

SURSAC meeting notes

January 5, 2026

[View the meeting recording](#)

Attendees

HCA executive & administrative staff

<input checked="" type="checkbox"/>	Blake Ellison, Meeting Facilitator	<input checked="" type="checkbox"/>	Rachel Downs, Admin Assistant	<input checked="" type="checkbox"/>	Alex Sheehan, BH Program Manager
<input checked="" type="checkbox"/>	Jason McGill, Executive Co-Sponsor	<input checked="" type="checkbox"/>	Sarah Melfi-Klein, Unit Supervisor	<input checked="" type="checkbox"/>	Tim Candela, Health Services Consultant
<input checked="" type="checkbox"/>	Michelle Martinez, SURSAC Administrator	<input checked="" type="checkbox"/>	Brianna Peterson, Plan Writer		
<input checked="" type="checkbox"/>	Melissa Thoenke, BH Communications Manager	<input type="checkbox"/>	Hailee Fuller, Admin Assistant		

Committee members (24)

<input checked="" type="checkbox"/>	Tony Walton, SURSAC Chair	<input type="checkbox"/>	Amber Cope	<input type="checkbox"/>	Donnell Tanksley
<input type="checkbox"/>	Governor's Office - TBD	<input checked="" type="checkbox"/>	Brandie Flood	<input type="checkbox"/>	Malika Lamont
<input type="checkbox"/>	Sen. Manka Dhingra	<input type="checkbox"/>	Stormy Howell	<input checked="" type="checkbox"/>	Addy Adwell
<input type="checkbox"/>	Sen. John Braun	<input type="checkbox"/>	Chad Enright		
<input checked="" type="checkbox"/>	Rep. Lauren Davis	<input type="checkbox"/>	John Hayden		
<input checked="" type="checkbox"/>	Rep. Brian Burnett	<input checked="" type="checkbox"/>	Niki Lewis		
<input checked="" type="checkbox"/>	Caleb Banta-Green	<input checked="" type="checkbox"/>	Sherri Candelario		
<input checked="" type="checkbox"/>	Don Julian Saucier	<input type="checkbox"/>	James Tillett		Alternates:
<input type="checkbox"/>	Adult in recovery from SUD - TBD	<input checked="" type="checkbox"/>	Christine Lynch	<input checked="" type="checkbox"/>	Rep. Mari Leavitt
<input type="checkbox"/>	Alexie Orr	<input type="checkbox"/>	Sarah Gillard	<input type="checkbox"/>	Rep. Deb Manjarrez

Meeting notes

Attendance and 2026 planning

- Tony Walton noted that the meeting had relatively low attendance, and asked how the committee would like to proceed with the 2026 priority planning discussion scheduled for later in the meeting.
- A few members suggested in the chat that HCA provide an opportunity for the committee members to submit their votes for future agenda items virtually. Tony reminded the committee that in the past, when HCA has tried to gather feedback in between meetings, responses have been low. Tony proposed an ad-hoc meeting for 2026 agenda planning as a possible alternative.

HCA announcements & updates

HCA received over \$181 million in federal funds from the Rural Health Transformation Program

- This funding is slated to support rural health initiatives and programs in Washington State for four years, from 2026 to 2030.
- The original application included a number of behavioral health components.
- Multiple divisions at HCA re reviewing the terms and conditions of these funds.

[Read more about the CMS Rural Health Transformation Program](#)

[Read the WA State Rural Health Transformation application](#)

The governor's proposed 2026 supplemental budget has been released

- This is a starting point for the legislative session. The governor releases the supplemental budget and then the state legislature puts forth their own proposals.
- A final supplemental budget will likely be available in March.
- When there is more information about the final budget's impact on behavioral health investments, the committee will be informed.

[Read budget highlights on the Office of Financial Management website](#)

Washington Thriving: Strategic plan overview

[View the Washington Thriving presentation](#)

Presenters: Diana Cockrell, Prenatal through 25 Behavioral Health Section Manager (HCA), and Hanna Traphagan, (HCA)

Contact the WA Thriving team at info@washingonthriving.org

- Washington Thriving is the state's strategic planning effort for behavioral health for individuals who are prenatal through age 25.
- Washington Thriving is a subgroup of the Children and Youth Behavioral Health Workgroup.
- The SURSAC gave feedback regarding this plan, and other strategic plans.
[View members of the Strategic Plan Advisory Group](#)
[Read the WA Thriving Strategic Plan](#)
- The plan outlines requirements across three dimensions:
 - The Systems Dimension: Strengthen System Infrastructure
 - The Service Dimension: Expand Comprehensive Offerings

- The Interpersonal Dimension: Values in Action and What Matters Most to People

Questions and comments

Q: Was expansion of access to medications for opioid use disorder for youth under 18 part of the “expanding treatment” aspect of the strategic plan?

