Substance Use Recovery Services Advisory Committee Meeting Notes

April 1, 2024, 9:00-11:00 PST

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

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

HCA Executive & Administrative Support

Committee Members (28)

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

Meeting Attachments

- Meeting Agenda
- 2024 Behavioral Health Legislative Updates

Substance Use Recovery Services Advisory Committee (SURSAC) Updates

Michelle Martinez, Senior Substance Use Disorder (SUD) Project Manager, shared that there is a new SURSAC Administrator, **Kelley Sandaker**. Kelley shared that they have been working in the behavioral health field for twelve years, in multiple roles including SUD outpatient, prevention intervention specialist, counseling with the Department of Corrections, and residential work for SeaMar as a Program Manager and Clinical Supervisor. Most recently, Kelley was working at Cascade behavioral Health until they closed and Olympic Heritage opened. They are very hopeful that their new role with HCA will allow them to contribute to making positive changes for the addiction services and mental health field across Washington State.

Michelle Martinez shared that the SURSAC SharePoint is officially live, which will provide for a more collaborative and communicative space for the SURSAC to do its work.

Public Comment

• No public comment from attendees.

Walk-on Item Requests

• No walk-on item requests.

2024 Session Overview: New legislation impacting behavioral health system & services

Evan Klein, Special Assistant for Policy and Legislative Affairs with Washington Health Care Authority, shared a presentation on the 2024 Behavioral health legislative updates to include:

- Policy Bills Coverage Behavioral Health
 - Behavioral Health coverage, workforce, treatment support, crisis system supports, children & youth, and prevention. Bills included:
- EHB 2088
 - Extending liability protections for responders dispatched from mobile rapid response crisis teams and community-based crisis teams.
 - Provides covered entities and personnel with immunity from civil liability for negligent acts and omissions.
- Workforce & Transportation
 - o E2SHB 2247 Addressing behavioral health provider shortage
 - SSB 5920 Lifting certificate of need requirements for psychiatric hospitals and beds
- 2SHB 1877
 - Improving the Washington state behavioral health system for better coordination and recognition with the Indian behavioral health system
 - Includes tribes, Indian health care providers, and tribal entities in processes under the Involuntary Treatment Act (ITA) in multiple ways.

• Children, Youth, & Families

- 2SHB 1929 Supporting young adults following inpatient behavioral health treatment.
- ESHB 2256 Addressing the children and youth behavioral health work group
- E2SSB 5853 Extending the crisis relief center model to provide behavioral health crisis services for minors
- 2E2SSB 5580 Improving maternal health outcomes

• Behavioral Health Services

- E2SSB 6251 Coordinating regional behavioral health crisis response and suicide prevention services
- 2E2SSHB 1541 Establishing the nothing about us without us act
- SSB 5588 Concerning the mental health sentencing alternative
- E2SHB 1956 Addressing Fentanyl and other substance use prevention education
- 2SHB 2112 Concerning opioid and fentanyl prevention education and awareness at institutions of higher education
- ESB 5906 Implementing a statewide drug overdose prevention and education campaign
- o SHB 2396 Concerning fentanyl and other synthetic opioids
- SSB 6099 Creating the tribal opioid prevention and treatment account
- 2SSB 6228
 - Concerning treatment of substance use disorders
 - Requires health plans to authorize at least 14 days of inpatient or residential substance use disorder treatment on the first utilization review, and at least seven days on subsequent reviews and provides support for clinical behavioral health licensees
 - \circ $\,$ Caps certification feeds for SUDPs and SUDPTs at \$100 until July 1, 2029 $\,$
- 2024 Budget Community Behavioral Health
 - New Budget Items:
 - Orca Center in Seattle \$1,675,000 (GFF) \$175,000
 - Long-acting injectable buprenorphine \$3,000,000
 - Washington Addiction medicine training \$400,000
 - Youth digital behavioral health pilot \$561,000 (GFF) \$184,000
 - Young adult behavioral health tech panel \$200,000
 - CCBHC expansion grants \$5,000,000
 - Behavioral health comparison rate project \$250,000
 - City of Maple Valley community resource coordination \$200,000
 - 23-hour crisis relief center grants \$1,000,000
 - Crisis stabilization in Island County \$500,000
 - Health engagement hub pilot \$3,000,000
 - Community based teams serving people with opioid use disorder \$1,500,000
 - High THC cannabis \$328,000
 - Occupational therapy for BH clients \$750,000
 - King County 180-day commitment hearings \$900,000
 - North Kitsap Recovery Resource Center \$250,000
 - Opioid treatment center flood rehabilitation \$250,000 (GFF) \$750,000
 - Harm reduction vending machines \$900,000

