
HOUSE BILL 1558

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2021 Regular Session

By Representatives Griffey, Jacobsen, Robertson, Eslick, Abbarno, Gilday, Caldier, Corry, Barkis, Chambers, Walsh, and Hoff

Read first time 03/23/21. Referred to Committee on Health Care & Wellness.

1 AN ACT Relating to promoting recovery and improving public safety
2 by providing behavioral health system responses to individuals with
3 substance use disorder and providing training to law enforcement
4 personnel; adding new sections to chapter 41.05 RCW; adding a new
5 section to chapter 43.101 RCW; and providing an expiration date.

6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

7 NEW SECTION. **Sec. 1.** A new section is added to chapter 41.05
8 RCW to read as follows:

9 (1) The authority shall establish a substance use recovery
10 services plan to implement measures to assist persons with substance
11 use disorder in accessing treatment and recovery support services
12 that are low-barrier, person-centered, informed by people with lived
13 experience, and culturally and linguistically appropriate. The plan
14 must articulate the manner in which continual, rapid, and widespread
15 access to a comprehensive continuum of care must be provided to all
16 persons with substance use disorder regardless of the point at which
17 they present within the continuum of care.

18 (2) The plan must consider the following: The manner in which
19 persons with substance use disorder currently access and interact
20 with the behavioral health system; the points of intersection that
21 persons with substance use disorder have with the health care,

1 criminal, legal, and child welfare systems, including emergency
2 departments, syringe service programs, law enforcement, correctional
3 facilities, and dependency court; and the various locations in which
4 persons with untreated substance use disorder congregate including
5 homeless encampments, motels, and casinos.

6 (3) The plan must:

7 (a) Include potential new community-based care access points,
8 including the safe station model in partnership with fire
9 departments, and strategic grant making to community organizations to
10 educate the public and systematically disrupt and dismantle stigma
11 and prejudice against persons with substance use disorder by
12 improving public understanding and promoting hope;

13 (b) Include creative mechanisms for real time, peer-driven,
14 noncoercive outreach and engagement to individuals in active
15 substance use disorder across all settings and develop measures to
16 enhance the effectiveness of and opportunities for intervention
17 across new and existing points of contact with this population; and

18 (c) Support diversion to community-based care for individuals who
19 may face criminal consequences for other drug-related law violations,
20 but for whom it is evident that a response that addresses and attends
21 to the underlying needs and social determinants of health may be more
22 effective.

23 (4) The plan and related rules adopted by the authority must
24 include the following substance use treatment and recovery services,
25 which must be available in or accessible by all jurisdictions: Field-
26 based outreach and engagement; peer recovery support services;
27 intensive case management; substance use disorder treatment,
28 including evidence-based treatment, promising practices, and
29 innovative approaches; and recovery support services including
30 housing, job training, and placement services. These services must be
31 equitably distributed across urban and rural settings and, if
32 possible, made available on demand through 24 hour, seven days a week
33 peer recovery coach response, behavioral health triage centers, or
34 other innovative rapid response models. These services must, at a
35 minimum, incorporate the following principles: Low barrier to entry
36 and reentry; improve the health and safety of the individual; reduce
37 the harm of substance use and related activity for the public;
38 integrated and coordinated services; incorporate structural
39 competency and antiracism; noncoercive methods of retaining people in
40 treatment and recovery services, including contingency management;

1 consideration of the unique needs of rural communities; and services
2 that increase social determinants of health.

3 (5) In developing the plan, the authority shall strive to adopt
4 and implement the recommendations of the substance use recovery
5 services advisory committee established in section 2 of this act.
6 Where adoption and implementation of recommendations are infeasible,
7 the authority shall notify the advisory committee and request
8 refinement or modification of recommendations for implementation.

9 (6) The authority must submit the substance use recovery services
10 plan to the governor and the legislature by December 1, 2021. After
11 submitting the plan, the authority shall adopt rules and enter into
12 contracts with providers to implement the plan by December 1, 2022.
13 In addition to seeking public comment under chapter 34.05 RCW, the
14 authority must adopt rules in accordance with the recommendations of
15 the substance use recovery services advisory committee as provided in
16 subsection (5) of this section. The rules must be informed by
17 existing diversion models that the authority administers in multiple
18 jurisdictions in the state.

19 (7) The authority must submit a readiness report to the governor
20 and the legislature by November 1, 2022, that indicates progress on
21 the substance use disorder continuum of care, including availability
22 of outreach, treatment, and recovery support services.