A: Not specifically, but yes – the plan includes recognition of the constellation of SUD co-occurring care that’s needed for young people, and paying attention to that system and being intentional is part of the service/treatment expansions. The plan is intended to not be prescriptive – to not specify a specific treatment based on age range – but rather to create buckets in which everyone can fit, so that there is space for the MOUD work with young people.

Q: What other ways can we (HCA) support awareness and inclusion of this work with those who might not be connected yet?

(There were no direct responses, but meeting attendees were invited to reach out to Hanna or Diana directly if they had any ideas)

A toolkit for sharing this work with personal or professional networks has been created and is available for public use.

[View the Community Toolkit](#)

[Sign up for the Washington Thriving newsletter](#)

2026 legislative preview

Presenter: Shawn O’Neill (HCA)

- The 2026 session will have a mid-biennium session length (60 days), and address supplemental changes to the state budget, reacting to budgetary and policy issues that were not addressed, or implementation challenges.
- The governor’s supplemental budget includes an administrative reduction for HCA (approximately \$4M), and a 20% reduction in funding for the Recovery Navigator Program.
- The Certified Community Behavioral Health Clinics (CCBHC) have received funding for another year, which is good news as the effectiveness of that model has been demonstrated
- HCA was approved for approximately \$181 million for the state’s Rural Health Transformation Program

Questions and comments

No questions/comments

2026 SURSAC planning

[View presentation slides](#)

Presenter: Michelle Martinez, Sr. SUD Project Manager and SURSAC Administrator (HCA)

Michelle provided a quick review of the results from the SURSAC Engagement survey that was distributed via Menti back in September.

Improving SURSAC engagement in monitoring the SURS Plan:

- Send newsletters and emails reporting updates and ongoing efforts are a good way to engage the committee in monitoring the SURS Plan

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- Shift the meeting structure to facilitate more discussion, including use of small groups
- Use a dashboard to share information for upcoming meetings ahead of time, allowing members to come prepared with questions and comments
- Having a quarterly meeting to discuss any outstanding/not yet implemented elements of the plan
- Weekly updates during legislative session to bring attention to any bills related to the Plan
- Providing copies of any updates or amendments for SURSAC to review prior to submission to the governor's office

Top areas of interest regarding Plan monitoring were:

- Housing / housing options along the continuum of substance use and recovery
- Health Engagement Hubs
- Items related to SUD treatment
- Evidence-based diversion programs
- Initial SUD engagement

SURSAC's role in monitoring unfunded/not yet implemented elements of the Plan:

- Hold a special meeting/session that outlines which parts are fully vs. partially vs. not at all funded with possible actions that the committee can take
- SURSAC could submit a legislative agenda to HCA
- SURSAC should stay informed if/when legislature chooses to take action on those pending items
- SURSAC should be reminded of the aspects of the plan that have not or cannot be implemented

Priority Setting for 2026 Agendas

Michelle and Tony presented a slide with several potential topics to cover in 2026, and invited committee members to share what topics (not limited to those displayed on the slide) each of them would like to prioritize in SURSAC's final year.

Questions and comments

Q: What is Proviso 87 report?

A: It [Proviso 87] is a proviso from about three to four years ago. RDA was tasked with looking at the full community behavioral health system, including crisis and bed capacity. They developed a report summarizing the availability of mental health and substance use crisis services across the continuum, region to region. We've already had RDA present to SURSAC and talked about the Current State Assessment and SUD prevalence, and some of the SUD specific efforts and outcomes that RDA has analyzed as part of the work that Katie Bitteringer shared. This would be additional context related to that.

Q: What work product is the committee responsible for this year? Knowing that would help me prioritize which topics to address.

A: The final report on SURS Plan implementation is due December 1, 2026. That's the last work product that will require the committee's feedback and input, especially regarding challenges and successes related to the Plan implementation. This year we will also be adding a comprehensive assessment of the prevalence of SUD and prevalence of interactions that people with SUD have with various services and law enforcement –

Yumiko Aratani provided a presentation to SURSAC about this – and SURSAC will have the opportunity to provide feedback for that report as well.

