provided by HCA Peer-run Organizations. In efforts to expand access to peer services, HCA combined both ongoing funding and new funding from the opioid abatement settlement account (\$3.5 million) to support the 23 existing peer support providers.

HCA continues to provide annual funding to peer organizations in urban and rural/frontier areas in providing access to services to underserved and marginalized populations including tribal entities, BIPOC communities and court involved individuals. The following are examples of how some of the Clubhouse and Peer-run Organizations used the expansion funding:

- The Puyallup Tribe Reentry Program expanded by hiring additional peer staff to provide culturally aligned recovery services, resulting in a 50 percent increase in enrollments from July 2023 to June 2024.
- The Moore Wright Group's [Resource Connection Center](#), in Aberdeen, WA is a Recovery Community Organization offering access to peer support for adults and families including bilingual staff for Spanish speaking community.

The Couve Collective Recovery Cafe in downtown Vancouver is in the center of the of a large, unhoused population providing vital recovery services to individuals. The organization has expanded the building space due to the increased need to support additional peer services including basic needs assistance and Recovery Café membership.

[Caring with Compassion Community](#) is a BIPOC-owned and -operated recovery community organization that is now located in heart of the Tacoma. The relocation provided equitable access to peer services such as "Health Wellness Empowerment" programs and initiatives.

In FY 2024, the HCA Clubhouse and Peer-run Organization program also focused on expansion efforts with existing providers in program services and "popup" cafes in rural areas:

- **Recovery Café of Clark County**, has continued to expand the recovery café popup model for a total of four locations, including Goldendale, White Salmon, Stevenson, and Washougal, addressing the needs of recovery supports in rural communities.
- Community Minded Enterprise’s Recovery Café in Spokane started a popup location in Newport, Washington, on the border of Idaho. HCA continued expansion efforts of two “startup” peer programs in Eastern Washington.
- **Rural Resources Community Action** will be starting a Recovery Café model in Colville, Washington. Community Minded Enterprises will be opening another Recovery Café in Pasco, Washington.

The Clubhouse and Peer-run Organization program has a third funding source established under ESSB 5092. This funding supports 12 clubhouse-model organizations and four peer-run organizations.

In FY 2023, an evaluation of the current HCA peer-run organizations’ service outcomes led to revisions of contract-required data collected to align with peer-support approaches to reflect the vital work taking place in the communities. Table 4 details the data outcomes for FY 2024 for peer-support organizations.

Table 4: Clubhouse and Peer-run Organization outcomes, 2023–2024

Expansion data for 5476 compared to totals	New enrollments	Individuals receiving assistance with basic needs	Individuals receiving or referred for employment services	Individuals receiving or referred for educational services	Average daily attendance
SB Blake 5476/ Opioid Abatement & ES B 5092 Funded Peer Organizations	8790	12,658	2,766	8,040	4180
ESB 5092 Clubhouse Model Organizations	815	971	477	210	455
Total for FY 2024	9,605	13,629	3,243	8,250	4,635

Note: Employment and education outcomes are from a combined data source.

Figure 3: Clubhouse and Peer-run Organization map, FY 2024



Success stories

The following success stories were submitted by Clubhouse and Peer-run Organization administrators with permission to share.

Recovery Café Everett

J has been an active member of the Cafe for well over a year now. J consistently attended their Recovery Circle each week, was a participant in our Recovery Coach program in which they received coaching. J graduated from this program in August. J served as a Circle facilitator and has recently graduated from the CCAR training and is now a certified Recovery Coach! J has taken the skills they learned from the Cafe and applied them to their daily life. They are the President of their Oxford House and is a pillar in the recovery community. J has taken the role of serving others in the community at the Café. The consistency that J has gained has served them well in regaining relationships with their children and family. They have also learned how to navigate resources for themselves and others within our county. J is a prime example of how the Cafe's services can work in people's lives.

