

Substance Use Recovery Services Advisory Committee Meeting Notes

July 11, 2022, 9:00-11:00am PDT

Meeting Recording

[WA State Substance Use Recovery Services Advisory Committee \(SURSAC\) - YouTube](#)

Attendance

HCA Executive & Administrative Support					
<input type="checkbox"/>	Jason McGill, Executive Co-Sponsor	<input checked="" type="checkbox"/>	Tony Walton, 5476 Project Manager	<input checked="" type="checkbox"/>	Rachel Downs, 5476 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 checked="" type="checkbox"/>	Blake Ellison, Meeting Facilitator				
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"/>	Vicki Lowe	<input checked="" type="checkbox"/>	Addy 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 type="checkbox"/>	John Hayden	<input checked="" type="checkbox"/>	Hunter McKim
<input checked="" type="checkbox"/>	Rep. Dan Griffey	<input checked="" type="checkbox"/>	Sarah Melfi-Klein	<input type="checkbox"/>	Kendall Simmonds
<input checked="" type="checkbox"/>	Caleb Banta-Green	<input checked="" type="checkbox"/>	Sherri Candelario		
<input checked="" type="checkbox"/>	Don Julian Saucier	<input type="checkbox"/>	Hallie Burchinal		Alternates / Optional Attendees:
<input type="checkbox"/>	Kierra Fisher	<input checked="" type="checkbox"/>	Theresa Adkison	<input type="checkbox"/>	Rep. Jamila Taylor
<input type="checkbox"/>	Alexie Orr	<input checked="" type="checkbox"/>	Sarah Gillard	<input type="checkbox"/>	Rep. Gina Mosbrucker

Teams Meeting Attachments

1. Committee Recommendation Tracking Condensed (Updated 7.5.22).docx
2. Section 1.3(I) – Policy Considerations & Options for Recommendations
3. Section 1.3(I) – SURSAC Recommendation Prep
4. SURS Plan Rec 1 (RSS)v4_Recovery Housing Incentives & Vouchers.docx
5. SURS Plan Rec 3 (RSS)_LGBTQIA housing.docx
6. SURS Plan Rec 4 (RSS)_Training foster parents of children with SUD.docx
7. SURS Plan Rec 5 (OED)_Paraphernalia Law.docx

New Members

- Don Julian Saucier: Adult in recovery from SUD who experienced criminal legal consequences
- Sarah Melfi-Klein: Representative of the Association of WA Health Plans

Discussion Notes

Conflict of Interest

Per concerns raised at the June meeting, a new Conflict of Interest section was added to the Committee Norms and Expectations document:

The Substance Use Recovery Services Advisory Committee is deliberately composed of individuals with substantial personal and professional experience with substance use, treatment, recovery services, and the various systems that impact the health and wellbeing of persons who use substances. At times, recommendations brought forth for consideration may carry potential for one of the members to benefit, directly or indirectly, such as recommendations that would result in: state investment in programs through which committee members' employment are funded; member eligibility for direct financial gain; and/or contracts with or grants for an organization with which a member is directly involved.

When a member of the SURSAC is beneficially interested, directly or indirectly (as through a benefit their spouse could receive), with the implementation of a policy, legislative change, contract, funding, or any other recommendation that would be included in the Substance Use Recovery Services Plan through the approval of the SURSAC committee, or when the member accepts, directly or indirectly, any compensation, gratuity, or reward from any other person beneficially interested in the inclusion of that recommendation in the Substance Use Recovery Services Plan, the member shall:

- 1. Verbally acknowledge the conflict of interest as soon as it is realized to the SURSAC and to any subcommittees involved in the development of the recommendation*
- 2. Recuse themselves from the decision-making discussion among SURSAC regarding the specific contract, sale, lease, purchase, grant, or recommendation*
- 3. Recuse themselves from the SURSAC vote on the recommendation*
- 4. Refrain from attempting to influence other SURSAC members in their discussion and vote regarding the specific recommendation*

The prohibition against discussion set forth in 2 above shall not prohibit the member of the SURSAC from using their general expertise to educate and provide general information on the subject area to the other members, including subcommittee members.

Some concern was raised about the COI policy being too “broad” and the purpose being unclear, allowing room to interpret it to mean that if there is potential for funding to flow to any entity or organization with which a member is affiliated or employed, that an indirect conflict of interest might apply.

