

SURSAC Meeting Notes

August 4, 2025

View the meeting recording: https://youtu.be/vgOyPorXgF4

Attendees

HCA Executive & Administrative Staff

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

Committee Members (28)

\boxtimes	Tony Walton, SURSAC Chair	\boxtimes	Amber Cope		Donnell Tanksley
	Governor's Office - TBD		Brandie Flood	\boxtimes	Malika Lamont
	Sen. Manka Dhingra	\boxtimes	Stormy Howell	\boxtimes	Addy Adwell
	Sen. John Braun		Chad Enright		Kevin Ballard
\boxtimes	Rep. Lauren Davis	\boxtimes	John Hayden		Hunter McKim
	Rep. Brian Burnett	\boxtimes	Niki Lewis		
\boxtimes	Caleb Banta-Green		Sherri Candelario		
	Don Julian Saucier	\boxtimes	James Tillett		Alternates:
	Shawn Mire	\boxtimes	Christine Lynch	\boxtimes	Rep. Mari Leavitt
\boxtimes	Alexie Orr		Sarah Gillard	\boxtimes	Rep. Deb Manjarrez

Meeting Notes

HCA Announcements & Updates

Tony Walton, Chair of the SURSAC Committee and Section Manager, Adult Substance Use Disorder, shared updates on:

- Tony reminded the committee about the organizational structure at Health Care Authority (HCA) Department of Behavioral Health and Recovery (DBHR), and that other Section Managers will come provide updates on the work they are doing with the hopes of informing the ongoing dialogue and work of the SURSAC committee. Tony then introduced **Sarah Mariani**, Section Manager, Substance Use Disorder Prevention and Mental Health Promotion. Sarah shared some of the work being done within the Prevention Section.
 - The Prevention continuum is focused on families, communities, children, youth, and young adults and focused on services that can help reduce the need for treatment services and delay the onset of youth use of drugs.
 - The overall goal is targeted intervention early in use pattern and age to help reduce and prevent people from needing treatment services.
 - Collaboration is done with state partners, Tribal partners, and local partners such as schools, cities, community members, and parents.
 - In Washington, there is focus on statewide partnerships and collaboration to enhance state services and ensure we are making data-informed decisions to successfully drive the resources we have such as funding, training and technical assistance, into schools and communities that have the highest level of need and risk for substance use disorders and/or mental health challenges.
 - There are just under 100 different designated community prevention wellness sites across Washington.
 - Community members and schools work together to implement a strategic plan with services for parents, families, and youth.
 - Program evaluations have shown significant decreases in substance use indicators. For example, in the community prevention and wellness sites, 73% of these sites saw significant reductions in heavy drinking of youth across the community when looking at student

- surveys. Additionally, 94% had significant decreases or noted neutrality across all substance use outcomes.
- Tony shared the following links related to the work of **Diana** Cockrell, Section Manager for Prenatal-25 Behavioral Health, who was unable to attend the meeting:
 - Washington Thriving
 - Washington Thriving Video
- Tony also spoke to the federal administration Executive Order on Ending Crime and Disorder on America's Street, which was released on July 24, 2025. Tony noted that HCA is currently undergoing conversations internally and with other State agencies to understand what this EO could mean for Washington. It is expected that supplemental federal rules and guidance will be needed before any provisions can be implemented.
 - The Substance Abuse and Mental Health Services
 Administration (SAMHSA) released a 'Dear Colleague' letter on Friday, August 1, 2025, related to this order.
 - A meeting attendee shared that the Dear Colleagues Letter erases the history of how Naloxone and test strips came to be used in community settings.
 - Tony confirmed that HCA-DBHR remains committed to doing everything we can to minimize any potential negative impacts to the individuals we serve through the programs we operate.

Questions and Comments

Q: Can we see a map of where all the prevention services and activities are happening throughout the state?

