



Consortium Overview

Presented to: MAC's Prevention Workgroup

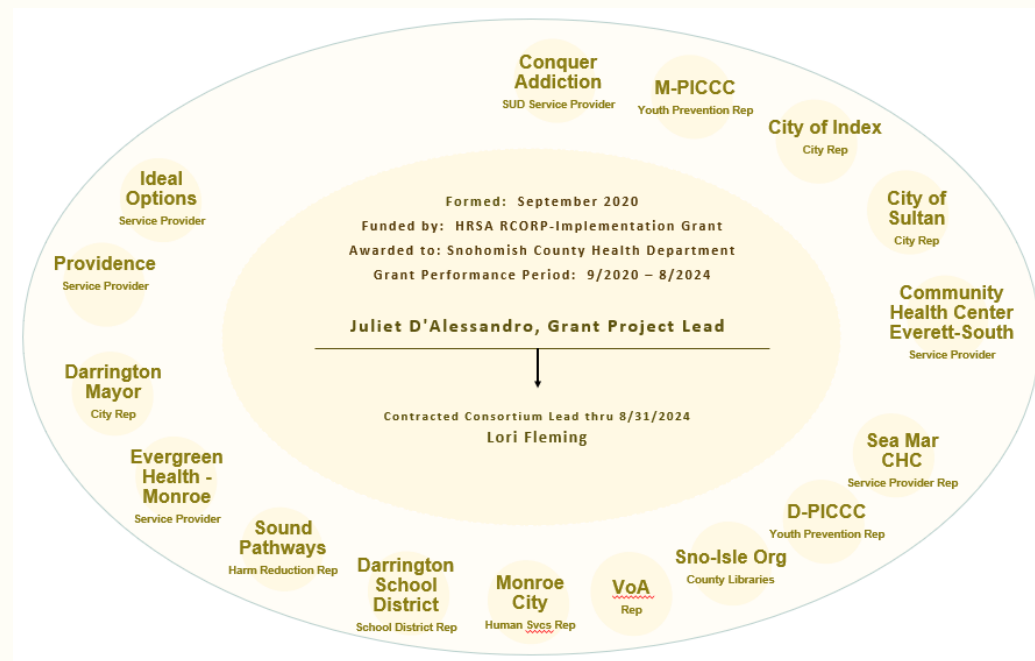
April 15, 2024

Snohomish County's HRSA Consortium (SHC) is funded by
HRSA's RCORP-Implementation Grant through August 2024

Presentation Overview

- **Introduction to Consortium**
 - Mission & Objectives; Origin, Membership and Funding; Targeted Geographic Area
- **Behavioral Health in Rural Landscapes**
 - Challenges Unique to Rural Behavioral Health
- **Consortium's Contributions and Progress**
 - Evolution of Consortium Structure & Stakeholder Engagement; Key Initiatives and Collaborative Successes
- **Why Invest in a Rural Behavioral Health Stakeholder Consortium?**
 - Use this Consortium as a foundation to develop for broader rural stakeholder insight and engagement
- **Engaging with Work Sponsored by Opioid Settlement Funding**
 - Exploring the MAC Prevention Workgroup's established short- and long-term objectives

Consortium Mission and Objectives



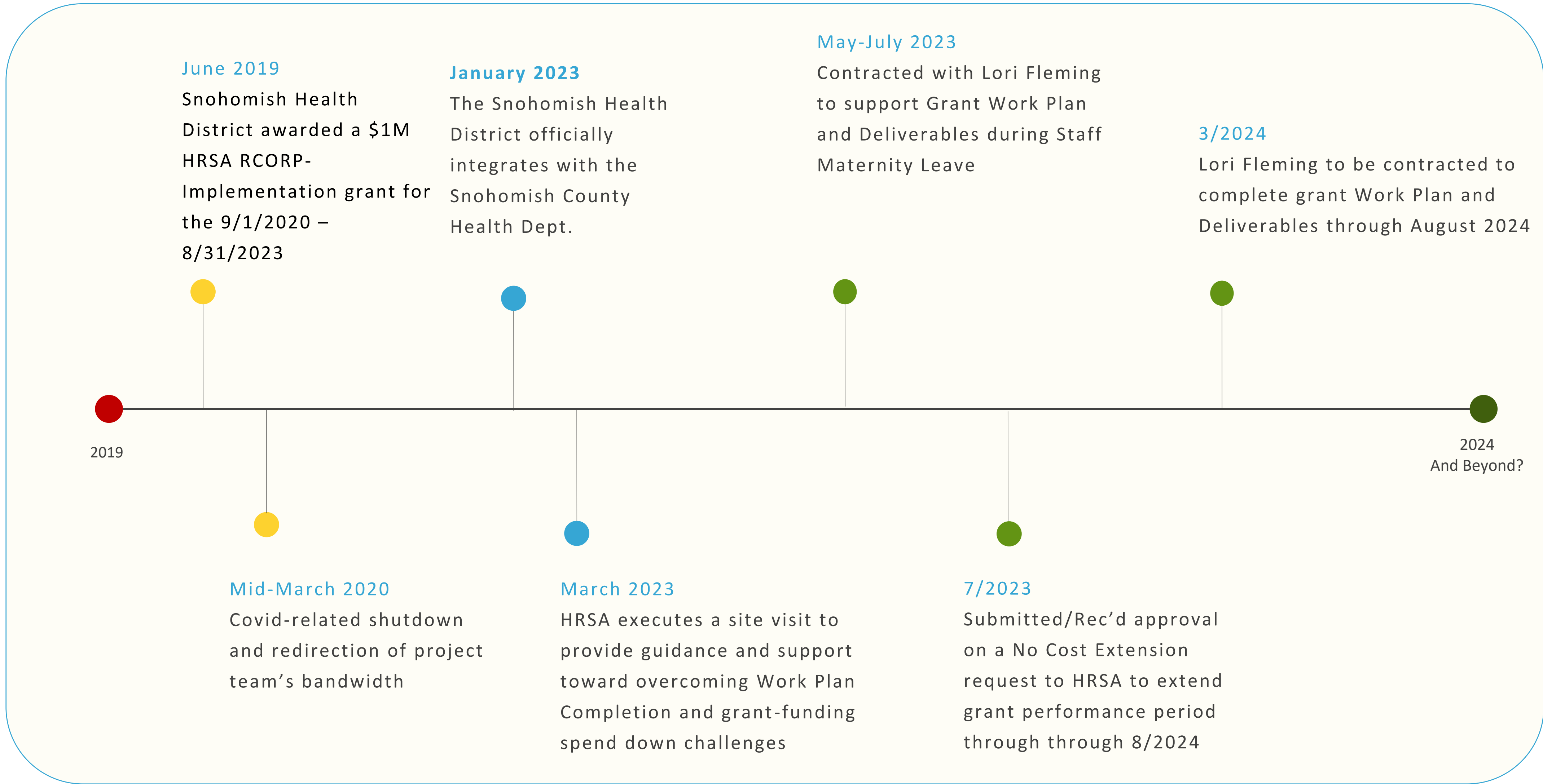
The Consortium unites rural behavioral health stakeholders committed to collaboratively establishing and funding a cohesive county behavioral health system that ensures rural residents have straightforward access to essential mental health and substance use prevention, treatment, and recovery services.

