

Substance Use Recovery Services Advisory Committee Meeting Notes

January 3, 2022, 9:00-11:00am PDT

Meeting Recording

[WA State Substance Use Recovery Services Advisory Committee Meeting 1/3/22 - YouTube](#)

Attendance

HCA Executive & Administrative Support					
<input checked="" type="checkbox"/>	Jason McGill, Executive Co-Sponsor	<input checked="" type="checkbox"/>	Tony Walton, 5476 Project Manager	<input type="checkbox"/>	Rachel Downs, 5476 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

Committee Members					
<input checked="" type="checkbox"/>	Michael Langer	<input checked="" type="checkbox"/>	Amber Daniel	<input checked="" type="checkbox"/>	Donnell Tanksley
<input checked="" type="checkbox"/>	Amber Leaders	<input type="checkbox"/>	Brandie Flood	<input checked="" type="checkbox"/>	Malika Lamont
<input checked="" type="checkbox"/>	Sen. Manka Dhingra	<input type="checkbox"/>	Cheryl Rasar	<input checked="" type="checkbox"/>	Addy Adwell
<input checked="" type="checkbox"/>	Sen. John Braun	<input checked="" type="checkbox"/>	Chad Enright	<input type="checkbox"/>	Local Gov Rep - VACANT
<input checked="" type="checkbox"/>	Rep. Lauren Davis	<input checked="" type="checkbox"/>	John Hayden	<input type="checkbox"/>	Youth Rep 1 - VACANT
<input type="checkbox"/>	Rep. Dan Griffey	<input type="checkbox"/>	Marshall Glass	<input type="checkbox"/>	Youth Rep 2 - VACANT
<input checked="" type="checkbox"/>	Caleb Banta-Green	<input checked="" type="checkbox"/>	Tyler Gagnon		
<input type="checkbox"/>	Victor de los Santos	<input checked="" type="checkbox"/>	Hallie Burchinal		Alternates / Optional Attendees:
<input type="checkbox"/>	Kierra Fisher	<input checked="" type="checkbox"/>	Theresa Adkison	<input checked="" type="checkbox"/>	Rep. Jamila Taylor
<input type="checkbox"/>	Alexie Orr	<input type="checkbox"/>	Sarah Gillard	<input type="checkbox"/>	Rep. Gina Mosbrucker

Notes

Notes in this format indicate comments made in the chat

Member introductions included Addy Adwell and Representative Jamila Taylor.

Three committee seats remain open as of this meeting (2 for youth, one for representative of local government).

14:20 -- Committee Norms & Expectations (AKA Ground Rules)

- Please use language that is helpful
- Assume positive intent from all comments and feedback, including when outdated or less progressive language is used and when correction reminders are offered
- When issues of language are brought up, positive and gentle reminders against language that is harmful such as misuse in exchange for abuse.

Quick terminology check as language is always evolving: Why does NIDA use the term "misuse" instead of "abuse"? NIDA uses the term misuse, as it is roughly equivalent to the term abuse. Substance abuse is a diagnostic term that is increasingly avoided by professionals because it can be shaming and adds to the stigma that often keeps people from asking for help. Substance misuse suggests use that can cause harm to the user or their friends or family. <https://archives.drugabuse.gov/publications/media-guide/science-drug-use-addiction-basics>

- Staying solution-focused, we are navigating a broken system, offer solutions to the problems and inspire creativity
- Be fearless, willing to state our ideas with the recognition that the group will be open to hearing them

We have important positions that aren't filled, the application time frame was extended until December 31. A few applications were submitted, and committee voiced that they would like to have the positions and application pool stay open until filled. Currently the youth position is targeted towards youth 21 years and younger, Sen. Dhingra made a point to review the bill for understanding and limitations of what the word "youth" directs regarding if it is 21 years old or if it can be raised to 25 years old. HCA's BRIDGE Training suggested the cut off for youth peer support is 25.

Committee makes it a point to be thoughtful when it comes to including people with lived experience to processes that are meaningful to that demographic, those who are not the usual committee members. Reach out to various organizations may be helpful to getting more applications and possibly offering insight for what goes into participation of a meeting for the youth positions.

A suggestion was brought up surrounding the timeframe on when meetings are held, if the structure we have is conducive to those who are impacted by the decisions being made. Youth may have barriers to current meetings with conflicts such as work and school. There was also a suggestion in the chat about creating subcommittees comprised of people with lived experience as well.