23 (8) In consultation with the substance use recovery services
24 advisory committee, the authority must submit a report on the
25 implementation of the substance use recovery services plan to the
26 appropriate committees of the legislature and governor by December
27 1st of each year, beginning in 2022.

28 (9) For the purposes of this section, "recovery support services"
29 means a collection of nontreatment resources that sustain long-term
30 recovery from substance use disorder, including recovery housing,
31 employment and education supports, peer recovery coaching, family
32 education, technological recovery supports, transportation and child
33 care assistance to facilitate treatment participation and early
34 recovery, and social connectedness.

35 NEW SECTION. **Sec. 2.** A new section is added to chapter 41.05
36 RCW to read as follows:

37 (1) The authority shall establish the substance use recovery
38 services advisory committee to advise the authority in the

1 development and implementation of the substance use recovery services
2 plan under section 1 of this act.

3 (2) The authority must, in consultation with the University of
4 Washington department of psychiatry and behavioral sciences and an
5 organization that represents the interests of people who have been
6 directly impacted by substance use and the criminal legal system,
7 appoint members to the advisory committee who have relevant
8 background related to the needs of persons with substance use
9 disorder. The membership of the advisory committee must include, but
10 is not limited to, experts in the etiology and stabilization of
11 substance use disorders, including expertise in medication-assisted
12 treatment and other innovative medication therapies; experts in
13 mental health and trauma and their comorbidity with substance use
14 disorders; people who are currently using controlled substances
15 outside the legal authority of prescription or valid practitioner
16 order; experts in the relationship between social determinant of
17 health, including housing and substance use disorder; experts in drug
18 user health and harm reduction; representatives of city and county
19 governments; a representative of urban police chiefs; a
20 representative of rural county sheriffs; a representative of the
21 interests of rural communities; a representative of fire chiefs;
22 experts in peer support services; experts in substance use disorder
23 recovery support services; experts in diversion from the criminal
24 legal system to community-based care for people with complex
25 behavioral health needs; experts in reducing racial disparity in
26 exposure to the criminal legal system; an academic researcher with an
27 expertise in drug policy and program evaluation; a substance use
28 disorder professional; a representative of public defenders; a
29 representative of prosecutors; a representative of the criminal
30 justice training commission; a nongovernmental immigration attorney
31 with expertise in the immigration consequences of drug possession and
32 use crimes and findings of substance use disorder; recovery housing
33 providers; low-barrier housing providers; representatives of racial
34 justice organizations, including organizations promoting antiracism
35 and equity in health care; a representative of a local health
36 jurisdiction with expertise in overdose prevention and harm
37 reduction; representatives of the interests of tribes; at least three
38 adults in recovery from substance use disorder, including individuals
39 with previous contact with the criminal legal system due to substance
40 use; at least three youth in recovery from substance use disorder,

1 including youth with previous criminal legal system contact due to
2 substance use; and at least three family members of persons with
3 substance use disorder. The advisory committee shall be reflective of
4 the community of individuals living with substance use disorder,
5 including people who are Black, indigenous, and people of color, and
6 individuals who can represent the unique needs of rural communities.

7 (3) The advisory committee must make recommendations and provide
8 perspectives to the authority regarding:

9 (a) Current regional capacity for existing public and private
10 programs providing substance use disorder assessments, each of the
11 American society of addiction medicine levels of care, and recovery
12 support services;

13 (b) Barriers to accessing the existing health system for those
14 populations chronically exposed to criminal legal system responses
15 relating to complex behavioral health conditions and the consequences
16 of trauma, and possible innovations that could reduce those barriers
17 and improve the quality and accessibility of care for those
18 populations;

19 (c) Evidence-based, research-based, and promising treatment and
20 recovery services appropriate for target populations, to include, but
21 not be limited to, field-based outreach and engagement, case
22 management, mental and physical health care, contingency management,
23 medication-assisted treatment and other innovative medication
24 therapies, peer support services, family education, housing, job
25 training and employment programs, and treatments that have not
26 traditionally been covered by insurance;

27 (d) Workforce needs for the behavioral health services sector,
28 including wage and retention challenges;

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

37 (f) Framework and design assistance for jurisdictions to assist
38 in compliance with the requirements of RCW 10.31.110 for diversion of
39 individuals with complex behavioral health conditions to community-
40 based care whenever possible and appropriate, and identifying

