Substance Use Recovery Services Advisory Committee Meeting Notes

April 4, 2022, 9:00-11:00am PDT

Meeting Recording

[WA State Substance Use Recovery Services Advisory Committee (SURSAC) April 4, 2022 - YouTube](#)

Attendance

HCA Executive & Administrative Support					
☐	Jason McGill, Executive Co-Sponsor	☒	Tony Walton, 5476 Project Manager	☒	Rachel Downs, 5476 Admin Assistant
☒	Michelle Martinez, Administrator	☐	Brianna Peterson, Plan Writer	☐	Sandy Sander, Admin Assistant

Committee Members					
☒	Michael Langer	☒	Amber Daniel	☐	Donnell Tanksley
☒	Amber Leaders	☒	Brandie Flood	☐	Malika Lamont
☒	Sen. Manka Dhingra	☐	Cheryl Rasar	☒	Addy Adwell
☒	Sen. John Braun	☒	Chad Enright	☒	Kevin Ballard
☒	Rep. Lauren Davis	☐	John Hayden	☒	Hunter McKim
☐	Rep. Dan Griffey	☒	Marshall Glass	☒	Kendall Simmonds
☒	Caleb Banta-Green	☒	Sherri Candelario		
☒	Victor Mendez	☒	Hallie Burchinal		**Alternates / Optional Attendees:**
☐	Kierra Fisher	☒	Theresa Adkison	☒	Rep. Jamila Taylor
☒	Alexie Orr	☐	Sarah Gillard	☐	Rep. Gina Mosbrucker

Teams Meeting Attachments

1. SURSAC Work Plan 2022.docx
2. Committee Norms and Expectations.docx
3. SURSAC Timeline and Work-to-Date Recap_April 2022.pptx
4. RNP Data Collection Tool_Summary of Dropdown Options.docx
5. RNP Data Reporting slides.pptm
6. Subcommittees & Charges.docx
7. Data_5476 Section 1.3.m_APRIL 2022.pptx
8. 2022-04-04 Meeting Agenda.docx

New committee members:

- Sherri Candelario, Recovery Housing
- Victor Mendez, Adult in SUD Recovery

Discussion Notes

00:16:56 – SURSAC Progress-to-Date

Meetings in January, February, and March were part of the "Information Gathering" phase of the Substance Use Recovery Services (SURS) Plan development, focusing on elements from 5476 Section 1.3 related to assessing the current barriers and needs across the state within substance use recovery systems.

Beginning in April and continuing through July, SURSAC meetings will focus on the "Formulation" phase, with the help of subcommittees, to discuss frameworks and strategies that generate solutions.

In July, August, and September, the focus will shift to solidifying recommendations from the SURSAC for the Plan. Final Plan recommendations must be received from the SURSAC to HCA by October, to allow two months for HCA to prepare the Plan for submission to the legislature by the December 1, 2022, deadline.

Section 1.3(a-n) of ESB 5476 outlined elements that need to be considered and included in the SURS Plan. The meeting on January 3, 2022, opened discussion for parts A, C, and D. The meeting on February 7, 2022, opened discussion for part B, and the meeting on March 7, 2022 opened discussion for part K.

In order to allow more time to extend and complete the conversations that have begun in meetings so far, and to move work forward between the monthly meetings, four subcommittees will be established to focus on specific areas within the SUD recovery landscape:

- Outreach, Engagement, and Diversion
- Treatment
- Recovery Support Services
- Data

Ideas and recommendations generated by the subcommittees will be presented to the primary SURSAC at monthly meetings for consideration, discussion, and a voting process if needed, to determine what recommendations are officially submitted from the SURSAC to HCA for inclusion in the SURS Plan.

To date, information related to access, barriers, existing models, service needs, and promising programs have been gathered from the SURSAC, but no official recommendations for the Plan have been decided. That process will occur in the "Formulation" and "Recommendations" phases (April through September).