27:50 -- Survey Response Review & Community Experience of Service Navigation

A survey went out to committee members prior to the meeting, to collect responses for six questions related to the perceived availability and accessibility of treatment and recovery services, with the aim of adding committee members' perspectives to existing work being done within other HCA-led projects (e.g. the Roadmap to Recovery and State Opioid Response Plan). Harm reduction, communication/

outreach, and policy surfaced as themes from committee members' responses and were used to guide discussion.

HCA has contracted with ADAI to do a Strengths Weaknesses Opportunities Threats analysis to support the Roadmap to Recovery work. We're talking with diverse stakeholders within each ACH region. This will provide a systematic look statewide and will take several months. Naturally it is important we have an immediate dialog on these same topics to inform our conversations now. But know there will also be systematic, statewide info coming as well.

Harm Reduction

There is still an old school mentality that abstinence is the only form of recovery. The “hard sell” on harm reduction is getting people open to the idea that there are other paths to recovery, like medication-assisted treatment, or safe injection sites, or needle exchanges. If successful recovery was only about stopping drug use, then we could just focus on detox – we wouldn't need treatment. There is more to recovery than just stopping drug use. Harm reduction offers more paths to recovery and is a better way to save lives. Using harm reduction services is a better way to save lives.

Needle exchange programs were successful when they were mobile and able to come directly to someone's house to deliver an order of clean needles and pick up used needles. Rural communities tend to be underserved in these types of services. The addition of having Narcan at needle exchange program locations can be lifesaving, giving people a chance to make further progress toward recovery. Harm reduction practices are linked to needles and the need for education to the various groups and communities is important to demonstrate that there is more to harm reduction than just needles.

Some people associate harm reduction with “enabling” and there is a need to help people understand that it opens doors to recovery because it keeps people engaged in treatment and recovery services. Finding who are the champions that can communicate the successes to the community have been shown to be people who have been in the process and who have lived experience. Outreach workers who are out there in the communities have been useful to make the connects to services needed. Focusing efforts on outreach and education, targeting existing treatment providers to expand knowledge of the intent of harm reduction services.

Outreach & Communication

Often because harm reduction workers are focused on the people they are trying to serve, public relations work is not always able to be done. But attitudes are changed when people see the positive impact. So finding the champions who can communicate that, how their lives have changed, can be a way to address the hard sell. Law enforcement involved in LEAD can also talk about the benefits and impact of harm reduction.

Testing sites with needle exchange vans (like the one provided by Pierce County Public Health) can be a source of education outreach. Some people may not know about fentanyl and how dangerous it is until being handed a fentanyl test kit when they are using a harm reduction service.

There is a need for more outreach workers, especially in rural areas. These are a crucial group for getting information out to people seeking services. In the absence of outreach workers, people will turn to other people with living experience as a source of information.

Policy

Outreach is not typically covered under Medicaid and insurance, which contributes to shortages. The hurdle is finding a payment mechanism for outreach work so that it can be supported by the state. Need to consider how to bill for a service that could look like getting sandwich and coffee with someone and sitting down to talk with them. Changes are needed in the way we think of engagement and treatment.

Providers are expressing needs related to training and services for behavioral health, SUD, and harm reduction. SUD care is provided in many different settings and meeting people where they already are and figure out a way to become less siloed between types of services.

ADAI released a survey conducted on housing providers about client and staff needs for BH, SUD and harm reduction services and training: <https://adai.uw.edu/adai-report-housing-program-staff-want-more-training-to-address-substance-use/>

Viewing harm reduction as a tertiary treatment is a mistake because it should be interwoven into everything – if we wait to offer harm reduction until after offering treatment services to a 15-year-old using fentanyl, it may be too late.

The family law bar is not well versed in working with families with SUD challenges. There's much trauma among people who would really benefit from harm reduction but still want to be in contact with families. A lot of the arguments made within family law are part of the political policy rhetoric mentality that only abstinence is acceptable: until you can prove you've had zero contact with substances you can't have access to your children, or you require supervised visitation (incredibly expensive). These barriers lead to setbacks in recovery and are amplified in community conversations.

It is crucial to recognize that harm reduction can be offered along a continuum of care – not just as one type of programming. Harm reduction education is needed at every level of the health care system (e.g., primary care clinics) and the legal system (e.g., family court). The committee could work on policy changes to support this.

