

SURSAC meeting notes

February 2, 2026

[View the meeting recording](#)

Attendees

HCA executive & administrative staff

<input checked="" type="checkbox"/>	Blake Ellison, Meeting Facilitator	<input type="checkbox"/>	Rachel Downs, Admin Assistant	<input type="checkbox"/>	Alex Sheehan, BH Program Manager
<input type="checkbox"/>	Jason McGill, Executive Co-Sponsor	<input checked="" type="checkbox"/>	Sarah Melfi-Klein, Unit Supervisor	<input checked="" type="checkbox"/>	Tim Candela, Health Services Consultant
<input checked="" type="checkbox"/>	Michelle Martinez, SURSAC Administrator	<input checked="" type="checkbox"/>	Brianna Peterson, Plan Writer		
<input checked="" type="checkbox"/>	Melissa Thoenke, BH Communications Manager	<input type="checkbox"/>	Hailee Fuller, Admin Assistant		

Committee members (24)

<input checked="" type="checkbox"/>	Tony Walton, SURSAC Chair	<input type="checkbox"/>	Amber Cope	<input type="checkbox"/>	Donnell Tanksley
<input type="checkbox"/>	<i>Governor's Office - TBD</i>	<input checked="" type="checkbox"/>	Brandie Flood	<input checked="" type="checkbox"/>	Malika Lamont
<input type="checkbox"/>	Sen. Manka Dhingra	<input checked="" type="checkbox"/>	Stormy Howell	<input checked="" type="checkbox"/>	Addy Adwell
<input type="checkbox"/>	Sen. John Braun	<input checked="" type="checkbox"/>	Chad Enright		
<input type="checkbox"/>	Rep. Lauren Davis	<input checked="" type="checkbox"/>	John Hayden		
<input checked="" type="checkbox"/>	Rep. Brian Burnett	<input type="checkbox"/>	Niki Lewis		
<input checked="" type="checkbox"/>	Caleb Banta-Green	<input type="checkbox"/>	Sherri Candelario		
<input checked="" type="checkbox"/>	Don Julian Saucier	<input checked="" type="checkbox"/>	James Tillett	Alternates:	
<input type="checkbox"/>	<i>Adult in recovery from SUD - TBD</i>	<input checked="" type="checkbox"/>	Christine Lynch	<input type="checkbox"/>	Rep. Mari Leavitt
<input type="checkbox"/>	Alexie Orr	<input checked="" type="checkbox"/>	Sarah Gillard	<input checked="" type="checkbox"/>	Rep. Deb Manjarrez

Meeting notes

HCA announcements & updates

SURS Plan 2025 Progress Report published

The latest SURS Plan progress report is now published on HCA's website. [Read the report.](#)

Partial government shutdown

A partial government shutdown is in effect. Updates involving changes that could impact programs, enrollees, or providers can be found on the HCA home page. [View the HCA home page.](#)

Temporary SAMHSA grant terminations

On January 13, SAMHSA issued termination notices for several discretionary grants nationwide. These terminations impacted active grants in Washington. Within 24 hours, those terminations were rescinded. HCA has received all updated notice of awards and grants continue to move forward with no identified disruptions in services.

2026 bill tracker

A non-comprehensive list of bills introduced during this legislative session related to behavioral health and SUD is sent out with each SURSAC GovDelivery while session is active. This list of legislation does not reflect any priorities of the Washington State Health Care Authority and is not intended to be exhaustive, nor a complete list of every bill of interest. There may be bills with components related to substance use disorder, behavioral health, and/or the intersection with the criminal court system that are not included in the table. If so, this oversight is not intentional and your cooperation in bringing attention to any bills that should be added to this list is appreciated. To do so, please email Michelle Martinez, SURSAC administrator, at michelle.martinez@hca.wa.gov.

[Sign up for the SURSAC GovDelivery](#)

[View the bill tracker](#)

2026 legislative session timeline

The Policy Committee cutoff date – the last day for either house to read committee reports and pass those bills out of committee to be read into the record on the floor -- is Wednesday, February 4.

