Washington State Health Care Authority

Substance Use Recovery Services Advisory Committee (SURSAC) meeting notes

Monday, October 6

View the meeting recording

Attendees

HCA executive and 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)

☒	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 and updates

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

- Regarding the federal government shutdown, HCA is closely monitoring the situation with agency leaders and federal partners, ensuring necessary steps are continuing to be taken to continue operations and stability of service. At this time, there is no anticipated immediate impact to be able to pay providers and will be able to draw down on awards for medicaid services. Additionally, those enrolled at Apple Health, Medicaid, Medicare, PEBB and SEBB, and those engaging in behavioral health services should not experience disruptions in care.
- HCA received notice of discretionary grant awards from the federal government. Two to note for this group include:
    - FY25 SUPTRS (Substance Use Prevention, Treatment, and Recovery Services) in the amount of ~$40 million to support behavioral health services across WA State.
    - State Opioid Response Grant in the amount of ~$28 million that also includes an additional $1 million to support access to housing for youth and additional training for caregivers of youth with Substance Use Disorder (SUD).
    - Personnel from the SUPTRS and SOR teams can come present if requested
- HCA has made multiple requests to the committee. We would like the committees feedback on how we can make time in SURSAC meetings to provide updates toward the Substance Use Recovery Services (SURS) Plan.
- New report from the Department of Social Health Services-Research and Data Analysis about characteristics of people with Apple Health and Stimulant Use Disorder diagnoses in Washington State.
- Tony also shared some upcoming learning opportunities:
    - Washington State Department of Health and University of Washington Medicine update on *Washington Statewide Tele-Buprenorphine Hotline*
        - Monday, October 6
          12:00 p.m.
          Register
    - The Bree Collaborative and University of Washington Addictions, Drug & Alcohol Institute (ADAI) presentation *Pathways to Connection: Accessing Treatment for Opioid Use Disorder Across Washington State*
        - Tuesday, October 14
          12:00 p.m.
          Register

Announcement questions and comments

Q: Regarding the updates for SUPTRS and SOR, is the supplemental grant going toward bridge housing or similar effort? Also, how much of the $42 million block grant funding is the normal allocation and what will extra funding be allocated towards?

A: HCA is still in the process of determining how the SOR Supplemental funding will be operationalized. The housing intervention will be broader than just youth and transitional age youth transitioning out of inpatient treatment. This funding allows HCA to be a little more flexible with the funding.

HCA received $468,453 in additional TA funding under the SUPTRS to support SUD related training or technical assistance to the state, providers, or workforce development meetings and activities. In addition, HCA received $328,109 in supplemental SUPTRS funding which will be used to reduce the existing over obligation of the SUPTRS award and other priorities.

SURSAC member announcements

- Representative Lauren Davis shared that the Washington State Institute of Public Policy (WSIPP) recently published a report that looked at health impacts related to an association with proximity to one's residential address and cannabis retailers. The results showed higher rates of Cannabis Use Disorder and poorer mental health outcomes. There are also associated equity issues as these retailers tend to be located in lower-income communities and communities with higher Black, Indigenous, and People of Color (BIPOC) communities.
    - Read the full report
    - Read the executive summary
- There was a news report in Centralia, about a large seizure of 50,000 blue pills that looked like M30s that were actually carfentanil, which is roughly 100 times more potent that fentanyl.
- Report to consider the impact of all psychoactive substances (alxohol, THC, benzodiazapine, heroin, etc.)

