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# SnoCo HRSA Consortium Meeting

July 20, 2023, 11am

Snohomish County's HRSA Consortium (SHC) is funded by  
HRSA's RCORP-Implementation Grant through August 2023



# Agenda: 07/20/23 SnoCo HRSA Consortium Meeting

- Introductions & Updates – All, 15 Minutes
- Sustainability: – Lori Fleming/Group - 35 Minutes
  - Review Proposed No Cost Extension Work Plan for 9/1/23 - 8/31/24
  - Explore: MAC Group's Short-term Goals & HRSA Consortium Participation
  - Review/Comment: Sustainability Report Draft Due to HRSA
- Next Steps – All - 5 Minutes
- Next Virtual Meeting: Thursday, Sept. 21 @ 11am?

# SHC Sustainability – No Cost Extension (NCE)

## NCE Work Plan

Requesting HRSA approval for a 12-month No Cost Extension on the RCORP-Implementation 2 Grant funding Work Plan set to end 8/31/2023.

This NCE will not provide additional funding but does allow the SHC to complete unfinished projects and report on final outcomes.

Updated Work Plan for Snohomish County Health Department RCORP-I Grant NCE

Activity	Status	Revised Completion Date
<b>Contract and Implement Transportation to Facilitate Service Connection</b> from frontier rural areas to in-county services <u>See Proposal</u> Contract ETA: Mid July to Aug 2023	Not Yet Started	08/31/2024
<b>Contract and Implement Peer Outreach Specialist</b> to expand service access in frontier rural areas by raising awareness of and supporting navigation to service options. <u>See Proposal</u> Contract ETA: Mid July to Aug 2023	Not Yet Started	08/31/2024
<b>Develop &amp; Implement Youth Engagement and Prevention Campaign</b> Develop and Implement youth engagement and prevention campaign based on training received by funding three Darrington Reps in June 2023 to attend <u>the Montana Summer Institute Program</u> , <u>see Funds Request</u> .	In Progress	08/31/2024
<b>Amend Contract and Implement School-Based Mental Health Student Counseling</b> Propose to fund 1.5 FTE school counselors in the northern rural census tract: - \$100,500 for 1.0 FTE for 2023-24 Darrington School District School Counselor position #1; - \$51,500 for .5 FT for 2023-24 Darrington School District School Counselor position #2	In Progress	07/31/2024
<b>Develop and Execute Community Engagement events (Fall '23/ Spring '24)</b> in each rural community that bring a panel of community members / county stakeholders together to explore the topics of stigma related to mental health and substance use and provide naloxone distribution and training.	In Progress	08/31/2024
<b>Activate and support intentional two-way communication and insight-gathering/sharing</b> , between rural community members/stakeholders and relevant efforts including the Countywide Opioid Epidemic Response and integration of the impacts of SB 5536, through the continued deepening of relationships and awareness with rural community stakeholders including: Mayors, City Councils, School Districts, Libraries, Food Banks, Transit, EMS, NSCS, DPICC, local health providers, etc.	In Progress	08/31/2024
<b>Develop &amp; Execute Phase II Media Campaign</b> that builds on the earlier stigma reduction campaign research/execution and uses positive messaging to support collective stakeholder response to the County's opioid epidemic.	1 <sup>st</sup> Phase complete, 2 <sup>nd</sup> Phase not yet started	08/31/2024
<b>Continued Naloxone Distribution</b> in Northern and Southern rural tracts	In Progress	08/31/2024

[Click for Full Work Plan](#)

Also see:

- [NCE App Cover Letter](#)

# SHC Sustainability – Participation in MAC Group Efforts

## Why would SHC Consider Supporting the Opioid MAC Group Efforts?

[Click for MAC Group's 7/18/2023 Meeting Packet](#)

[Click for Opioid MAC Group Draft of Short-Term Objectives as of 7/18/2023](#)

