SURSAC Meeting March 7\textsuperscript{th}, 2022

Teams Chat Log

[9:15 AM] Alexie Orr
Between Detox and open bed would be great!

[9:15 AM] Amber Daniel/Trilogy Recovery Community (Guest)
yes Alexie that

[9:16 AM] Amber Daniel/Trilogy Recovery Community (Guest)
is what I was thinking too

Love the sobering model also! To me, the distinction is that sobering is more in the harm reduction space and peer respites have a recovery orientation. From a clinical perspective, we can't mix milieu--people who are using and people who aren't. I would argue there is a strong need for both 😊

[9:20 AM] Amber Daniel/Trilogy Recovery Community (Guest)
Withdrawal Management

[9:20 AM] Brandie Flood
Great idea Malika. I like that.

[9:20 AM] Alexie Orr
Replied to: Amber Daniel/Trilogy Recovery Community (Guest): Withdrawal Management

Where is the Detox in Yakima?

[9:21 AM] Addy Adwell
Agree- that NCM could be helpful resource/connection. Great suggestion Malika

[9:28 AM] Amber Daniel/Trilogy Recovery Community (Guest)
Alexie Orr it's the comprehensive one but it's a non-medical withdrawal management, detox and mental health crisis management

[9:30 AM] Amber Daniel/Trilogy Recovery Community (Guest)
it's so LINEAR.. where are the exits?

[9:34 AM] Addy Adwell
Agree Brandi. The pathway from intercept 1 back to intercept 0 seems vital. How can we make this the most robust pathway?

[9:37 AM] Brandie Flood
By providing robust services to individuals at intercept 0, with coordination with prosecutors and law enforcement.
The 834 jail locater process has also enabled the health plans to better provide care coordination to incarcerated members. Given that it is relatively new, processes are still being developed and improved across the MCOs.

Agreed Kendell, great point.

The previous comments spoke to meth use and was maybe referring to crimes that are higher level and not divertible. Which is real issue. LEAD coordination does provide framework for that. Could be flush out in a focused workgroup.

LEAD is awesome.

The lack of response to social determinants of health need a meaningful response, not just medical approaches, especially in situations where there is not a widely available MAT option, i.e. stimulants.

Yes. Very low barrier MAT services as well.

This sounds awesome, Amber! I love Trilogy how is that work funded?

Malika, do you mean addressing (preventing) ACEs, for example?

Davis, Rep. Lauren we are at present a 501-c non-profit and are almost entirely funded by community donations and grants. We have a couple of small contracts with the jail and juvenile justice center for outreach and a psycho-ed recovery group for incarcerated youth

Marshall Glass--I have a whole bill proposal re jail release times! I even worked out agreed draft language with WASPC. I did run into some wee constitutional issues, but am still actively working on it

That is great to hear Representative Davis! Please let me know how I can assist.

Davis, Rep. Lauren we also provide individual peer support services in English and Spanish, for adults in recovery, youth in recovery or concerned significant others of people with SUD. We provide space for mutual aid support groups (SMART Recovery and Recovery Dharma) and also provide groups for family support, co-occurring SUD, etc.
Kendall, ACES are one example. Other examples are housing, racism, economic stability, health care access, etc.

[9:54 AM] Amber Daniel/Trilogy Recovery Community (Guest)
Also, there’s no standardized model for drug courts. Each one has different standards etc.

There are also issues with racial discrimination in terms of who gets access to drug court. Prosecutor has 100% discretion on who gets admitted.

[9:57 AM] Sander, Sandy L (HCA)
Addy, what was the name of the program you mentioned?

[9:58 AM] Kendall D. Simmonds
Malika Lamont (Guest) I agree. We have to address every one of those determinants otherwise we are doing a disservice to our communities.

[9:59 AM] Brandie Flood
There needs to be more equity in services like drug court or any other programs where the power is solely in the prosecutors’ hands for participants that are poly substance users, homeless, & have behavioral health issues in addition to navigating the racial disparities in our crisis services systems. The tend to send people to jail instead culturally competent services.

[9:59 AM] Sarah Gillard (her/she) (Guest)
I’m having mic issues, but Yakima and Benton Counties have been implementing Trueblood Diversion services

[9:59 AM] Addy Adwell
Sander, Sandy L (HCA) It is called the Vital Program.

[10:01 AM] Malika Lamont (Guest)
Harm Reduction is not the absence of structure

[10:01 AM] Brandie Flood
Structure that is developed with a racial equity lens, allows for flexibility to be customized for the participants needs. with true Harm reduction approaches.

[10:01 AM] Malika Lamont (Guest)
it is structure that supports a person no matter what

[10:04 AM] Brandie Flood
Amber yes....you are exactly right.

[10:04 AM] Brandie Flood
You said it right Amber.

[10:04 AM] Malika Lamont (Guest)
agreed Amber and Brandie
Drug Court Model only measures what happens in Drug Court. It doesn't measure what happens once people leave.

Brandie Flood- Thank you for the increased awareness you’ve offered me this morning. I appreciate the growth opportunity :)

Thanks, so much

I graduated Pierce County Drug Court in 2007. Things have changed a lot, but not enough. That being said, Drug court DID get me into recovery

Judging from this great conversation we need to have a workgroup. This discussion deserves adequate time to make a decision.

I think a workgroup would be great

I agree

I'm interested in that too

Brandie Flood I would love to be a part of that

I am glad it worked for you Amber. I also know it is not the only answer and I know we agree on that. I am glad you are here.

Can we minimize the acronyms for those who don't know what they mean? or at least explain them?

PCG- Policy Coordinating Group
OWG-Operational Work Group

Yes. a lot of sense

yes, a lot of sense Amber
Lack of diversity does not impact the ability to measure disproportionality if the data is collected accurately.

Malika Lamont (Guest) you are right, of course. I just wanted to highlight the need for the data to accurately reflect the demographics and the needs of each area. I know it seems like a "duh" issue, but if that were really the case, would there be such a gap in services in so many places?

To Caleb's point can we have a data workgroup?

I hear you, Amber Daniel. it is definitely not a duh issue

I would be interested in participating

Malika Lamont (Guest)

Me too

Kendall D. Simmonds

I am interested

Theresa Adkison, MNLM, SUDP, CPC (she/her/hers) (Guest)

I would be interested in either sub committee

Yes. I am interested

Brandie Flood

sounds really good

I am also interested

Brandie Flood

Yes. Community welcomed

Malika Lamont (Guest)

The community should be prioritized

To be clear HCA's boxes and the community boxes are very different.
language from 5476 regarding subcommittees: "The advisory committee may create subcommittees with expanded participation."