[View important 2026 session dates](#)

SURSAC member announcements

- No committee member announcements

Public comment

- No public comment

Recovery Navigator Program quarterly report (2025 Q2 data)

[View the presentation slides](#)

Brianna Peterson, Blake Technical Report Writer

2025 April-June Data Highlights

- 2,635 estimated unduplicated individuals were engaged by RNP referral and outreach efforts
- 2,619 total estimated unduplicated clients enrolled in case management during this period

SURSAC Meeting Notes

February 2, 2026

- 423 new clients enrolled in light case management
 - 214 new clients enrolled in intensive case management
- 535 referrals from law enforcement
- 637 estimated unique individuals were enrolled in case management
- The most common referral reason (nearly 4x as high as “homeless,” the next most common reason) was “General SUD” (1,205 referrals to RNP)
- Top 5 direct care services provided:
 - Peer Support (1,017)
 - Recovery Goal Support (784)
 - Client Supportive Services (771)
 - Transportation (426)
 - Appointment (187)
- Top 5 Referrals to Services
 - Basic needs (387)
 - Housing (236)
 - Community Support Organization (157)
 - Public Benefits (154)
 - SUD Referral (136)

State Fiscal Year 2025 (July 2024-June 2025) Data

- 10,383 estimated unduplicated individuals engaged in referral and outreach efforts
- 15,280 total referrals to RNP
- 2,259 referrals from law enforcement
- 8,240 estimated unduplicated clients enrolled in RNP case management
- 59,467 case management events

Questions and comments

Q: What exactly does “15 minute response time” mean? That someone returns a phone call within 15 minutes?

A: When the Uniform Program Standards for RNP were written, there were requirements that responses to referrals needed to happen within 45 minutes, or in rural areas, up to 60. For RNP to respond to a referral, it may mean that someone is sent to meet the person where they are currently located, or if they have the person’s phone number, that the RNP staff call the person directly. The time between the referral and the response contact with the referred individual is tracked. Since the response times have been completed in a timely matter – under 15 minutes – so consistently, we wanted to report on that. [Link to Uniform Program Standards](#)

Q: Are you able to provide data on the proportion of RNP clients who have opioid use disorder, or alcohol use disorder, who end up getting prescribed treatment medications for those conditions?

A: Tony indicated this level of detail would require some level of cross database analysis where we would have to take identifying information for the RNP participants and link them to our Medicaid claims data to be able to verify who has an OUD or AUD diagnosis within that population. We just don’t have resources, staff, nor funding to contract with an external party to do that type of analysis. We could do that internally at the Health Care Authority to some extent, but we had to reduce our overall budget by 6% for the biennium, which means our staff positions have been cut and there was a hiring freeze in December 2024. What we can commit to today is bringing that back to the RNP data work group and discuss potential plans and timelines for conducting this level of sub-analysis.

SURS Plan Recommendation #15 update: Opioid Treatment Program (OTP) rural expansion

[View presentation slides](#)

Jessica Blose, WA State opioid treatment authority

Overview of OTPs: An OTP offers both counseling services and medical services to all clients, including all three types of medication for the treatment of an Opioid Use Disorder: methadone, buprenorphine products (Suboxone, Subutex), and naltrexone (Vivitrol). They are staffed with multidisciplinary treatment teams that include prescribing practitioners, nurses, and counselors.

Sub-recommendation 1: *Require the Dept of health to create a regulatory workshop with OTP provider stakeholders to create state rules/regulatory process for OTPs that want to establish offsite medication units that are (1) located as a free-standing facility, or (2) co-located within a variety of community settings (hospitals, pharmacies, FQHCs, correctional health facilities, etc.)*

- As of January 31, 2025, the WA Dept of Health revised chapter 246-341 WAC to allow OTPs to establish fixed-site medication units as part of an existing licensed OTP.