■ **Phase 1 Objectives:**

Establish a table for previously siloed rural behavioral health stakeholders to consistently inform needs assessment and goal, objective, strategy, and action definition / implementation for their geographies.

- **Improve the accessibility and receptivity of mental health and substance use disorder prevention, treatment and recovery services for county residents in the federally-designated rural areas.**

Timeline Overview



June 2019

Snohomish Health District awarded a \$1M HRSA RCORP-Implementation grant for the 9/1/2020 – 8/31/2023

January 2023

The Snohomish Health District officially integrates with the Snohomish County Health Dept.

May-July 2023

Contracted with Lori Fleming to support Grant Work Plan and Deliverables during Staff Maternity Leave

3/2024

Lori Fleming to be contracted to complete grant Work Plan and Deliverables through August 2024

Mid-March 2020

Covid-related shutdown and redirection of project team's bandwidth

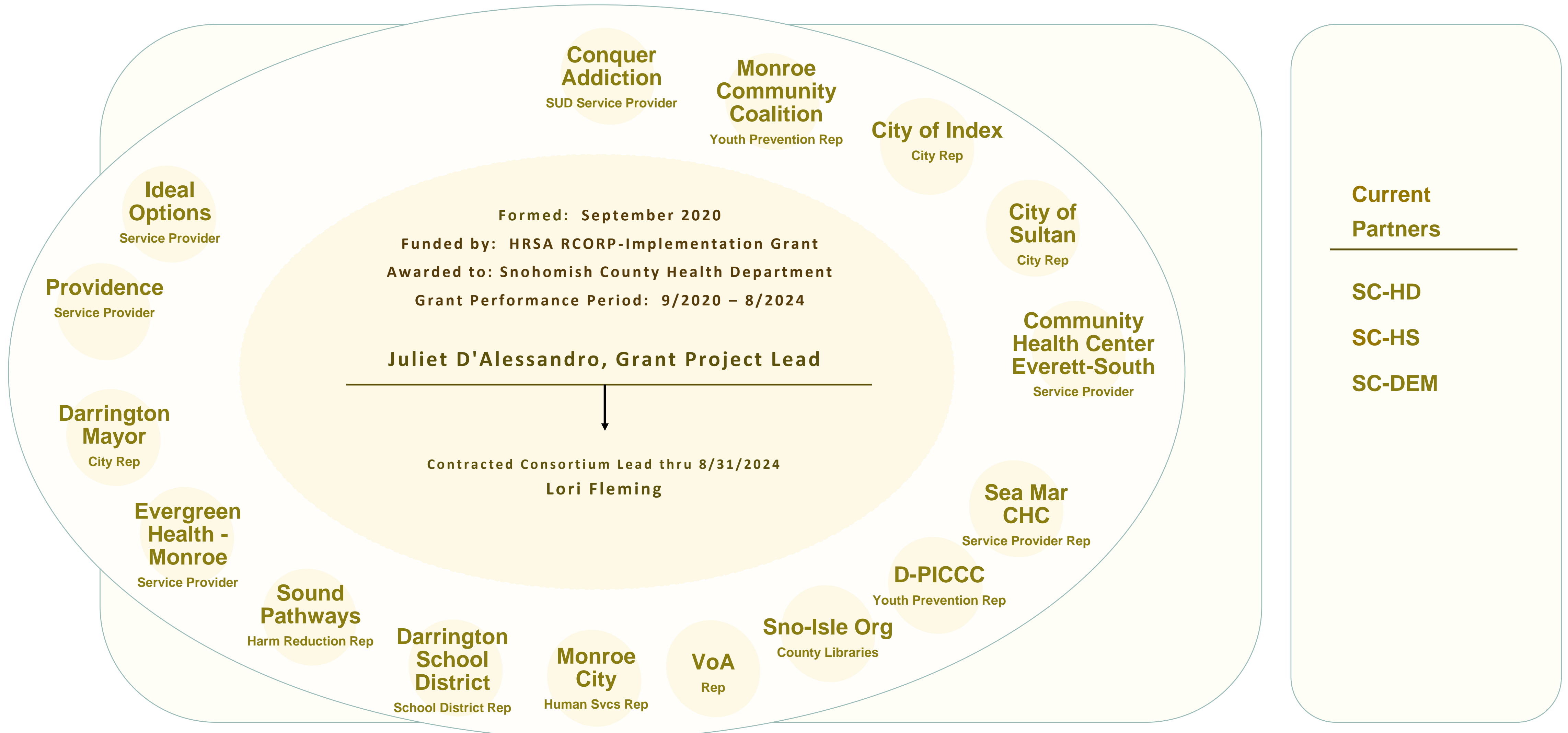
March 2023

HRSA executes a site visit to provide guidance and support toward overcoming Work Plan Completion and grant-funding spend down challenges