- Rapid methadone induction pilot \$2,000,000
- Street medicine \$3,700,000
- Innovative care education \$200,000
- 1915i State Plan \$39,101,000 (GFF) \$33,435,000
- Community prevention and wellness initiatives \$1,500,000
- Oxford house expansions \$750,000
- Tribal fentanyl summit \$500,000
- Icelandic model for tribal prevention \$1,000,000
- Tribal opioid prevention \$2,000,000
- Tribal opioid task force \$480,000
- Olympic Heritage Behavioral Health
 - \$100,000 (GFS-FY24) \$3,502,000 (GFS-FY25)
 - Funding is provided for an evaluation of beds, conducting a provider interest survey and contracting for 40 community operated beds at the Olympic Heritage Behavioral Health facility
- Other Related Budget Items
 - Non-emergent medical transportation NEMT broker rates \$2,854,000 (GFF) \$4,208,000
 - Foundational Community Supports Software for payment streamlining \$50,000 (GFF) \$450,000
 - SUPP program rate increases \$1,615,000 (GFF) \$3,911,000
 - Extending the Community Health Worker Grants and establishing a CHW Medicaid benefit – (FY24) \$4,109,000 (FY25) \$4,204,000
 - DSHS Essential Health Worker Trust \$830,000 (GFF) \$80,000

Questions and Comments for Senator Dhingra & Evan Klein RE: 2024 Session Overview: New legislation impacting behavioral health system & services

Q: While there is a lot of behavioral health work happening, how does this fit into the overall committee strategic plan, especially to address gaps that are left over, and things that may be over or under funded? What do we think of as the continuum of care and how well do all these pieces help to flesh out what that continuum of care looks like?

A: There are a number of plans that takes pieces of this to address, but not necessarily an overarching plan. We are also provided the opportunity to put in a decision package concept in May to start the budget building for the next Governor's proposed budget. During this phase, we can look at addressing more needs and filling in the leftover gaps.

Comments:

- A committee member cited that while several of these efforts are led by other state agencies, there is a lot of coordination with Health Care Authority to help enact these policy efforts.
- A committee member cited the importance of addressing the identified gaps to better understand the utility and value of the policy efforts put forth to address issues in mental and behavioral health care.
- While it is nice to see major policy changes occur, such as those investments for a pregnant and parenting individuals, it is interesting that there was no mention of policy that would instruct the courts to have extreme weight to the presence of highly potent, synthetic opioids in the

home, which will detrimentally and disproportionately affect black and brown families and may result in removal of the children from the home. Because that policy is woefully underfunded to provide the support that people will actually need. This is a tangible example that could use some in depth analysis cross-department discussion to figure out how all the funding that was just mentioned in the legislative update presentation can intersect with this particular policy. Looking at creating comprehensive ways of braiding funding together to address disparity and to cease causing further harm to people should take place.

Overview: Drug Paraphernalia Law & Impacts on Harm Reduction Programs

Tim Candela, Health Services Consultant, with the Washington State Department of Health, shared an update on the drug paraphernalia law in Lewis County, WA, and the impacts on harm reduction.

Specifically within 2E2SSB 5536, Sections 8.1 and 8.2 - These were amendments to the paraphernalia law that were born out of the SURSAC, specifically the Outreach and Engagement Subcommittee, where they put forth the recommendation to amend the paraphernalia law, which would allow programs to distribute supplies for harm reduction practices, whether that's engagement through injection alternatives and also overdose prevention supplies such as fentanyl test strips, xylazine test strips and benzodiazepine test strips, which previously under the prior law could have potentially been interpreted as illegal, and so the legislature within 5536 made those amendments in addition to the amendments that addressed the potentiality of things being illegal. Section 8.2 was added, which gave local jurisdictions the authority to regulate harm reduction programs concerning drug paraphernalia. There was a public hearing on Tuesday, March 19, and the Board of County Commissioners decided to postpone the vote to a later meeting on March 26th. The vote was then postponed again to April 16th for further consideration and potential amendments. Section 8.1 has benefitted from many harm reduction programs and allowing them to distribute injection alternatives, which subsequently shows that they have had an increase of participants coming to their program, which they did not see previously. As it stands

Questions and Comments for Tim Candela RE: Overview: Drug Paraphernalia Law & Impacts on Harm Reduction Programs

Comments:

- A SURSAC member wanted it to be noted on the record that the SURSAC did not vote for the amendments to 8.2 that were added by the state legislature during the special legislative session that took place to address 2E2SSB 5536.
- Further updates on this can be found at: <u>Ordinance to restrict Lewis County's sole needle</u> <u>exchange program tabled for one week following public comment | The Daily Chronicle</u> <u>(chronline.com).</u>

Walk-on Item Follow-Up

• No walk-on item requests.

Public Comment

• No public comment from attendees.

Future Agenda Topics Related to Menti Results

- The May 2024 meeting will discuss:
 - Health engagement hubs and the 2-site pilot program.
 - o SUDISA workgroup updates
- Presentation will be given by Liz Wilson on an emergency department bridge program that supports hospitals and emergency departments initiating MOUD and follow-up care.
- HCA will contact DCYF to engage in further policy conversation

Closing Announcements

- Kelley Sandaker will officially be taking over as SURSAC Administrator
- Teesha Kirschbaum was announced as DBHR Division Director

Next Steps

1. Michelle and Kelley will send out the next SURSAC agenda prior to the May 2024 Meeting.