Puyallup Tribe Re-entry Program

The following success story is in the words of a participant:

"The Puyallup Tribe Re-Entry Program has been my lifeline. This wonderful program is saving lives! A little over six months ago I was trapped in an all-too-familiar cycle of addiction, homelessness, hurt and isolation. When I came to them for help, I felt broken inside. I was hopeless and I no longer believed in myself...it hurts to even think

about it. When I was finally ready, the Puyallup Re-Entry Program extended a helping hand. Their commitment to my well-being was evident from day one, providing me with clean clothes and connecting me with an inpatient drug treatment center. They made sure my voice was heard and that my needs were met and continue to do so to this day! This program didn't just help me get clean; they are helping me stay clean. Their unwavering support and passion for helping individuals just like myself is absolutely inspiring. It's thanks to their guidance and compassion I was able to find strength I never even knew I had. I am proud to say that I am six months clean and sober and counting! I can honestly say that I love my life right now. Their emphasis on culture and community is palpable and infectious. I have my family back in my life now. I've reconnected with my Puyallup heritage. Today, I'm not just sober...I'm thriving! I can't emphasize my gratitude enough. I have witnessed this program change so many lives and I truly believe they are building a stronger, more united community, one person at a time. Change is possible, I would like to think I'm living proof! Thank you, re-entry!"

Evergreen Clubhouse, Spokane

Evergreen Clubhouse (EGC) had a member that was interested in working since she became a member at EGC. She was interested in Temporary Employment, but another member was selected for this round. She stayed diligent, coming into the Clubhouse and working in the café unit. There is a job fair EGC members go to every year. They require business casual dress. Clubhouse staff helped her pick out appropriate shoes in our boutique. The member did her own resume and printed it out at the Clubhouse. She was able to get an interview for later that week and was then hired on!

Homeless outreach stabilization transition (HOST) expansion

HCA has expanded HOST programs with the goal of increasing access to modified Assertive Community Treatment delivered by multi-disciplinary teams. HCA has contracted with North Sound BH-ASO, King BH-ASO, Thurston Mason BH-ASO, Carelon Behavioral Health, and Spokane BH-ASO to implement HOST teams in Snohomish, King, Pierce, Thurston, Clark, and Spokane counties. The teams perform outreach and provide medical, behavioral health, case management, and peer services to individuals who are living with acute SUD and are experiencing homelessness.

Contracts with BH-ASOs were executed in early 2022 and service provision started in July of 2022. HCA has conducted in-person site visits at each of the HOST teams and developed a fidelity tool and a self-assessment tool for providers.

From July 2023 through June 2024, HOST staff completed approximately 13,986 homeless outreach encounters and provided services to 1,909 unique HOST-eligible individuals.

Success stories

The following success story comes from the Spokane HOST program:

"An individual was homeless, off their psychiatric medication, had no income, and had previously been hospitalized multiple times for physical and behavioral health issues.

She was referred by her mom, who had concerns about her wellbeing due to her complex needs and lack of success getting the help she needed. Since working with HOST team for the last 6 months, the client is housed with a section 8 voucher and stabilized with mental health medication and therapy. The client is now receiving cash and medical benefits from DSHS, has a reduced-fare bus pass, and can make it to all necessary appointments. This client is not only stabilized, but very happy about her life and looking forward to future goals.”