Public comment

- Emalie Huriaux from Washington State Department of Health shared two resources:
    - Washington State Departments of Health and Commerce released a reported entitled *Preventing and Responding to Overdose: Guidance for Housing and Shelter Programs*
    - A complement to preexisting DOH Brief on high-dose naloxone and compassionate overdose response
        - Issue Brief
        - Naloxone dosage and compassionate opioid overdose reversal presentation - YouTube Video and PowerPoint Slide Deck

Walk on items

No walk on item requests

Recovery Place-Kent: Secure Withdrawal Management and Stabilization Facility

Teri Hardy, Director of Recovery Place-Kent shared a presentation with the following information:

- Valley Cities' Resident Treatment Facility RPK
- House Bill 1713: "Ricky's Law"
- RPK Treats Co-Occurring Disorders
- Admission Criteria
- Exclusion Criteria
- ITA Court Process
- Data Programming
- Recovery Focused Discharge Plans

- Successes
- OUD MAT Treatment Statistics – 8/1/24-8/30/25

Questions and comments

Q: To confirm, the presentation indicates that 98.6% of SWMS clients discharging to inpatient treatment, but it sounds like it is actually a mixture of discharging to inpatient, outpatient, or recovery housing, etc.?

A: Correct. The slide deck just includes inpatient treatments because that is primarily where individuals are discharged to.

Q: Do you know the distribution of which medications individuals are using, such as Vivitrol or Methadone?

A: RPK typically uses Sublocade as a go-to for substance use disorder and they do use Suboxone as well. Due to not having an OTP provider to partner with, RPK does not start individuals on Methadone when they come to the facility, however, RPK does allow individuals to continue Methadone treatment during and post treatment.

Q: Can you clarify if this presentation is a promotion for more involuntary inpatient treatment?

A: This is not a promotion of involuntary inpatient treatment but sharing how RPK has viewed ITA for so long and why it is important to view it differently. RPK has been contacted numerous times by lawmakers in several states and within Canada about enacting their own form of Ricky's Law.

Q: How do we ensure that we are utilizing all bed space available? Secondly, could you comment on whether you're aware of any potential funding cuts for drug courts/therapeutic courts?

A: RPK gets patients from all over Washington state and from various referral mechanisms that include therapeutic courts, jails, and outpatient facilities, and they do their best to work with as many different funding avenues as they can to ensure their patients get the care they need. Related to bed space, RPK is generally always at capacity, and the demand always outweighs the supply. There is hope for expansion in the future.

Q: Can you share where the funding from SWMS is derived from?

A: Within RPK, there is a contract with King County who will pay for a patient who does not have medicaid or insurance. RPK also takes Medicare, Medicaid, and private insurance.

Q: Can you be contacted?

A: Teri Hardy can be reached at 253-202-1305 or thardy@valleycities.org

- A meeting attendee shared it was impressive to see internal data indicating reduced overdose deaths as research literature on involuntary treatment largely shows these numbers to be elevated.
- A SURSAC member shared that they are concerned that we are discussing investing a lot of money into ITA, which should be a last resort treatment option, without there being a built-out system or consideration for options upstream.
    - The presenter shared that by the time individuals are recommended for placement to RPK, they have usually exhausted other options in the continuum of care. Additionally, that RPK makes a way for everyone to come there when they need it.
- Tony reminded the committee that this presentation has been part of ongoing conversations since the August meeting when a new committee member inquired about civil commitment for people struggling with substance use in their jurisdiction. He further clarified that having this conversation is not indicative of the committee developing new recommendations. This is because, under the RCW, the committee evaluated the entire continuum of care and developed recommendations based on where gaps exist, which became the Substance Use Recovery Services Plan, and the committee's role is now tied to that Plan going forward.

