

ESB 5476 - H AMD TO APP COMM AMD (H-1622.1/21) **765**
By Representative Davis

ADOPTED 04/24/2021

1 On page 1, beginning on line 3, strike all of section 1 and
2 insert the following:

3 "NEW SECTION. **Sec. 1.** A new section is added to chapter 71.24
4 RCW to read as follows:

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

16 (2)(a) The authority shall establish the substance use recovery
17 services advisory committee to collaborate with the authority in the
18 development and implementation of the substance use recovery services
19 plan under this section. The authority must appoint members to the
20 advisory committee who have relevant background related to the needs
21 of persons with substance use disorder. The advisory committee shall
22 be reflective of the community of individuals living with substance
23 use disorder, including persons who are Black, indigenous, and
24 persons of color, persons with co-occurring substance use disorders
25 and mental health conditions, as well as persons who represent the
26 unique needs of rural communities. The advisory committee shall be
27 convened and chaired by the director of the authority, or the
28 director's designee. In addition to the member from the authority,
29 the advisory committee shall include:

30 (i) One member and one alternate from each of the two largest
31 caucuses of the house of representatives, as appointed by the speaker
32 of the house of representatives;

1 (ii) One member and one alternate from each of the two largest
2 caucuses of the senate, as appointed by the president of the senate;
3 (iii) One representative of the governor's office;
4 (iv) At least one adult in recovery from substance use disorder
5 who has experienced criminal legal consequences as a result of
6 substance use;
7 (v) At least one youth in recovery from substance use disorder
8 who has experienced criminal legal consequences as a result of
9 substance use;
10 (vi) One expert from the addictions, drug, and alcohol institute
11 at the University of Washington;
12 (vii) One outreach services provider;
13 (viii) One substance use disorder treatment provider;
14 (ix) One peer recovery services provider;
15 (x) One recovery housing provider;
16 (xi) One expert in serving persons with co-occurring substance
17 use disorders and mental health conditions;
18 (xii) One expert in antiracism and equity in health care delivery
19 systems;
20 (xiii) One employee who provides substance use disorder treatment
21 or services as a member of a labor union representing workers in the
22 behavioral health field;
23 (xiv) One representative of the association of Washington health
24 plans;
25 (xv) One expert in diversion from the criminal legal system to
26 community-based care for persons with substance use disorder;
27 (xvi) One representative of public defenders;
28 (xvii) One representative of prosecutors;
29 (xviii) One representative of sheriffs and police chiefs;
30 (xix) One representative of a federally recognized tribe; and
31 (xx) One representative of local governments.
32 (b) The advisory committee may create subcommittees with expanded
33 participation.
34 (c) In its collaboration with the advisory committee to develop
35 the substance use recovery services plan, the authority must give due
36 consideration to the recommendations of the advisory committee. If
37 the authority determines that any of the advisory committee's
38 recommendations are not feasible to adopt and implement, the
39 authority must notify the advisory committee and offer an
40 explanation.

1 (d) The advisory committee must convene as necessary for the
2 development of the substance use recovery services plan and to
3 provide consultation and advice related to the development and
4 adoption of rules to implement the plan. The advisory committee must
5 convene to monitor implementation of the plan and advise the
6 authority.

7 (3) The plan must consider:

8 (a) The points of intersection that persons with substance use
9 disorder have with the health care, behavioral health, criminal,
10 civil legal, and child welfare systems as well as the various
11 locations in which persons with untreated substance use disorder
12 congregate, including homeless encampments, motels, and casinos;

13 (b) New community-based care access points, including crisis
14 stabilization services and the safe station model in partnership with
15 fire departments;

16 (c) Current regional capacity for substance use disorder
17 assessments, including capacity for persons with co-occurring
18 substance use disorders and mental health conditions, each of the
19 American society of addiction medicine levels of care, and recovery
20 support services;

21 (d) Barriers to accessing the existing behavioral health system
22 and recovery support services for persons with untreated substance
23 use disorder, especially indigent youth and adult populations,
24 persons with co-occurring substance use disorders and mental health
25 conditions, and populations chronically exposed to criminal legal
26 system responses, and possible innovations that could improve the
27 quality and accessibility of care for those populations;

28 (e) Evidence-based, research-based, and promising treatment and
29 recovery services appropriate for target populations, including
30 persons with co-occurring substance use disorders and mental health
31 conditions;

32 (f) Options for leveraging existing integrated managed care,
33 medicaid waiver, American Indian or Alaska Native fee-for-service
34 behavioral health benefits, and private insurance service capacity
35 for substance use disorders, including but not limited to
36 coordination with managed care organizations, behavioral health
37 administrative services organizations, the Washington health benefit
38 exchange, accountable communities of health, and the office of the
39 insurance commissioner;