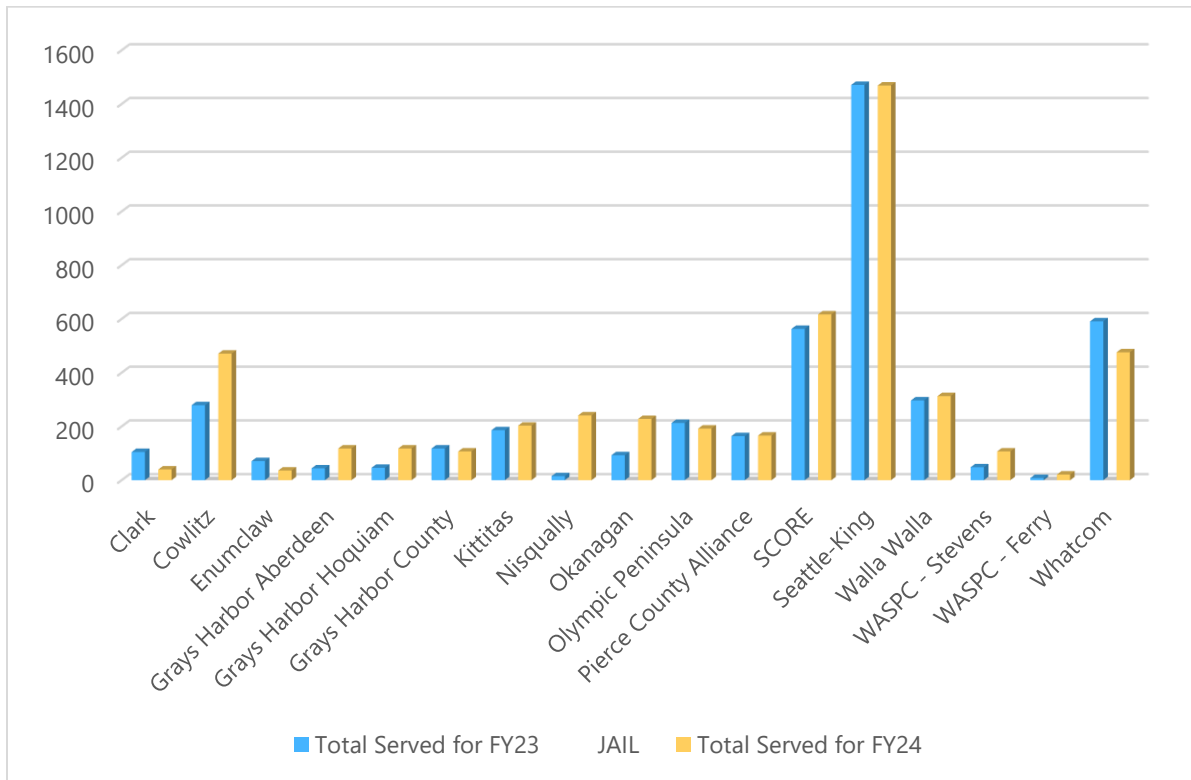
Medication for opioid use disorder (MOUD) in jail

The HCA MOUD in jails program funding was continued through ESSB 5187 with general state and the opioid abatement settlement account for FY 2024 and FY 2025. Nineteen jails participated in the program. Funds support initial screenings and assessments upon booking. Incarcerated individuals with opioid use disorder are offered medications, reentry assistance, peer support, transportation and naloxone upon release. This funding also supports jail staff such as officers who are necessary for program implementation and success.

Clark County Jail Services has a new partner this year with Acadia Healthcare who has taken over the administration of MOUD in the jail. Acadia has applied for an extension of their OTP license to offer all three forms of FDA approved MOUD including methadone. This is a cumbersome process and takes time. While waiting for approval the jail is continuing patients on MOUD and providing peer support counseling.

The Washington Association of Sheriffs and Police Chiefs (WASPC) is supporting four rural jails by handling the administrative requirements of the program. WASPC also subcontracts with an MOUD provider who is able to prescribe through a telemedicine model. Peer support specialists are hired in the vicinity of the jails to meet with patients directly for reentry services and support as needed.

Figure 5: Total people served by MOUD in jails, FY 2023 and FY 2024



Note: Counts reflect records with complete information for booking date, thus, numbers may undercount clients served due to missing information.

