

# Substance Use Recovery Services Advisory Committee Meeting Notes

March 6, 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 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 type="checkbox"/>	Amber Daniel	<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 type="checkbox"/>	Addy Adwell
<input type="checkbox"/>	Sen. John Braun	<input checked="" type="checkbox"/>	Chad Enright	<input type="checkbox"/>	Kevin Ballard
<input type="checkbox"/>	Rep. Lauren Davis	<input type="checkbox"/>	John Hayden	<input checked="" type="checkbox"/>	Hunter McKim
<input type="checkbox"/>	Rep. Dan Griffey	<input type="checkbox"/>	Sarah Melfi-Klein	<input type="checkbox"/>	Youth in Recovery - TBD
<input checked="" type="checkbox"/>	Caleb Banta-Green	<input checked="" type="checkbox"/>	Sherri Candelario		
<input type="checkbox"/>	Don Julian Saucier	<input type="checkbox"/>	James Tillett		<b>Alternates / Optional Attendees:</b>
<input type="checkbox"/>	Chenell Wolfe	<input checked="" type="checkbox"/>	Christine Lynch	<input type="checkbox"/>	Rep. Jamila Taylor
<input type="checkbox"/>	Alexie Orr	<input type="checkbox"/>	Sarah Gillard	<input type="checkbox"/>	Rep. Gina Mosbrucker

## Meeting Attachments

- [Meeting Agenda](#)
- [Recovery Navigator Program – Quarterly Report 2022-Q4](#)
- [Foundational Community Supports \(FCS\) – Supportive Housing and Apple Health and Homes](#)
- [Housing First Expansion](#)
- [Oxford House](#)

## Public Comment

- A comment was made that there will most likely be more amendments. Additionally, hope was voiced that the basic architecture of ESSB 5536 remains intact through the current Legislative Session, although it could change. While it remains clear that there will more than likely be future amendments to the Bill, the key takeaway is that if an individual is convicted of simple possession of narcotics, this approach could tie the hands of judges and prosecutors. As it stands, concern was raised that Judges would have no choice but to convict an individual, causing tremendous harm to the livelihood of the defendant and their families, all because of a legislative determination that judges wouldn't have any recourse over. There is a mandatory minimum for second and third violations of treatment requirements. If an individual goes through a suspended sentence and referral to treatment, there is less leeway on part of the courts as a current amendment reports that individuals must now make substantive progress in treatment rather than meaningfully cooperate, which could make for potentially harsher punishment. There will be people who struggle, and as of the current amendments, prosecutors and judges are prevented from imposing sanctions in a way that could be more support and constructive to an individual's journey of recovery.
- Regarding the firearm amendments to the Bill, an individual thought it was voted down and asked for elaboration on its current status. It was affirmed that some members voted 'no' in part of that but there is strong belief it did not pass. The vote on the overall set of amendments was close.
- As the Recovery Navigator Program is completed voluntary and non-coercive by nature, so if law enforcement or prosecutors are encouraged to divert and refer people to other services, but then there's this kind of compliance component involved in this. RNP is not providing treatment, it's like a peer support help you connect to resources and 'walk with you' type of program. There's no compliance reporting involved in RNP, but if RNP is a viable referral option, how then does that work if you're wondering if the bill is wanting people to get treatment or get an assessment in seven days. What if the referral is to RNP?
  - Referral to RNP is something that happens primarily prior to a charge, instead of a charge? Referral to treatment as part of the pretrial diversion program that happens once someone's already facing a charge. RNP happens kind of before the charge situation and then referral to treatment is the pretrial like after a potential charge.

## Legislative Updates

Michael Langer provided an update regarding bills related to SURSAC recommendations that have been introduced so far during the legislative session and key dates to keep in mind:

