

SUBSTANCE USE DISORDER INTAKE, SCREENING, AND ASSESSMENT (SUDISA) AND SAFER SUPPLY WORK GROUP UPDATES

SURSAC Meeting | May 5, 2025

Agenda

- ▶ SUDISA Workgroup Overview
- ▶ SUDISA Key Recommendations
- ▶ [Second Substitute House Bill 1427](#)
- ▶ Safe Supply Workgroup Overview
- ▶ Safer Supply Recommendations
- ▶ Where is the Safe Supply work group today?
- ▶ Questions?

ASAM 4th Edition HB 5361

- ▶ The work group reviewed the length of SUD assessments and explored opportunities to shorten the process.
- ▶ The ASAM 4th Edition Criteria introduces a new Level of Care assessment designed to expedite treatment initiation. Adoption across Washington State, including by HCA, is scheduled for 2028 in alignment with House Bill 5361 (2025). which is currently with the Governor's Office for signature.
- ▶ As these systemic changes are expected to address many existing barriers related to assessment length, the work group has shifted its focus to identifying additional strategies to make the SUD intake, screening, and assessment process as low-barrier and person-centered as possible.

Substance Use Disorder Intake, Screening, and Assessment (SUDISA)

- ▶ Kickoff meeting December 4, 2023
- ▶ Bi-monthly 90-minute meetings
- ▶ Final report submitted to Legislature January 25, 2025
- ▶ The SUDISA Workgroup is not currently meeting; however, HCA's internal SUDISA Steering Committee continues to meet and is actively discussing how HCA can advance the workgroup's recommendations without requiring additional legislation.

Recommendations

Rec:	Summary	Anticipated Impact
1	Increase Medicaid reimbursement for SUD providers	<ul style="list-style-type: none">• Workforce expansion.• Shorter wait times.• Improved access to assessments & treatment.
2	Statewide campaign for providers to clarify current intake, screening, and assessment requirements	<ul style="list-style-type: none">• More providers using up-to-date assessment processes (e.g., removal of unnecessary steps and paperwork), leading to more efficient patient screening, intake, and assessment processes.• Widening the workforce that can treat SUD.
3	Expand peer services pre-assessment	<ul style="list-style-type: none">• Increased show rates for assessments.• Increased engagement before and after assessment.
4	Enhance virtual access to assessments	<ul style="list-style-type: none">• Improved accessibility and reach, especially among rural and low-income communities facing transit challenges

SSHB 1427 (2025) – Concerning certified peer support specialists

- ▶ - Develop a proposal to establish the concept of, and billing mechanisms for, substance use disorder peer-run respite centers modeled after mental health peer-run respite centers.
- ▶ - Explore options for health carriers to pay for peer support services through capitated payment arrangements rather than on a fee-for-service basis.

Second Substitute House Bill 1427 outlined in Section 2:

A new section is added to chapter 41.05 RCW to read as follows:

(1) The authority shall contract with one or more external 21 entities to expand access to peer support services.

(c) Develop a proposal to establish the concept of, and billing mechanisms for, substance use disorder peer-run respite centers that are modeled after the mental health peer-run respite centers established under RCW 71.24.649; and
(d) Explore options for health carriers to pay for peer support services through capitated payment arrangements rather than on a fee for-service basis.

(3) By November 1, 2026, the contracted entity or entities shall submit reports to the authority to describe the type and quantity of technical assistance that have been provided, the proposals that have been developed, and the trends in health carriers providing payment for peer support services, and any policy or budget recommendations to encourage health carriers to reimburse providers for peer support services

provided to victims of gender-based violence; and

(iv) Tribes, tribal health providers, and urban Indian health programs to bill for peer support services provided by tribal elders;

(c) Develop a proposal to establish the concept of, and billing mechanisms for, substance use disorder peer-run respite centers that are modeled after the mental health peer-run respite centers established under RCW 71.24.649; and

(d) Explore options for health carriers to pay for peer support services through capitated payment arrangements rather than on a fee for-service basis.

(3) By November 1, 2026, the contracted entity or entities shall submit reports to the authority to describe the type and quantity of technical assistance that have been provided, the proposals that have been developed, and the trends in health carriers providing payment for peer support services, and any policy or budget recommendations to encourage health carriers to reimburse providers for peer support services

Safer Supply Work Group Update

Safe Supply Work Group Overview

- ▶ Kick off meeting was on 03/28/2024 and consist of 8 members
- ▶ Work group meetings concluded on 10/03/2024.
- ▶ 23 meetings were held, (include in-person and those with lived experience)

Safer Supply Recommendations

- ▶ **Recommendation 1:** Remove barriers to the implementation of a randomized clinical trial of safer supply for people with opioid use disorder in Washington.
- ▶ **Recommendation 2:** Propose state legislation establishing a scalable, safer supply pilot program.
- ▶ **Recommendation 3:** Enhance and expand existing harm reduction and substance use disorder treatment services statewide.

Where is the Safe Supply work group today?

- ▶ *Recommendations have not progressed beyond submitting the final report to the Governor's office and the Legislature. No legislative action resulted this session from the recommendations, so no implementation efforts are currently underway.*
- ▶ Informational webinars and community listening sessions are scheduled for:
 - ▶ May 19th 11:00am-1:00pm
 - ▶ June 13th 11:00am-1:00pm

Questions?

Contact Kelley Sandaker, HCA SURSAC Administrator

Email: kelly.sandaker@hca.wa.gov