

Substance Use Recovery Services Advisory Committee Meeting Notes

April 3, 2023, 9:00-11:00 PDT

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, 5476 Project Manager	<input type="checkbox"/>	Michael Zayas, Admin Assistant
<input checked="" type="checkbox"/>	Michelle Martinez, Administrator	<input type="checkbox"/>	Brianna Peterson, Plan Writer	<input checked="" type="checkbox"/>	Sandy Sander, Admin Assistant
<input type="checkbox"/>	Blake Ellison, Meeting Facilitator	<input 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 checked="" type="checkbox"/>	Brandie Flood	<input 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 checked="" type="checkbox"/>	Kevin Ballard
<input 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"/>	Sarah Melfi-Klein	<input type="checkbox"/>	<i>Youth in Recovery - TBD</i>
<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		Alternates / Optional Attendees:
<input type="checkbox"/>	Chenell Wolfe	<input type="checkbox"/>	Christine Lynch	<input type="checkbox"/>	Rep. Jamila Taylor
<input checked="" type="checkbox"/>	Alexie Orr	<input type="checkbox"/>	Sarah Gillard	<input type="checkbox"/>	Rep. Gina Mosbrucker

Meeting Attachments

- [Meeting Agenda](#)
- [Oxford House presentation slides from Jason Jarreau](#)
- [Public Safety Discussion Prompts & Responses](#)

Public Comment

- No public comments were contributed.

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:

- As of the date of the SURSAC Meeting, Legislative Session is on Day #83 with 20 to go.
- House of Representatives Community Safety, Justice, and Reentry Committee held a hearing and heard testimony related to SB 5536 which passed out of the Senate.
 - After deliberation, the Committee created a new version of the Bill entitled the '[Goodman Striker](#)', which was adopted during Executive Session, alongside proposed amendments and was then referred to the Appropriations Committee. Update 4/6/2023: The Appropriations committee has passed the [5536 "Davis Striker"](#).
 - On Saturday, April 1, 2023, the House Appropriations Committee held a hearing and heard testimony regarding the 5536 Striker Bill.
 - An Executive Session in the Appropriations Committee is scheduled for April 4, 2023.

Budget Updates:

- Senate and House of Representatives budgets have been released and they both differ on how they support implementation of SURSAC recommendations.
 - [Senate proposed operating budget](#) - \$4.9 billion for Community Behavioral Health
 - [House of Representatives proposed operating budget](#) - \$5.4 billion for Community Behavioral Health
- Final budgets will be released at a later date in April once Session ends.

Key Cut-Off Dates:

- Fiscal cut-off and last day to pass Bills out of the House of Representatives Fiscal Committee and the Senate Means and Ways of Transportation Committee is April 4.
- Last day of session is April 23

Comments/Questions:

- A comment was made regarding [House Bill 1209](#) – Tyler Lee Yates Act, which was passed through the House and the Senate. This bill addresses the possession of a machine capable of producing controlled substances such as Fentanyl as a Class C Felony, which is different than

how possession of paraphernalia had been previously addressed as a Committee. The Committee should look toward supporting this as it is targeted toward individuals that produce the substance, as opposed to ones who may use it. It was worthy of a mention since it was related to work of the SURSAC Committee.

Oxford House Data & Processes Presentations

Oxford House Data in Washington State – February 2023

Maureen Bailey, HCA DBHR Recovery Support Services Supervisor, provided a detailed analysis of recent data regarding Oxford Houses in Washington State to include:

- Washington has 346 houses with a total of 3,042 beds. There are separate housing options for men, women, men with children, and women with children.
- Residences are located in 62 cities across the state.
- In February 2023, 1983 applications were received to fill a total number of 247 vacancies.
- 348 individuals were admitted into housing, indicating some lag from the previous month to fill those bed spaces.
- On average, there are six applications received per house, with an average of one bed available per house.
- Prior to filling available bedspaces, the state had a total of 2,795 individuals living in Oxford Housing.
 - 124 left voluntarily (4%)
 - 117 left due to relapse (3.8%)
 - 36 other departures (1.17%)
 - Total of 277 February 2023 departures from Oxford Housing
- Total abstinence rate usually runs 96% or more.
- A large issue is the lack of total bedspace. HCA and Oxford House Inc. are providing technical assistance to increase the number of beds and houses that are available throughout the year across the state.

