

**Fact Sheet: Marijuana Legalization/Initiative 502 Mandates for DBHR**

Updated: October 13, 2016

<b>Overview</b>	<p>Washington Initiative 502 (I-502) to legalize recreation use of marijuana for those 21 and older was approved by popular vote in 2012 and was updated in the 2015 Legislative Session through 2E2SH2136. Per I-502 and amending law, the Department of Social and Health Services (DSHS) Division of Behavioral Health and Recovery (DBHR) is directed to do the following:</p> <ul style="list-style-type: none"><li>• Design and administer the Healthy Youth Survey (HYS) and Young Adult Survey (YAS);</li><li>• Contract for a statewide benefit-cost evaluation through the Washington State Institute for Public Policy (WSIPP); and</li><li>• Use funding for the development, implementation, maintenance, and evaluation of prevention and treatment programs and practices, mental health services for children and youth, and services for pregnant and parenting women.</li></ul> <p>Of the funds appropriated for new programs and new services:</p> <ul style="list-style-type: none"><li>▪ 85% must be directed to evidence-based or research-based programs and practices that produce objectively measurable results and, by September 1, 2020, are cost-beneficial.</li><li>▪ Up to 15% may be directed to proven and tested practices, emerging best practices or promising practices.</li></ul> <p>For the 2015-2017 biennium DSHS, DBHR was given specific appropriations for services enhancements and new programs. A portion of the funds are to be used to replace services previously funded with other state or federal dollars (see budget section). No appropriations were made prior to the 2015-2017 biennium.</p> <p>DBHR administers the HYS and YAS. The surveys are used to identify trends about youth and young adult use of substances, behaviors, risks, and outcomes as well as school, community, family, and peer-individual risk and protective factors.</p> <p>DBHR is required under I-502 to contract with the Washington State Institute for Public Policy (WSIPP) to conduct cost-benefit evaluation and produce reports to the legislature by September 1, 2015 (completed), with subsequent reports in 2017, 2022, and 2032.</p> <p>DBHR prevention services are focused on community-level programs delivered by Tribes or contracted through Community Prevention and Wellness Initiative (CPWI) coalitions, Educational Service Districts (ESDs), Department of Early Learning, and Community Based Organizations. DBHR was allocated funds to increase youth residential treatment services, support Parent-Child Assistance Program (PCAP) expansion in Thurston County and for tribal youth treatment services. DBHR is also directed to provide training on treatment and</p>
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	prevention evidence/researched-based programs and promising practices.																								
<b>Eligibility Requirements</b>	<p>Community Prevention and Wellness Initiative (CPWI) communities must show a high-need in the following risk categories: early academic failure, academic failure, crime, prevalence of alcohol and other drug use, mental health problems, economic deprivation, and troubled families.</p> <p>Eligibility for treatment services: residential services are available for youth ages 13-17 with substance use disorders who meet the American Society of Addiction Medicine (ASAM) criteria for this level of care. Youth younger or older than 13-17 are served in youth facilities on a case by case basis when clinically appropriate. Priority is given to youth who are pregnant, intravenous drug users, referrals from detoxification, Involuntary Treatment Act referrals, and at-risk/runaway youth.</p>																								
<b>Authority</b>	Washington State Initiative Measure No. 502, authorized in Chapter 4, Laws of 2015 (2 <sup>nd</sup> Special Session); 2E2SHB 2136, RCW 69.50.545, and Washington State Liquor and Cannabis Board.																								
<b>Budget</b>	<p>Initiative 502 establishes a Dedicated Marijuana Account (DMA). The biennial operating budget is as follows:</p> <table border="0"> <tr> <td>▪ Healthy Youth Survey, Young Adult Survey</td> <td style="text-align: right;">\$1,000,000</td> </tr> <tr> <td>▪ I-502 Cost Benefit Evaluation /Program Review</td> <td style="text-align: right;">\$400,000</td> </tr> <tr> <td>▪ Youth Residential Treatment Services</td> <td style="text-align: right;">\$3,367,000</td> </tr> <tr> <td>▪ Community Prevention Services</td> <td style="text-align: right;">\$5,000,000</td> </tr> <tr> <td>▪ LifeSkills Training, OSPI</td> <td style="text-align: right;">\$500,000</td> </tr> <tr> <td>▪ Tribal Prevention and Treatment Services</td> <td style="text-align: right;">\$772,000</td> </tr> <tr> <td>▪ EB/RB Programs and Promising Practices Training</td> <td style="text-align: right;">\$500,000</td> </tr> <tr> <td>▪ Home Visiting, Department of Early Learning</td> <td style="text-align: right;">\$3,434,000</td> </tr> <tr> <td>▪ PCAP</td> <td style="text-align: right;">\$791,000</td> </tr> <tr> <td>▪ DSHS Rehabilitation Administration</td> <td style="text-align: right;">\$3,278,000</td> </tr> <tr> <td>▪ SUD Fund Shift from GF-S</td> <td style="text-align: right;">\$16,496,000</td> </tr> <tr> <td>▪ MH Fund Shift from GF-S</td> <td style="text-align: right;">\$6,462,000</td> </tr> </table>	▪ Healthy Youth Survey, Young Adult Survey	\$1,000,000	▪ I-502 Cost Benefit Evaluation /Program Review	\$400,000	▪ Youth Residential Treatment Services	\$3,367,000	▪ Community Prevention Services	\$5,000,000	▪ LifeSkills Training, OSPI	\$500,000	▪ Tribal Prevention and Treatment Services	\$772,000	▪ EB/RB Programs and Promising Practices Training	\$500,000	▪ Home Visiting, Department of Early Learning	\$3,434,000	▪ PCAP	\$791,000	▪ DSHS Rehabilitation Administration	\$3,278,000	▪ SUD Fund Shift from GF-S	\$16,496,000	▪ MH Fund Shift from GF-S	\$6,462,000
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<b>Numbers Served</b>	Expanded youth SUD residential capacity by 32 beds with two contractors. Agencies now contract with BHO/ASO for direct client services for SFY2017. Funding contributed to enhancing and expanding community prevention services reaching 3,748 participants of DMA-funded programs. In SFY2016 880 middle school students received LifeSkills Training. Tribes implemented 10 prevention programs for SFY 2016. Nine EB/RB Program trainings were completed, reaching 124 prevention practitioners. In SFY 2016 37 families received a collective 130 home visits. PCAP services were provided to 48 families.																								
<b>Partners</b>	Tribes, Office of the Superintendent of Public Instruction, Washington State Liquor and Cannabis Board, Washington State Department of Health, Washington State Institute for Public Policy, University of Washington, DSHS Rehabilitation Administration, Washington State University, Department of Early Learning, Community Prevention and Wellness Initiative Coalitions, and Educational Service Districts.																								
<b>Oversight</b>	DBHR ensures program quality and fidelity.																								
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