Substance Use Recovery Services Advisory Committee Meeting Notes

July 1, 2024, 9:00AM-11:00AM PST

Meeting Recording: <u>Substance Abuse Recovery Services Advisory Committee -</u> YouTube

HCA Executive & Administrative Support

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

Committee Members (28)

		\boxtimes	Amber Cope		Donnell Tanksley
	Amber Leaders		Brandie Flood	\boxtimes	Malika Lamont
	Sen. Manka Dhingra	\boxtimes	Stormy Howell	\boxtimes	Addy Adwell
	Sen. John Braun	\boxtimes	Chad Enright	\boxtimes	Kevin Ballard
\boxtimes	Rep. Lauren Davis		John Hayden		Hunter McKim
\boxtimes	Rep. Dan Griffey	\boxtimes	Niki Lewis		
\boxtimes	Caleb Banta-Green		Sherri Candelario		
	Don Julian Saucier	\boxtimes	James Tillett		Alternates / Optional Attendees:
	Shawn Mire		Christine Lynch		Rep. Jamila Taylor
\boxtimes	Alexie Orr		Sarah Gillard		Rep. Gina Mosbrucker

Meeting Attachments

- Meeting Agenda
- SURS Plan Recommendation #4
- SURS Plan Recommendation #8
- Passageways to Recovery, Employment, & Education (PREE) Slide Deck
- Trends in Children Entering Out-of-Home Care Slide Deck

Substance Use Recovery Services Advisory Committee (SURSAC) Updates

Tony Walton, Adult Substance Use Disorder Section Manager, shared that **Michael Langer**, Deputy Division Director and SURSAC Committee Chair, has officially retired after 38 years of state service. Teesha Kirschbaum and Teresa Claycamp are discussing who will be the new Chair of the SURSAC, at which time the committee will be notified.

Public Comment

• A meeting attendee shared that they appreciated that HCA was going to have ongoing weekly meetings related to SURSAC, they wanted to draw attention to the fact that there are a lot of individual attendees with great ideas and ways to contribute. They understand this is complicated work as Washington has been attempting to restructure drug policies. They are hopeful HCA can lean in more and ask for assistance and that HCA not be defensive when this advice is given.

Walk-on Item Requests

• No Walk-On Item Requests.

SURS Plan Implementation Update & Consultation: Training for Caregivers of Youth with SUD

Chloe Wilkins, with the Prenatal-to-25 Section of the Division of Behavioral Health & Recovery at Health Care Authority, shared updates on the Training for Caregivers of Youth with SUD.

- Beginning March 2021, HCA has partnered with Washington State Community Connectors to
 provide twelve 16-hour trainings per each contract year; a program that is advertised for
 parents and family members, highlighting the importance of peer work within family systems. In
 January 2024, these trainings have included additional modules to this training to address the
 requirements of 2E2SSB 5536, which includes topics that are related to fostered individuals,
 involving youth, their families, and caretakers, suicide prevention, and medication for opioid use
 disorder. These extra modules are anticipated to be released starting July 2024. A version of the
 training can also be accessed outside the scheduled virtual trainings through online and selfpaced modules at www.SUDWashington.com.
- These trainings are advertised through various mediums such as Washington State Community Connectors, Community and Provider Networks, the GOV Delivery Messaging system, Athena Forum, and in collaboration with DCYF, will be shared through multiple channels including but not limited to juvenile or rehabilitation, extended foster care, their UD program, regional leads, and their child welfare provider network.

• HCA want to ensure that as this training develops and evolves, they are made more easily accessible to families and caregivers and incorporate evidence-based models and frameworks for skills development. Additionally, they would like to provide opportunities for community feedback as the new curriculum is developed.

Questions and Comments for Chloe Wilkins RE: SURS Plan Implementation Update & Consultation: Training for Caregivers of Youth with SUD

Q: Is there a stipend policy for attendees to be able to attend the training that cannot afford to miss work?

A: There is currently not, but this is great feedback to be considered as the program is being looked at for remodeling.