7/2023

Submitted/Rec'd approval on a No Cost Extension request to HRSA to extend grant performance period through through 8/2024

Consortium Table Formation and Members



RCORP-Implementation Grant - Targeted Rural Geographic Area

The RCORP-Implementation project addresses two disparate two disparate rural (frontier) census tracts within Snohomish County. The current Work Plan includes projects in Darrington to support youth, and a transportation pilot with Consortium Member Ideal Options, to support service connection along the Sky Valley Corridor from Monroe to Index, WA – and as of November 2023, Galena, WA.



[Click into enlarge ARCGis Map](#)



Limited Access to Services

Snohomish County's rural areas consistently have fewer behavioral health providers, which leads to limited access to services. This scarcity can result from various factors, including geographic isolation, fewer healthcare facilities, and a lower number of professionals choosing to practice in rural settings.



Stigma and Privacy Concerns

In smaller communities, the stigma surrounding mental health issues can be more pronounced, deterring individuals from seeking help. Additionally, concerns about privacy and confidentiality in tight-knit communities can further inhibit people from accessing behavioral health services.

Rural Behavioral Health System Challenges



Resource Constraints

Snohomish County's rural areas consistently operate with even greater limited resources than their urban counterparts, which can affect the quality and range of services offered. This includes financial limitations, which can impact the ability to hire skilled professionals, and infrastructural constraints, which can hinder the delivery of comprehensive care.



Workforce Challenges

Recruiting and retaining qualified behavioral health professionals in rural areas is a significant challenge. This can be due to factors such as lower salaries, fewer professional development opportunities, and the isolated nature of rural living, which might not appeal to all practitioners.



Integration and Coordination of Care

Coordinating care across different health and social service providers can be particularly challenging in rural areas, where services may be spread out geographically and operated by disparate organizations. This can lead to fragmented care for individuals with complex needs, including those with co-occurring mental health and substance use disorders.

Consortium Contributions and Progress

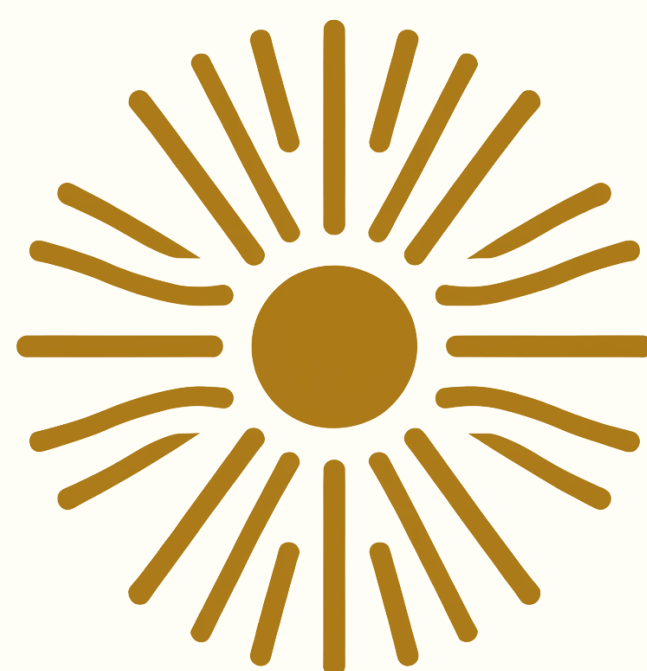


- **Community education & stigma reduction campaign**
 - Second campaign being developed with **Community Conversations & Train-the-Trainer Events**
- **Naloxone leave-behind project pilot – In Progress**
- **Darrington Middle/High School Mental Health Counselor**
 - Funded first year; working on second year
- **Peer treatment/recovery navigator**
 - Contract almost complete, Peer engaged in Sky Valley Corridor
- **Year-round promotion of drug take-back and bi-annual events**
- **Narcan distribution and overdose response trainings – Momentum building - Ongoing**
- **Support school/community expansion of evidence-based practices for SUD prevention**
- **Maintain online treatment guide resource + printed guides**
 - Pocket Resource Guides are available online for [Darrington](#) and [Sky Valley](#)
- **Expand availability / access to recovery support services**
 - Working to contract Sky Valley Transportation pilot

Grant-Endorsed Strategies Not Undertaken

- Darrington engagement, rapid testing & harm reduction service site
- Training relevant clinics' staff - billing/coding for treatment services
- Community-based insurance enrollment sites/support

Why Invest in the Consortium?