Q: What if SURSAC transitioned to a community-chaired committee to help reduce HCA’s workload? This was discussed briefly before but didn’t advance. While not a committee member, I’ve attended all SURSAC meetings since day one.

A: SURSAC RCW directs the Health Care Authority director to appoint a SURSAC chair. At this point and given that we have 11 meetings left in the year, we’ll probably maintain this current format. However, we are open to thoughts from any of the committee members about how we can continue to provide opportunities for community feedback and community engagement.

Q: Based on what I am hearing on the charge for 2026, would it make sense for the committee to receive a document that outlines what elements have been completed in the plan and what elements remain outstanding? That way, we can provide input and feedback on the challenges and obstacles associated with completing the balance of the plan elements to inform the required reports to the legislature.

A: What we’ll do is put that together a document and send it out before the next meeting. Then we’ll set aside some agenda time for the February meeting to go over it and summarize those specific aspects.

RNP data work group updates

[View presentation slides](#)

Presenter: Brianna Peterson, 5476/5536 Technical Plan Developer and Report Administrator (HCA)

- HCA established an RNP Data Work Group in 2025 to address RNP Quarterly Report feedback from SURSAC, as well as input from community partners and providers, and make ongoing improvements to the RNP data collection and reporting process.
- Brianna’s presentation focused on recent improvements to how the program collects and reports statewide information and provided explanations for why the updates were made (i.e., how they were informed and why they matter to communities and policymakers).
- The changes reflect ongoing collaboration with providers, community partners, and internal teams, all part of a broader effort to strengthen transparency, consistency and outcomes reporting across Washington.
- A big issue was that earlier versions of the data collection workbook did not include supporting guidance, which led to variations in how data was entered.
- There’s now a clear distinction between Outreach Referrals and Ongoing Navigation/Case Management.
- Tracking clients’ progress over time has improved by sharing definitions across programs and streamlining reporting, supported by structured data fields through technical mechanics and provider training.
- RNP will also be transitioning to PDAMS (Program Data Acquisition Management and Storage system) for data collection and validation in about a year.
- Case management entries were updated with an added “navigation status” column and a drop down with items to select.
- Term definitions have been added to columns to create consistency of interpretation across the board.
 - “Source of income” was removed.

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- Outreach information was removed from the referral section, since those are now two distinct areas.
- “Multiple services provided” was removed as an option, and replaced with additional drop down items to better identify the resources that are being provided.
- An additional column was also added so that if someone cannot multi-select from the drop down, they can use the additional column to identify the top two services provided at that time.
- “Contingency management” was removed, because it was being interpreted in two very different ways. Instead, providers can now indicate whether monetary incentives were provided
- **Desk manual to accompany new RNP workbook:** A desk manual for providers is in development to accompany the updated workbook. The desk manual will support providers to enter data in more consistent and standardized ways across the state.
- **Data Definitions Field Guide:** Explains what key data fields mean and how they are used, so programs across the state are describing their work in the same way.
- **New workbook launch:** Providers will begin using the new workbook in Q2 (Apr 1, 2026).
- **Provider training:** A statewide provider training will take place on January 13th for BHASOs and RNP providers. Additional training opportunities may be provided if needed.

Questions and comments

No questions/comments

Public comment

No public comments

Final comments

At the next meeting, the committee will hear an update regarding the Opioid Treatment Program expansion – a SURS Plan recommendation. SURSAC recognized that access to methadone medication at opioid treatment programs was essential to ensuring a full continuum of medication options across the state, and there is funding from 5536 that supports expansion of opioid treatment programs, fixed sites as well as mobile options. Methadone treatment

Next steps

1. Michelle Martinez will aim to send out the next SURSAC agenda and related meeting materials (e.g., presenter slides) at least one week prior to the next scheduled meeting
2. Michelle Martinez will send a summary of the SURS Plan elements that outline the implementation status of each one (implemented/complete, partially implemented, or not implemented) for review and consideration prior to the next meeting

Contact & more information

To submit public comment for the committee's review and consideration, please email your message to hcaesb5476@hca.wa.gov

The SURSAC Administrator, Michelle Martinez, can be reached via email at michelle.martinez@hca.wa.gov

For more information about the SURSAC, or to sign up for the SURSAC newsletter, visit the HCA SURSAC webpage: [Substance Use Recovery Services Advisory Committee \(SURSAC\) | Washington State Health Care Authority](#)