Receiving a one-page summary of ongoing feedback received from SURSAC related to each element from Section 1.3 will strengthen awareness of what's been discussed, what recommendations are going into the plan, and when those decisions occur.

SUD Services for Children, Youth, and Families

Although it isn't called out in the bill language specifically, the child welfare system is impacted significantly by substance use disorder challenges. Employees of the WA State Department of Children, Youth, and Families (DCYF) have been attending SURSAC meetings and have communicated to Michael Langer that there is an interest in making SUD services available to the families they serve. As the committee considers service accessibility for youth and those with co-occurring SUD and mental health challenges, the resources and potential within DCYF are available for consideration.

00:34:45 – RNP Data Collection & Reporting

In 2019, under SB 5380 (2019-20) and HB 1767 (2019-20), HCA was directed to create a LEAD pilot program as part of the opioid response bill, and also coordinate with WASPC (WA Association of Sheriffs and Police Chiefs), and the Criminal Justice Training Commission in implementing arrest and jail alternatives. Evaluation metrics for the Recovery Navigator Program (RNP) were drawn largely from the LEAD pilot program, and the Arrest & Jail Alternative program.

Jen Weinmann and Suzanne Straub have collaborated with the LEAD National Support Bureau to draft an evaluation plan to assess impact on the community and the individual served by the RNP.

Q (Brandie Flood): *Where is the equity lens? How are we going to collect data to see who is being pulled over, do we have a way of knowing if people of color are being referred to services or just getting pulled over?*

A (Tony Walton): If we are only collecting data on who is referred and not gathering data related to law enforcement contact prior to referral, we won't be able to see whether law enforcement are referring to RNP equitably. So that would require cross-analysis with law enforcement engagement data. WASPC does collect NIBRS (National Incident-Based Reporting System), so the data is out there. We can look at data from those being referred to RNP without arrest, compared to those who are arrested for unlawful substance possession, or cases filed for such misdemeanors at city or county level courts. Our partners at RDA – Research and Data Analysis – have access to a lot of that information who can help us with that.

Resources went out to the BHASOs, and they chose their own subcontractors within each of the counties. HCA will be able to provide information about who those subcontractors are soon, but it's not available information for all BHASOs yet (just waiting on North Sound and King, which should be known in the next week or two).

Q (Michael Langer): *When are BHASOs asked to provide this information?*

Some BHASOs have been collecting data since January. The data workbook tool has been revamped to include some of the quarterly report questions, and the most recent version will be used starting the new quarter (April-June 2022). The data collection process has been evolving.

Michelle will follow up with an email to gather additional feedback regarding RNP data collection from SURSAC members.

00:59:35 – New Subcommittees

The SURSAC admin team has received feedback that committee members want the opportunity to work on their recommendations for the Plan in between meetings. In response to this, 3 new subcommittees will be established in April in addition to the Recovery Support Services subcommittee that is already active, for a total of 4 SURSAC subcommittees:

- Outreach, Engagement, & Diversion
- Treatment
- Recovery Support Services
- Data

Each subcommittee is charged with focusing on elements from ESB 5476 Section 1.3 that relate to that subcommittee's area of the recovery landscape. Some of these, which relate to more than one area, are included in more than one subcommittee. The specific elements for each subcommittee are outlined in the "Subcommittees & Charges.docx" meeting attachment.

SURSAC members who wish to work with data or data systems that are not specific to the data collection needs outlined in 1.3.m (the focus of the data subcommittee) can still bring data-related solutions to the other subcommittees. For example, it would be appropriate to bring data improvement suggestions to either of those groups to strengthen the state's ability to identify recovery assets, resources, and gaps more accurately.

The establishment of subcommittees is intended to create more time to accomplish the work between monthly meetings, but there is nothing preventing SURSAC members from participating in as many subcommittees as they wish. Overlap between the groups' participants will help mitigate risk of silos. Members are also welcome at any point to relay ideas, resources, or other information to Michael or Michelle to bring to a subcommittee meeting.

