

# Substance Use Recovery Services Advisory Committee Meeting Notes

September 26, 2022, 12:00-5:00pm PDT

## Attendance

### HCA Executive & Administrative Support

<input checked="" 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 checked="" type="checkbox"/>	Michelle Martinez, Administrator	<input checked="" type="checkbox"/>	Brianna Peterson, Plan Writer	<input checked="" 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 type="checkbox"/>	Donnell Tanksley
<input type="checkbox"/>	Amber Leaders	<input checked="" type="checkbox"/>	Brandie Flood	<input checked="" type="checkbox"/>	Malika Lamont
<input checked="" type="checkbox"/>	Sen. Manka Dhingra	<input type="checkbox"/>	Stormy Howell	<input checked="" type="checkbox"/>	Addy Adwell
<input type="checkbox"/>	Sen. John Braun	<input type="checkbox"/>	Chad Enright	<input checked="" type="checkbox"/>	Kevin Ballard
<input checked="" type="checkbox"/>	Rep. Lauren Davis	<input checked="" type="checkbox"/>	John Hayden	<input checked="" type="checkbox"/>	Hunter McKim
<input checked="" type="checkbox"/>	Rep. Dan Griffey	<input checked="" type="checkbox"/>	Sarah Melfi-Klein	<input type="checkbox"/>	Kendall Simmonds
<input checked="" type="checkbox"/>	Caleb Banta-Green	<input checked="" type="checkbox"/>	Sherri Candelario		
<input checked="" type="checkbox"/>	Don Julian Saucier	<input type="checkbox"/>	Hallie Burchinal		<b>Alternates / Optional Attendees:</b>
<input type="checkbox"/>	Kierra Fisher	<input checked="" type="checkbox"/>	Theresa Adkison	<input checked="" type="checkbox"/>	Rep. Jamila Taylor
<input checked="" type="checkbox"/>	Alexie Orr	<input type="checkbox"/>	Sarah Gillard	<input type="checkbox"/>	Rep. Gina Mosbrucker

## Teams Meeting Attachments

- 2022-09-26 Meeting Agenda
- SURS Plan Rec 4 (RSS)\_Training foster parents of children with SUD
- SURS Plan Rec 5 (OED)\_Paraphernalia Law
- SURS Plan Rec 6 (Data)\_BHASO-RNP Data Reporting
- SURS Plan Rec 7 (Tx)\_Health Hubs
- SURS Plan Rec 8 (RSS)\_Education & Employment Support
- SURS Plan Rec 9 (RSS)\_WRHL and Asset Mapping
- SURS Plan Rec 10 (OED)\_Increasing investment in 0-1 Intercept Diversion & Referral Programs
- SURS Plan Rec 11 (Tx)\_Initial SUD Engagement & Measurement
- SURS Plan Rec 14 (Tx)\_Safe Supply Workgroup

## Discussion Notes

### Message from the State Medicaid Director & DBHR Director

Dr. Charissa Fotinos, State Medicaid Director, addressed the committee and thanked them for their passionate, diligent, and hard work, and for the urgency expressed. The work SURSAC is voting on through the recommendations will be presented to the legislature, who will then decide which recommendations to implement.

She also noted that there is nothing quite like seeing someone who is challenged every day, trying to figure out how to get shelter and food, and if they are using drugs, how they will obtain their next dose, and that you can't know or see that pain unless you've been in a setting where you can meet and talk with those folks. It has been hard to not understand each other's perspectives in the way that would be most helpful. She thanked the direct care providers and service providers, "you make people's lives better." And to the folks on the HCA side, "thank you for continuing to move this process forward."

Dr. Fotinos asked for guidance from DeAunte Damper, Malika Lamont, and others how best to refer to those with substance use disorders, to not use the term "struggling," and received feedback that "individuals experiencing substance use" is better language to use.

Keri Waterland, DBHR Director, also expressed gratitude for the hard work being done, and difficult conversations being had, in the committee. She offered "lived and living *expertise*" as an alternate to lived and living experience," to emphasize the value and validity of first-hand encounters.

### Public Comment

Thea Oliphant-Wells shared that this (the SURSAC work) hasn't felt like a very inclusive process, and that an opportunity has been missed to include community members. She expressed appreciation for all the work being done, but also wishes there had been more care given to having those with lived experience participate.

