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

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

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

<table>
<thead>
<tr>
<th>Michael Langer</th>
<th>Lauren Davis</th>
<th>Dan Griffey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director’s Appointment</td>
<td>House of Representatives Member</td>
<td>House of Representatives Member</td>
</tr>
<tr>
<td></td>
<td>Democrat</td>
<td>Republican</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Manka Dhingra</th>
<th>John Braun</th>
<th>Amber Leaders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senate Member</td>
<td>Senate Member</td>
<td>Governor’s Office</td>
</tr>
<tr>
<td>Democrat</td>
<td>Republican</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Caleb Banta-Green</th>
<th>Victor De Los Santos</th>
<th>Amber Daniel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addictions, Drug &amp; Alcohol Institute at UW</td>
<td>Adult in Recovery from SUD who experienced criminal legal consequences</td>
<td>Peer Recovery Services Provider</td>
</tr>
<tr>
<td>Expert</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Brandie Flood</th>
<th>Cheryl Rasar</th>
<th>Chad Enright</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anti-Racism Member</td>
<td>Representative of a Federally Recognized Tribe</td>
<td>Prosecutors Office</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>John Hayden</th>
<th>Gary Harris</th>
<th>Marshall Glass</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Defenders</td>
<td>Local Government</td>
<td>Association of WA Health Plans</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tyler Gagnon</th>
<th>Hallie Burchinal</th>
<th>Theresa Adkison</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recovery Housing Provider</td>
<td>Outreach Services Provider</td>
<td>SUD Treatment Provider</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sarah Gillard</th>
<th>Donnell Tanksley</th>
<th>Malika Lamont</th>
</tr>
</thead>
<tbody>
<tr>
<td>Representative of experts serving persons with co-occurring SUD and MH conditions</td>
<td>Sheriffs and Police Chiefs</td>
<td>Representative of experts on the diversion from the criminal legal system to community-based care for persons with SUD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Keira Fisher</th>
<th>Alexi Orr</th>
<th>VACANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult in Recovery from SUD who experienced criminal legal consequences</td>
<td>Adult in Recovery from SUD who experienced criminal legal consequences</td>
<td>Youth in Recovery from SUD with criminal legal consequences</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VACANT</th>
<th>VACANT</th>
<th>VACANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth in Recovery from SUD with criminal legal consequences</td>
<td>SUD Provider Union Member</td>
<td>Youth in Recovery from SUD with criminal legal consequences</td>
</tr>
</tbody>
</table>
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**

- Rep of local government: 2
- Rep of federally recognized tribe: 1
- Rep of Sheriffs and Police Chiefs: 1
- Rep of prosecutors: 1
- Rep of public defenders: 1
- Expert in diversion from the criminal legal system to community-based care for persons with SUD: 4
- Rep of the Association of WA Health Plans: 2
- Employee who provides SUD tx or serves as member of a labor union representing workers in the BH field: 0
- Expert in anti-racism and equity in health care delivery systems: 1
- Expert in serving persons with co-occurring SUD and MH conditions: 6
- Recovery housing provider: 1
- Peer recovery services provider: 8
- SUD treatment provider (AAP): 6
- Outreach services provider: 3
- Expert from Addictions, Drug, & Alcohol Institute at the UW: 1
- Youth in recovery from SUD who experienced criminal legal consequences: 0
- Adult in recovery from SUD who experienced criminal legal consequences: 8
Graph 2: Ethnicities of SURSA committee members

Ethnicities of SURSA committee members

- White/Caucasian: 61%
- Sikh: 4%
- Asian or Pacific Islander: 4%
- AIAN: 9%
- Black / African American: 13%
- Black & AIAN: 4%
- Latino/Hispanic: 4%

Graph 3: Gender identities of SURSA committee members

Gender identities of SURSA committee members

- Male: 11
- Female: 12
- Non-Binary: 0
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 gathering**
- Identify the points of intersection for persons with substance use disorder through asset mapping and gap analysis
- Identifying community-based 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 community-based 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).
### Table 3: Timeline for implementing the substance use recovery services plan

<table>
<thead>
<tr>
<th>Committee Task</th>
<th>Start</th>
<th>End</th>
<th>Duration (days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 1</td>
<td>12/1/2021*</td>
<td>5/29/2022*</td>
<td>180*</td>
</tr>
<tr>
<td>Phase 2</td>
<td>1/30/2022*</td>
<td>7/28/2022*</td>
<td>180*</td>
</tr>
<tr>
<td>Phase 3</td>
<td>5/29/2022*</td>
<td>9/30/2022*</td>
<td>124*</td>
</tr>
<tr>
<td>Report Completion</td>
<td>10/1/2022*</td>
<td>12/1/2022*</td>
<td>60*</td>
</tr>
</tbody>
</table>

*Dates and duration are subject to change based on Committee participation 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.