Oxford House Processes

Jason Jarreau, Director of Contracts and Development with Oxford House Inc., provided an overview of Oxford House processes. The presentation covered:

- Charter Requirements
- Grievance/Complain Process
- Diversity, Equity, & Inclusion
- 2022 Fast Facts

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

Questions re: Oxford House Inc. Presentation

Q: If an individual has a concern about the process of getting accepted into Oxford housing or feels uncomfortable in their housing, who should they go to?

A: This concern is actually two different questions. The first question is if they have been discriminated against or questions about getting into housing, they would need to get in touch with their Outreach Worker. Secondly, if an individual feels uncomfortable in a particular environment, they will need to work with those in their house, but it is dependent upon the situation. They can reach out to Chapter Members for these types of issues. As each house is built and operated on a democratic process, it is important to attempt to handle the issue at hand with the membership before reaching out to get professional involvement, especially since Oxford Housing is democratically governed.

Q: While everything being said during the presentation sounds good, there is large concern that a lot of the Oxford Houses are not operating with a lens of inclusivity and a lot of individuals, especially those who are Black, trans, or who identify with the LGBTQIA+ community, are being discriminated against in Oxford Housing. Some are not even getting voted into housing because of who they are. You said in 2019 you wrote policies, have you revamped those policy changes when it when it came to LGBTQIA community members?

A: The policies still remain the same in regard to the chapter, the chapter in the House Manual. Those policies have not changed in regard to individuals moving into an Oxford House. Regarding use of substances, when an individual relapses in a particular house, that person is removed from that particular house. An individual has to be voted out because that removes them from your violation of their Charter. If they would have allowed an individual to continue to stay there, they would have been in violation of their Charter. Oxford House Inc. is looking into policy to ensure they are being inclusive and supportive while working to move forward in a cohesive and supportive community environment.

Q: A large percentage of individuals utilize substances such as Methamphetamines and Opioids, with the average time for recovery being between 2-3 years where as it is roughly one year for Cannabis, THC, and alcohol. Returns to use happen for most of these individuals at some point during recovery. In Oxford Housing, how are services and a continuum of care provided as losing housing is detrimental to an individual's health, safety, and wellbeing. Can you speak to what is done regarding this as opposed to, or in addition to, discharging an individual from housing?

A: Oxford Housing does not provide any in-house treatment services. However, they are able to help connect individuals to particular services that are needed. The individual houses and members choose to engage in additional services that they wish and that is their own responsibility. Individuals within Oxford Housing do tend to be very good about knowing and connecting others to services within the community. They cannot speak directly to services provided at each house.

Q: How can we strengthen the relationship in our communities to get referrals in place for individuals kicked out of Oxford Housing for use?

A: This is an ongoing issue nationwide and Oxford House Inc. is open to being supportive with connections made to community providers and the state. They can provide a list of staff to help assist with this process to help individuals navigate and find resources within their local geographic communities.

Q: Does Oxford House Inc. have any harm reduction services in their houses? Because housing is healthcare. Harm reduction doesn't always have to look like treatment or clean needles. For instance,

if somebody has a relapse, you're worried about the people who live in there; so, are there dollars, funding, or resources to put somebody in a hotel or other service so they could stabilize and come back to the house, so they don't reenter homelessness? Is there some type of alternative methods that Oxford House Inc. uses to have a more holistic approach to keeping people housed? Are there any alternatives which would be a harm reduction approach to serving somebody without having to take them out?

A: From an entrepreneur's incorporated standpoint, there is no type of contractual relationship with the State of Washington nor the Health Care Authority (HCA). There are some particular areas across the country where we are able to connect those individuals with the resources and they are able to them, or nonprofit organizations are able to take that individual and house them temporarily. One of the other things that we really look at is an individual returning to use and then re-interviewing at an Oxford house. One of the things we always suggest is an individual look at another house because there are some personal relationships that may have gotten in the way of their ability to hold each other accountable within that particular house and also making sure the individual is returned to participation in active recovery.

Q: How can we make this happen?