Michael Langer clarified that the Conflict-of-Interest policy was created at the behest of Committee Members, and it is not meant to stymie the ongoing conversations of the committee in any way. The Statement was examined and approved by HCA’s legal representation. The hope is that as Committee Members, they will be practice self-governance, and to be forthright in whether individuals are involved in programs where their vote may be a conflict of interest.

More concern was raised at the prospect of not being allowed to speak in a broad context, and that being asked to move on from this conversation is an example of privilege of institutions to change processes mid-cycle that will impact other individuals even though all Committee decisions could impact members retroactively.

It was also noted that when we talk about privilege and its impacts, some individuals have more power than others and there needs to be a mindfulness about the impact of broad statements.

Sherri Candelario stated that the housing recommendation brought forth at the June SURSAC Meeting would not explicitly benefit her as a housing provider because she has a different housing model. She reported that individuals need to be able to self-govern and practice best intentions for the people they serve.

Public Comment

Lisa Daugaard spoke to the exchange of memos between the LEAD National Support Bureau and Washington Association of Drug Courts (WADC). The initial LEAD memo was supposed to be a bibliography submitted to HCA and not the entire SURSAC email distribution list. It was prepared because HCA had prior shared some data on the impact of Drug Courts in a resource document, which did not include data on the community-based care options LEAD wanted to share. They wanted to broaden the scope of content and opinions on the appropriate role of the criminal legal system and not to diminish the beneficial impact of Washington Drug Courts.

Recommendation Review & Decision: Tax Incentives and Housing Vouchers for Recovery Housing Services

At the previous meeting, the SURSAC voted to postpone a vote on this recommendation to allow time for suggested changes or additional information to be incorporated in the recommendation. Between meetings, one SURSAC member requested for additional information to be added – more detail about how the tax incentive and voucher programs would work – and the Recovery Support Services (RSS) subcommittee revised the recommendation accordingly.

A large part of this recommendations comes from the lack of available recovery housing within rural communities. The tax incentive for housing owners is in hopes of them being willing to lease their properties to housing operators to increase the amount of recovery housing available in rural communities.

Alan Muia, a housing operator in Skagit County and leadership for Washington Alliance for Quality Recovery Residences (WAQRR) and member of the RSS subcommittee, further explained that property owners are feeling significant pressure to sell because of rising property values across the state. The current shortage of affordable housing in general and recovery homes specifically is potentially getting worse, and the tax incentive could incentivize homeowners to consider having their homes become recovery residences. Secondly, the incentive would allow operators to allot bedspace for individuals in transitional periods while they wait to enter detox or treatment.

Q: In the Financial Impact section, are the numbers referring to existing funding, or funding needed to implement the recommendation?

A: It is more about expanding capacity and creating new ways to hold space. Currently, accreditation applies to homes that are abstinence-based, and it does not apply to all forms of self-identified recovery residences unless they meet those accreditation requirements. Funding is not available towards this incentive yet. The tax incentive funding does not yet exist. This would need to be further discussed to determine amount of funding and

Q: Is this recommendation creating a new type of housing that would meet a need along the continuum of recovery, or expanding an existing model through this incentive program?

A: it is more about expanding capacity and creating new ways to hold space. Currently, accreditation applies to homes that are abstinence-based (and this includes homes where residents are receiving medication-assisted treatment). It does not apply to all forms of self-identified recovery residences unless they meet those accreditation requirements.

The RSS Committee did not want the definition of recovery housing to get mixed up with the definition of permanent, supportive housing because they are not the same environments, and the committee was specific about including MAT in the definition of recovery housing. The Committee also discussed including respite services into existing recovery housing. We would be able to use existing frameworks and add another service onto it.

Rep. Davis: Housing for folks using substances is super important. That would fall under the Outreach/Diversion committee, not the recovery support services committee

Sherri further clarified the intent of the recommendation: while there are multiple modalities of recovery housing, there continues to be a lack of accredited recovery housing for people who have been incarcerated, have been using, or have not made connections to care, and this recommendation could help create more housing availability for those individuals.

Q: Some changes may need to be made related to the recovery housing accreditation criteria to explicitly include recognition that recovery is a process; most of the time, when people are getting ready for treatment, they have not stopped using drugs. How does that play into the existing operators that are certified by the state?

A: There are WAQRR-accredited recovery housing models that do not disqualify residents for using drugs as part of treatment (medication assisted treatment), such as Kate’s House. However, incentive to create more of this model of housing is needed. This recommendation was not intended to create a solution for people who are in active addiction and not seeking treatment. Data shows that the demand for recovery housing throughout the state outpaces supply by a factor of 3 to 1, and this recommendation offers a strategy for growing the supply of recovery housing. It does not provide a housing option for people who are using substances unrelated to medication-assisted treatment.

