

**BEHAVIORAL HEALTH AND SERVICE
INTEGRATION ADMINISTRATION**
Spending Authority for Initiative 502 (I-502)



2015-17 BIENNIAL BUDGET

ML Request	FY16	FY17	15-17
FTE	1.0	1.0	1.0
GF-State	0	0	0
Total*	\$1-\$5 million	\$13.3-\$17.3 million	\$14.3-\$22.3 million

* February 2014 Biennial revenue forecast per the Economic and Revenue Forecast Council for DSHS forecasted revenue from Cannabis-Related Sales

DECISION PACKAGE SUMMARY

The Behavioral Health and Service Integration Administration (BHSIA), requests 1.0 FTE and spending authority for Dedicated Marijuana Fund (DMF, I-502 tax revenues) revenues designated for the Department of Social and Health Services (DSHS) in order to carry out the DSHS obligations under I-502.

PROBLEM STATEMENT

I-502 requires the BHSIA, Division of Behavioral Health and Recovery (DBHR) to implement and maintain programs and practices aimed at the prevention or reduction of maladaptive substance use, substance-use disorder, and substance abuse or substance dependence. In order to fulfill the requirements in I-502, DBHR will need the appropriated spending authority from the DMF to pay for these services.

PROPOSED SOLUTION

The Department of Social and Health Services (DSHS), BHSIA, Division of Behavioral Health Resources (DBHR), is responsible for implementation of the following provisions in Section 28 of I-502:

- Design and administer the Washington Healthy Youth Survey and may expand administration to include young adults.
- Contract with the Washington State Institute for Public Policy to conduct a cost-benefit evaluation and produce reports to the legislature by September 1, 2015, with subsequent reports in 2017, 2022, and 2032.
- Implement and maintain programs and practices aimed at prevention or reduction of maladaptive substance use, substance-use disorder, substance abuse or substance dependence, as these terms are defined in the Diagnostic and Statistical Manual of Mental Disorders, among middle school and high school age students.
- Provide chemical dependency/substance abuse disorder treatment services to youth.

EXPECTED RESULTS

The budget request supports the DSHS Goal 1: Health – Each individual and each community will be healthy.



DSHS VISION

People are healthy • People are safe • People are supported • Taxpayer resources are guarded

DSHS MISSION

To transform lives

DSHS VALUES

Honesty and Integrity • Pursuit of Excellence • Open Communication • Diversity and Inclusion • Commitment to Service

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The decision package is essential to implementing the BHSIA's Strategic Objective 1.4: Maintain the percent of participants in evidence-based BHSIA funded chemical dependency/substance use disorder prevention programs and Strategic Objective 1.6: Increase outpatient chemical dependency/substance use disorder treatment for youth.

This request supports the Results Washington Goal 4 to help keep people safe in their homes, on their jobs, and in their communities by:

- Decreasing the percentage of 10th graders who report smoking marijuana in the past 30 days from 19.3 percent in 2012 to 18 percent by 2017.
- Increasing outpatient chemical dependency/substance use disorder treatment retention for youth from the FY 2013 average of 74 percent to 76.2 percent by June 30, 2015.

Preventing or delaying the onset of underage alcohol and marijuana use is associated with positive outcomes such as improved school performance, reduced youth delinquency and positive mental health. Research indicates that treatment retention (i.e. remaining in treatment for at least 90 days) is associated with positive outcomes such as reduction in substance use and criminal justice involvement. Longer participation in treatment also increases the likelihood of employment and increased earnings, as well as stability in housing.

By funding this request, BHSIA will continue to strengthen its efforts to mitigate the prevalence of youth marijuana, alcohol and other substance abuse and collect critical data on the prevalence of marijuana and other substance use, misuse, and abuse. The treatment system would benefit from support and technical assistance on how to more successfully retain youth in services. This could be accomplished by using performance based contracting to improve retention in youth outpatient treatment, including education for parents on resources, treatment options and how to communicate effectively with youth. Funding would be allocated to contract for an overall evaluation of the impacts of I-502 on Washington State.

STAKEHOLDER IMPACT

As part of the plan development process, our draft plans were shared and discussed with state-level partners, tribes, community members and stakeholders in October 2013 through public forums held in Yakima, Spokane, Seattle, and Vancouver. A total of 350 people attended these forums with an additional 175 attending through a webinar. DBHR presented in conjunction with the Department of Health and Washington State Institute for Public Policy (WSIPP). The general consensus indicated a need in the communities for increased prevention and treatment services in response to the decreased public perception of harm due to marijuana use, misuse and abuse. Stakeholders would be impacted positively by increased funding enabling enhanced prevention programs and treatment services available to communities.

The plan will be updated annually to address issues or barriers that may arise and make adjustments as programs, contracts, and activities are evaluated.



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