COMMENTS:

- A SURSAC Committee member stated that the initial version of the program in 2019 was envisioned to mirror <u>NAMI Family-to-Family</u>, an eight week program providing information and support for individuals impacted by caring for someone living with mental health challenges. There was no such equivalent for those impacted by SUD. The current iteration of the trainings, being offered in four, 4-hour blocks, makes it difficult to access as most are during the day. Structuring the program to be less time over a longer-period, such as NAMI Family-to-Family, would make this program more accessible to those that need this resource. There was appreciation for the self-paced version of the training. They also envisioned the program would invoke more of a CRAFT model, which is the best evidence-based model for supporting families in a non-coercive and non-confrontational way. It is also most efficacious at supporting people in their recovering journeys.
- A SURSAC Committee member shared that CRAFT works very well and what was missing out of ways to distribute the training is that it could also be offered through schools with the expressed potential to reach more individuals and their families.
- A SURSAC Committee member shared that the Safety-First Model researched and put out by the Drug Policy Alliance has been tested in both urban & rural environments and schools and school districts. It provides education about the risks of substance use and the effects of substance use on the body so that one can better understand it.
- A SURSAC Committee member also shared that this training and further educational opportunities could also be shared by treatment providers.

SURS Plan Implementation Update & Consultation: Pathways to Recovery for Employment and Education (PREE) grant program

Lisa Bennett-Perry, Recovery in Community Supervisor with the Washington State Health Care Authority, shared updates on Pathways to Recovery for Employment and Education (PREE) grant program to include:

- History and Review of Proviso 33 Employment & Education Grant
- Five agencies received PREE grants contracts executed between December 2024 January 2024 and services began between February 2024 March 2024
 - Consistent Care (Pierce County)

- Friends of Youth (King County)
- Native American Reentry Services
- Peer Washington (Thurston County & Seattle)
- Yakima Neighborhood Health Services (Yakima County)
- PREE Services
- Data Timeline (March-June 2024)
- Race/Ethnicity Data of Populations being served
- Percentage identifying as 2SLGBTQIA+
- Housing Status
- Education Status Upon Enrollment
- Success Story with Pier Seattle
- Individuals with questions can reach out to Lisa Bennett-Perry at <u>Lisa.Bennett-</u> <u>Perry@hca.wa.gov</u> and Andrea Bean (Dre) at <u>Dre.Bean@hca.wa.gov</u>

<u>Questions and Comments for Lisa Bennett-Perry RE: SURS Plan Implementation Update & Consultation:</u> <u>Pathways to Recovery for Employment and Education (PREE) grant program</u>

COMMENTS:

• A SURSAC Committee member applauded the populations being served as rarely do we see the BIPOC and other disproportionately served communities being served so well. They also wanted to voice that the Foundational Communities of Support program uses the IPS model and that this program assists in augmenting FCS programs.

Department of Children, Youth, & Families <u>SB 6109</u> Follow-Up – Trends in Children Entering Out-of-Home Care

Dr. Vickie Ybarra, Assistant Secretary of Partnership, Prevention, & Services with the Washington State Department of Children, Youth, & Families (DCYF) shared a presentation on Trends in Children Entering Out-of-Home Care, which included:

- Long-Term Trends
- Children & Youth In Out-of-Home Care FY 2011-2023 (Statistics)
- New Screened-In Intakes Following Closure
- 1227 and Plan of Safe Care
- Entries into care have decreased by 19.3% since the new policies went into effect
- Entries into care are down across all categories, while participation in voluntary services is increasing somewhat
- Largest reductions in out-of-home placements are among infants
- Fentanyl-Related Critical Incidents are Increasing among children in Washington State
- SB 6109 (2024) Legislative Findings
- Legal Liaisons and Hospital Holds
- DOH Workgroups
- Court Training
- Services for Families
- Other resources to address High Potency Synthetic Opioids (HPSO)

- HPSO's and Safety
- HPSO's and Environmental Safety
- Harm Reduction
- Yes, we can plan safety plan on HPSO-related cases

Questions and Comments for Dr. Vickie Ybarra RE: Department of Children, Youth, & Families 6109 Follow-Up – Trends in Children Entering Out-of-Home Care

Q: Where can information be found on the different assessments for HPSO versus other kinds of compounds?

A: The structured decision-making assessment is the same. There is a webpage on the DCYF site that speaks to the use of structured decision-making.

Q: I saw the mention of medications for opioid use disorder and transportation medications for opioid use disorder. What efforts are being made to actually bring these medications to people in their homes? This is also given the fact that this can stabilize a person with opioid use disorder within hours. I am wondering what resources DCYF has to actually bring healthcare providers into the homes or the use of telemedicine to get medication initiated and delivered to their homes.

A: Their program manager staff and caseworkers would really be interested in hearing more about the resources. There is a mobile MAT and unit delivering medication, and they would appreciate the opportunity to further partner and refer these kinds of services. As it stands, case workers are not able to bring medication themselves into the home, but it would require a referral.

