

# Substance Use Recovery Services Advisory Committee Meeting Notes

June 3, 2024, 9:00AM-11:00AM PST

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

## HCA Executive & Administrative Support

<input type="checkbox"/>	Jason McGill, Executive Co-Sponsor	<input checked="" type="checkbox"/>	Tony Walton, Section Manager	<input type="checkbox"/>	Rachel Downs, Admin Assistant
<input checked="" type="checkbox"/>	Kelley Sandaker, SURSAC Administrator	<input checked="" type="checkbox"/>	Sarah Melfi-Klein, Unit Supervisor	<input type="checkbox"/>	Alex Sheehan, BH Program Manager
<input checked="" type="checkbox"/>	Michelle Martinez, Project Manager	<input checked="" type="checkbox"/>	Brianna Peterson, Plan Writer	<input checked="" type="checkbox"/>	Tim Candela, Health Services Consultant
<input checked="" type="checkbox"/>	Blake Ellison, Meeting Facilitator	<input type="checkbox"/>	Hailee Fuller, Admin Assistant		

## Committee Members (28)

		<input type="checkbox"/>	Amber Cope	<input type="checkbox"/>	Donnell Tanksley
<input type="checkbox"/>	Amber Leaders	<input type="checkbox"/>	Brandie Flood	<input checked="" type="checkbox"/>	Malika Lamont
<input type="checkbox"/>	Sen. Manka Dhingra	<input checked="" type="checkbox"/>	Stormy Howell	<input checked="" type="checkbox"/>	Ady Adwell
<input type="checkbox"/>	Sen. John Braun	<input checked="" 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 type="checkbox"/>	Rep. Dan Griffey	<input checked="" type="checkbox"/>	Niki Lewis		
<input checked="" type="checkbox"/>	Caleb Banta-Green	<input checked="" type="checkbox"/>	Sherri Candelario		
<input type="checkbox"/>	Don Julian Saucier	<input checked="" type="checkbox"/>	James Tillett		<b>Alternates / Optional Attendees:</b>
<input type="checkbox"/>	Shawn Mire	<input checked="" type="checkbox"/>	Christine Lynch	<input type="checkbox"/>	Rep. Jamila Taylor
<input checked="" type="checkbox"/>	Alexie Orr	<input type="checkbox"/>	Sarah Gillard	<input checked="" type="checkbox"/>	Rep. Gina Mosbrucker

## Meeting Attachments

- Meeting Agenda

## Substance Use Recovery Services Advisory Committee (SURSAC) Updates

**Sarah Melfi-Klein**, Blake & Criminal Legal Systems Unit Supervisor with Washington State Health Care Authority, provided some updates to include:

- Provided acknowledgment to the SURSAC Committee and their work in bringing the Health Engagement Hub (SURS Plan Recommendation #7) to fruition. U.S. Senator Maria Cantwell introduced a federal bill to make the Washington innovative comprehensive model nationwide.
  - HCA could not have operationalized this health engagement hub model without the expertise and support of the Department of Health, and their 30+ years of experience supporting low-barrier harm reduction programs.
  - The thought partners at University of Washington Addiction, Drug, and Alcohol Institute (ADAI), both for their research and interviews of syringe service program participants and then really informing that low barrier buprenorphine aspects of the health engagement hub model through years of implementation at several sites across Washington.

## Public Comment

- No Public Comment.

## Walk-on Item Requests

- No Walk-On Item Requests.

## Icelandic Model

**Aaron Sparck**, Office of Tribal Affairs Administrator, with the Washington State Health Care Authority, shared updates to include:

- Staff from Washington State HCA, Office of the Governor, and five different tribes went to Iceland to learn more about their prevention model, as over a 28-year period, went from last to first in substance use disorder prevention services. These five tribes are working with Planet Youth out of Iceland to bring this data-driven model to their communities across Washington state.
- This collaborative work has been working for over a year. There is preliminary funding for Year #1 of this model, which is exciting, yet daunting. This program has a 10-year pilot life. The first year is feasibility and hopefully having a pro forma over the 10 years happening after year 1. Data will not be able to be utilized until year 5. While it is daunting, prioritizing the safety of the tribal youth is much more important, even in the midst of changing whole tribal government structures to make this model work. The project is roughly 20-25 million dollars over 10 years.

## Questions and Comments for Aaron Sparck RE: Icelandic Model

**Q: Can you describe the mechanism for how healthcare is paid for within the native populations, both locally and broadly? Is it fully funded by the tribes and the federal government or is there some private funding as well?**

A: It is not fully funded in any way. There was a government report that states based on the treaty rights and system cost, itself, the total funding came out to roughly 35%. However, this is with an undercount of all tribal communities across Washington. They do also get some funding from the federal government, and it goes to the state who have control over how those federal dollars are spent. The model will not pay for 100% of the healthcare. Largely, it's a planning endeavor that's going to be undertaken to align government systems to start saying resources can be used in certain kind of a way. We are trying to establish a large-scale community planning model to address the crisis for tribal communities to be safe and to reduce risk behaviors.

**Q: Often time, a lot of planning is undertaken, but then the support does not always necessarily follow through. Is there a Plan B just in case that needed supports are not in alignment with what is actually getting planned?**

A: Yes. They are also working with private donors and charitable foundations to secure additional sources of funding. It's definitely on our minds knowing that public health system, especially with prevention models, aren't necessarily something that are prioritized and spending and healthcare system. There is also a core group of elected tribal officials, along with a small group of state officials, whose sole job is dedicated to dialoguing and attempting to secure funding to keep this pilot project funding.