Expansion

- **Established Partnership:** Four years of collaboration have successfully united behavioral health stakeholders across federally-designated rural areas.
- **Progress Made:** Momentum generated toward overcoming the organizational and geographic challenges inherent in the federally-designated rural census tracts' behavioral health landscapes.
- **Risk of Loss:** Disbanding risks losing the relationships and progress funded and achieved.
- **Advocacy Channel for Rural Perspective at Funding and Strategy Development Tables:**
The Consortium can help develop clarity and provide rural perspectives and input to key decision-making platforms. This ensures coherent representation in behavioral health assessment, strategy development and implementation, and funding allocation discussions. (Including the opioid abatement fund efforts (MAC Group), North Sound Behavioral Health Administrative Services Organization (NS-BH-ASO), North Sound – Accountable Communities of Health (NS-ACH), and County Chemical Dependency and Mental Health (CDMH) funds.)
- **Expansion:** Consortium expansion will allow us to include stakeholders from self-identified rural areas and a more comprehensive set of partners to help navigate funding complexities

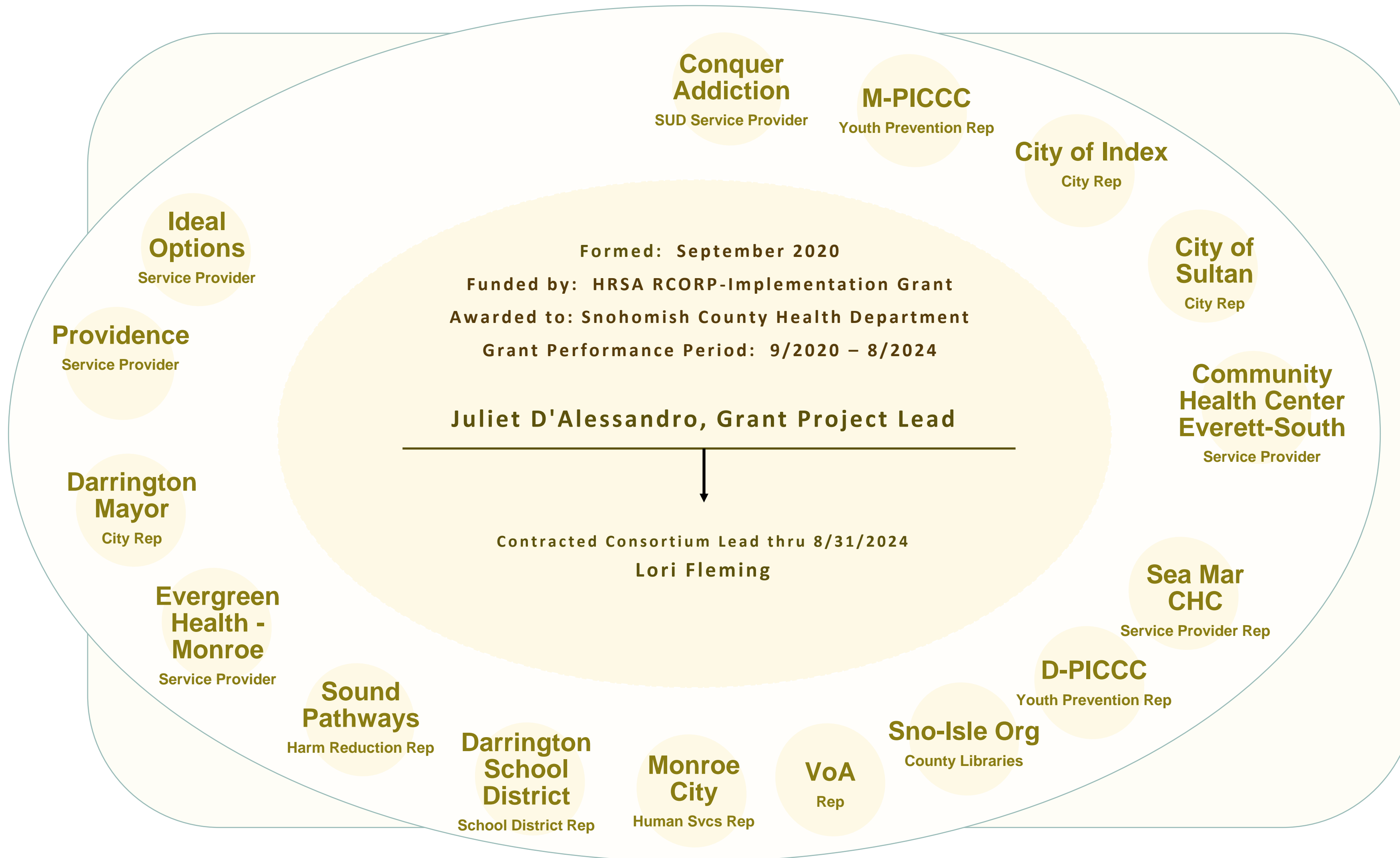
Why Invest in the Consortium?



Expansion

- **Inclusion in Funding Impact:** Funds, such as the Opioid Abatement Funds, are mainly allocated to larger populations, leaving the ~20% that are the state's rural residents underrepresented.
- **Disproportionate Effects:** Rural areas experience a greater impact from mental health and substance use disorders, with higher overdose fatality rates.
- **Support Network:** The Consortium acts as a vital safety net and support system for the behavioral health stakeholders of these high-risk geographies and their populations.
- **Improved Health Outcomes:** Expanding the Consortium will enhance resource allocation which can lead to better behavioral health outcomes.
- **Strategic Investment:** Funding the Consortium's expansion is an investment in rural community wellbeing and a proactive measure against increased health risks.

