

Substance Use Recovery Services Advisory Committee Meeting Notes

July 10, 2023, 9:00-11:00 PDT

Meeting Recording: [Substance Abuse Recovery Services Advisory Committee - TVW](#)

HCA Executive & Administrative Support

<input type="checkbox"/>	Jason McGill, Executive Co-Sponsor	<input checked="" type="checkbox"/>	Tony Walton, 5476 Project Manager	<input checked="" type="checkbox"/>	Michael Zayas, Admin Assistant
<input type="checkbox"/>	Michelle Martinez, Administrator	<input checked="" type="checkbox"/>	Brianna Peterson, Plan Writer	<input type="checkbox"/>	Sandy Sander, Admin Assistant
<input checked="" type="checkbox"/>	Blake Ellison, Meeting Facilitator	<input checked="" type="checkbox"/>	Rachel Downs, Admin Assistant		

Committee Members (28)

<input checked="" type="checkbox"/>	Michael Langer	<input checked="" type="checkbox"/>	Amber Daniel	<input checked="" type="checkbox"/>	Malika Lamont
<input type="checkbox"/>	Amber Leaders	<input checked="" type="checkbox"/>	Brandie Flood	<input type="checkbox"/>	Addy Adwell
<input checked="" type="checkbox"/>	Sen. Manka Dhingra	<input checked="" type="checkbox"/>	Stormy Howell	<input checked="" type="checkbox"/>	Kevin Ballard
<input type="checkbox"/>	Sen. John Braun	<input type="checkbox"/>	Chad Enright	<input checked="" type="checkbox"/>	Hunter McKim
<input checked="" type="checkbox"/>	Rep. Lauren Davis	<input type="checkbox"/>	John Hayden	<input type="checkbox"/>	Kurtis Klingenberg
<input type="checkbox"/>	Rep. Dan Griffey	<input type="checkbox"/>	Sherri Candelario	<input type="checkbox"/>	[MCO Representative – TBD]
<input type="checkbox"/>	Caleb Banta-Green	<input checked="" type="checkbox"/>	James Tillett		
<input checked="" type="checkbox"/>	Don Julian Saucier	<input checked="" type="checkbox"/>	Christine Lynch		Alternates / Optional Attendees:
<input type="checkbox"/>	Chenell Wolfe	<input type="checkbox"/>	Sarah Gillard	<input type="checkbox"/>	Rep. Jamila Taylor
<input checked="" type="checkbox"/>	Alexie Orr	<input type="checkbox"/>	Donnell Tanksley	<input type="checkbox"/>	Rep. Gina Mosbrucker

Meeting Attachments

- [Meeting Agenda](#)
- [RNP Quarterly Report – 2023 Q1](#)

Public Comment

- No public comment at the beginning of the meeting.

Recovery Navigator Program (RNP) Quarterly Report Review – Q1, 2023

Brianna Peterson shared an overview of the Recovery Navigator Program Quarterly Report. Major highlights include:

- RNP Quarterly Report will soon be available as an only Data Dashboard to be reviewed
- It will be updated as data is received from Behavioral Health Administrative Service Organizations (BH-ASO)
- The data dashboard will display the total Case Management numbers to include the number of follow-ups, contingency management, and outreach. Additionally, it will show the top five direct care services, top five referral services, and top five linkages to care
- Report/data dashboard will not show the “unknown” which will help with the small number suppression
- Thus far, Q1 data showed that 55% of all referrals and outreaches were conducted within a fifteen-minute response time

Questions re: Recovery Navigator Program (RNP) Quarterly Report Review – Q1, 2023

Q: How is suppressing the unknown column addressing small numbers?

A: This mechanism is so that individuals cannot home in on smaller numbers and try to reverse engineer to narrow down to what could potentially be identities of individuals using services. HCA is also working with their Data Governance Group to ensure there will not be issues.

Q: When we start to combine the numbers and there are more quarters worth of data available, will it be cumulative?

A: There will be an annual report, in addition to the continuing Quarterly Reports, to be included in the ESB 5476 Progress Reports on a fiscal year as opposed to a calendar year.

Q: If someone is multi-racial, what can they put as an option in the data workbook?

A: HCA is bound to the Behavioral Health Data Systems (BHDS) Guide and so the current options in the workbook are reflective of those available that we have to utilize.

Comments RE: Recovery Navigator Program (RNP) Quarterly Report Review – Q1, 2023

- As an individual that responds to referrals, sometimes it is very difficult to collect certain information at the first meeting. Usually more expansive information comes during intake and getting to know the clientele.

