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# SnoCo HRSA Consortium Meeting

July 24, 2024, 11am

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



# 07/25/24 Agenda: SnoCo HRSA Consortium Meeting

- Introductions - Please put your name and affiliation in the chat box.
- SHC Initiative: Community Conversations Exploring Stigma
  - Discussion: Attendee Debrief and Conversations' Highlights
- SHC Members: Wins, Needs, and Insights
- Overview of SHC's 7/24 MAC Prevention Group Update
- Next Steps
- Next Virtual Meeting: Thursday, August 22<sup>nd</sup> @ 11am

Links for 5/23/24 Meeting

- [Meeting Packet](#)
- [Meeting Notes](#)
- [Meeting Video](#)

# Community Conversations Initiative

## What Did We Learn? Why Is it Important?

- How can we apply this learning to our community work?
- What challenges might we face in addressing substance use-related stigma?
- Why is it important to continue conversations on this topic?
- Next Steps?



## Consortium's Goals for the Community Conversation Initiative

- Address stigma
- Understand Trauma
- Explore Recovery Paths
- Build Community Support

# Darrington's Community Conversations on Stigma

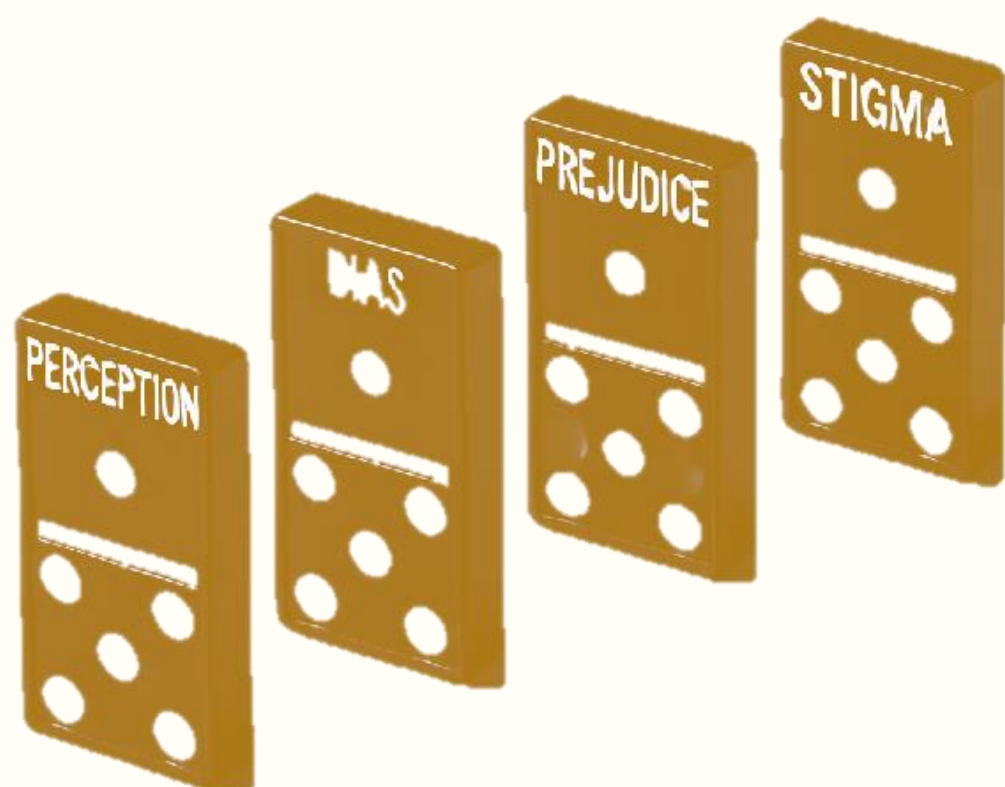
## Darrington Event

**Wednesday, June 26, 2024 - 3-5:30**

**@ The Darrington Library**

**Goal:** Open community conversations to address stigma around substance use.

**Attendees:** Included 19 diverse people including health professionals, educators and individuals in recovery



**Video Presentation and Discussion:** Videos served as a conversation starter, showcasing real-life experiences of addiction and recovery. Participants reflected on the videos, discussing what they would ask the individuals featured.