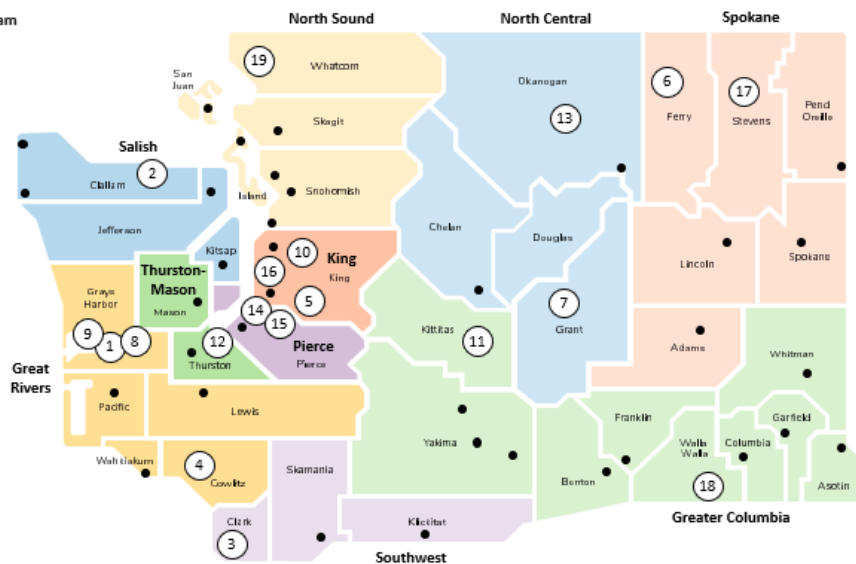
Figure 4: MOUD in jails program map, FY 2024

State Funded Medications for Opioid Use Disorder (MOUD) in Jail Programs

County, city, or Tribal jail with MOUD program

1. Aberdeen City Jail
2. Clallam County Jail
3. Clark County Jail
4. Cowlitz County Jail
5. Enumclaw City Jail
6. Ferry County Jail
7. Grant County Jail
8. Grays Harbor County Jail
9. Hoquiam City Jail
10. King County Jail
11. Kittitas County Jail
12. Nisqually Tribal Jail
13. Okanogan County Jail
14. Pierce County Jail
15. Puyallup City Jail
16. SCORE - South Correctional Entity
17. Stevens County Jail
18. Walla Walla County Jail
19. Whatcom County Jail

● Jails not in this MOUD program



Success story

Participant A has struggled with his alcohol and drug use for a very long time. He has repeatedly been incarcerated at the Clallam County Jail over a span of many years. During his last stay he was transported to the hospital and was administered naloxone. The Substance Use Disorder Professional (SUDP) who provides assessments and reentry support among a multitude of other duties at the Clallam County Jail, was able to pick up Participant A and connect him to the MOUD provider to start Suboxone®. The SUDP provided transportation and assisted Participant A to check in with his probation officer, sign up for outpatient treatment, and within hours he was accepted into a sober living facility. The associated clinic provided support, case management and even provided Participant A with food. The SUDP has been working with Participant A for years and really expressed how much she cares for the clients and how important this work is. Participant A has housing, food, medication, and continued care has been established.

Contingency management (CM)

According to RCW [71.24.145](#) (3):

“Subject to the availability of amounts appropriated for this specific purpose, the Authority shall increase contingency management resources for opioid treatment networks that are serving people living with co-occurring stimulant use and opioid use disorder.”

Contingency management (CM) is an evidence-based behavioral intervention for stimulant use disorder. It provides incentives to individuals contingent upon objective evidence of the target behavior, such as a negative urine drug test, to increase the likelihood of these behaviors, which are essential components and outcomes of effective treatment.

Funding for CM was originally appropriated in ESB 5476 and continued in ESSB 5187§215§80 (\$500,000 GF-S, FY 2024 and \$500,000 GF-S, FY 2025). Program managers were able to develop a CM intervention in the Opioid Treatment Networks and Hub and Spokes programs. The Washington State Hub and Spoke Project completed their CM training in September 2021 and continues to work with WSU PRISM staff to implement their programs and engage in fidelity monitoring.

State Opioid Response Opioid Treatment Networks Projects: The SOR projects for the CM training include the SOR Hub & Spoke (six sites) and the Opioid Treatment Networks (three sites). These sites have received training and have implemented CM programs. During FY 2024, each site maintained on average 16 participants per month.