Opioid MAC Group - Draft Short Term Objectives 7.18.2023

Goals	Objectives	Strategy	Activities	Inputs	Lead By
<i>Broadbrush statement of intent. What are the objectives, if completed, going to lead to? What measurable goals has the workgroup decided on to make sure that it meets the purpose of the group? These should be SMART goals.</i>	<i>Specific, Measurable, Achievable, Realistic, Timebound (SMART) format.</i>	<i>A general plan for accomplishing the objective.</i>	<i>Tactics: Specific tasks to achieve the strategy</i>	<i>What could SHC contribute in 6-9 months to the strategies/activities?</i>	<i>Who ensures this strategy has resources and is accomplished?</i>
Goal 1	Objective	Strategies	Related Activities	SHC Inputs	Lead / Partner(s)
<b>Reduce current and future <i>abuse</i> and misuse of opioids including fentanyl and similar drugs</b>	<b>1A. By January 31, 2024, expand prevention education available to school districts.</b>	<b>1A:1</b> Meet individually with school district leadership to understand what is already being done in schools and how to better support them  <b>1B:1</b> Gain School District approval  <b>1C:1</b> Onboard Schools/ Primary Prevention Educator	<b>1A.1a</b> Attend superintendent meeting and brief  <b>1A.1b</b> Meet individually with interested school districts  <b>1B.1a</b> ?  <b>1C.1a</b> ?		Lead: Health Dept  Partners: <b>HRSA Consortium</b>

# SHC Sustainability – How Do We Continue? Post NCE? Why?

## RCORP Sustainability Implementation Cohort II Deliverable

Send draft deliverable to your TEL and PO via email by **August 17, 2022**. The final deliverable, addressing TEL/PO feedback, is due in the EHB by **September 30, 2022**.

- A. **RCORP Program:** FY 20 Implementation
- B. **HRSA RCORP Grant Number:** GA1RH39597
- C. **Grant Recipient Name:** Snohomish Health District
- D. **Date:** August 19, 2022

- E. **Consortium Vision and Definition of Sustainability:** *[Insert or update the definition of sustainability from Year 1 deliverable]*

During year two our consortium has gained consensus on some clear priorities for sustainability after the project period ends. Our vision for sustainability is to **be able to sustain strategies that are working well for our community, with new funding sources to support this work**, without having to sacrifice our rural focus or our well-established consortium and partner relationships. We've had great success with our consortium itself, and we still intend for our group to continue past the funding period. We know that to do this successfully and with the best chances for long-term sustainability **we will need expand our geographic boundaries to include more of the self-defined rural community as well as bring in more partners**. The Rural HRSA Consortium has provided a **forum to collaborate around SUD/ODD-related issues that are unique to the smaller, more rural parts of our county**, and we all agree this as a critical resource to keep going into the future. Sustaining our work and consortium will also require securing future **funding that can support project strategies as well as a portion of an FTE to support project and consortium coordination**. The Health District's planned January 2023 merge with Snohomish County government presents some unknown factors which could impact how our consortium operationalizes our sustainability plan, but could also bring new opportunities for funding and collaboration which can support this project's longer-term future. The element of planning for sustainability that has been most challenging for our consortium is **knowing which strategies to prioritize based on their evidence of success and impact**. This is because we've still faced roadblocks and delays in getting strategies all the way to implementation. While this has still provided some important information about what we can expect in the future as we work to sustain these activities, or even implement new ones, we haven't had sufficient implementation time to thoroughly evaluate program impact. This will be a priority for year three as we have continued opportunities to gather qualitative and quantitative feedback on project activities.

[Draft Sustainability Plan to be updated and draft sent by 8/4/2023.](#)

# Sustainability: Progress? Lessons Learned?

- **Financial Base including Community Support**

By July 31, 2023, Snohomish Health District will have secured at least 1 new source of funding to sustain HRSA consortium and minimum of 4 priority project activities.