### Bill Updates:

- ESSB 5536: As of March 3, the bill passed with 28/21 vote. Additionally, the Bill now has amendments that were adopted in and will now make its way to the House of Representatives. The following are amendments adopted into the Bill:
  - Provides guidance that Washington State Patrol should aim to complete necessary analysis of drug and possession cases within 45 days of receipt of analysis request. Failure to meet the 45-day deadline does not constitute grounds for dismissal of charges.
  - The State must do due diligence in ensuring defendants have resources available to obtain a substance use disorder evaluation within seven days of their agreement to enter pre-trial diversion programming.
  - The State shall reimburse local courts the costs associated with travel related to obtaining a substance use disorder evaluation.
  - It removes directive for courts to avoid discussing circumstances, history, or diagnoses that could be embarrassing to the defendant.
  - Requires defendants to substantially comply with, rather than meaningfully engage with, recommended treatment to successfully complete pre-trial diversion programming.
  - Prosecutor may make a motion to terminate pre-trial diversion if the defendant is charged with Simple Possession subsequent to accepting entry into pre-trial diversion.
  - Removes the requirement that the post-conviction diagnostic evaluation and treatment recommendation be prepared under the direction of the court.
  - Requires the post-conviction diagnostic evaluation and treatment recommendation be filed with the Court under seal.
  - Permits agencies providing treatment to report any non-compliance within agency standard practice.
  - Removes the requirement that the Court notify the Department of Health of any failure by the agency to report non-compliance.
  - Courts may not sanction an individual for failure to comply with recommended treatment if the individual has made reasonable effort to comply but cannot, either due to lack of available treatment or if the individual is indigent due to lack of funding for treatment.
  - Restores the requirement for the Department of Health to hold a hearing in the community before approving the siting of an opioid treatment program.
  - Prohibits the Health Engagement Hub providing supervised injection services.
  - Requires the Court to inform individuals charged with or convicted of possession of drugs of the federal prohibition against individuals who are users of, or addicted to, any controlled substances possessing firearms or ammunition.

- Requires the Court to sign an Order of Ineligibility to possess firearms if the required substance use disorder evaluation filed with the Court indicates the individual has a substance use disorder.
- Requires the Court to reinstate 45 days of an individual's suspended sentence if the individual willfully abandons or demonstrates a consistent failure to comply with treatment on the individual's third or subsequent instance of being sentenced for possession.
- As an effective date of January 1, 2025, for the requirement that the Washington State Patrol complete analysis of suspected drugs within 45 days of receipt of the requested analysis.

They are currently halfway through session and it is likely that the Bill will go through further amendments or changes as Session continues.

Key Cut-Off Dates:

- Last day of session is April 24

## Recovery Navigator Program (RNP) – Overview

Brianna Peterson provided a detailed analysis of the Q4/2022 report for Recovery Navigator Program. The presentation covered the referral and outreach data that included:

- Total referrals
- Follow-ups
- Total outreaches
- Average response time
- Gender and race distribution

For additional information, please refer to slides linked above under Meeting Attachments.

**Q: Any thoughts about aligning the data elements in RNP with PATH/Peer Pathfinder outreach programs?**

A: This will be a later discussion when programs begin utilizing Edifecs where better validation tools will be available.

**Q: It is concerning that the guidance from data workgroup is manifesting in what is being seen in the currently acquired data. There have been direct questions about whether individuals are engaging in services and the fact that current data cannot reflect that across communities in the state contributes to what could potentially be a more harmful ecosystem as far as mandatory minimums as there is not data to help push back. The concern was that there could be repercussions to not having this type of data.**

A: In time, collective feedback from external and internal collaborators will help inform these types of concerns.

## State-Administered Housing Programs (Part 2 of 2)

### Foundational Community Supports (FCS) – Supportive Housing

Matthew Christie, Foundations Communities of Support Program Administrator, provided a high-level overview of the FCS program. The presentation covered:

- What is FCS?
- Eligibility criteria
- Who is eligible to receive FCS benefits?
- Evidence-based practices and principles
- ‘No wrong door’ approach to referrals
- Amerigroup as third-party administrator
- Provider Network
- FCS provider map with contact information
- How to become an FCS provider
- Preliminary employment outcomes
- Housing outcomes

For additional information, please refer to slides linked above under Meeting Attachments.

### Foundational Community Supports – Apple Health and Homes

Melodie Pazolt, Managing Director of the Office of Apple Health and Homes and Permanent Support Housing from Department of Commerce, provided context related to the FCS/Apple Health and Homes program. The presentation covered:

- ESBH1866 passage from 2022 legislative session
- Apple Health and Homes eligibility (AHAH)
- Permanent Supportive Housing (PSH)
- Different forms/models of PSH
- How to match individuals with environments they need when there are limited options
- AHAH proposal for individualized matching process
- Office of Apple Health and Homes/PSH
- Additional resources to help you with FCS

For additional information, please refer to slides linked above under Meeting Attachments.