Two distinct but equally important housing needs were noted:

- 1) Recovery housing for people who are striving for abstinence

- 2) Housing for people who are in active addiction (perhaps trying to reduce their use, but still using).

It was recommended that these environments be distinct because it could be harmful to those seeking abstinence/sobriety to be mixed in the same housing with those who are actively using.

The legislature is actively engaged in funding the rapid acquisition of single room settings like nursing homes and motels to transform into outreach and engagement housing, focused on serving people who are coming out of encampments directly and providing stability so they can reduce their use and engage in services. This type of housing is needed but should not compromise recovery housing.

In an early SURSAC meeting, there was a robust conversation regarding the huge need for transition beds and SUD respite. This was intended to address the housing needs of people who are in recovery housing and have a relapse/return to use, so they can receive support in a transitional SUD respite setting and then return to their recovery housing when they are ready to be abstinent again.

Concern was expressed about inconsistencies between the accreditation standards that recovery housing operates have agreed to, and how people with lived experience have experienced those housing situations. In response, it was noted that in 2019, the legislature passed a bill to address issues of people calling themselves recovery housing operators and doing an array of things that were inappropriate and unethical. This has not been resolved, which is why there are state standards for recovery housing.

Prior to commencement of voting, Subcommittee Chairs agreed that this recommendation shall be viewed as a component of more broad recommendations to come forth that should include a broad-perspective framework that the state should use to address housing across the continuum of recovery.

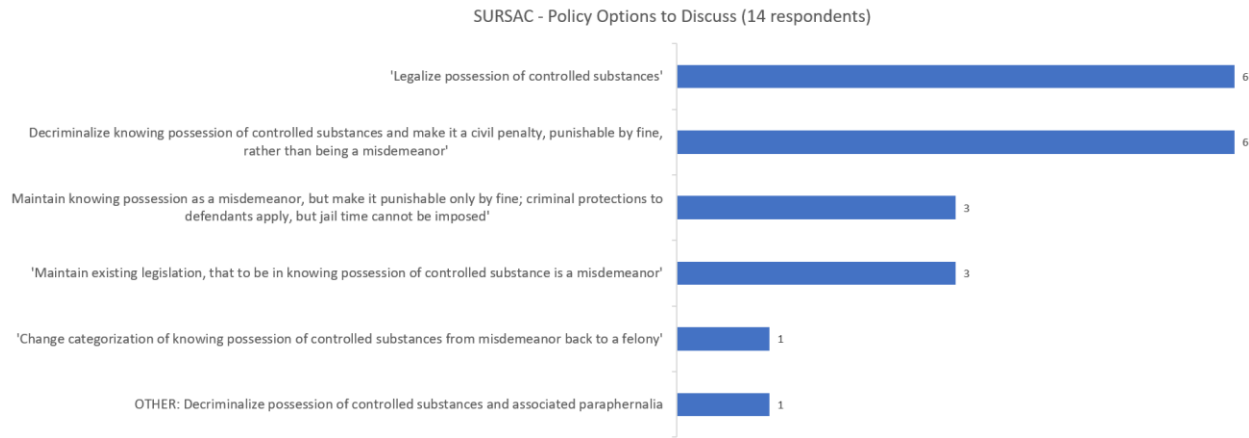
Michelle took a formal vote for final approval of this recommendation. With 18 members present, 11 or more constituted a supermajority vote. Fifteen voted “yes”, one voted “no”, and three “abstained. The recommendation will be added to the SURS Plan.

(In future meetings, names will be called for each vote to record member votes and ensure there is not duplication.)

[Continued Discussion on Section 1.3\(l\): Recommended criminal legal response, if any, to possession of controlled substances](#)

On Thursday, July 7th, Michelle sent a survey to SURSAC members, asking them to indicate which policy options for a criminal legal response to possession of controlled substances they would be interested in discussing during the meeting. Each option received at least one vote, which put every option on the table for discussion.