1 resource gaps that impede jurisdictions in fully realizing the
2 potential impact of this approach;

3 (g) The design of a referral mechanism for referring people with
4 substance use disorder or problematic behaviors resulting from drug
5 use into the supportive services described in this section, including
6 intercepting individuals who likely would otherwise be referred into
7 the criminal legal system;

8 (h) The design of ongoing qualitative and quantitative research
9 about the types of services desired by people with substance use
10 disorders and barriers they experience in accessing existing and
11 recommended services; and

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

17 (4) The advisory committee must convene as necessary for the
18 development of the substance use recovery services plan and the
19 development and adoption of rules for implementing the plan, and must
20 convene to monitor implementation of the plan and advise the
21 authority.

22 (5) This section expires December 31, 2026.

23 NEW SECTION. **Sec. 3.** A new section is added to chapter 41.05
24 RCW to read as follows:

25 The implementation of the statewide substance use recovery
26 services plan established under section 1 of this act must be funded
27 in the following manner:

28 (1) Responsibility for payment of substance use disorder
29 treatment services including outpatient treatment, withdrawal
30 management, residential treatment, medications for opioid use
31 disorder, and crisis stabilization services are as follows: (a)
32 Payment for covered services for individuals enrolled in medicaid
33 managed care plans is the responsibility of the managed care plan to
34 whom the enrollee is assigned; (b) payment for individuals enrolled
35 in the medicaid fee-for-service program is the responsibility of the
36 health care authority; (c) payment for covered services for
37 individuals enrolled in private health care plans is the
38 responsibility of the private health care plan; and (d) payment for
39 all other individuals as well as services not covered by medicaid or

1 private plans is the responsibility of the behavioral health
2 administrative services organization; and

3 (2) Outreach and engagement services and recovery support
4 services that are not reimbursable through insurance will be funded
5 through a combination of: Targeted investments from the federal
6 substance abuse block grant, if permissible under the grant; funds
7 recovered by the state through lawsuits against opioid manufacturers,
8 if permissible; and appropriations from the state general fund based
9 on a calculation of the savings captured from reduced expenses for
10 the department of corrections resulting from this act.

11 NEW SECTION. **Sec. 4.** A new section is added to chapter 43.101
12 RCW to read as follows:

13 (1) Beginning July 1, 2022, all law enforcement personnel
14 required to complete basic law enforcement training under RCW
15 43.101.200 must receive training on law enforcement interaction with
16 persons with substance use disorders, including referral to treatment
17 and recovery services, as part of the basic law enforcement training.
18 The training must be developed by the commission in consultation with
19 appropriate substance use disorder recovery advocacy organizations
20 and with appropriate community, local, and state organizations and
21 agencies that have expertise in the area of working with persons with
22 substance use disorders, including law enforcement diversion of such
23 individuals to community-based care. In developing the training, the
24 commission must also examine existing courses certified by the
25 commission that relate to persons with a substance use disorder, and
26 should draw on existing training partnerships with the Washington
27 association of sheriffs and police chiefs.

28 (2) The training must consist of classroom instruction or
29 internet instruction and shall replicate likely field situations to
30 the maximum extent possible. The training should include, at a
31 minimum, core instruction in all of the following:

32 (a) Proper procedures for referring persons to treatment and
33 supportive services in accordance with section 1 of this act;

34 (b) The cause and nature of substance use disorders, including
35 the role of trauma;

36 (c) Barriers to treatment engagement experienced by many with
37 such disorders who have contact with the legal system;

38 (d) How to identify indicators of substance use disorder and how
39 to respond appropriately in a variety of common situations;

1 (e) Conflict resolution and de-escalation techniques for
2 potentially dangerous situations involving persons with a substance
3 use disorder;

4 (f) Appropriate language usage when interacting with persons with
5 a substance use disorder;

6 (g) Alternatives to lethal force when interacting with
7 potentially dangerous persons with a substance use disorder;

8 (h) The principles of recovery and the multiple pathways to
9 recovery; and

10 (i) Community and state resources available to serve persons with
11 substance use disorders and how these resources can be best used by
12 law enforcement to support persons with a substance use disorder in
13 their communities.

14 (3) In addition to incorporation into the basic law enforcement
15 training under RCW 43.101.200, training must be made available to law
16 enforcement agencies, through electronic means, for use at their
17 convenience and determined by the internal training needs and
18 resources of each agency.

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