

Substance use recovery services plan

Progress report

Engrossed Senate Bill 5476; Section 1(6); Chapter 311; Laws of 2021

RCW 71.24.546

December 1, 2021

Substance use recovery services plan



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Executive summary

This is a preliminary report on the progress of the Washington State Health Care Authority (HCA) has made in developing the Substance Use Recovery Services Advisory (SURSA) committee and the substance use recovery services plan (referred to as the Plan in this report), as outlined in Engrossed Senate Bill 5476 (2021): Responding to the State v. Blake decision by addressing justice system responses and behavioral health prevention, treatment, and related services.

(1) "The authority, in collaboration with the substance use recovery services advisory committee established in subsection (2) of this section, shall establish a substance use recovery services plan. The purpose of the plan is to implement measures to assist persons with substance use disorder in accessing outreach, treatment, and recovery support services that are low barrier, person centered, informed by people with lived experience, and culturally and linguistically appropriate. The plan must articulate the manner in which continual, rapid, and widespread access to a comprehensive continuum of care will be provided to all persons with substance use disorder."

The timeline for deliverables directed by ESB 5476 is as follows:

Table 1: ESB 5476 deliverable timeline

Deliverable	Date
Preliminary report to Governor and Legislature	December 1, 2021
Final plan submitted to Governor and Legislature	December 1, 2022
Annual Plan Implementation Report to Governor and Legislature	December 1, 2023, and each subsequent year until 2026
Adopt rules/contract necessary to implement the Plan	December 1, 2023

HCA is currently in the process of finalizing appointments for the SURSA committee. Upon completion of the appointment process, work towards the Plan can begin.

This report highlights the current SURSA committee roster, a breakdown of committee demographics, and the implementation phases for the Plan.

History of ESB 5476

In 2016, an individual was arrested. Upon jail booking a corrections officer found a small amount of methamphetamine in the individual's clothing. The individual was subsequently charged and convicted of Unlawful Possession of Controlled Substance under RCW 69.50.4013. The individual appealed the ruling and argued that they did not know there was methamphetamine in the jeans which were gifted from a friend two days prior.

On February 25, 2021, the Washington State Supreme Court vacated the conviction and ruled the Controlled Substance Statute unconstitutional, stating RCW 69.50.4013 violates the due process clause as it does not protect individuals who unknowingly were in possession of a substance.

This ruling, and the resulting decriminalization of controlled substance possession, led to the passing of ESB 5476 and the creation of the SURSA committee and eventual substance use recovery services plan.

SURSA committee

ESB 5476 instructs HCA to create the SURSA committee, which will work with HCA to develop and implement the Plan. This committee is comprised of individuals appointed by HCA that demonstrate relevant backgrounds in the substance use community, whether through providing services, lived experience, or local and state government engagement with the work.

The advisory committee will be organized and chaired by the director of HCA, or the director's designee.

Committee members

HCA, through an extensive application process, has selected and appointed the following individuals to participate in the SURSA committee based on their relevant background as it relates to substance use disorder and the legislative requirements for committee selection found in RCW 71.24.546. These members will work with HCA in the development and implementation of the substance use recovery services plan.

Currently HCA is still in the selection process for three vacant positions.

Table 2: Current SURSA committee roster

Michael Langer	Lauren Davis	Dan Griffey
Director's Appointment	House of Representatives Member Democrat	House of Representatives Member Republican
Manka Dhingra	John Braun	Amber Leaders
Senate Member	Senate Member	Governor's Office
Democrat	Republican	
Caleb Banta-Green	Victor De Los Santos	Amber Daniel
Addictions, Drug & Alcohol	Adult in Recovery from SUD who	Peer Recovery Services Provider
Institute at UW	experienced criminal legal	
Expert	consequences	
Brandie Flood	Cheryl Rasar	Chad Enright
Anti-Racism Member	Representative of a Federally	Prosecutors Office
	Recognized Tribe	
John Hayden	Gary Harris	Marshall Glass
Public Defenders	Local Government	Association of WA Health Plans
Tyler Gagnon	Hallie Burchinal	Theresa Adkison
Recovery Housing Provider	Outreach Services Provider	SUD Treatment Provider
Sarah Gillard	Donnell Tanksley	Malika Lamont
Representative of experts serving	Sheriffs and Police Chiefs	Representative of experts on the
persons with co-occurring SUD		diversion from the criminal legal
and MH conditions		system to community-based care for persons with SUD
Keira Fisher	Alexi Orr	VACANT
Adult in Recovery from SUD who	Adult in Recovery from SUD who	Youth in Recovery from SUD with
experienced criminal legal	experienced criminal legal	criminal legal consequences
consequences	consequences	
VACANT	VACANT	VACANT
Youth in Recovery from SUD with criminal legal consequences	SUD Provider Union Member	Youth in Recovery from SUD with criminal legal consequences