The whole process must be seen as evolutionary, as old attitudes are hard to change. There's a school of thought that MAT (medication-assisted treatment) is simply substituting one type of drug for another, that this just pushes the problem down the road and isn't true recovery,

59:20 -- Discussion of Barriers to Services

- One of the biggest challenges in Walla Walla is the lack of medically-assisted detox (have to go to Yakima, Spokane, or Oregon) withdrawal management providers.
- Individuals in the Walla Walla region must travel hours to reach the nearest methadone clinic, and there are lots of people who don't even have access to transportation to make that drive

- A solution (already implemented in other areas) might be to send outreach workers to meet people where they are at and give them long-acting medications / injectables.
- Not sure where to find funding for these outreach services, especially when there is no charge for peer support services. Most funding comes from grants.
- There is a disconnect between the types of staff required to medically manage withdrawal according to WAC requirements for Opioid Treatment Programs (doctors, registered nurses), and what those programs are able to bill for / get paid for. Many programs lack the funds to have a nurse on staff. Changes are needed (e.g. adjusting staffing requirements and/or billing policies and rates) in order to create alignment between what is available, what the WAC states, and what OTPs can pay for

There will be a withdrawal management facility opening in the Tri Cities that the state is helping to fund

<https://keprtv.com/news/local/plans-for-tri-cities-recovery-center-gain-momentum>

- Many pregnant and parenting people are afraid of engaging with recovery services even in “resource-rich” areas to get their needs met. Expanding funding for culturally-relevant doula services for people with SUD could help – doula services have been effective for improving outcomes for both child and mother.
- There are a lot of hurdles for people in Oxford housing. Getting the medications that they need and being able to get to the places where they’d get them (e.g. methadone clinics). Another hurdle is completing MAT treatment programs – for example, requiring that people have a job and are clean and sober for 9 months before program is considered complete.
- Recommend more treatment sites and recovery houses that allow children in them. Being able to connect with their children at recovery housing sites helps to sustain the relationship.
- Spokane has many barriers to those who want to access help: hard to get an assessment, hard to navigate quickly from assessment into care. The window of opportunity for an individual to be successful is narrow, and the flow of services does not move fast enough to engage people during that window of readiness. Even when a person is familiar with available services, it doesn’t guarantee help at the time help is needed.
- There are a lot of resources for parents who have custody of the children, but getting insurance, housing, and legal advocacy can be harder for non-custodial parents trying to get into recovery. Goodwill Industries conducted pilot program for non-custodial parents, providing job training to help them make child support payments (Amber received her welding certification through this program and it supported her recovery compliance) and more initiatives like this are needed
- When a person is ready for recovery services and schedules an appointment, the appointment is often several weeks away. When that appointment is missed, it is unlikely that the overworked staff will circle back to that person to try to reschedule. Outreach to provide reminders and sustain engagement prior to the appointment will help reduce no-shows and increase likelihood of someone entering recovery services during the window of readiness. Could be supported with use of technology (e.g. apps, texting, etc.)
- When a person seeking recovery is met with judgment from staff (especially those in positions of initial contact, e.g. front office, answering phones), it reinforces stigma and shame, and greatly reduces likelihood they will try again.

1:27:00 -- Public Comment

Lisa Daugaard: Based on our work with LEAD, it's completely possible to generate support for harm reduction approaches. What's always popular is teams of people who come solve actual problems in front of others, taking what appeared to be an unsolvable situation and show progress: This is the problem we had, this is what we did about it, this is the progress we made. Business groups, public safety groups – it's amazing how fast they can swing into support for harm reduction as long as they're used to solve their actual problems. We can help to provide support.

Brad Finegood: Regarding workforce issues, policy issues, managed care related issues, there's the question of whether people can access our system of care, and then there's the question of whether ours is the right system of care. We have a system of care that is so regimented, leading to situation where someone can't care because they smoke marijuana even though they've stopped using heroin and methamphetamine. And that's heartbreaking because those are the folks who will show up in overdose death numbers because they couldn't access care. The other thing is, there's nowhere for folks to go – if the first step in our system is detox, what happens to the people who don't want to detox? Also encourage the committee to lean into the voices of people who are actively using drugs to help inform policy. Communities of color that have unique experiences and should be represented.

Thea Oliphant-Wells: Wondering why there isn't more representation from harm reduction organizations on the committee? Concerned by the amount of criminal justice people involved in the committee. (Michael Langer: The areas of representation for the committee were mandated in the ESB 5476 bill)

Jessica Blose: It could be helpful for our state to explore ambulatory withdrawal management (withdrawal services offered at outpatient level of care, since not everyone would need to go to an inpatient setting in a controlled environment) – this could help address a gap in services that's needed.

Brad Finegood: Encourage everyone to take a look at the ADAI Syringe Exchange Survey to better understand people who are having trouble accessing systems of care, and what systems of care people really need.

Action Steps

No immediate action steps assigned