## **Recovery Navigator Program (RNP) Report / Dashboard Review (2024 Q1)**

**Brianna Peterson**, Technical Plan Writer, with the Washington State Health Care Authority, shared a presentation on RNP/Dashboard Review for Q1 2024 to include:

- Overview
- Updates
- Referral and Outreach Data - Q1 2024
- Case Management Data – Q1 2024

## Questions and Comments for Brianna Peterson RE: Recovery Navigator Program (RNP) Report / Dashboard Review (2024 Q1)

**Q: Of the law enforcement referrals, how many of them are arrest diversion? And, with the referral and outreach, you're saying that there's two encounters to every referral during outreach or does that mean before they sign the multi-party release of information (ROI) and engage in services?**

A: Yes, it is before they sign the ROIs and engage in either case management or intensive case management. From there, they shift to case management information once engaging in services.

**Q: The way the current workbooks are set up, I do not think we capture this type of information. If we are talking about things we would like to see, it is a trend for public use and so I am throwing that out as a trend to follow if we are able to.**

A: I, too, was considering changes to assist in capturing the criminal justice aspects, with pre-trial diversion and prosecutor office referrals. In speaking with the ASOs, there are also a lot of referrals coming from local individuals and businesses. There is indeed a lot that we are not seeing right now, and this feedback is acknowledged.

**Q: In looking at the captured data on the RNP slide deck RE: estimated unduplicated clients, newly enrolled in intensive case management, and newly enrolled in light case management, was there any contact with any transgender individuals throughout this space? There is a large transgender community in South King County, and I am curious if they are being contacted as the graph says 0%.**

A: Regarding the graph, when you do not see a percentage or if the graph says there is 0%, there is an actual number tied to that specific population. The probably is that it is most likely a number under 11. We cannot provide the actual number due to number suppression if it is smaller than 11. It is done that way to protect against the possibility of reverse engineering to make it easier to obtain identifying information as to whom these individuals are.

- A SURSAC meeting attendee further elaborated that this is also the type of information that some individuals may not want to disclose until some trust has been built between the RNP staff-persons and the client. We wanted to show that in the transition between the data being captured on the referral side and what we are able to share on the case management side. There is outreach being done. The small number suppression gets very important when we're talking about regional data and the smaller regions where individuals more likely know one another. So, it's just important for confidentiality, but with the acknowledgment that it does create a hiccup when we're trying to share the good work that RNP is doing in the community.

**Q: With South King County being one of the more diverse regions, can you explain a bit more on the 37% unknown on the Race Distribution graph? And 21% on the Gender Distribution graph?**

A: This would indicate that the individual either did not want to disclose that specific information or it was not captured during the initial encounters made with the individual. There is a shift when it comes to case management later on as this information tends to be revealed. This data can also be difficult to capture at times, especially when really busy or when an individual may be in a crisis. HCA is looking at different strategies to better capture this information.

- A SURSAC meeting attendee further shared that they hear the concerns of data representation and wanted to reiterate that RNP also wants to ensure that they are never forcing an individual to provide identifiable information they are not yet comfortable with sharing. We want to honor the individual regardless of how much or how little identifiable information they provide.

#### COMMENTS:

- A SURSAC Committee member shared that a more comprehensive data collection system will work better than a spreadsheet to capture the data that ASOs and others are wanting to see. The state has made investments in Julota, which created a data framework for the LEAD Model, of which RNP is based upon. Further, it is responsive to case management input, ways for other entities to extract data that is 42 CFR and HIPAA compliant, to obtain a more comprehensive picture of what is going on.

- A SURSAC Committee member shared that as someone who has done crisis response and collected data from individuals while in crisis, there is a way to do so in a respectful manner and that there is a problem in framing that the lack of data collection is being respectful to people. When we look at the cascade of care, if data is not being collected at the beginning and those individuals do not continue to engage, they are erased, and the data depicts as if there is no issue. From there, we are not able to see where individuals are falling out of care and where care is not meeting the needs of the community. From here, it becomes a deeper equity issue and reinforces health disparities. There is a lot of money being spent and it is not okay to say that it will take a full five years to figure out data collection.
- A SURSAC meeting attendee shared that the data collected is concerning and while the RNP program does amazing work, they are not seeing a large enough outreach of communities of individuals that do need these services and wanted to ensure that this is being addressed as HCA has conversations internally and with the BH-ASOs/RNP programs about this.

### North Sound BH-ASO – Recovery Navigator Program (RNP) Highlight

**James Dixon**, from the North Sound BH-ASO, and **Paul Lewis** and **Teresa Tilton** from Compass Health, the San Juan County RNP providers, shared updates, challenges, and successes on their program to include:

- Challenges of traveling and operating within the four islands that make up San Juan County
- Staffing
- Challenges and successes of creating a sequential intercept model across San Juan County and ensuring that the agencies siloed by their island locations are able to work together for the betterment of their RNP clients.
- ROI and Community Care Coordination
- Success Story

#### Questions and Comments for James Dixon, Paul Lewis, and Teresa Tilton RE: North Sound BH-ASO – Recovery Navigator Program (RNP) Highlight

**Q: Could you provide some contact information about your program.**

A: Yes.

COMMENTS:

- A SURSAC committee member wanted to give kudos to the amazing work that the San Juan County RNP is doing, especially amidst having to coordinate travel and charter to different islands, and in working together to provide services across the entire county.

### Walk-on Item Follow-Up

- No Walk-on Item Follow-Up.

### Public Comment

- No Public Comment.

## Next Steps

1. Kelley will send out the next SURSAC agenda prior to the July 2024 Meeting.