Washington State Health Care Authority

# SURSAC Meeting Notes

## September 8, 2025

View the meeting recording:
https://www.youtube.com/watch?v=HpkZoQdf4tE

# Attendees

## HCA Executive & Administrative Staff

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

## Committee Members (28)

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

- Dr. Ryan Moran, newly appointed Secretary of the Health Care Authority, started on August 16, 2025 will be in attendance at a future SURSAC Meeting
- September is Recovery Month – there will be a Recovery Day at T—Mobile Park at the Mariners game on September 14, 2025. For more information on Recovery Month, visit National Recovery Month.
- There will be a training on the Community Reinforcement and Family Training (CRAFT) model. HCA offered two different opportunities for providers this past spring, (five 'Intro to CRAFT' webinars and one, two-day intensive facilitator training). HCA will be providing a second round of facilitator training in November. This is another 2-day intensive training in which a small cohort will be trained in CRAFT skills and provided CRAFT curriculum to begin facilitating groups. A Gov Delivery announcement was released in August, closing the applications for this training on 09/05. Following the training, the CRAFT trainees will attend a monthly coaching call with the CRAFT trainer, to support implementing these skills groups into their services. Please reach out to Chloe Wilkins if you would like more details on HCA CRAFT opportunities. **Chloe.wilkins@hca.wa.gov**

## SURSAC Member Announcements

- Malika Lamont shared that VOCAL-WA was able to attend International Overdose Awareness Day events throughout Washington and brought their remembrance mural with them, which was very well received. Their own event in Seattle was beautiful and was a place of healing and support for practitioners and individuals being served
- Caleb Banta-Green the Overdose Recovery Care Access Center at DESC opened on September 1, 2025, that will provide the ability for EMS to better serve this population. More information can be found here: **https://www.seattletimes.com/seattle-news/mental-health/new-post-overdose-recovery-center-opens-in-pioneer-square/**

## Public Comment

No public comment requests

## Walk On Items

No walk on item requests

## Overview of Involuntary Treatment Act (ITA) and Secure Withdrawal Management and Stabilization (SWMS)

**Sarah Melfi-Klein, Tony Walton, Luke Waggoner, Zephyr Forest, and Dr. Susan Collins** shared a presentation with the following information:

**Sarah Melfi-Klein & Tony Walton:**

- SURSAC and SURS plan priorities
- Continuum of Services for Individuals who use Drugs/Substance Use Disorder

**Luke Waggoner (Involuntary Treatment and Crisis Systems Supervisor):**

- Involuntary treatment background
- Involuntary treatment process

**Zephyr Forest (SWMS Administrator):**

- Current Secure Withdrawal Management and Stabilization (SWMS) facilities
- Goal: Safety and recovery

**Tony Walton:**

- Medication for Opioid Use Disorder (MOUD) data at SWMS facilities
- Snapshot of research on Involuntary Treatment for SUD

**Dr. Susan Collins:**

- Involuntary treatment (ICC) Studies – Werb 2016 & Bahji 2023
- Mandated/Coerced Treatment Studies – Werb 2016 & Bahji 2023
- Dr. Susan Collins shared links to studies and information referenced including:
    - **Civil commitment experiences among opioid users**
    - **HaRRT Center Narrative Review of the Literature on Involuntary Treatment for Substance Use Disorder**
    - **Opinion Piece on forced drug treatment rehab**

## Questions

**Q: Regarding the slide stating 20% of all participants at the time of admission were eligible for MOUD or had opioid use disorder, was that of the entire population?**

A: Correct. It was of everyone admitted into SWMS, regardless of diagnosis, and how much received some form of MOUD treatment three months prior and then how much received three months after.

## Committee Member Comments

- Representative Lauren Davis stated that she felt the review of the evidence was inaccurate and biased and would request a formal follow-up meeting with HCA. Representative Davis also questioned using Drug Policy Alliance as a resource. She offered that comparing WA to MA was not accurate as our SUD civil commitment processes look much different and that there are flaws in the comparison group identified in the WA State Institute for Public Policy (WSIPP) study. She also indicated that it is important to hear from other academics within this space, and a second conversation should be had on this topic.
    - Tony Walton confirmed that civil commitment for SUD was out of scope for SURSAC and that SURSAC still had to examine the full continuum of services while making recommendations to ensure that recommendations considered how they would impact other parts of the continuum, the committee was looking at gaps in the system and to do that, they had to look at the totality of the system.
    - Dr. Susan Collins agreed that there needs to be more ongoing research. The WSIPP study does not have information about overdose mortality included in the 2023 report. There is an impetus to have more evaluation so that we are not relying on the last forty years of work being done in other countries or states.
- Addy Adwell shared that the evidence-based response to opioid use disorder and overdose is easy on-demand access to MOUD such as buprenorphine and methadone. She also vocalized that they appreciate all

the research that was shared today and would also be interested in hearing qualitative research regarding patient/person's experience with involuntary civil commitment.