**Exploring Loss and Grief:** Losses during active use included family, friends, housing, and self-respect, while losses during recovery often involved community status and relationships with those still using. The importance of community support in mitigating these losses was emphasized.

**Understanding Trauma and Building Resilience:** Trauma often underlies addiction; understanding it can lead to better support. Emphasis was placed on recognizing resilience in individuals affected by SUDs, with mentions of notable books and experts like Gabor Maté's "In the Realm of Hungry Ghosts."

**MAT and Recovery Challenges:** Participants shared diverse opinions on the effectiveness and perception of Medication-Assisted Treatment (MAT). The need for individualized treatment approaches and ongoing support to reduce stigma around MAT was highlighted.

**Community Support and Aftercare:** The discussion stressed the need for aftercare facilities and support programs, emphasizing the importance of skill-building and continuous support post-recovery.

**Role of Community Conversations:** Building relationships and understanding within the community was seen as crucial. Encouraging ongoing dialogue to support individuals in recovery was highlighted as a key strategy to address substance use-related stigma.

# Sky Valley's Community Conversations on Stigma

## Sky Valley Details:

**Thursday, June 27, 2024 – 10-1p**

**Monroe Community Resource Ctr**

**Goal:** Open community conversations to address stigma around substance use.

**Attendees:** Included 22 diverse people including health professionals, educators and individuals in recovery

[7/1/2024 Herald Article by](#)

[Sydney Jackson](#)



**Video Presentation and Discussion:** Videos served as a conversation starter, showcasing real-life experiences of addiction and recovery. Participants reflected on the videos, discussing what they would ask the individuals featured.

**Understanding Trauma:** Included insights from "The Body Keeps the Score" and how trauma rewires the brain. Participants emphasized the importance of understanding trauma's effects on behavior and the need for ongoing education and compassion and empathy. The conversation touched on ACEs and how they contribute to lifelong trauma; and generational trauma and how it affects families, noting the importance of trauma-informed care and advocacy for mothers and children affected by substance use during pregnancy.

**Reward Mechanisms and Coping:** There was a discussion on how trauma can lead to various forms of addiction as coping mechanisms. Addiction, whether substance-related or otherwise, can provide temporary relief from trauma but establishes difficult-to-break mental pathways.

**Community Support and Resources:** The importance of community support was highlighted, with references to local resources such as community centers, AA/NA meetings, churches, and organizations like Recovery Beyond and Stilly Valley Health Connections

**Stigma and Its Effects:** Stigma was discussed as a significant barrier to recovery, progress, and relationships. It can be internalized by individuals, leading to self-judgment and hindering their recovery efforts.

# Community Conversations on Substance Use and Stigma

**Community Conversation Exercise:** Participants engaged in an exercise where they moved around the room based on their agreement or disagreement with statements about SUD. This exercise aimed to reveal and challenge personal biases and foster deeper understanding.