A: Yes. Links are below:

- Tribal Information
- Community Prevention and Wellness Initiative (with additional maps)
- Community-based Organization Grants
- More information and prevention and promotion services

SURSAC Member Announcements

 Caleb Banta-Green shared last week there was an announcement that the federal administration is working on Scheduling 7-OH (7hydroxymitragynine), a concentrated byproduct of Kratom.
 Kratom/7-OH is sold throughout the state and later this week, there will be a published Info Brief on this. 7-OH is sold as a tablet. It is not obvious that they have any real mortality risk, however, use of

Kratom and 7-OH byproducts are related to developing Opioid Use Disorder (OUD) and people can be treated well with buprenorphine.

- Link: FDA Article on taking steps to reduce 7-OH opioid products
- 7-OH is being sold in Washington, and people are developing OUD, but we're not seeing signs of overdoses. We have seen some mitragynine (related compound) in OD deaths, but few cases (1% of all OD deaths) and mostly in combination with fentanyl (very likely consumed separately). More information can be found: here
- A committee member shared that while people may not be dying, anecdotally, they have been hearing a lot more about kratom from constituents, concerned parents, and people in recovery who have relapsed on it.

Update: There was a KUOW Interview on the topic that can be found here: https://www.kuow.org/stories/the-countrys-got-kratom-on-the-brain-what-is-it-again

- Malika Lamont shared that VOCAL-WA's International Overdose Awareness Day will be on August 28, 2025, in City Hall Park in downtown Seattle from 11:30AM-1:30PM. VOCAL-WA will also be traveling with their Mural of Remembrance to Thurston County's IOAD event on August 27, 2025, and will also try to make it to the Mason County event.
 - Learn more about International Overdose Awareness Day (IOAD)
 - o IOAD Partner Toolkit
 - Partners can put their IOAD events on this website: https://www.overdoseday.com/usa/washington/
- Sarah Melfi-Klein (HCA,DBHR) shared that the Post Overdose Support toolkit for loved ones (caregivers, partners, friends, community members, etc.) of someone whose has recently experienced an overdose, alongside some webinars and companion resource guide, will hopefully be released by the end of August 2025.
- Malika Lamont shared also that the Criminal Justice Training
 Commission, in collaboration with VOCAL-WA and Purpose Dignity
 Action (PDA), will be conducting an online training around the
 impacts of overdose and ways and methods of response, on IOAD. It
 will be online and individuals that are interested in attending can
 register through the Criminal Justice Training Commission.

Public Comment

No public comment requests

Walk On Items

No walk on item requests

Measure 110 Implementation Updates from Oregon State

Abbey Stamp, Executive Director of Measure 110, Oregon Health Authority, shared a presentation with the following information:

- Legislative History
- Why the Shift in policy
- What are Behavioral Health Resource Networks (BHRN)
- BHRN Overview
- Administration and Evaluation

Questions and Comments

Q: Do you fund some sort of entity to help get all these disparate organizations to act in unison? Secondly, does Oregon feel like they are truly maximizing the use of Medicaid and truly reserving these M110 funds for things that are not billable to Medicaid?

A: Oregon does not currently have the funding nor the infrastructure to have a uniting entity nor convener. However, there are seven Grant Administrators that split up the work of working with the 36 BHRNs throughout the state. With dwindling resources, continuing to focus on the service provisions is important, and that is where the Grant Administrators come in. Relative to the second question, the GAs are good at reviewing budgets and expenditure reporting, so they ask for data, both individually and on the grant level, and grantees are also required to submit quarterly expenditure reports. With the current process, they are very careful about not having to bill Medicaid whenever possible.

Q: Are you funding the personnel to navigate individuals between the different disparate systems?

A: Yes, when the County determines that is something that would be helpful.

Q: Have you thought about the efficiencies and how that works together? Seven Grant Administrators for the entire state has got to be difficult.

A: Yes, to support the work of the county BHRNs, some have BHRN Coordinators. The state leaves it up to each county on how they would like to use their funding for additional support.

Q: Who at the county-level makes the determinations and under what criteria do they determine if someone needs navigational support for individuals?

A: The expectation is that all providers at the county-level work together collaboratively to come up with the processes involved to make these types of determinations.