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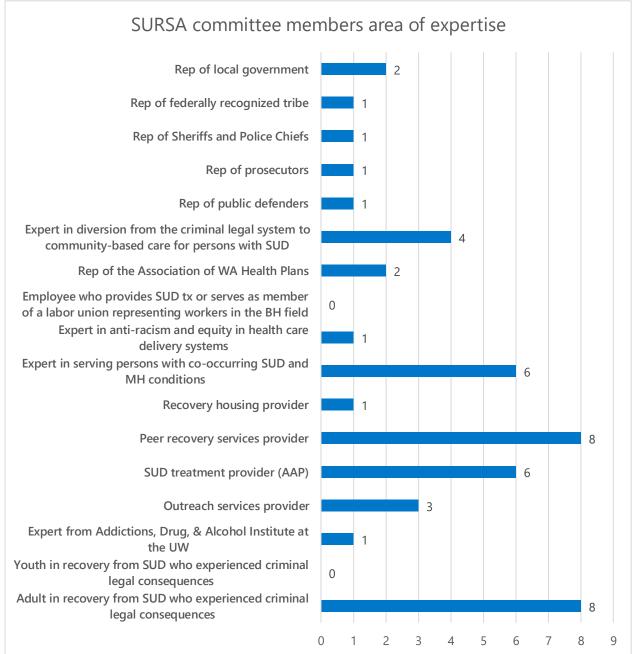
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Committee demographics

The following data demonstrates the breakdown of the various points of selection conditions that correlate with the legislative requirements for committee selection.

Graph 1: SURSA committee members area of expertise

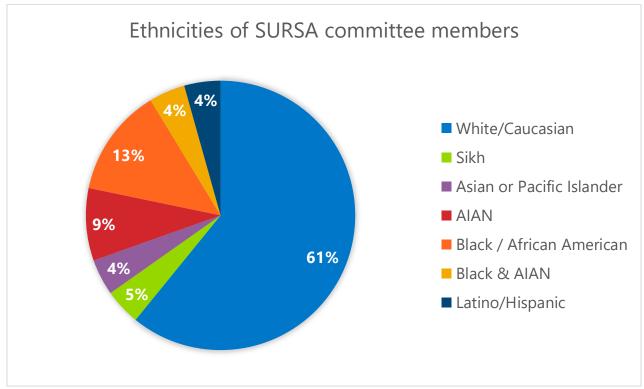


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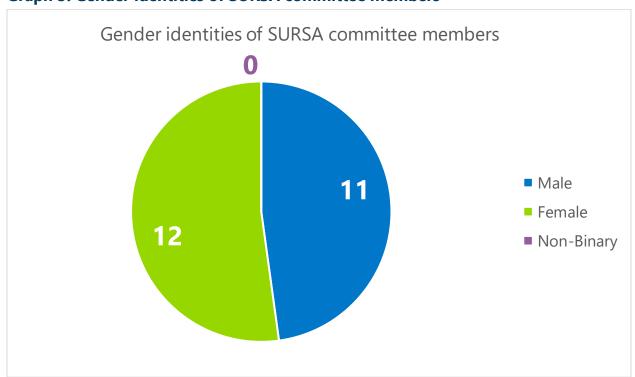
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Graph 2: Ethnicities of SURSA committee members



Graph 3: Gender identities of SURSA committee members



Substance use recovery services plan

The SURSA committee will convene on December 7, 2021 and begin working with HCA to develop and implement the Plan.

The Plan will establish a framework for community-based care access points, address barriers in accessing existing systems, and design a mechanism for referring persons into supportive services.

This includes measures to assist individuals with substance use disorder in accessing outreach, treatment and recovery support services that are evidence-based approaches, person centered, and appropriate for the target populations.

It will be created in collaboration with individuals with lived experience, while also meeting cultural and linguistic appropriate expectations.

Implementation will be rolled out in three phases to address all components in a timely manner.

Image 1: The three phases of the substance use recovery services plan

Phase 1 Information

Informatior gathering

- Identify the points of intersection for persons with substance use disorder through asset mapping and gap analysis
- Identifying communitybased care access points, including crisis stabilization services and the safe station models
- Review options for leveraging existing care services for behavioral health benefits to serve substance use disorders
- •And items included in Section 1(3)(a), (b), (c), (d), (e), (f), and (h).

Phase 2

Formulation

- Participate in the development of framework to address compliance with the requirements of RCW 10.31.110
- Designing the mechanism for referring persons with substance use disorder or problematic behaviors
- •And items included in Section 1(3)(n), (b), (g), (j), and (i).

Phase 3

Recommendations

- Recommendations for diversion to communitybased care
- Recommendations regarding the appropriate criminal legal system response, if any, to possession of controlled substances
- Recommendations regarding the collection and reporting of data that identifies the number of persons law enforcement officers and prosecutors engage related to drug possession
- And items included in Section 1(3)(k), (l), and (m).

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Table 3: Timeline for implementing the substance use recovery services plan

Committee Task	Start	End	Duration (days)
Phase 1	12/1/2021*	5/29/2022*	180*
Phase 2	1/30/2022*	7/28/2022*	180*
Phase 3	5/29/2022*	9/30/2022*	124*
Report Completion	10/1/2022*	12/1/2022*	60*

^{*}Dates and duration are subject to change based on Committee particiaption and completion of various tasks within each phase.

The committee is scheduled for completion of plan development by December 1, 2022.

Conclusion

Before developing the Plan, HCA had to fulfill the requirements for establishing the SURSA committee. Under the direction of the director's designee, an extensive committee member application process was conducted. HCA received over 130 applications to review and analyze for making comprehensive selections. Most of the committee members have been appointed, with three positions remaining vacant: two youth members and one SUD provider associated with a labor union.

Next steps

Plan elements have already been identified and categorized for efficiency. Next steps include:

- SURSA committee meetings scheduled to start in December, following the completion of the committee member appointment process.
- Plan development to begin when the committee convenes for the first time.