DeAunte Damper shared that at the beginning of the SURSAC work, he felt safe and included during conversations about community interactions and intersections of community, and the war on drugs. However, after a while, he reported sensing a shift because some of his ideas felt as if they were only being incorporated and acknowledged to 'check off the box' as opposed to implementing it into action. However, one week prior to this meeting, he started to feel displaced. He had brought five community members with lived experience to a subcommittee meeting to share their experience, and they were cut off, and they, too, felt displaced and left the meeting as they were told what they were discussing was off topic. Further, he felt that as much as diversity and inclusion are brought up in terms of the community, that this is not represented in SURSAC meetings. DeAunte emphasized that if this process can practice more cultural humility and patience, it can get better, as individuals with lived experience are a large part of arriving at solutions to the issues the SURSAC process is attempting to solve.

Dr. Charissa Fotinos affirmed DeAunte's message and stated that the HCA needs to do better regarding its diversity, equity, and inclusion practices, by learning how to better engage properly and hear the needs of individuals whose programs HCA is trying to design to help. Lastly, that the HCA needs to act with humility and with the recognition that there is a long history of bias and racism that needs to be

undone. She apologized for the experience of the events of the meeting DeAunte brought up and thanked him for being candid and honest and for speaking his truth.

Chelle Wilder reported that she has been following the work of ESB 5476 since the beginning and has been attending all the SURSAC meetings and a lot of the subcommittee meetings. She encouraged HCA staff to get out of the office and 'out into the living world' as this is where one will find individuals with lived experience. Additionally, that 9:00AM Monday morning meetings is not where we will find people comfortable speaking in this type of environment nor youth representation as they are in school. She also vocalized her concern that when something evidence-based is brought forward, it is weighted the same as someone's personal opinions. Lastly, she was surprised that when it came time for the SURSAC to discuss the criminalization or decriminalization of simple possession, Chelle felt that it was 'thrown together very quickly', 'the wording wasn't very professional', and 'didn't seem like there was a lot of involvement on how those options should have been written and presented'. She felt there should have been more outreach and that the SURSAC should have come up with what those options should have been on and discuss what to put forth as to vote on. She felt that because the process was rushed, individuals with lived experience are being ignored and their voices are missing.

Adam Palayew reported he came to speak during public comment as a community member, member of VOCAL-WA, and as an individual with lived experience of drug use. Additionally, Adam had previously spoken as a Ph.D. student and researcher at a previous meeting discussing safe supply, however, it was not their first SURSAC meeting. Adam felt that he was not being listened to, things he presented or typed in chat were deemed out of scope (even when scientific citations were presented). Adam felt that once their privileges were known that there was a bit more respect and deference to things he was stating, versus when he was saying very similar things as a member of the community and less as an educated researcher and academic. Adam stated they were not comfortable talking about this and that this meeting space has not been cultivated as a safe place for individuals to share their lived experience, which is highly important to inform. Lastly, Adam agreed with and affirmed DeAunte's prior public comments.

### Recommendation Review & Committee Vote Results

As established at a prior meeting, a supermajority of 60% votes is needed for a recommendation to be considered "supported" by SURSAC for inclusion in the Substance Use Recovery Services Plan. "Abstaining" members are not counted in the vote total.

#### #4: Training foster parents – and families of origin – of children with SUD

*Summary: Provide funding for training of foster parents, and families of origin, with children with SUD*

After a synopsis of the recommendation was completed, the following comments were vocalized and acknowledged:

It was reported that there is another, more updated version of this recommendation that also includes kinship caregivers, along with caseworkers.

Biological families and families of origin were added to the recommendation after concern was expressed that they were not already included, which could harm opportunities/chances for reunification. This is to ensure that there is parity within this recommendation for biological families, in that what programs and support that this recommendation provides for foster families also be given to biological families and families of origin.

There was also a suggestion to add DCYF involved parents that are scheduled to reunification, or any family affected by disconnection.

A clarifying question was asked about whether foster parents would or would not be able to possess naloxone. It was clarified that this recommendation is asking that naloxone be provided to parents.

Of the SURSAC Members present and participating in the voting process at the time of voting for this recommendation, below are the captured numbers.