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

7 (h) The design of recovery navigator programs in section 2 of
8 this act, including reporting requirements by behavioral health
9 administrative services organizations to monitor the effectiveness of
10 the programs and recommendations for program improvement;

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

16 (j) Strategic grant making to community organizations to promote
17 public understanding and eradicate stigma and prejudice against
18 persons with substance use disorder by promoting hope, empathy, and
19 recovery;

20 (k) Recommendations for diversion to community-based care for
21 individuals with substance use disorders, including persons with co-
22 occurring substance use disorders and mental health conditions,
23 across all points of the sequential intercept model;

24 (l) Recommendations regarding the appropriate criminal legal
25 system response, if any, to possession of controlled substances;

26 (m) Recommendations regarding the collection and reporting of
27 data that identifies the number of persons law enforcement officers
28 and prosecutors engage related to drug possession and disparities
29 across geographic areas, race, ethnicity, gender, age, sexual
30 orientation, and income. The recommendations shall include, but not
31 be limited to, the number and rate of persons who are diverted from
32 charges to recovery navigator services or other services, who receive
33 services and what type of services, who are charged with simple
34 possession, and who are taken into custody; and

35 (n) The design of a mechanism for referring persons with
36 substance use disorder or problematic behaviors resulting from
37 substance use into the supportive services described in section 2 of
38 this act.

39 (4) The plan and related rules adopted by the authority must give
40 due consideration to persons with co-occurring substance use

1 disorders and mental health conditions and the needs of youth. The
2 plan must include the substance use outreach, treatment, and recovery
3 services outlined in sections 2 through 4 of this act which must be
4 available in or accessible by all jurisdictions. These services must
5 be equitably distributed across urban and rural settings. If feasible
6 and appropriate, service initiation shall be made available on demand
7 through 24-hour, seven days a week peer recovery coach response,
8 behavioral health walk-in centers, or other innovative rapid response
9 models. These services must, at a minimum, incorporate the following
10 principles: Establish low barriers to entry and reentry; improve the
11 health and safety of the individual; reduce the harm of substance use
12 and related activity for the public; include integrated and
13 coordinated services; incorporate structural competency and
14 antiracism; use noncoercive methods of engaging and retaining people
15 in treatment and recovery services, including contingency management;
16 consider the unique needs of rural communities; and have a focus on
17 services that increase social determinants of health.

18 (5) In developing the plan, the authority shall:

19 (a) Align the components of the plan with previous and ongoing
20 studies, plans, and reports, including the Washington state opioid
21 overdose and response plan, published by the authority, the roadmap
22 to recovery planning grant strategy being developed by the authority,
23 and plans associated with federal block grants; and

24 (b) Coordinate its work with the efforts of the blue ribbon
25 commission on the intersection of the criminal justice and behavioral
26 health crisis systems and the crisis response improvement strategy
27 committee established in chapter . . ., Laws of 2021 (Engrossed
28 Second Substitute House Bill No. 1477).

29 (6) The authority must submit a preliminary report by December 1,
30 2021, regarding progress toward the substance use recovery services
31 plan. The authority must submit the final substance use recovery
32 services plan to the governor and the legislature by December 1,
33 2022. After submitting the plan, the authority shall adopt rules and
34 enter into contracts with providers to implement the plan by December
35 1, 2023. In addition to seeking public comment under chapter 34.05
36 RCW, the authority must adopt rules in accordance with the
37 recommendations of the substance use recovery services advisory
38 committee as provided in subsection (2) of this section.

39 (7) In consultation with the substance use recovery services
40 advisory committee, the authority must submit a report on the

1 implementation of the substance use recovery services plan to the
2 appropriate committees of the legislature and governor by December
3 1st of each year, beginning in 2023. This report shall include
4 progress on the substance use disorder continuum of care, including
5 availability of outreach, treatment, and recovery support services
6 statewide.

7 (8) For the purposes of this section, "recovery support services"
8 means a collection of resources that sustain long-term recovery from
9 substance use disorder, including for persons with co-occurring
10 substance use disorders and mental health conditions, recovery
11 housing, permanent supportive housing, employment and education
12 pathways, peer supports and recovery coaching, family education,
13 technological recovery supports, transportation and child care
14 assistance, and social connectedness.

15 (9) This section expires December 31, 2026."