A: Oxford House Inc. can always try to look at something if funding is there, but harm reduction in that regard to being able to put someone in a hotel, it really goes against our model and what we do in regard to housing. Our main focus in housing is to open and support Oxford houses. That really would not be something that we as an organization do. If HCA chooses to look at organizations that may do that out there and fund those, then we certainly would not have a problem working in partnership with those organizations. It is a possible solution if there are organizations out there and HCA would like to fund those organizations. We are more than happy to work in partnership with those.

Q: I wanted to ask about more clarification about policy changes made related to LGBTQIA+ advocacy, particularly for trans men and women and non-binary individuals within the community. Can you elaborate on what some of those policies are?

A: In recent years, Oxford House Inc. has worked to ensure that trans men and women are afforded the opportunity to live in a house that makes them feel comfortable and that standard was set within Washington State. There was one individual who had lived in an Oxford House for nearly six years. If the other individuals in the house feel uncomfortable with the living situation, they would work with their Outreach Worker to ensure the individual is in a home that is willing to support them.

Q: Have there been any ways and means for a house centered for individuals that identify in the trans space?

A: There are several different national conversations regarding this topic. A difficult part of secular housing is that because the houses are self-supported and democratically ran. They have not yet found a way for this to happen organizationally, especially because houses are self-governed.

Q: How are standards updated within Oxford House and how often does this take place? What is the makeup of the team that helps develop these policies? Is it Oxford House Inc. staff or individuals with lived experience in that space to help develop plans and policies? Do you reach out to different organizations and entities to help develop these?

A: Everyone who works with Oxford House Inc. is a product of Oxford Houses and has lived experiences within particular fields and within their own recovery, so it is all informed by individuals with lived experience. Oxford House is responsible for governing itself and its Charters, so it is done within the organization.

Q: As all the Oxford houses are self-governed, what happens if someone, or a house, is reported to Oxford House Inc. for acting incongruent with policies laid forth?

A: Oxford House Inc. reaches out to the Regional Manager within the particular state to inform them of the situation. Then the Outreach worker in that area will be notified so they can conduct a thorough investigation and they proceed accordingly following completion of that step.

Mentimeter Activity – Public Safety:

Missy Sterling, Project Management and Change Practitioner in the Planning and Performance Division, led a Mentimeter session for the SURSAC Meeting regarding public safety. Questions and responses are captured below. [A PDF of all original responses can be viewed here.](#)

Q: What does “public safety” mean in this context? What comes to mind?

- Crime. Safety of person and property
- I am the public and deserve to feel/be safe
- Prevention of physical harm
- maintaining the emotional and physical safety of the general population and property
- buses, handicap ramps, police
- educating the public to respond with empathy and understanding instead of anger
- Crime - person and property
- Having a community that is free from harm and feels safe to work, play and recreate for myself and community members.
- infectious disease prevention
- Safety of family
- equal ability to engage with societal activities
- Feel safe when out in public.
- no one is safe until we are all safe
- Everyone everywhere has the right to feel safe.
- avoidance of death
- A basic human right
- Safety from victimization either major or minor that interferes with everyday life
- hospitals
- Protection from crime or the potential for crime
- safe needle handling
- shelters
- Fire, EMS, Law Enforcement, Maintenance and management of confinement facilities and community outreach to at risk communities
- unity
- Addressing the visible nature of current and problematic substance use by offering alternatives to criminal justice approaches and having appropriate resources and care for all individuals.
- Not being scared to be in public

- avoidance of assault and manipulation
- Working to develop safest and best outcomes for the individual in balance with what is best for our community.
- The capacity to live in a community where all individuals life, liberty, property, needs, and welfare are prioritized by protecting all from crime, exploitation, and the potential of crime.
- Public Spaces that are welcoming and available for every class of citizen
- From a constitutional perspective, every US citizen has the right to be physically safe and this can extend to comfortability at a mental level.
- Kids don't have to be traumatized by going to the park
- feeling of belonging in public, free from harassment
- Practical Public space solutions like more public bathrooms and safe use sites and shelters instead of gentrification projects
- Reducing public stigma
- Acceptance NO negative stigma NO judgement
- De-escalation on a national scale, teaching this skill to the masses
- Family safety in public
- Everyone have the ability to feel and be safe. People have autonomy. Services adequate to care for all people so that they have the basic necessities of life.
- harm reduction
- policy change
- Identifying ways to ensure public safety without dehumanizing anyone
- leave the Blake decision as is
- harm reduction
- safe supply

Q: What should be the objective of this public safety conversation?