	YES	NO	DEFER	ABSTAIN	Total
#	13	0	0	1	13
%	100%	0%	0%		

#### #5: Amending Paraphernalia Law

*Summary: Amend RCW 69.50.4121 to remove language that prohibits "giving" or "permitting to give" drug paraphernalia in any form, so that programs who serve people who use drugs do not risk class I civil infraction charges for providing life-saving supplies & equipment needed for drug checking, safer smoking equipment, and other harm reduction supplies to engage and support people who use drugs*

After a synopsis of the recommendation was completed, the following comments were vocalized and acknowledged:

By committee request, the language “drug checking supplies/equipment” was added to the recommendation to encompass the use of drug testing machines among drug paraphernalia that would no longer be prohibited.

Clarification was requested as to what this recommendation would mean for individuals that are 18 years old or older versus individuals younger than 18. It was clarified that there is a different RCW for individuals under 18, which is being introduced in the stigma reducing recommendation, which will be later touched on.

Clarification was requested relating to comprehensive drug checking services if this is around paraphernalia which is around test strips that individuals take with them and have on their person. It was clarified that since the law is written so vaguely, that the recommendation is asking the legislature to expressively provide protections for all the above.

It was emphasized that it is difficult make clarifications on drug checking equipment due to the vagueness of the way the current RCW is written, so one cannot objectively indicate whether it does include drug checking equipment or not, so that is why the recommendations calls for making the law include drug checking equipment of all kinds to include FTIR mass spectrometry.

It was suggested that removing the work ‘comprehensive’ from the recommendation would make the recommendation narrower and more focused, since the word, in relation to this context, produces a lot of ambiguity.

It was suggested to abolish all paraphernalia laws altogether since they are ‘byzantine and confusing’. Additionally, if the overall recommendation is to decriminalize substance possession with no penalties, then what would be the need for paraphernalia laws. It was emphasized that one of the components of the ESB 5476 work is amending paraphernalia laws.

A question was asked to who this recommendation is inclusive of, since it does not cover youth, as this is addressed in another RCW, entirely. It was clarified that the current paraphernalia law for selling and/or giving or permitting to give does not specify age, but there is another RCW that does specific age around possession of hypodermic syringes, and it allows individuals 18 and older to possess them if they are doing so to prevention spread of bloodborne pathogens. The current law is not inclusive of all ages, as it is written.

Of the SURSAC Members present and participating in the voting process at the time of voting for this recommendation, below are the captured numbers.

	YES	NO	DEFER	ABSTAIN	TOTAL VOTES
#	9	1	1	1	11
%	82%	9%	9%		

#### #6: BHASO-RNP Data Reporting

*Summary: Establish specific data collection and reporting requirements among BHASOs related to their regional recovery navigator programs, and identifies data to be included in the RNP quarterly reports for SURSAC review to monitor program effectiveness and inform recommendations for improvements*

After a synopsis of the recommendation was completed, the following comments were vocalized and acknowledged:

A question was asked as to whether this recommendation should only focus on hands-on data collection from only Recovery Navigator Program (RNP) or if this recommendation should look at other similar statewide programs. It was stated that, that particular concern would be looked at in the other recommendation to come from the data subcommittee at the October 3, 2022, SURSAC meeting. Other community members agreed with this point and stated that the SURSAC should continue to look at data collection from other programs as well, to implement other programs and community members. Because of how new RNP is, other more stabilized and seasoned programs should be looked at for data.

It was clarified that this specific recommendation is only talking about what data RNP can collect. While there is agreement that there needs to be broader sets of data, this recommendation is specifically to inform the work of RNP.

There was further emphasis that this recommendation seeks funding to implement the data integration platform that can serve as both a common database for diversion efforts across Washington State, but also as a data collection and management tool for practitioners.

A question was asked as to whether there is data being collected related to the time between individuals who enter critical care and then are placed in a residential treatment facility to help identify possible gaps. This was a concern to bring up for the broader data collection conversation.

Of the SURSAC Members present and participating in the voting process at the time of voting for this recommendation, below are the captured numbers.

	YES	NO	DEFER	ABSTAIN	TOTAL VOTES
#	10	0	0	1	<b>10</b>
%	100%	0%	0%		

### #7: Health Engagement Hubs for People Who Use Drugs

*Summary: Establish Health Engagement Hubs to serve as an all-in-one location where people who use drugs can access a range of medical, harm reduction, and social services*

After a synopsis of the recommendation was completed, the following comments were vocalized and acknowledged:

A question was asked as to what services would be available to individuals under age 18 within the recommendation. It was addressed that due to the nature and complexity of the recommendation, that decision would be best left for the implementing partners as this might be impacted by numerous variables, such as location, and what is politically acceptable and feasible.