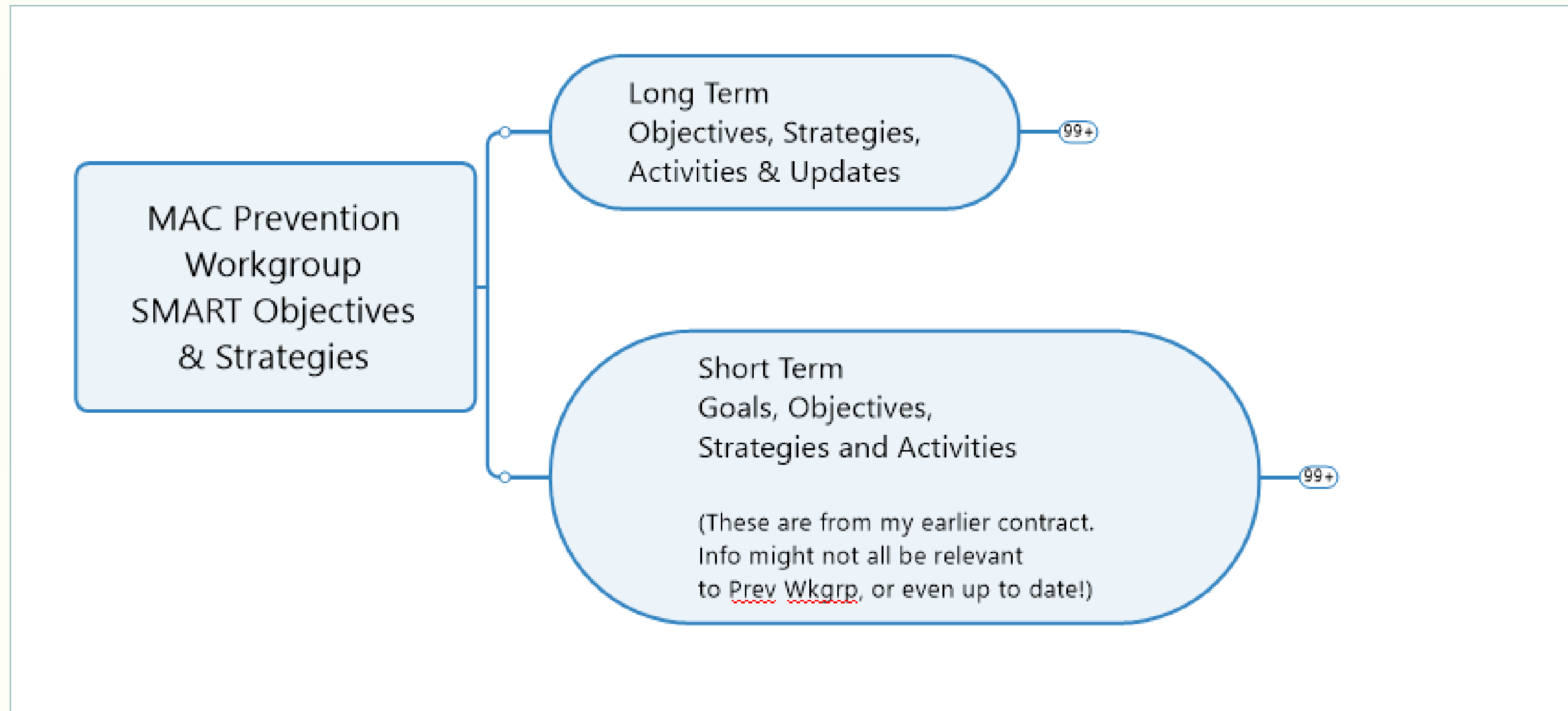
Expansion Possibilities



Current Partners	Recruitment Partner
SCHD	NS-BHASO Partner-Rep
SC HHS	NS-ACH Partner-Rep
SC DEM	CDMH Partner-Rep
	Others? Partner-Rep

- Recruitment**
Stakeholder Reps
- Relevant RURAL City/Town Reps
 - Tribal Reps
 - Therapeutic Courts
 - Faith-based Reps
 - EMS Council Rep
 - Relevant School District
 - Relevant Youth Prevention and Programs
 - City & County Law Enforcement / Jail
 - NAMI
 - Relevant Service Providers
 - Aging-Supportive Agencies/Programs
 - County Council Rep

Engaging with Opioid Abatement Funded Prevention Efforts



[Exploring where and how the Consortium could provide/support with rural stakeholder input on the MAC Prevention Workgroup's efforts](#)