SURSAC members can request to join the RNP Policy Coordinating Group (PCG) meetings with BHASOs, which could help ensure that the ideas and recommendations resulting from subcommittee work is informed by those doing the client-facing work.

Boldness, creativity, and innovation are encouraged, but the structure and content of the Substance Use Recovery Services Plan must reflect the elements mandated in ESB 5476. HCA is providing administrative structures – including the monthly SURSAC meetings and subcommittees – to facilitate conversations around those elements. The degree of innovation in the recommendations generated from those conversations is up to the members.

As the SURSAC is not the only group involved in this work, it would be helpful to coordinate with other groups' efforts as well. For example, working with the 988 team to determine what call responses could look like. The 988 workgroup has a peer subcommittee that meets for monthly discussions, and then brings those ideas back to the workgroup. The Blue Ribbon Commission is also an ongoing group that will be taking a look at things long-term. The work is not done when the SURS Plan is written, and there is time to tweak and adjust things as needed across the many groups who are doing related work.

01:31:55 – Methods & Sources of Data Collection for Section 1.3(m)

Minimize the amount of information clients are required to disclose to receive care/services. Data collection is important but making it as simple as possible will lower the access barrier. Being asked to disclose too much information may discourage people from pursuing these services.

Use unique identifiers to link clients to their demographic data already collected from an individual, to reduce burden of unnecessary data collection on clients and providers (such as data in the Behavioral Health Data System)

Collect the data in such a way that allows for individuals to be tracked over time so that outcomes/effectiveness can be assessed, in addition to what the language in 1.3.m requires, related to the number of people who receive services. Data that indicates the *impact* that receiving services has on the individual is essential to understand effectiveness.

Design the data collection process in a way that allows data to inform legislative policy and have community impact. The data that is helpful to collect as a legislator is data that reflects access to treatment, best practices, and impact on humans' lives. Recommendations from the Plan will help inform legislative policy in the fall, but there is not an expectation that the Plan would be up and running with data available by then. Data related to SURS Plan implementation is not needed to formulate legislative policy decisions in the fall, as there are already known best practices and existing research demonstrating that criminalization does not result in reduction of drug use.

Moving too quickly with decriminalization of drugs without data on impacts to individuals could do more harm than good. It is important to not self-select studies that support our preferred policy options. Strong data will be needed to be politically persuasive.

01:49:00 – Public Comment

Mark Cooke: ACLU's position is that substance use disorders should be treated as a public health issue, not a criminal issue. The war on drugs has also been disproportionately harmful to communities of color, both in terms of law enforcement and lack of meaningful public health alternatives. Regarding data collection, we've arrested and punished people for decades and no one has asked police to provide data that those methods have decreased prevalence of substance use disorders or decreased deaths from overdose. The committee was originally included as part of HB 1499 (2021), Pathways to Recovery Act, and was added to 5476 at the last minute, and I encourage you all to read HB 1499 to understand some of the intent behind this committee. Sections 1.3.i (the proposal of a funding framework in which, over time, resources are shifted from punishment sectors to community-based care) and 1.3.l (recommendations regarding the appropriate criminal legal system response, if any, to possession of controlled substances) are fundamental issues that this committee is supposed to be wrestling with, and I encourage you to be broad in coming up with a plan to inform lawmakers about what really helps people who are struggling with substance use disorder.

Lisa R. Thomas (speaking as member of the Tlingit tribe): Vicki Lowe has joined the meeting today. Vicki is the executive director of the American Indian Health Commission of Washington state. Having American Indian Alaska native tribal urban Indian health care provider perspectives and guidance as part of this process is really important, and I want to extend my appreciation to Vicki for her time joining the group today.

01:41:57 – Next Steps

- Michelle will send out invitations to SURSAC to join subcommittees and work with SURSAC members to confirm meeting logistics so each subcommittee can begin in April
- Michelle will send the Recovery Navigator Program slides on the RNP data collection so that SURSAC members can review and provide feedback.