Survey Results



Comments

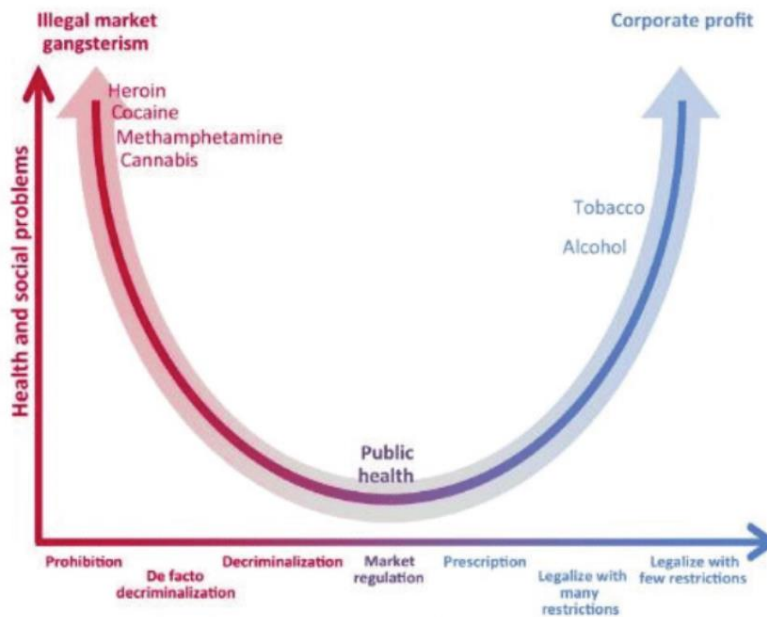
- Legalization is what the State did with marijuana, which opens the door to commercialized for-profit markets. There are multiple ways you can decriminalize with a similar penalty or you can decriminalize by completely removing something from the Criminal Code. Safe supply initiatives for people who have opioid use disorder, for example, can be implemented without legalization.
- Nuances within legalization exist as well. Regulation can occur within the legalization framework.
- Legalization may be the only way to create a regulated, safer drug supply and address the poisoning crisis that is leading to overdoses. Decriminalization does not impact the illicit supply. Safe supply the way to address overdose in a meaningful way so people do not have to sneak around and hide in order to avoid prosecution.
- Community service should be an option for penalty – in addition to a fine – in the policy that would recategorize possession to a civil penalty punishable by fine
- Being able to test supply for safety is an important factor in this conversation. Fentanyl test strips are not widely available, so it's challenging for people to find out what's in their drugs. Giving the government the power to regulate what drugs are on the street is not the right solution; they've been putting drugs on the street for a long time and letting it happen. Decriminalizing paraphernalia, including testing supplies, as well as possession of controlled substances, would better create a safer supply than legalization.
- Civil penalties for a misdemeanor aren't practical; those should be part of decriminalization policies.
- As a misdemeanor, prosecutors don't have the resources to prosecute possession cases. Drug offenses require sending the drugs to the crime lab to be tested, and misdemeanor cases are so low-priority for the crime lab that it could take months, if not years, to get those results. From a

prosecuting perspective, it makes more sense to pursue either legalization or felony categorization. If we want the criminal legal system to be involved to some extent, make it a felony. The first two offenses could be eligible for law enforcement diversion, and the third could be a prosecutor-led diversion. The fourth would be an unranked felony.

Caleb Banta-Green: I propose decriminalization with no penalty (and ubiquitous access to harm reduction, treatment, housing, and safer supply) [but I'm not a lawyer, so lawyers....]

I think this is a reasonable overview of de-crim vs. legalization
<https://adf.org.au/talking-about-drugs/law/decriminalisation/overview-decriminalisation-legalisation/>

Rep. Davis: This is how I think of options in this space. I support options in the middle—decriminalization, as well as prescription (safe supply initiatives). I do not support the legalization/commercialization of all drugs, as we have done with cannabis, tobacco, and alcohol.



Lisa Daugaard: There are other ways of framing the options... Top issues I'd hope to address:

(1) legalization as generally understood isn't of just possession, it is of the entire supply chain/process -- which has many benefits re collateral crime and violence that decrim of just possession doesn't have, plus safe supply regulation ... but it is more alarming to some sectors and members of the public out of the box (it polls less well)

(2) there are clear racial equity impacts of de-crim (helps end users who are not involved in the legal system otherwise) versus legalization -- I can share that analysis for WA; de-crim of possession alone is likely to increase racial disparity of those left in the legal system

(3) civil citation is NOT the alternative to criminalization that it is usually thought to be, because in WA, citations not responded to themselves become grounds for misdemeanor prosecution, and there is pressure on prosecutors not to just ignore them -- there are legitimacy issues if you ignore them -- they also generate massive civil legal debt that is its own burden

(4) there is an additional alternative of de facto decrim, strengthening RCW 10.31.110, bulking up and encouraging use of community based diversion, for crimes beyond just possession, which may be more politically workable given the likely swing to the more conservative side of the landscape.