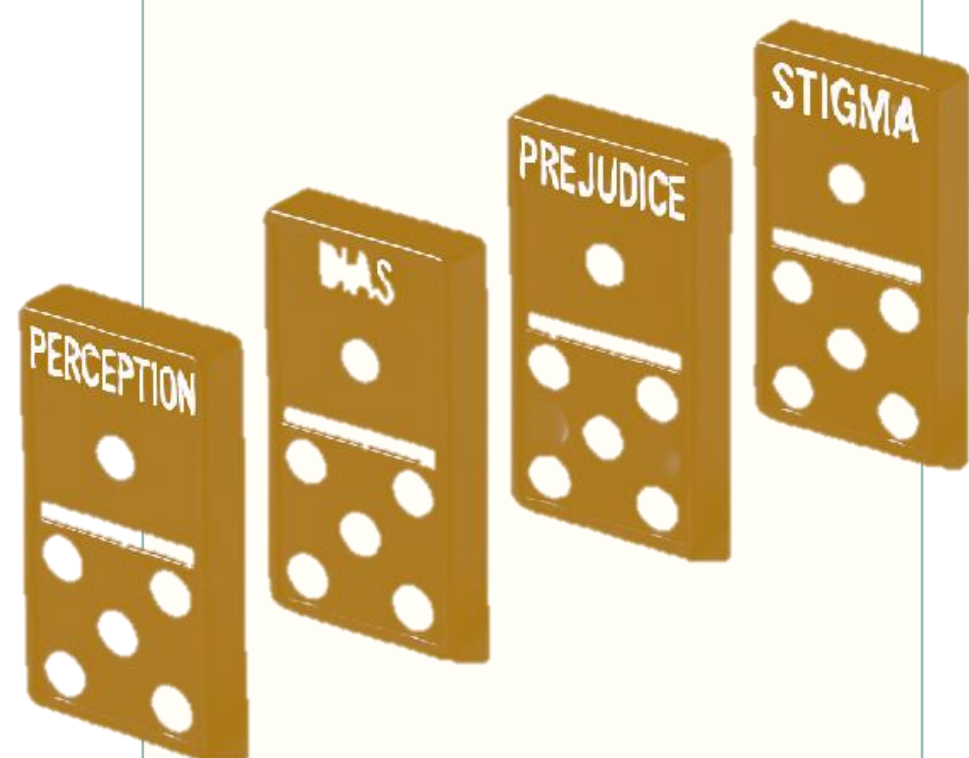
**Perception, Bias, Prejudice, and Stigma:** Groups discussed the meaning of the four words and the progression from perception to bias, prejudice, and ultimately stigma. Perception is shaped by personal experiences and information, while bias influences decisions and actions. Prejudice involves preconceived judgments, often unfavorable, without firsthand experience, and stigma is a societal mark of disgrace that is difficult to dispel.

**Recovery and Different Paths:** The conversation emphasized that recovery looks different for everyone, with multiple pathways and outcomes. It's essential to support individuals through various approaches and recognize the diversity in recovery journeys.

**Harm Reduction and Empathy:** Harm reduction was highlighted as a vital approach in supporting people with SUD. The importance of empathy and time in building trust and encouraging change was stressed.



## Community Conversations on Stigma – Exploring Methadone Treatment



Explored  
Methadone in  
Substance Use  
Disorder  
Treatment

**Personal Opinions and Experiences:** One participant expressed concerns about methadone, mentioning its potential for abuse and the perception that it replaces one addiction with another. Another participant highlighted the stigma around methadone programs and the view that individuals on methadone are not truly drug-free.

**Medical Perspective:** A doctor explained the medical rationale for using methadone in treating substance use disorders. Methadone helps keep individuals off the street and away from illegal activities, providing stability as part of a structured treatment program.

**Effectiveness and Long-Term Use:** The doctor shared that methadone can be effective for pain management and substance abuse recovery. While long-term use might be necessary for some, the goal is to eventually reduce or stop the medication, though some individuals may need it indefinitely for stability.

**Medication-Assisted Treatment (MAT) Context:** Medications like methadone and suboxone are crucial for managing addiction's physiological aspects. They fill brain receptors that drive addiction, helping individuals avoid pathological behaviors or medical relapses.

**Community and Stigma:** Participants discussed the stigma associated with methadone programs compared to other MAT or recovery programs. Overcoming this stigma is essential for integrating methadone as a legitimate and supportive treatment option.

**Real-Life Examples and Challenges:** The conversation included real-life examples of individuals in recovery benefiting from methadone. The importance of comprehensive support and aftercare, in addition to medication, was emphasized.