Sub-recommendation 2: *Amend RCW 36.70A.200 and WAC 365-196-550 to ensure that OTP branch sites of all kinds are seen as “essential public facilities” and cannot be zoned out or stalled by moratoriums by city and/or county legislative authorities*

- RCW 36.70A.200 was amended as part of 2E2SSB 5536 Section 12 to establish that OTPs and their satellite mobile and fixed site medication units are considered essential public facilities, requiring a process for cities and counties to identify and site them as essential public facilities.

Sub-recommendation 3: *Amend RCW 71.24.590 to remove requirements for the citation of OTPs that stigmatize the treatment setting type and treat it in ways that other SUD behavioral health agencies and health care facilities settings are not.*

- RCW 71.24.590(2) amended to remove the patient cap: “No city or county legislative authority may impose a maximum capacity for an opioid treatment program.”
- RCW 71.24.590(1)(h) was amended to replace language requiring a public hearing in communities where a new OTP is proposed, before that OTP can open to operate, with language only requiring public notice to be made to all appropriate media outlets in those communities.

Sub-recommendation 4: *Provide funding for capital construction costs to start up OTP in central and Eastern WA.*

- 5536 Section 33(5) provided ongoing funding to increase the number of mobile methadone units operated by existing OTPs and to expand OTPs, giving priority to rural areas, to increase mobile methadone units and fixed medication units.
- HCA worked with the Department of Commerce and released a Request for Applications (RFA) in September 2024 for funds to construct new OTP sites in rural areas. Three contracts were awarded to: (1) Acadia Healthcare in Wenatchee (expected to open April 2026); (2) ORTC, LLC in Walla Walla (expected to open summer 2026); and (3) the Squamish Tribe in Poulsbo (opening in 2027)

Sub-recommendation 5: *Provide funding to operate an increased number of OTP medication units to expand their geographic reach.*

- 5536 Section 33(5) allocated ongoing funding to fund capital construction of new OTP sites in rural areas, but the 2025 budget proviso specifies that funds are to be used to support the non-federal share of Medicaid services for the providers at the newly constructed OTP sites. (No funds for continued construction costs)

Statewide impact: OTP expansion has grown 51%+ statewide – there are now 44 licensed OTP, including 12 tribally owned/operated (the most in the country), and an additional 16 mobile satellite OTP sites (also the most in the country). The number of patients served by OTP provider networks went from 14,000 (2023) to over 19,500 currently.

Rural Health Transformation Program: WA State received \$181 million from the Centers for Medicare and Medicaid Services (CMS) to implement year 1 of the rural health transformation program, which includes OTP providers as eligible to receive a portion of the funds. The SOTA office will develop a competitive bid process for OTP providers.

Questions and comments

Q: What about Lewis County? Local elected officials have caused extremely difficult circumstances to the point of one provider having to sue.

A: The provider in that case wasn't from an OTP, but there are certainly a lot of similarities regarding stigma and lack of information influencing local counties and cities issuing policies that are not always the most informed by evidence-based practices and what is legal. I think the goal is to help communities make the best decisions for themselves, but to be able to make more educated decisions when these topics are so complicated, and letting them know that there are entities at the state level—like the attorney general's office, or the state opiate treatment authority office, or the Department of Health—who can answer questions for local officials to help them make their own best policy for their communities.

Q: What can be done to expand?

A: One strategy that has worked is getting designated funding specifically to increase OTPs in rural areas. And since those are state funds, including opioid settlement dollars, we've been able to also issue requirements such as needing to operate these buildings for a decade. This has been an effective way to spend those one-time-only funds, especially since it could present cost savings to our state by preventing the need for frequent non-emergency Medicaid transportation to Methadone clinics, which are often 2-3 hours away.

Q: Can an already licensed outpatient program (OP)/inpatient and outpatient program (IOP) partner with an OTP?

A: Any provider of any kind can partner with an opioid treatment program and/or can even apply to become an OTP themselves if they would like.

Providers can refer to the "Opioid treatment program guide" linked below to find a local OTP in their community and reach out to inquire about partnership opportunities (e.g., referring patients in need of medication for OUD or requesting to have an OTP mobile unit come to their facility)

If interested in becoming an OTP, refer to the Opioid Treatment Programs link from the WA Department of Health below, and click on the "OTP licensing and accreditation" drop down menu for more information.