Panel Discussion #3 – Crisis Response Systems

The panel consisted of presenters Roger Webber, Sheena Hargrave, Jon Dukes, Jamison Owens, and Reid Johnson. They shared:

- **Roger Webber:** As an experienced fireman and first responder, it is extremely frustrating to see that current systems of doing things are not working. Fire has a quick response time, and they can usually find people in crisis just being woken up and they are much gentler than law enforcement, especially in meeting individuals where they are at. It is about understanding what happens to individuals after the fact of use. The emergency room is only one part of the chain into healing.
- **Sheena Hargrave (standing in for Breanna Carbury) :** As a co-responder with Frontier Behavioral Health in Spokane, they ride along with the police. In their experience since being in the role of four years, on a daily basis, especially downtown Spokane, they see co-occurring cases. Primarily methamphetamine and fentanyl overdose which, both come with inherent safety risks. She finds that officers downtown have developed rapport with the individuals they go to help, what they struggle with, and work to foster relationships, and interact and engage with them in a healthy, supportive manner.
- **Jon Dukes:** Working with Whatcom County Health and Community Services, Response Systems division, they possess experience in alternate response in relation to community outreach and substance abuse. Alternative response team (ART) responds to calls only in Bellingham, WA. It is for calls that are non-urgent, non-acute, and non-criminal. The team consists of any shift of a behavioral Health specialist and a public Health specialist are in responding and dyads to calls in the community. A member of the team is embedded in 911 to help dispatchers identify which calls would be responsible for ART. Many of these calls are already identified as lower priority or lower to the police calls at 911, such as welfare checks, person under the influence, and behavioral health crises. As an alternative response team, they are seeing more and more calls that have some component of substance abuse. They are fortunate to have a crisis stabilization center that provide support, both people and mental health crises, as well as people seeking out substance use disorder treatment and detox. They are fortunate to have a mobile crisis outreach team that has just increased capacity to provide child and family crisis outreach services.
- **Jamison Owens:** As Clinical Supervisor for the Adult Mobile Crisis Team in Clark County, they provide coverage and outreach into the community. The program partners with the Southwest Washington Crisis Line and local first responders like police, fire, and ambulance and they're able to contact us and then we dispatch out a team of a Mental Health Professional, Mental Health Crisis Professional, and Peers. They see a lot of fentanyl and methamphetamine use as far as substances. These lead to unsafe experiences, especially when the individual is not cognitively functioning as others are around them. This communicates to others that they may need help, and this is what they hear from citizens and the society at large. They try to continue to be very person-centered and supportive by meeting clients where they are at.

- **Reid Johnson:** As the Program Coordinator for 988 and Suicide Lifeline for Volunteers of America, Western Washington, they take calls from Washington State for 32/39 counties and around 3,800 calls per month around the state. The average call is around 45 seconds, and they speak to a lot of individuals struggling with co-occurring issues. A big part of their contact is assessing the situation in what is happening and whether they are using substances or under the influence at that time. The use of substances increases the risk of completing suicide. They are trying to be that person to help walk individuals into getting help and those responding to calls do their best to get individuals introduced to services. They have had successes with implementing the 988-follow-up service, a 4–6-week service wherein there is a person who will reach out to the client to check in and see how they are doing.

Questions re: Panel Discussion #3 – Crisis Response Systems

Q: For Jon Dukes, can you talk about the interconnectedness between the spectrum of services of ART in Whatcom County?

A: The ART team is roughly six months old, and its predecessor programs have gleaned into how to respond as a program, especially for boots-on-the-ground staff. They have the ability to also transport individuals, which they do, and they are able to triage a lot of cases out because of that. They also utilize assessments in the field and services from the mobile crisis outreach teams. Additionally, there are very close community connections with various resources that help in their successes.

Q: For Jon Dukes, do you also provide ongoing support for these clients.

A: Yes. Being that all programs are housed within the Health Department, they are able to make cross-program referrals very easily, especially for those needing longer term and/or more intensive case management services.

Q: For Jamison Owens, would you say that access to pharmaceutical treatments is a barrier, especially for those suffering from different mental illnesses?

A: I can speak to where that comes into the lens of crisis response. They will always attempt to connect clients to a prescriber if it is necessary. They will also try to ensure clients are getting follow-up, especially to continue the momentum of assisting them.

Q: For Sheena Hargrave, can you comment on the disparity between arrest actions by police and what looks like lack of referrals for first quarter?

A: I cannot answer that exactly, but with the officers they work with, they make a lot of referrals. Officers are making attempts to get individuals connected to services and resources. They also have Community Court and Therapeutic Court options to assist as well in making referrals.

Q: For Reid Johnson, can you talk about how your response may be different for those in urban settings versus frontier/rural settings?

A: They are getting calls from both regions in high volumes. For those in rural areas, it is about trying to discover what is most accessible to that individual. Trying to figure out the basic needs of that individual is crucial, as well as formulating steps they can take. They also have to let them know that it may take a bit longer time as opposed to those in a city center. With either, as the first point of contact, the

individuals need a lot of reassurance and that 988 can be there for them as a 24-hour service. That outreach and support is paramount.

Comments RE: Panel Discussion #3 – Crisis Response Systems

- At the state level, Whatcom County could serve as an example of alternative responses and their successes.
- If people were more aware of all the resources that were being provided to clients, I think it would help individuals to feel safer going into the center city centers where others have tended to feel unsafe in the past.

Public Comment

No public comment at the end of the meeting.

Upcoming Agenda: September 11, 2023

- There will be continuing in-person options for hybrid meetings.
- There will be no meeting in August 2023.
- There will be a Criminal Legal System Panel.
- There will be a Public Service Panel.

Next Steps

1. Michelle will provide a September Agenda draft prior to the next scheduled SURSAC meeting.