Q: The statistics shared regarding critical incidents – was it proportional? Is it 33% of the 51 total or 33 out of 51?

A: 33 out of 51.

Q: What are the fentanyl test strips going to be used for?

A: I don't have a current answer to that but can find out.

Q: Since harm reduction activities across the state are under attack and access to treatment and sharps containers is something that is decreasing, especially in some of our smaller communities, I was wondering, will they be handing out ways for people to lock up their paraphernalia, such as sharps, containers and such?

A: We do give out SHARPS containers now, in addition to lockboxes.

Q: Is family spirit in the home visiting service array?

A: Yes.

Q: Did the statistics for critical incident include overdoses for Green Hill?

A: No. These statistics are critical incidents for fatalities and near fatalities for children who have had child welfare involvement in the last 12 months.

Q: Do the DCYF caseworkers doing the work hold any specific credentials or certifications?

A: No. It is not a requirement of staff. DCYF was given funding to put SUD professions in the regions to help support the caseworkers and work directly with families on referral. They were given a total of 12 throughout the state and there are currently 11 SUD professionals across their six regions.

Q: Will we be tracking which resource referrals are utilized?

A: We have some information from case reviews as to the types of services that families are referred to and engaged in, but not consistent quantitative data. DCYF is working with RDA and HCA to stand up regular reports related to treatment penetration rates, which varies vastly throughout the different parts of the state.

COMMENTS:

- A SURSAC Committee member cited that it was their perception that the service piece of the bill was not well connected with the population intended to be served. It was more of a "grab bag" of services and they do not feel there was as much consultation with served populations as there could have been. Perhaps HCA or DCYF staff can shed light on which home visiting programs will be funded in the legislation to perhaps tie medication delivery to these programs.
- A SURSAC Committee member cited that regarding the fentanyl test strips, there's a high rate of false positivity with the that tool and it's not designed to be used as an investigative tool. During legislative session, there was a lot of one of our concerns that VOCAL Washington was that was how it was going to be used with families. We were told that it was going to be used as a relationship building tool for the individuals that are using drugs and they want to make sure that is still the case.
 - It was confirmed they are not sued as part of an investigation tool.
- A SURSAC Committee member stated that most of the overdoses at Green Hill were among residents who wouldn't have fit that definition, so they do not for the bill text. Also, the fentanyl test strips are to be given to DCYF staff to use on scene or to distribute to families.

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Recovery Navigator Program (RNP) Highlight: Great Rivers BH-ASO

Lisha Coates, RNP Program Administrator of the Great Rivers BH-ASO, alongside **Robin Cozad** and **Joey Bannish**, Founders of Destination Hope & Recovery, shared highlights of RNP and a historical retrospective of DHR.

Questions and Comments for Lisha Coats, Robin Cozad, and/or Joey Bannish RE: Recovery Navigator Program (RNP) Highlight: Great Rivers BH-ASO

Q: Can you speak to when you are partnering with drug courts in your region – how the limited resources for RNP compare to the resources available to drug courts, and how to ensure that a participant that might be in both programs has funding prioritized when this happens?

A: Usually, we only working with Drug Court participants when they're in that very like first or second phase when they're not stable at all in their life. When they phase up, they move off RNP caseloads and focus solely on drug court. It is also dependent on the funding available in drug courts. For example, Cowlitz County does not have a large funding pot for drug courts, and it is also dependent on the housing availability throughout each county. It truly is dependent on the uniqueness of each case and resource availability to support them however is needed.

COMMENTS:

- A SURSAC committee member commented that Drug Court participants have an unusually large number of resources, and drug courts can generally pay for larger numbers of clients.
- A SURSAC committee member commented that there are a lot of factors, including competition and political concerns, that happen in a lot of different regions, and it isn't helpful for individuals that have been experiencing these factors, no matter their background, to editorialize around what their perceptions from their perspectives, especially when we are not getting a full picture of all the dynamics up front.

Walk-on Item Follow-Up

• No Walk-on Item Follow-Up.

Public Comment

• No public comment from attendees.

Additional Comment

- A SURSAC Committee member highlighted that it would be interesting at a future meeting to hear about the increase in overdose death rates after the law changed, as well as the increase of in custody death rates.
 - It would also be interesting to have a conversation regarding late night jail releases where services are closed, and people often do not have resources to go to or places to stay. It would be interesting to look at how these factors impact the capacity of RNP to engage court/diversion referrals.

Next Steps

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