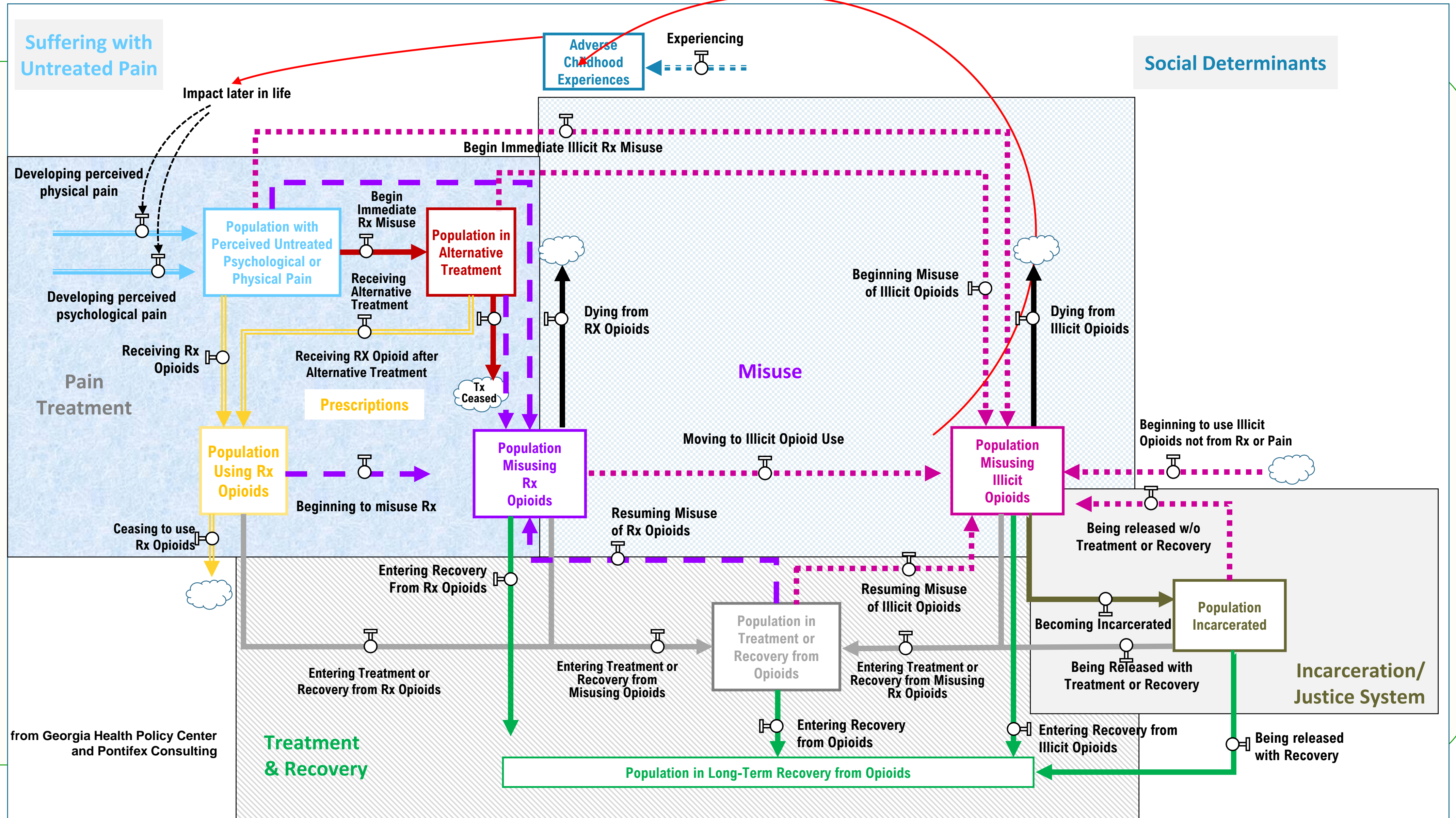
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Appendices of Potential Interest

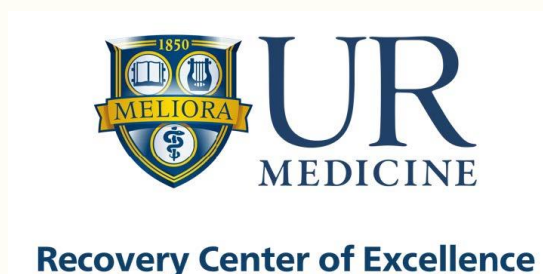
Opioid Systems Map



SHC Initiative: Host Community Conversations to Explore Stigma

Event Dates:

June 26-27, 2024



Facilitator:

Tedra Cobb, through the HRSA-funded UR Medicine Recovery Center of Excellence

Purpose:

To engage the SHC and the wider community in critical conversations and training to address SUD stigma.

Links:

[Campaign to Reduce Stigma - Overview](#)

[Recovery of Excellence – Stigma Webpage](#)

[Learn more about Tedra's work here.](#)

Initiative's Goals for Snohomish County's Rural Areas

Cultivate Empathy

Leverage the power of art to foster a personal connection with those impacted by the opioid crisis, humanizing their experiences and struggles.

Reframe the Conversation

Through conversation and sharing our experiences, we learn that there are different paths to addiction and in recovery. Our hope is to open doors to support people on their paths to recovery.

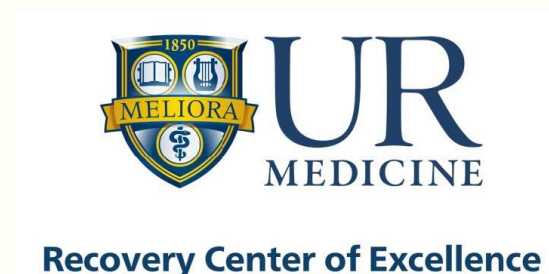
Strengthen Community Ties

Encourage the development of meaningful relationships among participants, laying the groundwork for ongoing collaboration and support in combating stigma.

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Engage Through Workshops

Community Conversations

2.5-hour interactive sessions using multimedia to foster open dialogue about SUD, its stigma, and community support systems

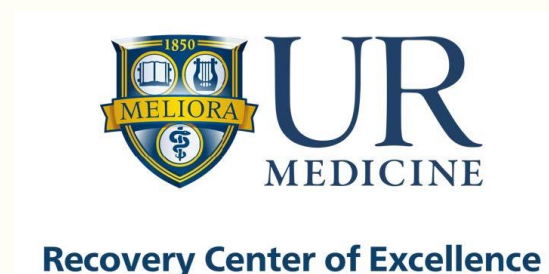
Train-the-Trainer Event

A 3-hour workshop on Thursday, June 27th @ 2:30-5:30p at the DEM Facility for those committed to continuing these conversations in their communities. Participants will join the SHC's Facilitator Leadership Group for ongoing support.

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SHC's Role and Invitation

Role

We appreciate your engagement through the participation, support, and promotion of these sessions within your networks.

Invitation

We invite you to use this opportunity to lead by example, enhancing our community's capacity to address behavioral health challenges with empathy and action.

**Together, we can create a more informed,
compassionate community that is set up
to support recovery and break down barriers of stigma.**

Amy Wheat's 3/27 Naloxone Training @ Darrington Library



Reflecting Back on SHC's First Phase

What Works, or Doesn't?

Which aspects of the Consortium have been most impactful for you, and where do you see potential for enhancement?