- Peaceful resolutions to community concerns
- Education
- inform policy
- Awareness
- Reduce stigma through education and peoples lived experience.
- Protecting people from harm.
- share with local governments
- To facilitate community education
- Myth busting
- Finding a solution that keeps every citizen safe, not just taxpayers but not excluding them either
- Less polarization. Finding common goals and understanding.
- actionable items to reduce stigma, barriers, and criminalization
- educating law enforcement and local public health
- Identifying the gatekeepers
- identifying ways to ensure safety without dehumanizing people
- learning how to balance individual rights for people who use drugs with safety concerns of the general public and get clearer on the evidence-based link between drug use and public safety
- We need to reach a middle ground in which citizens including families, students, and visitors feel safe leaving the safety of their homes - while our homeless population also feels safe with each other

- To identify things that are working and things that are not so as to begin to work for improvement.
- Public safety can align with harm reduction.
- evidence-based public safety practices. interventions that have increased public safety, like syringe service programs and safe smoking
- I would like to see a conversation on how stigma creates barriers to people feeling safe in their community either to get by or to ask for help.
- Education on current policies and existing options and creatively thinking about alternatives
- Stop throwing money at gentrification projects and start allocating resources practically
- Balancing what is best for the community with personal rights, including those that are often marginalized.
- Alternatives to sweeps, encampment clean-ups and other methods that "address" visible drug use but cause worse outcomes for individuals
- Finding solutions that support ALL Washingtonians to experience a sense of safety in their community. This should be done by hearing all perspectives and working for compromises while centering DEI
- Consensus of people across different geographical, societal communities and beneficial to all people
- To develop informed public policy that addresses public safety issues in a manner that balances public concerns with an intelligent and humane approach based on sound public health practices
- We have been discussing harm reduction practices, we should have some rules in place that also prevent high degrees of public intoxication and littered drug paraphernalia.
- Belonging
- How can we clean up our streets and public spaces without harming anyone?
- finding a balance between compassion and personal accountability
- Safe consumption centers would prevent "high degrees of public intoxication and littered drug paraphernalia
- Regulations for substance use on transit services.

Q: What specific aspects of the intersection of substance use and public safety do you want to cover?

- Business
- Workforce development topics
- Diversion from jail, therapeutic courts, alternatives to prison
- Homeless advocates
- Homeless
- How to support public safety by ensuring adequate services for first responders and outreach to refer/divert people to. e.g., many/most police would like take people to a 24/7 health engagement hub...
- Stigma and general public education
- Law enforcement
- What answers can we give the public when they ask for their parks/streets to be "cleaned up"?
- instead of jail IF it were available and they learned about successes.
- jail alternatives
- How best to assure that individuals who need services are able to engage them with a minimum of governmental coercion

- Flow charts. Options.
- The understanding of how to keep the visual usage minimized in public.
- Lack of facilities for detox, treatment
- how can we support clean safe community without criminalizing or otherwise harming homeless and drug using populations
- how we can improve safety for people who use drugs while also increasing safety for the general public - it's all connected, e.g., increase housing, safe supplies, safe spaces in general
- Equitable access to treatment and recovery support services (housing, workforce, childcare, etc.) across the state
- access to services
- lack of places people can simply be, especially if experiencing homelessness
- Parents and family groups
- Diversity of services that cater to different demographics
- considering safe places for use - alternatives to street use
- Schools
- Safe using sights.
- equitable access to a complete continuum of care for ALL Washingtonians
- Diversion from Criminal Justice system, harm reduction, protection of the public from substance abuse related property crime, re-entry from confinement to work force
- regulation of substance use on transportation/transit services.
- access to treatment/MOUD for youth
- Crime victim advocates
- Help communicate the positive aspects of change in an individual's life who has support and how communities are safer when individuals are supported.
- Public Bathrooms
- Rural
- Education and awareness of services so that you tell someone easily how to get help
- BIPOC
- No wrong door
- Community testing
- Creating services that meet people where they are at
- Getting to the root causes of SUD

Q: What models of addressing public safety concerns around SUD would you like to see implemented, considered, or studied in our state?