Additional links/resources shared:

- [Opioid treatment program guide](#) | Washington State Health Care Authority
- [RCW 36.70A.200: Siting of essential public facilities—Limitation on liability](#)
- [Opioid Treatment Programs](#) | Washington State Department of Health
- [Opioid treatment program guide](#)
- [Mobile Clinic Hits the Road—Evergreen Treatment Services](#)
- [Mobile Medical Units](#)
- [New Snohomish County mobile opioid care unit showcased | HeraldNet.com](#)
- [Methadone: An Old Medication with Untapped Potential](#)
- [Improve Lives, Prevent Deaths: How to Develop a Comprehensive Approach to Prevent Overdose Deaths and Improve the Health of People Who Use Opioids](#)

SURS Plan Recommendations: Status tracking document

Michelle Martinez, SURSAC Administrator & Sr. SUD Project Manager

- For the past couple years, the Substance Use Recovery Services Plan annual implementation/progress report has focused on providing updates for the aspects of the SURS Plan that received legislative
- SURSAC Meeting Notes
February 2, 2026

directives, funding, or other mandates for implementation, but there are still several recommendations that are still incomplete and worth revisiting.

- Michelle has begun drafting a comprehensive document to outline all 18 recommendations from the original SURS Plan, including each specific sub-recommendation, in a condensed format.
- The purpose of the document is twofold:
 - Provide a reference point for discussions around if and how the not-yet-implemented aspects of the Plan can be revived
 - Raise awareness around the recommendations that have come to fruition and the impacts they've had
- HCA will make a strong effort to include state activity that is in alignment with each recommendation, even if it didn't originate in response to the SURS Plan itself. For example, the SURSAC admin team will coordinate with the State Opioid and Overdose Response Plan team to identify overlapping goals, and include SOORP implementation efforts relevant to SURS Plan recommendations in the status tracking document.
- Committee members reviewed the draft document and provided feedback reflecting that it will be useful for future meetings

Questions and comments

Q: When these recommendations were first developed, there was an educational session held in the fall where the chairs of the various [SURSAC sub]committees presented to a legislative committee about the recommendations. As this wraps up, could we do something again this fall in preparation for the next long legislative session to summarize what's been accomplished and potential next steps?

A: Once this current legislative session is over, we'll connect with our legislative affairs and analysis team.

Public comment

No public comment

Final comments

Tony Walton noted some groups that meet regularly to discuss behavioral health issues in the state, which are likely involved in efforts that overlap with SURSAC recommendations:

- The State Opioid and Overdose Response Plan (SOORP) learning collaborative is also discussing a lot of the efforts under the SOORP that Kris Shera is leading.
 - A new iteration of the SOORP is under development to highlight the state's priorities in a more accessible way.
 - The governor's budget allocated \$600,000 to support tribal opioid Response Task Force and summit activities, and other funds to support opioid treatment program accreditation and certification costs.
- The Behavioral Health Advisory Council, which meets quarterly.
- The Children's Behavioral Health Work Group.

Tony added that, due to the vast amount of effort happening in Washington state to address substance use and support individuals who use drugs, coordination requires adequate staff bandwidth. HCA will attempt to coordinate across the agency and with other state agencies in providing future updates, and there may be times when work happening is missed.

Next steps

1. HCA will continue to update the Recommendation Status Tracking document.

2. Future agendas will feature additional implementation highlights such as the one for OTPs today.
3. Michelle will send out the next SURSAC agenda prior to the next scheduled meeting.

Contact and more information

- SURSAC Administrator, Michelle Martinez, can be reached via email at michelle.martinez@hca.wa.gov.
- For more information about the SURSAC, or to sign up for the SURSAC newsletter, visit the HCA SURSAC webpage: [Substance Use Recovery Services Advisory Committee \(SURSAC\) | Washington State Health Care Authority](#).