- Caleb Banta-Green shared information regarding location programs and their respective research findings.
    - In 2017, King County piloted a new model of care offering buprenorphine at the syringe service program:
        - **https://pubmed.ncbi.nlm.nih.gov/31403907/**
    - This pilot motivated a six-site replication across Washington:
        - **https://pubmed.ncbi.nlm.nih.gov/39295965/**
    - Olympia started a similar model of care:
        - **https://apnews.com/article/aafba4beec89c0cd8fd9d6bed386098e**
    - Based on the work of the SURSAC committee, Health Engagement Hubs (HEH) offer related (and expanded) services:
        - **https://www.hca.wa.gov/about-hca/programs-and-initiatives/behavioral-health-and-recovery/health-engagement-hub**
    - Last week, the ORCA center opened, which will have an NIH grant to evaluate. These moments exemplify the enormous, pent-up demand for voluntary, self-directed treatment engagement
- Sarah Melfi-Klein noted that people who use drugs are not synonymous with people who have an SUD and medical necessity is a really important piece to look at in all this.
- Malika Lamont shared that Washington state is doing very well but we should always strive to do better. There are lots of disconnects because we do not have enough resources such as DCRs for those that need them. A strength of this committee throughout the years is the ability to make concrete recommendations that hopefully get paid attention to that can help make things better. They are hoping that we can have longer discussions and perhaps more subcommittee work on this. Lastly, from her experience, the information presented today was accurate.
- Chad Enright echoed the sentiment of Rep. Davis regarding the comparison populations were not accurate and thusly did not present a good picture. Additionally, that the lack of available bed space exacerbates these issues.
- Representative Brian Burnett agreed with both Malika and Chad that the demand for bedspace greatly outweighs the supply.
- Caleb Banta-Green stated that inpatient treatment does not have a strong evidence base in and of itself, and certainly when inpatient treatment is mandated. We should consider framing approaches such as evidence, ethics, and capacity & resources within this topic.
- Malika Lamont shared that we already have some foundation to build upon statewide if we were able to build upon some of the CLEARS work from the UW about reducing stigma between LE & People experiencing SUD. There is a diverse set of stakeholders across the state that have already been engaged.
- Niki Lewis shared that while not directly related to ITA/SWMS, an often-overlooked issue is the practice of requiring or forcing individuals to leave treatment upon experiencing recurrence of their condition. This approach is notably distinct from other areas of medicine. For instance, a patient receiving treatment for hypertension is not dismissed from care upon recurrence of their condition. It is crucial to integrate this consideration into the continuum of care and mandated treatment frameworks. Moreover, addressing social determinants of health is of paramount importance. When individuals are mandated or involuntarily committed to treatment, we must ensure that the necessary infrastructure is in place to support their success beyond mere participation in treatment. It is my hope that as we implement ASAM Level 4, we can collaborate to improve these aspects of patient care.
- Caleb Banta-Green stated that another important real-world consideration is that increasingly we are hearing from policy makers, near and far, that mandated treatment should be the default. It is and should

be rare, yet it takes up a TON of the oxygen in the policy space. Conversely, we could focus on discussing how to build care that people DO want and CAN access. So this policy discussion is important and the 'SO WHAT' is scaling up easier to access and more humane care.

- Don Julian Saucier shared that they were pleasantly surprised by the information shared by Dr. Susan Collins relating to how people not forced into treatment often produce better outcomes. He further stated that we just need to be more careful when involuntary inpatient becomes the only option as not everybody is ready for treatment.
    - Rep. Davis shared that it is absolutely correct that individuals will not be able to stop using until they are ready. She further stated it is imperative to get more qualitative data on this issue.
- Representative Deb Manjarrez reported feeling very encouraged by the conversations being had. She was happy to hear Rep. Davis say that we need a "detox" period to give people the ability to choose voluntary treatment. Heavy substance users are not in a clear state of mind, and they need to be put into a detox period until they can be able to make the voluntary decision for themselves, that way they are not forced to sit in jails. There needs to be more bedspace as the current model is not working.
    - Malika Lamont agreed that we need to build upon the current system in order to change it. Research is currently lacking hearing from individuals that do not make it into the system as it only gets people that make it into the system. It is important to take what we have already started and build upon that to be as solutions focused as we can be.

These notes are a synopsis of the conversation which took place. Please visit here for a complete account of the conversation.

## Public Comments

- A meeting attendee shared that the State Opioid Treatment Authority team would be happy to do a quick presentation around expansion of Opioid Treatment Programs across the state. They also indicated that there are presently 42 brick-and mortar OTPs and 16 Mobile Medication Units across Washington, more than any other state in the country. More information can be found here: **Opioid Treatment Program Guide**
- A meeting attendee shared that they would like to hear from people with lived experience who have gone through and completed civil commitment for SUD treatment.

# Final Comments

- While there are requests about next steps such as having another presentation about bedspace, rehabilitation, or inpatient treatment, Tony Walton reminded the Committee that the SURSAC Administrator position was eliminated as part of Health Care Authority's budget reduction efforts. He wanted to flag this as we further discuss scoping this work and future presentations, and how to utilize future committee time.
- Tony thanked the other presenter for the day, Brianna Peterson, who had agreed to move their presentation on RNP data to October's meeting. Tony also noted that In October 2025, there will be a presentation from the Oregon Criminal Justice Commission on the behavioral health deflection grant program, as well as updates about what's happening in Oregon around simple possession and criminal possession of controlled substances and part three of our LEAD education series with the lead Support Bureau. Note: These have been moved to November and December respectively.
- An email was sent out with Menti results to all SURSAC committee members on feedback of how to utilize time in 2026.

## Next Steps

1. Michelle will send out the October 2025 SURSAC agenda prior to the next scheduled meeting.