- Housing First
- De-escalation
- 24- hour health hubs
- Peer Support
- Access to foundational community supports
- Safe consumption sites
- Drug User Health Hubs
- housing first!! safe spaces for supervised use, overdose prevention, safe supplies
- Freestanding crisis centers
- "Diversion-RNP-Health engagement hubs-Supportive housing
- let's do ALL of it and evaluate it"

- Recovery Navigators
- Harm Reduction
- equitable access to treatment
- Large scale survey pertaining to residents - questions addressing how safe individuals feels, and more importantly their knowledge of what harm reduction is.
- Co-responder, CAHOOTS
- Treatment capacity increased
- Withdrawal Management
- Trauma informed care, de-escalation techniques. Crisis intervention training.
- Sequential Intercept Model
- That one day we will have a facility that is open 24 hours a day that when an individual make the decision to be in Recovery, they have immediate access and what it would take to have this happen.
- Immediately accessible housing and safe use sies
- Ease of access for services in each community
- Stigma reduction campaigns
- MOUD treatment given via EMS
- Therapeutic courts with regard to level of crime (both misdemeanor and felony), diversionary outcomes, address transportation (lack of) in rural communities for treatment and treatment related activity
- Family treatment services
- let's also stop saying recent state legal changes are failures, when their design is the failure, not the underlying premise e.g., decrim + diversion + services
- Simplify the SUD assessment, Tx admission process
- Prevention
- law enforcement accountability to engage individuals in services
- Early intervention
- Access to services while incarcerated
- Prevention efforts with both adults and youth
- More publicly advertised volunteer opportunities.
- Expand Oxford and other homes
- Criminal record expungement
- Better re-entry services for people exiting jail, or institutions
- inclusion of non-traditional tx options...horticulture...equarian etc
- criminologists, people who use drugs and have navigated the WA treatment landscape, addiction experts

Q: Assuming we continue this discussion in May, which specific topics or perspectives do you want to include in the discussion?

- law enforcement
- public health departments
- Housing First
- Harm Reduction
- Individuals engaged with addiction, those in the early stages of recovery, and those with extended recovery
- local government officials

- Other states doing similar work with different approaches
- Increased funding for law enforcement
- How best to engage individuals in services as early in the process as possible
- Victims of crime. Property owners.
- How we continue to balance public safety with individuals' rights
- RNP staff
- Law enforcement perspectives - what are the barriers to public safety as they see it?
- utilization of navigators
- medical staff
- Local elected officials
- Business
- businesses
- Access to Recovery Services that support folks on MAT
- fire fighters working in Pioneer Square have extensive firsthand knowledge of the real world of people's lives AND the system barriers that perpetuate the tragic status quo
- Alternatives to CJ response
- Medications while incarcerated
- criminologists
- Churches
- people with lived experience
- This can't really be done by a policy, but I think more of our legislators need to be exposed to the environments apropos to substance use disorder and homelessness, this may improve their policies.
- people who use drugs and who have navigated the treatment landscape in WA
- EMTs
- diversion programs
- community members with concerns to learn more about what is being worked on by groups like this
- First Responders
- People who have experienced homelessness and substance use
- Public transportation
- safe consumption sites - e.g., the ones in New York
- Start asking people who have long term recovery what worked for them. We may learn how to help more people get there
- Individuals who would have benefited from the RNP program before it was introduced that struggled in finding support
- diversion programs, programs that have demonstrated ability to improve public safety
- Family members
- Shortage of adequate housing for all stages of addiction/recovery
- Employers
- Adolescent treatment providers of MOUD
- How can we fill the gaps in the continuum of care that people in rural communities keep falling through?
- Anyone that can bring equity to the table
- What is already working that we can expound on?
- Don't discount the value of Mutual Aid

- I want to hear about the needs of law enforcement and prosecutors engage them into this conversation

Public Comment

- No public comments were contributed.

Upcoming Agenda: May 1, 2023

- Discussion of Changes to Medicaid Benefits
- Discussion about SURSAC Recommendations post-Legislative Session
- Discussion about Public Safety
 - Acquiring guest speakers and subject matter experts to present on their perspectives
RE: public safety

Next Steps

1. Michelle will provide a May Agenda draft within the next two weeks.