Table 6: CM contracts and participants

Date	Facility and location	Program status	Participants
June 2024	Public Hospital District #1 of Klickitat County	Active	1

June 2024	Family Health Omak	Active	8
June 2024	Grays Harbor County Public Hospital District #1	Working on internal process	0

Success story

Family Health Centers

We have a patient 28 year old male that has concurrent opioid use disorder, mental health diagnosis and intellectual disabilities. He has struggled with stimulant use disorder and multiple incarcerations. He first presented to the OTN in February 2000 with gunshot in his leg and was interested in the MOUD program. He had five inductions over the first year and a half of treatment. He was only seen for the initial induction and never came back for follow up whether he had housing or not. He was last released from jail in January 2023 where he was able to restart suboxone and entered drug court. He started the CM program in January 2023, he wanted to lose weight and earned incentive points which he used to get a gym membership and has not had a positive test for stimulants since! He has also remained in the MOUD program and has not tested positive for opioids since starting the CM program which I believe has significantly contributed to his sustained sobriety. Staff reports that his attitude regarding his recovery has completely changed from having an angry and depressed demeanor to being positive.

Short-term housing vouchers

ESB 5476 included appropriations to support the provision of short-term housing vouchers for individuals with a SUD. Through these appropriations, HCA was able to provide short-term housing vouchers for individuals with SUDs. These housing vouchers were provided through existing contracts with HARPS providers and were used to support individuals who required short-term or transitional housing and had a SUD.

HARPS uses the evidence-based practice, Permanent Supportive Housing model from Substance Use and Mental Health Services Administration (SAMHSA). The HARPS Program provides short-term, bridge subsidies to assist individuals with costs associated with housing such as application fees, deposits, first/last month's rent etc.

Blake Funds (GFS SUD) totaled \$1 million and that was \$100,000 per HARPS team at 10 teams statewide. SABG Funding went to hiring a fourth FTE with SUD lived experience for Catholic Charities, Consumer Voices are Born, Greater Columbia, North Sound, Salish, Spokane, and Thurston-Mason. Both teams with the additional SUD peer and those without the new position continue to serve people with SUDs in the HARPS program. Teams with the additional SUD-specific peer have been able to focus more on enrollments for people with SUDs into their programs. GFS SUD funds served 883 individuals and 595 individuals were enrolled in HARPS by SUD peers between July 1, 2023, and June 2024, through 10 regions.

Success stories

Catholic Charities, Wenatchee

The participant is on a fixed income of less than a thousand a month. She was determined to get low-income housing and put in a lot of patients and hard work. She filled out more than 15 local applications and would call each month and see where she was on the list. We drove out to Leavenworth to try one more low-income complex. She got a call two days later stating that they had a place for her in Cashmere. She is in her own place with multiple family members within walking distance. She has been active with physical therapy, going to the gym, and is looking forward to finding volunteer work. I spent a lot of time meeting with her in a public setting's where she felt safe. I helped her fill out the applications as she has a hard time writing and gets overwhelmed. We would take breaks when it got to be too much.

SUD Family Navigators

The SUD Family Navigator project focuses on implementing navigators who can serve families and individuals of loved ones experiencing SUD. This program was expanded to three new sites through ESB 5476, to support parents, partners, and other adult family members of youth and young adults experiencing SUD-related challenges in navigating systems of care.

SUD Family Navigator program trains and supports family navigators to serve families and individuals of loved ones experiencing SUD, of all ages, to include training and development of expertise in serving family members of youth and young adults with SUD and addiction. Navigators are certified peer counselors, trained to offer one-to-one peer coaching, socialization, peer group support, educational groups, employment support, supportive housing, resource linkage, referrals to community supports, and other activities within their scope and expertise. Navigators provide services to families and assist them with navigating the system on behalf of their loved one, and in some circumstances, services may be offered to the individual. Navigators serve families and individuals in a culturally responsive and patient-centered manner and build relationships with traditionally underserved communities/populations.

