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**HOUSE BILL 1558**

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**State of Washington 67th Legislature 2021 Regular Session**

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

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

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

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

(1) The authority shall establish a substance use recovery services plan to implement measures to assist persons with substance use disorder in accessing 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 must be provided to all persons with substance use disorder regardless of the point at which they present within the continuum of care.

(2) The plan must consider the following: The manner in which persons with substance use disorder currently access and interact with the behavioral health system; the points of intersection that persons with substance use disorder have with the health care, criminal, legal, and child welfare systems, including emergency departments, syringe service programs, law enforcement, correctional facilities, and dependency court; and the various locations in which persons with untreated substance use disorder congregate including homeless encampments, motels, and casinos.

(3) The plan must:

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

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

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

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

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

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

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

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

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

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

(1) The authority shall establish the substance use recovery services advisory committee to advise the authority in the development and implementation of the substance use recovery services plan under section 1 of this act.

(2) The authority must, in consultation 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, appoint members to the advisory committee who have relevant background related to the needs of persons with substance use disorder. The membership of the advisory committee must include, but is not limited to, experts in the etiology and stabilization of substance use disorders, including expertise in medication-assisted treatment and other innovative medication therapies; experts in mental health and trauma and their comorbidity with substance use disorders; people who are currently using controlled substances outside the legal authority of prescription or valid practitioner order; experts in the relationship between social determinant of health, including housing and substance use disorder; experts in drug user health and harm reduction; representatives of city and county governments; a representative of urban police chiefs; a representative of rural county sheriffs; a representative of the interests of rural communities; a representative of fire chiefs; experts in peer support services; experts in substance use disorder recovery support services; experts in diversion from the criminal legal system to community-based care for people with complex behavioral health needs; experts in reducing racial disparity in exposure to the criminal legal system; an academic researcher with an expertise in drug policy and program evaluation; a substance use disorder professional; a representative of public defenders; a representative of prosecutors; a representative of the criminal justice training commission; a nongovernmental immigration attorney with expertise in the immigration consequences of drug possession and use crimes and findings of substance use disorder; recovery housing providers; low-barrier housing providers; representatives of racial justice organizations, including organizations promoting antiracism and equity in health care; a representative of a local health jurisdiction with expertise in overdose prevention and harm reduction; representatives of the interests of tribes; at least three adults in recovery from substance use disorder, including individuals with previous contact with the criminal legal system due to substance use; at least three youth in recovery from substance use disorder, including youth with previous criminal legal system contact due to substance use; and at least three family members of persons with substance use disorder. The advisory committee shall be reflective of the community of individuals living with substance use disorder, including people who are Black, indigenous, and people of color, and individuals who can represent the unique needs of rural communities.

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

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

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

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

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

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

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

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

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

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

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

(5) This section expires December 31, 2026.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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