Insights Offered:

- Continued collaboration will be essential and making sure everyone is on the same page.
- The promptness of funding with county contract approvals is a critical factor for progress in our initiatives, or we need different funding.
- The challenge for me is time, but being part of the consortium has provided meaningful counseling services for our students.
- Unclear about what has been done. Lots of meetings not a lot of action? I've been a little loosely involved but now that we have established a bit more, we are feeling like we can be a part of things more.

Feedback re: SHC's Next Phase

Sustain SHC?

What factors would increase your interest in, or discourage you from, committing to a long-term involvement with a Rural Stakeholder Behavioral Health Consortium whose?

Insights Offered:

- This group will be imperative moving forward to help our rural communities. With that said, continuity will be important.
- Need dedicated, funded support to assure sustaining the work of this table doesn't fall on a few individuals who already have full-time roles
- Definitely want to be part of the consortium to provide as many resources as possible for our students and community. Am willing to invite other community partners to the table.
- CONQUERs mission is to provide comprehensive co-occurring outpatient treatment. Wouldn't take much for us. We are already interested.
- Need representation from a broader range of "rural" stakeholders beyond what HRSA defines as "rural", especially the tables where use of Opioid Settlement funds is being strategized and implemented.

Why Sustain a Consortium for Rural Behavioral Health Stakeholders?

Purpose

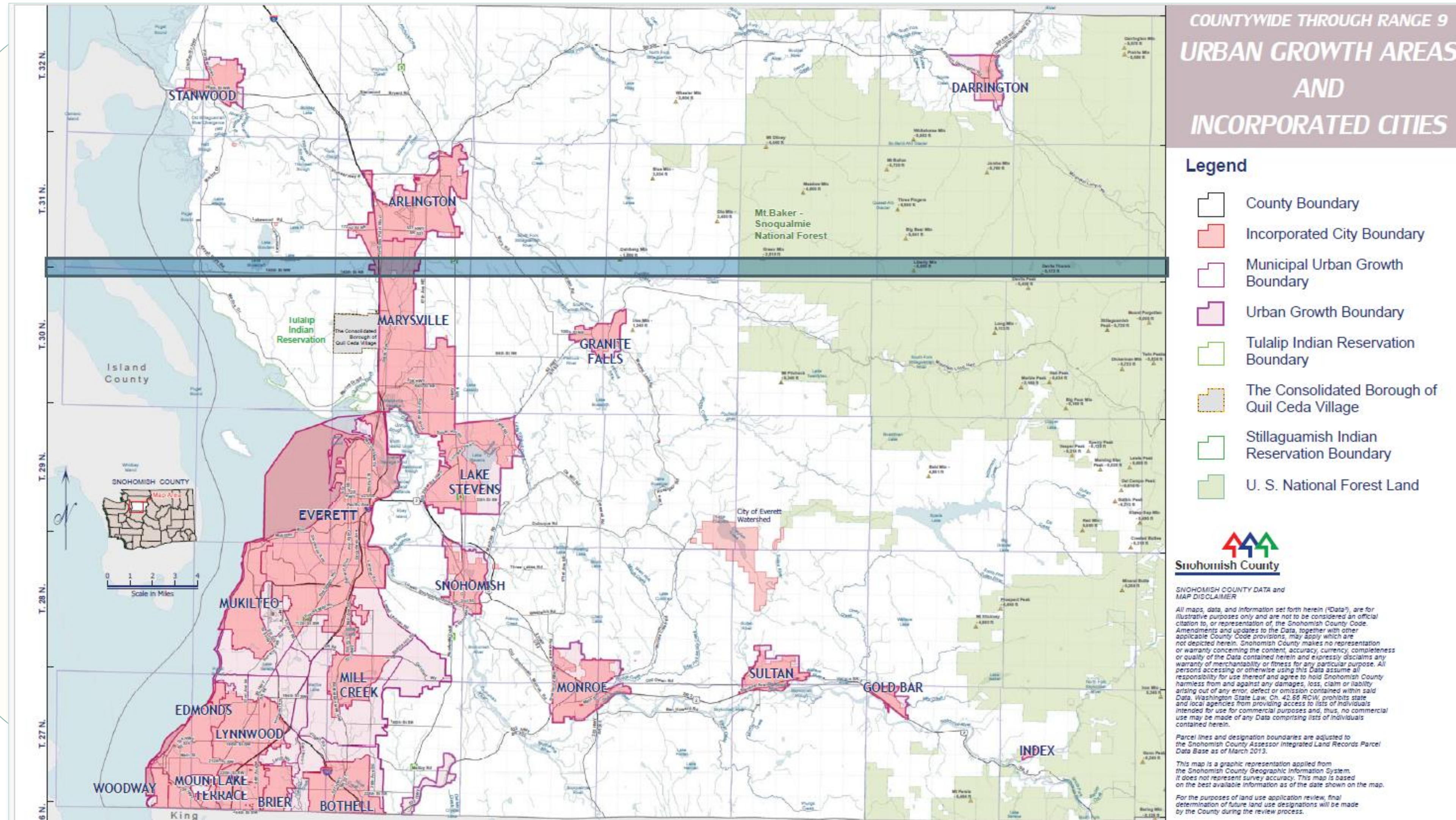
- To develop and integrate frontier and rural insights into broader behavioral health strategies.
- To ensure rural representation in decision-making, including Opioid Settlement Funding and other Snohomish County funding and strategy-developing tables* addressing the behavioral health system and service delivery for individuals dealing with mental health and substance use disorders.
- To champion diversity, equity and inclusion through a behavioral health framework that serves frontier, rural, and urban residents dealing with substance use and mental health challenges.