RNP Highlights: Salish BH-ASO

Kelsey Clary, Frankee Brezacek, Cherish Mitchell-Scott, Braydon Torgler, Alicia Welch, Stephanie Akin, and John Lawler from Salish BH-ASO RNP program shared a presentation that included:

- Regional Overview
- Kitsap County REAL Teams Overview
- Jefferson County REAL Teams Overview
- Clallam County REAL Teams Overview
- Clallam County REAL Teams Participant Success Stories

Questions and Comments

Q: Is there any information on how the changes with the Centers for Medicare and Medicaid Services (CMS) will impact the hospital and partial hospitalization program?

A: At the moment, there is no information on this. However, they do know that the program is grant-based, and they are unsure of how it will continue to be funded in the future.

Impact of Changes to Medicaid

Shawn O'Neill and Evan Klein., HCA, shared a presentation on the impacts of changes to Medicaid in Washington that included:

- Federal Budget Background
- Medicaid policies in the budget
- State funding & enrollment impacts
- Prohibiting payment for protected health services
- Impacts of federal work requirements
- Exemptions from federal work requirements
- Increasing the frequency of eligibility redeterminations
- Impact of state-directed payments (SDPs) and provider taxes
- Impact of cost-sharing requirements
- Removing good-faith waivers related to erroneous payments
- Rural health funding
- Other Medicaid provisions

Information related to the impacts of the federal budget on WA Apple Health Medicaid can be found below:

- Slide Deck: Impacts of federal budget on Apple Health in Washington State
- Fact sheet: Impacts of the federal budget on Apple Health

Questions and Comments

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Q: Regarding the previous slide about preclusions, individuals with a substance use disorder and are actively engaged in treatment are exempted, right?

A: Yes, that is my understanding. To clarify, the slide does not list all exemptions; just some of the major categories.

Q: What are some of the immediate impacts that will be occurring for rural hospitals?

A: I wouldn't anticipate seeing effects for rural facilities or for hospitals in the immediacy. The other two major items that will impact the bottom line for hospitals and possibly acutely effect rural facilities are going to be the eligibility and enrollment provisions.

Q: Regarding the Rural Health Transformation Plan, is that something that would be developed and submitted along with Washington State's application or something we would submit if our application was approved?

A: It is a part of the initial application. It is a requirement of the application to have a rural health transformation plan and as previously noted, the timelines we're working on for implementation or for development of that plan are very abrupt.

Final Comments

A SURSAC Committee member shared that they believe that we should recognize that if an individual is under the influence of a substance, heavy use particularly, they are not in a state of mind to make the decision of whether or not they are ready for treatment service. As such, we should move closer to involuntary treatment for the benefit of that individual. The following was shared for consideration:

- A SURSAC Committee member shared that medication for opioid use disorder (MOUD) through primary care or low-barrier settings should also be included as active treatment.
- A SURSAC Committee member shared two guides for bringing communities together to focus on high impact interventions focused on engagement and building a continuum of care
 - How to Develop a Comprehensive Approach to Prevent
 Overdose Deaths and Improve the Health of People Who
 Use Opioids
 - Resource kit for community health engagement programs for people who use drugs
- A SURSAC Committee member shared that ongoing engagement in health support services for people who use drugs (thinking of stimulants in particular) is likely the most meaningful service we can provide many people, and we'll want to think about how to fund those.
 - https://www.learnabouttreatment.org/wpcontent/uploads/2025/05/stimulants-and-health.pdf

 A SURSAC Committee member shared that we need to make evidence-based substance use treatment services available on a walk-in basis throughout the state before we attempt to pursue civil commitment approaches to services, especially as the state does not have an adequate treatment infrastructure for that. https://adai.uw.edu/ask-an-expert-mandated-tx/

Tony thanked everyone for the quick conversation, and stated that due to time constraints, this topic of discussion can be moved to a future meeting, and noted that since there is not enough time for additional public comments, individuals that wish to provide additional thoughts on the topic can send to www.HCAESB5476@hca.wa.gov.

Next Steps

Due to time constraints, one of the scheduled agenda items – a live Menti survey – will take place at a later meeting or distributed between meetings via email.

Michelle will send out the September 2025 agenda prior to the next scheduled meeting for committee review. The September schedule currently includes an RNP Quarterly Report and review of the Substance Use Recovery Services Plan Progress Report.