- A SURSAC member shared that as an Operator, RPK does a wonderful job of upholding state law regarding substance use ITA.
- A meeting attendee shared that they have not seen any lab confirmed cases of cannabis laced with fentanyl. If someone has that information, they would like to review it.
- A SURSAC member shared that we all need options for preventative options and sometimes we do not have options for clients when they are in crisis.
- A SURSAC member shared that they were struck by a comment that "many things save lives", which is why when planning policy and practice responses, we need to think about an intentional and coordinated system of care. Well intended people often focus on their part of the continuum, but a systems view is necessary to maximize individual and community health. A specific framework for opioid overdose and use disorder can be found here
- The presenter shared that RPK tests everyone who comes into the facility and usually, the patients are surprised if it appears both marijuana and fentanyl are in their system concurrently, as patients typically report not using fentanyl and not knowing where it came from.
    - A SURSAC member shared that ADAI has seen no evidence of fentanyl-laced cannabis in Washington State, to include on mortality, crime labs, drug checking, etc.
    - A SURSAC member shared there have been cases of fentanyl-laced cannabis. The Lucas Petty Act was signed into law in 2024, named for an individual who passed away three years ago from fentanyl-laced cannabis.
- A meeting attendee asked if we can ensure that the involuntary treatment data on post-release overdose mortality are shared officially in a follow up to the 2023 WSIPP report? Those data were noted to be delayed due to COVID-related systems issues in that report. However, I don't think they have been subsequently released?
    - It was shared that there are ongoing efforts by HCA to provide more research and analysis of ITA outcomes, and your request will be considered as a recommendation for these efforts. Currently there are no contracts with WSIPP to continue the reports they concluded in 2023. Anyone wishing to connect can email Zephyr Forest at Zephyr.Forest@hca.wa.gov

Recovery Navigator Program (RNP) quarterly report – January–March 2025

Brianna Peterson, 5476 Plan Writer & RNP Data and Reporting Administrator, shared a presentation with the following information:

- Overview
- Report Schedule 2025 Data
- What is RNP?
- Referral and Outreach Data Q1 – January 2025-March 2025
- Referral and Outreach Demographic Data Q1 – January 2025-March 2025
- Case Management Data Q1 – January 2025-March 2025
- Case Management Demographic Data Q1 – January 2025-March 2025
- Data Workgroup Updates

Questions and comments

Q: Is the data team working on tracking referrals from prosecutors to RNP, in addition to law enforcement referrals?

A: Yes. We are tracking law enforcement referrals and updating the newest version of the workbook because we have noticed an influx of interactions and referrals from court systems to RNP. For context, when Recovery Navigator Program was first enacted, it did not include that pretrial diversion pathway under RCW 69.50.4013, that was added in 2023 as part of passing a 2E2SSB 5536.

Highlights from the FY25 SURS plan progress report

Brianna Peterson, 5476 Plan Writer & RNP Data and Reporting Administrator, shared a presentation with the following information:

- Overview
- Treatment Highlights
- Health Engagement Hubs
- Opioid Treatment Program (OTP) Expansion
- MOUD/MAUD in Jails Program
- Data Highlights
- Data Systems
- Outreach, Engagement & Diversion
- Statewide Diversion Programs
- Opioid Awareness Campaign for Youth
- Recovery Support Services Highlights
- The Full Report and Your Feedback

Brianna asked for SURSAC Committee feedback on the progress report. Michelle Martinez confirmed that there will be a link to a shared document sent out to the Committee and if anybody has any challenges accessing the link they can contact her directly. Tony noted that a link to the final SURS Plan report will be sent out when it is published, likely in January or February 2026.

Questions and comments

Q: How is HCA ensuring that these programs are using their funds as intended, to directly serve clients' needs? How is HCA ensuring efficacy – that the money is not squandered or fraudulently taken?

A: It looks different for each of our different prebooking diversion programs. For example, HCA has a contract with Washington Association of Sheriffs and Police Chiefs (WASPC) and the Criminal Justice Training Commission for the administration of Arrest and Jail Alternatives (AJA), the LEAD, program contracts with DBHR, and the RNP program is administered by the ten Behavioral Health Administrative Service Organizations (BH-ASO) with contracts being monitored by the Medicaid Program Division (MPD). Each program has contract and subrecipient processes and policies in place that are closely monitored to ensure that state and federal policies, rules, and laws are being followed.

Final comments

Speakers/guests for the November 2026 SURSAC meeting include Dr. Ryan Moran, new Director of the Health Care Authority and Kasey Beck from the Oregon Criminal Justice Commission to discuss their deflection grant program. Michelle will send out the November 2025 SURSAC agenda prior to the next scheduled meeting.