- **RCORP Consortium and Stakeholder Relationships**

The Health District will secure funding for at least a 0.2 FTE project/consortium coordinator by May 31, 2023, to ensure that consortium meetings and partner engagement can continue without interruption after project period, will meet individually during Q3 with all current consortium members to assess commitment to future involvement, and will work during Q4 to invite 5 organizations to join consortium in anticipation of relaxed rural boundaries.

- **Sustaining/Increasing Workforce**

By March 1, 2023, the workforce workgroup will complete a community workforce assessment to evaluate workforce opportunities and challenges for project sustainability, and will present recommendations to full consortium.

- **Sustainable Outcomes including Ability to Adapt to Changing Conditions**

Form a sustainability workgroup by February 28, 2023 to review all available data from implemented strategies; present findings on project strategies' quality and impact to full consortium; and to make evidence-based recommendations about workplan updates and priority strategies to be sustained, to be completed before the end of Q3.



# Next SnoCo HRSA Consortium Meeting



Thursday

September 21, 2023

@11am on Zoom

# Acronym Sheet

**AHEC** – Area Health Education Center

**CHC** – Community Health Center of Snohomish County

**CPC** – Certified Peer Counselor

**DPICC** – Darrington Prevention and Intervention Community Coalition

**DES** – Darrington Elementary School

**DHS** – Darrington High School

**DMS** – Darrington Middle School

**DSD** – Darrington School District

**EBP** – Evidence-Based Program

**EHM RC** – Evergreen Health Monroe Recovery Center

**ISD** – Index School District

**IO** – Ideal Option

**LST** – Botvin Life Skills Training

**MCC** – Monroe Community Coalition

**MCO** – Managed Care Organization

**MRC** – Medical Reserve Corps

**PAX** – PAX Good Behavior Game (prevention curriculum)

**P/I** – Prevention & Intervention Specialist

**PMG** – Providence Medical Group

**SBIRT** – Screening, Brief Intervention and Referral to Treatment model

**SCSO** – Snohomish County Sheriff's Office

**SPSSP** – Sound Pathways Syringe Services Program

**SHD** – Snohomish Health District

**SMCHC** – Sea Mar Community Health Center

**SSIT** – Sauk-Suiattle Indian Tribe

**SPC** – Sultan Prevention Coalition



# Required Core Grant Activities



## Prevention

- P.1** Linguistic / Cultural Efforts to Reduce Stigma
- P.2** Increase Naloxone Access and Training
- P.3** Support Drug Take Back Programs
- P.4** Support School and Community Prevention Programs
- P.5** Improve ID/Screening for SUD/OD; provide referrals to providers, harm reduction, early intervention, treatment, and support

## Treatment

- T.1** Screen/Provide/Refer Patients with infectious implications
- T.2** Recruit/Train/Mentor interdisciplinary teams of SUD/OD Clinical and Service Providers
- T.3** Increase # of providers and social service professionals who treat/identify SUD/OD through professional development and recruiting incentives
- T.4** Reduce Treatment Barriers
- T.5** Improve ID/Screening for SUD/OD; provide referrals to providers, harm reduction, early intervention, treatment, and support
- T.6** Train Providers and Admin staff to optimize reimbursement for treatment through proper coding/billing across insurances to ensure service provider sustainability
- T.7** Enable individuals, family and caregivers to find, access and navigate treatment for SUD/OD as well as home and community based services and social supports

## Recovery

- P.1** Train Providers and Admin staff to optimize reimbursement for treatment through proper coding/billing across insurances to ensure service provider sustainability
- P.2** Enable individuals, family and caregivers to find, access and navigate treatment for SUD/OD as well as home and community-based services and social supports
- P.3** Support development of recovery communities, recovery coaches, and recovery community organizations to expand the availability of and access to recovery support services

**Grant Spending Boundaries:** Funds must be spent to address work ONLY in our rural census tracts