### Proviso 96 – Housing First Expansion

Lisa Bennett-Perry, Recovery in Communities Supervisor, provided an overview of the Proviso 96-Housing First Expansion. The presentation covered:

- Why Housing First?
- Why harm reduction?
- Housing First expansion priorities
- Catholic Charities Housing First Grant in Pasco, WA
- Housing First recipients by region
- Housing First staffing model

- Housing First project resources

For additional information, please refer to slides linked above under Meeting Attachments.

### Proviso 96 – Housing First Expansion

Heather Maxwell-Rychart, Recovery Residences Oxford House Program Manager, provided an overview of the Oxford House model. The presentation covered:

- Recovery housing in Washington State statistics as of 2022
- Cost-Benefit approach
- Evidence-based practice results of Oxford House model
- How to become a member of Oxford House
- Benefits
- Houses/Structures

### Questions re: Housing Programs

**Q: In the data, was it shown how many people are not included that we have to assume are homeless and needing assistance, and not among the 9,000 from the data?**

A: Between both services, there are roughly 11,000 individuals enrolled. At any given time, there is an estimated 50% that are homeless. The general medicaid population is 11% homeless, and around 120,000 people on medicaid in any given time are homeless. Not all would be eligible for FCS, but within FCS, 50% of the eligible population is homeless in any given month.

**Q: Are the programs getting started or held up now able to support that many people?**

A: Housing can't be built fast enough, and they are far behind on this. House Bill 1220 from 2021 legislative session is on the Department of Commerce's website that requires the Growth Management Act to project how much housing is needed across all counties by 2044. More information is provided related to this question at: <https://www.commerce.wa.gov/news/washington-state-will-need-more-than-1-million-homes-in-next-20-years/>

**Q: During the FCS presentation, it did not have managed care on the referral sources slide, however, they do refer their own if individuals meet the requirements. Managed Care is another referral mechanism and adding that information could help establish internal cohesion.**

A: Managed Care Organization referral information to the slide deck in the near future.

**Q: In Oxford Houses, individuals are able to be voted into the house and also voted out of the house. A lot of BIPOC and LGBTQ community members, who may or may not have SUD, sometimes get voted out and that negatively impacts. Has there been any dialogue on structures or plans to help address these issues, for those negatively impacted by racism or a house not demonstrating cultural competencies?**

A: The democratic process in Oxford Houses have been around for fifty years and there is no telling whether or not that would change. However, there is technical assistance that can be provided to help homes address these topics.

**Q: Democracy has demonstrated that the same people get marginalized continuously. What has changed about the way TA is provided, as an entity that is provided public funding, to ensure these**

**patterns of discrimination is not repeated? What can HCA do to ensure accountability measures to stop discriminatory patterns in Oxford Houses? How can this be address in a meaningful way? There is hope that this can be thought about and addressed in a thoughtful and meaningful way.**

A: HCA does have a process for how these issues can be reported and we can come back and provide an update on that. As HCA has a longstanding relationship with Oxford Inc., they would want to be informed about any circumstances where there has been discrimination to any individual.

**Q: Are there previous instances or projects to be referred to that demonstrate the efficacy of the housing first model? How can we assess the positive affects? Is there something to compare it to?**

A: The project just went live in January 2023, and HCA is contracting with RDA and Commerce to ensure they have good data on the types of referrals, services, provided, and demographics of whose being served. More evidence-based data and information can be obtained here:

<https://endhomelessness.org/blog/what-housing-first-really-means/>

## Public Comment

- In response to the issues around equity brought up regarding the voting quality of Oxford Housing, a proposal was made that the tracking of recovery residences by HCA in accordance with [RCW 41.05.760](#); there seems like there could be room to use the registry as a starting point for oversight. It does seem like a jumping-off point for a frame of reference oversight for addressing issues regarding equity.

## Upcoming Agenda: April 3, 2023

- Discussion about Public Safety
  - How to encourage recovery
  - Ways to not stigmatize nor criminalize people
  - Maintain public safety

DIRECTORY UPDATE: Less than fifty percent of SURSAC members responded to the creation of the SURSAC directory, so they will figure out a way to utilize the collected information.

## Next Steps

1. Michelle will provide agenda draft before next meeting