Also (5) need to recognize that localities are starting to create local misdemeanors (Federal Way's ordinance criminalizing public use of fentanyl); importance of ensuring state preemption of the field lest there be a chaotic patchwork quilt of response to the same conditions around the state

- Prosecutors are mostly not charging these [possession] cases, but the “mostly” isn’t good enough if it’s selectively being applied to people who are the most marginalized. Various types of civil penalties or fines – things we think of as “lower stakes” than felonies – still carry high stakes for the individuals that they’re landing on and can create a lot of havoc in people’s lives, that are already difficult. Legalizing possession of controlled substances and paraphernalia will address that, as well as the supply and drug poisoning crisis.
- It would be helpful to see more information on decriminalization vs. legalization. In a workgroup with Committed Change, decriminalization without penalties was the option of choice, primarily because it’s more acceptable in the community. This would be supported by more services available in the community to help people access treatment without the legal system getting involved.

- If we change the law too quickly without putting the services in, we all need to know that a lot more people are going to die, and the priority is to stop people from dying in any way possible. A nuanced approach, as suggested earlier, would be to keep it a felony, have three diversions, and then on the third one the person enters a mandatory program; when that program is complete, any negative legal consequences that could follow that individual the rest of their lives would be erased from their record.
- In the early 90s, Narcan was widely distributed and then we stopped administering it for nearly 20 years. Now, it's administered several times a day with death or near death with grave disabilities occurring maybe twice a month. Legalization and government regulation of a drug that is going to kill people – even if it is regulated, even if it is legal – with the potency. I don't think the government should endorse these drugs.
- Incarceration does not improve outcomes when it comes to overdose. Evidence demonstrates that people are more likely to die when they exit incarceration, and treatment, if they lapse, when we continue to have an unregulated, illegal drug supply. One of the reasons people use drugs in ways that are not healthy for them is prohibition
- Even in a situation where a person completes a program and the possession charge (along with any potential negative legal consequences from their involvement in the criminal legal system) is removed from their record, this cannot undo the trauma from when people's kids are taken away, families are separated, and deaths of loved ones that occur as a result of prohibition-based laws. People who have experienced a substance use disorder have an exponentially higher ACEs (adverse childhood experiences) score.

Rep. Davis: I agree 100% that addressing issues with poisonings via safe supply, and would support such a recommendation from this committee. It is possible to create a safe supply initiative for individuals with bona fide SUD without legalizing/commercializing these drugs. Legalization causes havoc from a prevention perspective in terms of massively increasing the number of individuals who are exposed to drugs and who will develop SUD

- Julian shared that there was a long period of time where he wanted to seek help but was afraid to go and get it because of the risk of incarceration. Going through the courts and criminal legal system does not help someone deal with trauma from their life; they're dealing with the trauma of being incarcerated, going to prison, and all the challenges of fighting your case and losing everything, rather than dealing with the root causes. The criminal legal system has not worked for the last 50 years, and has led to more deaths, more incarceration, more family destruction. How people are affected needs to be made a priority. There needs to be an easy, safe way to ask for help.

- The criminal legal system has a poor history of being able to work with substance use and applying the law in an equitable way. However, if the committee makes a recommendation of legalization, it could be dead on arrival in the legislature. If our only input is to legalize, then the legislature may reject that idea and get to work on crafting a different criminal legal response, and we may regret not having more input on an alternative criminal legal response in lieu of legalization.
- Criminalizing drugs doesn't just punish the individual, it has devastating impacts on the entire family, and not just for one generation, but for many generations. Caution is needed around added to stigma and the focus should be on helping people get the services they need. Drugs have been conflated with the legal justice system for so long, but it is possible to set aside the idea that drug addiction and drug use are aspects of criminal activity and focus on the reasons why people use drugs; people don't use drugs because they haven't been incarcerated or because they didn't pay enough in fines. They have reasons why they're using and we should be focusing on addressing those.

Wrap Up & Next Steps

- Discussion related to the 3 new recommendations brought forth from the subcommittees will be postponed to a future meeting
- Recovery Support Services will begin work on a Comprehensive Housing recommendation that will consider the housing needs of people along the recovery continuum, and collaborating with the Outreach, Engagement, and Diversion subcommittee, and options for permanent support housing, rapid rehousing, the motel model (such as the one used in Snohomish and King Counties), etc.
- COI Guidelines will be revised to respond to concerns