5536-S2.E AMH REEV RUSM 070

**E2SSB 5536** - H AMD TO H AMD (H-1919.1/23) **719**

By Representative Reeves

**ADOPTED 04/12/2023**

 On page 43, after line 36 of the striking amendment, insert the following:

**"Part XIII - Health Care Authority Comprehensive Data Reporting Requirements**

NEW SECTION. **Sec. 34.** A new section is added to chapter 71.24 RCW to read as follows:

 (1) The authority is responsible for providing regular assessments of the prevalence of substance use disorders and interactions of persons with substance use disorder with service providers, nonprofit service providers, first responders, health care facilities, and law enforcement agencies. Beginning in 2026, the annual report required in subsection (3)(a) of this section shall include a comprehensive assessment of the information described in this subsection for the prior calendar year.

 (2)(a) The authority shall identify the types and sources of data necessary to implement the appropriate means and methods of gathering data to provide the information required in subsection (1) of this section.

 (b) The authority must provide a preliminary inventory report to the governor and the legislature by December 1, 2023, and a final inventory report by December 1, 2024. The reports must:

 (i) Identify existing types and sources of data available to the authority to provide the information required in subsection (1) of this section and what data are necessary but currently unavailable to the authority;

 (ii) Include recommendations for new data connections, new data sharing authority, and sources of data that are necessary to provide the information required in subsection (1) of this section; and

 (iii) Include recommendations, including any necessary legislation, regarding the development of reporting mechanisms between the authority and service providers, nonprofit service providers, health care facilities, law enforcement agencies, and other state agencies to gather the information required in subsection (1) of this section.

 (3)(a) Beginning July 1, 2024, and each July 1st thereafter until July 1, 2028, the authority shall provide an implementation report to the governor and the legislature regarding recovery residences, recovery navigator programs, the health engagement pilot programs, and the law enforcement assisted diversion grants program. The report shall include:

 (i) The number of contracts awarded to law enforcement assisted diversion programs, including the amount awarded in the contract, and the names and service locations of contract recipients;

 (ii) The location of recovery residences, recovery navigator programs, health engagement hub pilot programs, and law enforcement assisted diversion programs;

 (iii) The scope and nature of services provided by recovery navigator programs, health engagement hub pilot programs, and law enforcement assisted diversion programs;

 (iv) The number of individuals served by recovery residences, recovery navigator programs, health engagement hub pilot programs, and law enforcement assisted diversion programs;

 (v) If known, demographic data concerning the utilization of these services by overburdened and underrepresented communities; and

 (vi) The number of grants awarded to providers of employment, education, training, certification, and other supportive programs, including the amount awarded in each grant and the names of provider grant recipients, as provided for in section 29 of this act.

 (b) The data obtained by the authority under this section shall be integrated with the Washington state institute for public policy report under section 26 of this act.

 (4) Beginning in the July 1, 2027, report in subsection (3)(a) of this section, the authority shall provide:

 (a) The results and effectiveness of the authority's collaboration with the department of health and the department of social and health services to expand the Washington recovery helpline and recovery readiness asset tool to provide a dynamically updated statewide behavioral health treatment and recovery support services mapping tool, including the results and effectiveness with respect to overburdened and underrepresented communities, in accordance with section 30 of this act;

 (b) The results and effectiveness of the authority's development and implementation of a data integration platform to support recovery navigator programs and to serve as a common database available for diversion efforts across the state, including the results and effectiveness with respect to overburdened and underrepresented communities, as provided in section 25 of this act;

 (c)The effectiveness and outcomes of training developed and provided by the authority in consultation with the department of children, youth, and families, as provided in section 23 of the act; and

 (d) The effectiveness and outcomes of training developed by the authority for housing providers, as provided in section 20(4) of the act."

 Renumber the remaining sections consecutively and correct any internal references accordingly.

 On page 43, line 37 of the striking amendment, strike "**Part XIII**" and insert "**Part XIV**"

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|  |  EFFECT:  * States that the Health Care Authority (HCA) is responsible for regular assessments of the prevalence of substance use disorders and interactions of persons with substance use disorders with service providers, nonprofit service providers, health care facilities, and law enforcement agencies.
* Directs the HCA to identify the necessary types and sources of data to implement appropriate data gathering to provide the information in the regular assessments.
* Requires the HCA to report to the Governor and the Legislature regarding the available data and the new data needed to provide the information in the regular assessment, and any recommendations including necessary legislation, regarding developing a reporting mechanism between the HCA and service providers, nonprofit service providers, health care facilities, and law enforcement agencies to gather the information in the regular assessment. Requires the HCA to include information about the regular assessments in the report beginning July 1, 2026.
* Requires the HCA, beginning July 1, 2024, and each July 1 thereafter until July 1, 2028, to provide an implementation report to the Governor and Legislature regarding recovery residences, recovery navigator programs, the health engagement pilot programs, and the law enforcement assisted diversion grants programs, and that data obtained by the HCA for the report shall be integrated with the required Washington State Institute for Public Policy report.
* Requires the HCA, beginning in 2027, to include in its implementation report the results, effectiveness, and/or outcomes of (1) the HCA's collaborative efforts to expand Washington's recovery helpline and recovery readiness asset tool; (2) the HCA 's development and implementation of a data integration platform to support recovery navigator programs; (3) training developed and provided by the HCA for parents of adolescents and transition age youth with substance use disorders; and (4) training developed by the HCA for housing providers.

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