Table 7: Number of individuals and family members served by Family Navigator contractors, July 2023 – June 2024

Contractor	Number of individuals served	Number of family members served
Multicultural Child & Family Hope Center	372	545
Recovery Café of Clark County	551	90
Peer WA - Seattle	-	183
Peer WA - Kent	-	638
Peer WA - Spokane	-	826

Total served FY24	923	2,761
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Per [RCW 71.24.522](#), the SUD Family Navigator program has added four in-person trainings in the fall quarter of 2024 (each training is four days long) for parents, family members, and caregivers who are interested in learning how to support youth with SUD. These trainings provide up-to-date information on SUD, addiction, and its effect on the adolescent brain, skills for families navigating their relationship with someone with SUD, and systems navigation.

[View the training schedule and registration links.](#)

Emergency department and hospital bridge program

ESB 5476 Section 22(11) provided funding to HCA to establish a position to create and oversee a program to initiate and support emergency department programs for inducing medications for patients with opioid use disorder paired with a referral to community-based outreach and case management programs. Due to the work of the position funded in ESB 5476 Section 22(11), HCA launched a statewide emergency department bridge program, ScalaNW, in June of 2024. Program development and initial implementation was funded with one-time State Opioid Response grant carry forward funding and nonspecific opioid abatement settlement account funds appropriated to HCA in the 2023–25 budget.

ScalaNW provides emergency departments and hospitals with tools and resources to treat opioid use disorder with evidence-based medications by centralizing the following resources:

- 24/7 addiction consultation.
- Clinical protocols developed by a multidisciplinary team and provide clear direction for how to treat patients with opioid use disorder.
- A website that includes provider and patient education.

Hospitals that choose to enroll in ScalaNW have access to 24/7 real-time follow up appointment scheduling, implementation support, staff education, and progress reports via an Occupational Nurse Consultant in the Clinical Quality and Care Transformation division of HCA.

As of September 2024, two months after program launch, 20 percent of Washington hospitals were participating in the program, and 10 percent of Washington hospitals plan to go live with MOUD initiation and ScalaNW appointment scheduling by the end of the calendar year. Of hospitals going live with ScalaNW in 2024 over 50 percent are rural/critical access sites, critical access hospitals (CAHs) are small hospitals with fewer than 25 beds in rural areas. ScalaNW is also working with prehospital buprenorphine pilot programs. ScalaNW actively recruits clinics, OTPs, and telehealth providers for scheduling line enrollment. Each ScalaNW hospital has multiple brick-and-mortar and virtual options for follow-up appointments.

ScalaNW has been endorsed by professional organizations across the state, including Washington Society of Addiction Medicine (WSMA), Washington State Pharmacy Association (WSPA), American College of Emergency Physicians, Washington Chapter (WA-ACEP), Washington Society of Addiction Medicine (WSAM), and Washington State Hospital Association (WSHA), and is actively collaborating with DOH. Partners for this program include:

- UW Psychiatry Consultation Line, which has expanded its addiction psychiatry services to meet the on-demand need of emergency departments.
- Addictions, Drug, and Alcohol Institute (ADAI), which facilitates providers in the development of clinical protocols.
- Crisis Connections/Washington Recovery Help Line, which has increased staffing and developed new programming to create, maintain, and staff the 24/7 scheduling line and appointment database.

ScalaNW has an annual operating cost of \$900,000, all of which supports centralized and statewide resources. The cost of the program does not increase on a site-by-site basis, and ScalaNW has capacity for all interested Washington State hospitals and fire departments.

[Visit the ScalaNW website.](#)

Conclusion

In 2022, per ESB 5476, HCA collaborated with SURSAC to write the SURS Plan, which built upon the state's investments in behavioral health expansion. In 2023, 2E2SSB 5536 provided significant legislative support for many of those recommendations, and implementation efforts are well underway, as outlined in detail throughout this report. SURSAC continues to highlight that there are several key elements of the SURS plan which were not funded nor implemented and have concerns on the impact to our community behavioral health system and the wellness of individuals who use drugs.