* Includes [Opioid Settlement Funding/MAC Group](#), [Snohomish County Mental Health Chemical Dependency Program Board](#), [SCHD's OD2A](#), [NS-ACH](#), [NS-BH-ASO](#)

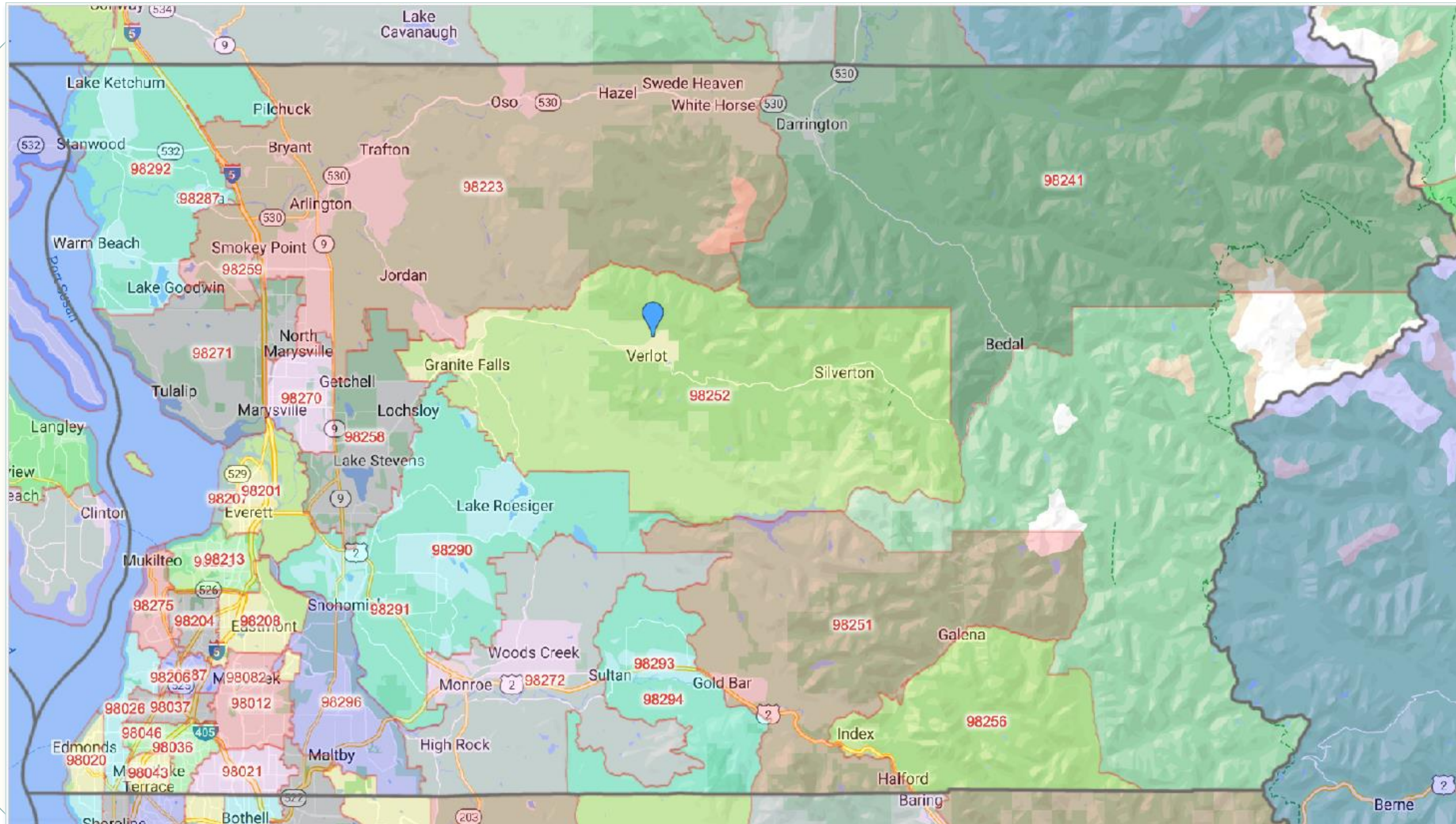
Sustainability: Expanding Membership? What's Rural?



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Sustainability: Expanding Membership? What's Rural?



Click for
[SHC Sustainability
Padlet to Brainstorm
Next Steps](#)

Next Steps?

- Organize June 26-27 Community Conversations in North and South locations, and a Train-the-Trainer event ...somewhere in the middle?
- Identify/Pursue where there is opportunity to provide rural input to Behavioral Health related funding streams and strategies are being developed in this county
- Continued Assessment & Strategy Development
- Naloxone Training & Distribution
- Get Contracts approved!



Upcoming Event

[Learn More](#)

5th Annual

Transforming Our Communities

Together with Compassion: A Gathering on Supportive Strategies for Drug User Health

May 16, 2024 | 8:30am-3:30pm PT

Topics

- Community innovations
- Care models for people who use drugs
- Adolescents
- Grief and loss support



CENTER FOR COMMUNITY-ENGAGED
DRUG EDUCATION, EPIDEMIOLOGY,
AND RESEARCH

W UNIVERSITY of WASHINGTON
PSYCHIATRY & BEHAVIORAL SCIENCES
School of Medicine

Registration for this virtual event coming soon



Learn more at: adai.uw.edu/transforming-our-communities

Questions? Contact Ali Lenox, alilenox@uw.edu

Next SnoCo HRSA Consortium Meeting



Thursday

April 25, 2024

@11am on Zoom

Join Zoom Meeting

<https://us06web.zoom.us/j/83098998962?pwd=C3utw6NXWxbfkWMrvdDXMwMQjnvRA7.1>

Meeting ID: 830 9899 8962

Passcode: 123

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