There was clarification that the recommendation is not specific about age. There is currently a low barrier buprenorphine model in Seattle ran in combination by Ryther, Kaiser Permanente, and YouthCare that involves an outreach model. Youth services are necessary because 75% of opioid deaths for those under 30 involves fentanyl, so there is a tremendous need for this type of program for youth and the harm reduction model at the forefront is welcoming.

Of the SURSAC Members present and participating in the voting process at the time of voting for this recommendation, below are the captured numbers.

	YES	NO	DEFER	ABSTAIN	TOTAL VOTES
#	11	0	0	1	<b>11</b>
%	100%	0%	0%		

## #8: Education & Employment Support

*Summary: Establish education and employment pathways, including training, placement, and supported services*

After a synopsis of the recommendation was completed, the following comments were vocalized and acknowledged:

There was a suggestion to utilize the words ‘family wage’ as opposed to ‘livable wage’ within the recommendation as there is a large difference in wages that can support a family versus a wage that an individual can afford to support themselves on.

A question was asked as to what the expectation is regarding if funding is made available to help individuals in recovery with employment and education training and if there was thought as to who grant funding would go to. It was further explained that this would also create and provide funding for community-based programs to expand into other areas of job readiness and educational training opportunities such as the likes of Community Passageways or Brothers United in Leadership Development (BUILD). The purpose is to be able to expand current programs into other areas to increase those receiving services and to continue to help marginalized communities.

It was emphasized that this recommendation would also create a simple, one-page, low-barrier grant application for organizations to be able to offer these services and to help reduce barriers that would otherwise inhibit access to these types of programs offered by community-based agencies.

A comment was made by a SURSAC member about being very pleased to see an employment and education support recommendation coming forward as the scope of programs offered in the community can be scalable all over the state.

Of the SURSAC Members present and participating in the voting process at the time of voting for this recommendation, below are the captured numbers.

	YES	NO	DEFER	ABSTAIN	TOTAL VOTES
#	8	0	1	1	9
%	89%	0%	11%		

## #9: WA Recovery Help Line and Recovery Asset Tool

*Summary: Expand the WA Recovery Helpline (WRHL) and the Recovery Readiness Asset Tool to provide a robust resource database for those seeking, or directing someone else to, services*

After a synopsis of the recommendation was completed, the following comments were vocalized and acknowledged:

A question was raised as to whether the intent of the recommendation is to talk about where there is currently capacity. It was emphasized that the capacity portion is being worked on as a part of the 1477 work, and this recommendation would eventually like to build that out, however, it’s not there yet. However, we could connect that service to the WRHL. Additionally, that it all comes down to the

infrastructure of the program and there will be pipelines built directly to the various data tables that will feed directly into this program.

There was a raised concern as to the cost of this program to keep it consistently, manually updated. The rebuttal is that discussions with companies that produce similar software (to include Atlas, Shatterproof, and Third Horizons) have all reported that it would not be as expensive as it seems and that individual pipelines that feed into the program are easy to build and sustain if they possess the right permissions.

There was a question as to whether this would have an app function or be completely web-based. It was iterated that there would be both a website for desktop and a primary app function.

Of the SURSAC Members present and participating in the voting process at the time of voting for this recommendation, below are the captured numbers.

	YES	NO	DEFER	ABSTAIN	TOTAL VOTES
#	4	0	5	3	9
%	44%	0%	56%		

**With only one more voting meeting available to confirm SURSAC recommendations for the Plan, this deferred recommendation will be voted on during the meeting on October 3<sup>rd</sup> to allow more time for SURSAC member review and consideration.**

#### #10: Increasing Investment in 0-1 Intercept Diversion & Referral Programs

*Summary: Continue and further increase investment in evidence-based diversion programs that operate along the intercepts 0 and 1 on the sequential intercept model, including, but not limited to, the Recovery Navigator Program, Arrest/Jail Alternative programs, and LEAD; amends RCW 10.31.110 and 10.31.115 to reflect how these programs should be used as part of a statewide arrest and jail diversion system by mandating availability of services within a supportive network of care.*

After a synopsis of the recommendation was completed, the following comments were vocalized and acknowledged:

Someone asked if the intent was to fund other strategies involved in the recommendation (such as mobile crisis response, and triage facilities) or just to fund programs mentioned in the funding portion of the recommendation to include RNP. It was clarified that it is solely to fund the law, RCW 10.31.110, providing proportionate and adequate funding to state regions and counties as supplied within the criminal legal system. The funding requests are broader in scope. This will also provide continued funding to Recovery Navigator Program and Arrest & Jail Alternatives (AJA).