Unrealized recommendations

The following recommendations from SURSAC demonstrate areas of the SURS Plan that have not yet been implemented and would require additional legislative action in order to fully realize:

- Decriminalizing possession of controlled substances and paraphernalia with no civil penalties or fines
- Revising drug paraphernalia laws to permit harm reduction programs to operate throughout the state ([Recommendation 5](#))
- Funding legal representation of parents and families, including kinship and foster care families, affected by substance use in family law court cases regarding custody, parenting plans, guardianship, and Child Protective Services cases. ([Recommendation 2](#))
- LGBTQIA+ housing, low-barrier grant program operated through Commerce geared at recovery-based housing in underserved and rural areas for priority populations where funding is contingent on implementing inclusionary policies. ([Recommendation 3](#))

HCA continues to support SURSAC in ongoing review and evaluation of these programs. As programs are developed and implemented, the intent is to have a consistent and constant quality improvement process where information is shared, and feedback collected at the monthly SURSAC meetings. The collective knowledge and expertise within SURSAC has helped ensure that programs are implemented with thoughtful consideration to state and local partner feedback and incorporating voices of those with lived experience and within communities which are currently and historically impacted by ineffective policies and programs to help individuals who use drugs.

It is our hope that this partnership will continue and that committee members will continue to be present and engaged while we monitor policies and programs which came out of key pieces of legislation during 2023 and 2024 legislative sessions. The nature of the issues this group was formed to address continues to evolve. Having a fluid and constant feedback loop will help ensure that critical issues are addressed so that we may continue to have a positive impact on the health and wellness of individuals who use drugs and are impacted by SUD.

Additional recommendations and updates to the SURS Plan will be presented by the safe supply workgroup and the SUDISA workgroup for consideration.

Appendices

Appendix A: SURSAC Members

Name	Area of representation/expertise
Tony Walton	Health Care Authority Director's Appointment
Lauren Davis	House of Representatives Member- Democrat
Dan Griffey	House of Representatives Member- Republican
Manka Dhingra	Senate Member- Democrat
John Braun	Senate Member- Republican
Amber Leaders	Governor's Office
Caleb Banta-Green	Addictions, Drug & Alcohol Institute at UW Expert
Julian Saucier	Adult in Recovery from SUD who experienced criminal legal consequences
Amber Cope	Peer Recovery Services Provider
Brandie Flood	Anti-Racism Member
Stormy Howell	Representative of a Federally Recognized Tribe
Chad Enright	Washington State Association of Prosecuting Attorneys
John Hayden	Washington Association of Criminal Defense Lawyers
Kevin Ballard	Local Government
Niki Lewis	Association of WA Health Plans
Sherri Candelario	Recovery Housing Provider
James Tillett	Outreach Services Provider
Christine Lynch	SUD Treatment Provider
Sarah Gillard	Representative of experts serving persons with co-occurring SUD and MH conditions
Donnell Tanksley	Representative of experts serving persons with co-occurring SUD and MH conditions
Malika Lamont	Representative of experts on the diversion from the criminal legal system to community-based care for persons with SUD
Shawn Mire	Adult in Recovery from SUD who experienced criminal legal system consequences
Alexie Orr	Adult in Recovery from SUD who experienced criminal legal system consequences

Hunter McKim

Youth in Recovery from SUD who experienced criminal legal system consequences

Jamila Taylor (D)	House of Representatives Member- Alternate
Addy Adwell	SUD Provider Union member
Gina Mosbrucker (R)	Representatives Member- Alternate