16 On page 5, line 20, after "disorder" insert ", including for
17 persons with co-occurring substance use disorders and mental health
18 conditions,"

19 On page 5, at the beginning of line 35, strike "disorder" and
20 insert "disorders, including persons with co-occurring substance use
21 disorders and mental health conditions,"

22 On page 5, line 38, after "behalf of" strike "an individual with
23 substance use disorder" and insert "persons with substance use
24 disorders, including persons with co-occurring substance use
25 disorders and mental health conditions,"

26 On page 6, line 2, after "homeless" insert "persons, including
27 those living unsheltered or in"

28 On page 7, line 23, after "Opioid" insert "use disorder"

29 On page 8, beginning on line 11, after "January 1," strike all
30 material through "2022" on line 12 and insert "2023, and begin
31 distributing grant funds by March 1, 2023"

32 On page 8, line 24, after "use" strike "disorder" and insert
33 "disorders, including individuals with co-occurring substance use
34 disorders and mental health conditions,"

1 On page 8, line 29, after "placement" insert ", including
2 evidence-based supported employment program services"

3 On page 9, line 3, after "use" strike "disorder" and insert
4 "disorders, including individuals with co-occurring substance use
5 disorders and mental health conditions"

6 On page 9, line 7, after "regional" strike "access standards" and
7 insert "expanded recovery plans"

8 On page 9, beginning on line 12, after "January 1," strike all
9 material through "2022" on line 13 and insert "2023, and begin
10 distributing grant funds by March 1, 2023"

11 On page 10, beginning on line 6, after "January 1," strike all
12 material through "2022" on line 7 and insert "2024, and begin
13 distributing grant funds by March 1, 2024"

14 On page 10, beginning on line 35, after "January 1," strike all
15 material through "2022" on line 36 and insert "2024, and begin
16 distributing grant funds by March 1, 2024"

17 On page 11, beginning on line 4, after "January 1," strike "2022"
18 and insert "2024"

19 On page 11, line 23, after "to" strike "suffer from" and insert
20 "~~((suffer from))~~ have"

EFFEECT: Specifies the membership of the Substance Use Recovery Services Advisory Committee (Advisory Committee) to include the Director of the Health Care Authority (Authority), or the Director's designee, to serve as chair and to convene the committee; four legislators; at least one adult and one youth in recovery from substance use disorder who has experienced criminal legal consequences due to substance use; one expert from the Addictions, Drug, and Alcohol Institute at the University of Washington; one outreach services provider; one substance use disorder treatment provider; one peer recovery services provider; one recovery housing provider; one expert in serving persons with co-occurring substance use disorders and mental health conditions; one expert in antiracism and equity in health care delivery systems; one employee who provides substance use disorder treatment or services as a member of a labor union representing workers in the behavioral health field; one representative of the Association of Washington Health Plans; one expert in diversion from the criminal legal system to community-based care for persons with substance use disorder; one representative of public defenders; one representative of prosecutors; one representative of sheriffs and police chiefs; one representative of a federally recognized tribe; and one representative of local

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governments. Requires Advisory Committee members to be reflective of the community of persons living with substance use disorders. Removes the requirement that the Authority, when making appointments, consult with the University of Washington Department of Psychiatry and Behavioral Sciences and an organization that represents the interests of people who have been directly impacted by substance use and the criminal legal system. Authorizes the Advisory Committee to create subcommittees.

Eliminates items of the Substance Use Recovery Services Plan (Plan) related to: The manner in which persons with substance use disorder access the behavioral health system; workforce needs for the behavioral health services sector; the design of research regarding the types of services desired by people with substance use disorders; and innovative mechanisms for outreach and engagement to persons in active substance use disorder. Adds items to the Plan related to: Recommendations regarding the appropriate criminal legal system response, if any, to possession of controlled substances, recommendations regarding the collection and reporting of data that identifies the number of persons law enforcement officers and prosecutors engage related to drug possession and disparities, and the design of a mechanism for referring persons with substance use disorder or problematic behaviors resulting from substance use into the supportive services.

Requires that the Authority submit a preliminary report by December 1, 2021, and extends the submission of the final Plan from December 1, 2021, until December 1, 2022. Extends the date by which the Authority must adopt rules and enter into contracts to implement the Plan from December 1, 2022, until December 1, 2023.

Adds references to persons with co-occurring substance use disorders and mental health conditions to the scope of the Plan and several Plan topics, to the persons served by the Recovery Navigator Program, and to the Expanded Recovery Support Services Program.

Extends the establishment of the grant program for behavioral health treatment services not covered by medical assistance and for those not eligible for medical assistance and the Expanded Recovery Support Services program from January 1, 2022, until January 1, 2023.

Extends the establishment of the Homeless Outreach Stabilization Transition programs and the Project for Psychiatric Outreach to the Homeless programs from January 1, 2022, until January 1, 2024, and the distribution of funds from March 1, 2022, until March 1, 2024.

Extends the completion of a plan for implementing a comprehensive statewide substance misuse prevention effort from January 1, 2022, until January 1, 2024.

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