Of the SURSAC Members present and participating in the voting process at the time of voting for this recommendation, below are the captured numbers.



	YES	NO	DEFER	ABSTAIN	Total Votes
#	13	0	0	1	<b>13</b>
%	100%	0%	0%		

### #11: Initial SUD Engagement & Measurement

*Summary: Establish an HCA workgroup to review current processes and workforce needs related to intake, screening, and assessment for SUD services, and determine how to build an SUD engagement and measurement process that is as brief as possible and only what is necessary to initiate care the same day whenever possible*

After a synopsis of the recommendation was completed, the following comments were vocalized and acknowledged:

It was asked if this recommendation calls for a work group to be convened to evaluate ways to reduce barriers that otherwise inhibit access to treatment. It was emphasized that getting into treatment on demand on the same day without evaluations does not happen anymore due to the long wait times. The intent of the recommendation is to work with more flexibility without having to go through specific protocol for individuals to access treatment.

It was further emphasized that this recommendation is different than the Safe Supply workgroup recommendation. This one is calling for the state to take action to enact this and that it is about change. There was acknowledgement that this would call for some rules and laws that may need to be changed for this to happen successfully.

Clarification was asked regarding how the recommendation states that HCA shall convene a work group who shall review current processes and work force needs related to intake screening and assessment for services, and how to build infrastructure to do so. Clarification was provided that the intent is that while the HCA investigate these things, that if certain changes can be implemented sooner than later, that the ask is they do so.

Of the SURSAC Members present and participating in the voting process at the time of voting for this recommendation, below are the captured numbers.

	YES	NO	DEFER	ABSTAIN	TOTAL VOTES
#	12	1	0	1	<b>13</b>
%	92%	8%	0%		

### #14: Safe Supply Workgroup

*Summary: Assemble a statewide workgroup to make recommendations on a framework for safe supply to provide regulated, tested supply of controlled substances to individuals at risk of drug overdoses*

After a synopsis of the recommendation was completed, the following comments were vocalized and acknowledged:

A point was made about the recommendation not mentioning the safe supply model applied to individuals younger than 18 and it was asked if this recommendation also considers that. Another SURSAC member emphasized the importance of this consideration given the number of young individuals that are dying to fentanyl overdoses. Having safe supply access for youth is equally as important to adults.

Strong emphasis was made regarding the number of different safe supply models across the country, as there are models of legalizing drugs where harm can still occur, so it is important to have conversations about how this is done safely, considerations for what is in the best interest of public health and keeping individuals safe while at the same time keeping them away from predatory practices, such as with the early marking of Oxycontin. It was further emphasized that this due diligence can help ensure the disallowance of sharing misinformation that can cause further harm. It is imperative for public health professionals to protect the most vulnerable people, and that includes people under the age of 18 who are just starting to use and to make sure that even if they want use drugs, that they're alive to see the rest of their lives.

A point was made that the work group proposed from the recommendation is informed by individuals with lived experience; those who have used drugs and those who have lost loved ones to drug use. Inclusivity is highly important when formulating a work group of this realm of work.

- Further emphasis was made that this should be the focal point of the proposed work group.

- It was stated that this work group would provide an opportunity to promote less deaths by overdose and to promote health outcomes for these populations, and this workgroup can do things differently that what was mentioned during public comment – that individual voices with lived experience can and should be the focus of this work. Centering versus simply including these individuals is paramount to the success of this proposal.

Of the SURSAC Members present and participating in the voting process at the time of voting for this recommendation, below are the captured numbers.

	YES	NO	DEFER	ABSTAIN	TOTAL VOTES
#	14	0	0	1	<b>14</b>
%	100%	0%	0%		

## Wrap Up & Next Steps

The WHRL Recommendation (#9) will be assessed to incorporate feedback by the Recovery Support Services subcommittee and will be added to the recommendations to be looked at, at the October 3, 2022, SURSAC meeting taking place from 9:00AM-12:00PM.