Appendix B: SUDISA member roster

	Area of representation/expertise	Member name and affiliation	County of residence
1	Psychotherapist	Ana Hartu, JBLM	Thurston
2	Behavioral health intake/referral	Cathy Assata	Snohomish
3	Behavioral health coding, billing, and medical record (EMH/EHR) professional	Trina Gallacci, Tribal FQHC	Clallam
4	Substance Use Disorder Professional (SUDP)	Sarah Gillard, Greater Columbia Behavioral Health BHASO	Franklin
5	Low-Barrier services	Carrie Reinhart, Neighborcare and DESC PACT team	King
6	Recovery Housing Provider	Daniel White, Communities of Belonging	King
7	Managed Care Organization (MCO)	Katherine (Katie) Ramos, Coordinated Care of Washington	Spokane
8	Veterans Affairs (VA)	Phillip Maes, VA Puget Sound	King
9	Behavioral Health Administrative Services Organization (BHASO)	Cara Reidy, Spokane regional BHASO	Spokane
10	Lived experience seeking treatment for substance use	Tiffanie Colombini	King
11	Lived experience with SUD recovery	Charnay DuCrest	Pierce
12	Outreach Worker	Garret Leonard, Olympia Bupenorphine Clinic	Thurston

13	Designated Crisis Responder	Dominique Fortson-Jordan	Franklin
14	Hospital Social Worker	Adriane Tillery, HMC, University of Washington	King
15	Tribal Health / Fee-for-Service	Bethany Barnard, Willapa Behavioral Health	Pacific
16	Behavioral Health Advocacy	Lashonti "La La Tea" Turner	Whatcom
17	SUD Outpatient Provider (1 of 2)	Amy Ruge, Columbia River Mental Health, Northstar Clinic	Clark
18	SUD Outpatient Provider (2 of 2)	Wayne Swanson, Subacute Recovery Services	Kitsap
19	SUD Residential/Inpatient Provider (1 of 2)	Alicia Egan, Sundown M Ranch	Yakima
20	SUD Residential/Inpatient Provider (2 of 2)	Brandy Branch, Lifeline Connections	Clark
21	MOUD Prescriber	Molly Martin	Clallam
22	SUD Withdrawal Management Provider	Qudsia Khan, Northwest Integrated Health	Pierce
23	SUD/MH Co-Occurring Provider	Jackielyn Jones, Peninsula Community Health Services	Kitsap
24	Family member of individual(s) with SUD	Elizabeth Bridges	Clark
25	Drug Court Graduate	Dallas Delagrang	Cowlitz
26	Harm Reduction Strategies Expert	Elizabeth Myers	Jefferson
27	DOH-SUDP Advisory Work Group member	Bergen Starke, Peninsula Community Health Services	Kitsap
28	Emergency Department Crisis Worker/ED Behavioral Healthcare Provider	Angela Tonkovich, LCSW, Harborview Medical Center Emergency Department	King

29	Addiction Medicine Physician (MD)	David Sapienza, MD	King
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Members were selected based on an application process reviewed by the SUDISA steering committee.

Appendix C: Safe supply workgroup members

	Area of representation/expertise	Member name	Organization
1	Representative of local government	Mike French	
2	Recovery housing provider	Tanikka Waterford	The Moore Wright Group
3	Expert in antiracism and equity in health care delivery systems	Tania Hernandez	Jamestown Healing Clinic, Holmen Recovery Center
4	Expert from Addictions, Drug, and Alcohol Institute (ADAI) at University of Washington	Addie Palayew	ADAI
5	Harm reduction services provider	Malia Lewis	Blue Mountain Heart to Heart
6	Adult in recovery from SUD	Robert Nelson	
7	Youth in recovery from SUD	Karis Paul	
8	Representative from the Association of WA Healthcare Plans (AWHP)	Melissa Saiz	Molina
9	Outreach services provider	Devin Majkut	
10	SUD treatment provider	Shelley Ethrington	
11	Peer recovery services provider	Robert Leyden	
12	Expert in serving persons with co-occurring SUD and mental health conditions	Laura Healy	
13	Member of a union representing workers in behavioral health field	Not filled	
14	Representative of sheriffs and police chiefs	Not filled	
15	Representative of a federally recognized tribe	Not filled	