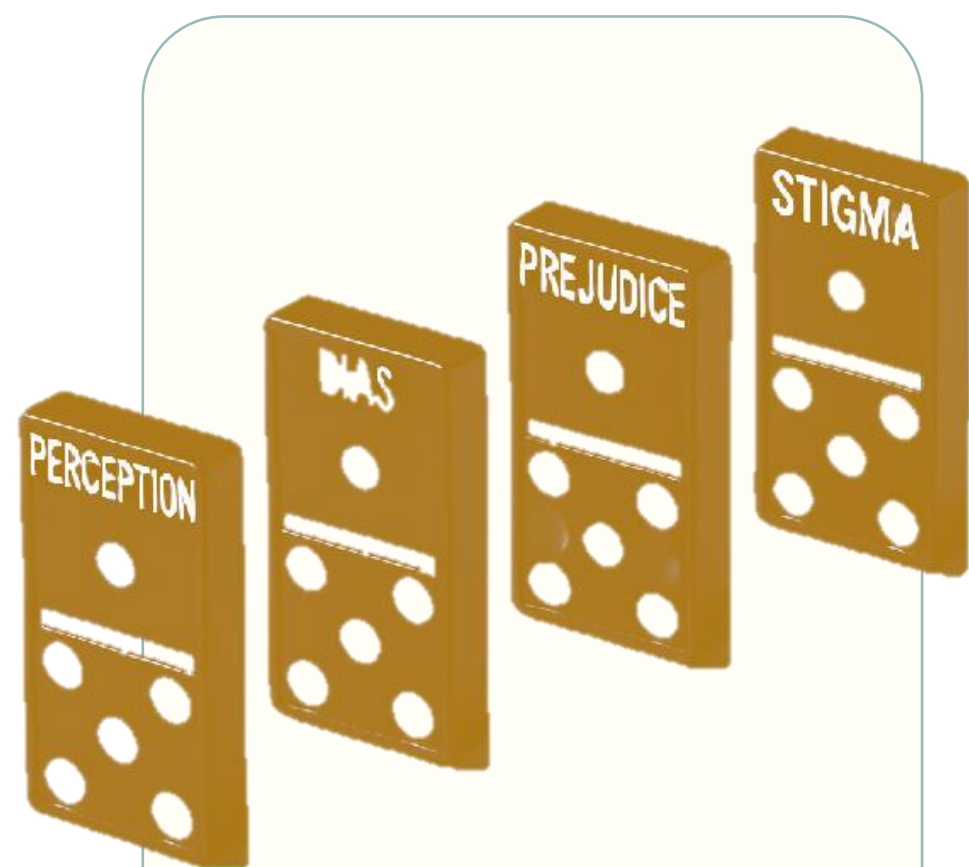
The discussion focused on methadone highlighted the complexities of using methadone in treating substance use disorders and emphasized the need for comprehensive, stigma-free support systems.

### Key Takeaways Offered

- Methadone is an effective tool in treating opioid use disorders, helping to stabilize individuals and reduce harmful behaviors.
- The treatment should be part of a broader support system, addressing both medical and psychosocial needs.
- Reducing stigma around methadone and other MAT options is crucial for broader acceptance and effective use in recovery programs.
- Community conversations and education can help shift perceptions and support individuals in recovery.



## Community Conversations on Stigma – Recovery While Hanging Out At the Red Top?



Explored challenges individuals face when trying to stop using substances while still maintaining relationships with those who are actively using

**Personal Opinions and Experiences - Initial Comments and Perspectives:** One participant shared that it is impossible to keep, or hang out with, friends who were friends during active use, emphasizing that those friends are not truly supportive but rather using partners. Another noted that those still using can gain self-esteem when someone in recovery starts using again, as it validates their own continued use.

**Counterpoints and Broader View:** Other participants highlighted the complexity of these relationships. They acknowledged that while some people in active use may not be supportive of recovery, there are instances where individuals who use substances together provide genuine care and support. Specific examples included a young woman in foster care whose only consistent support came from people who used substances with her, protecting her from other dangers such as trafficking or assault.

**Safety and Support in Using Communities:** A participant working with active users noted that within these communities, individuals often support and protect each other, especially women, which can be crucial for survival and safety. Another participant shared that they never felt pressured to use when visiting places where people were actively using, indicating that these environments and individual experience can vary greatly

**Balancing Perspectives:** Lori emphasized the need to recognize both sides of the issue. It is important to acknowledge the risks of maintaining relationships with active users when trying to recover. However, it is also crucial to understand that these relationships may have been or continue to feel like the only source of support for some individuals.

**Nuanced Understanding:** The discussion underscored that the path to recovery and the role of relationships in that journey are highly individualized. What works for one person may not work for another. Participants highlighted the importance of having supportive environments and understanding the diverse experiences of individuals in recovery.

The conversation highlighted the multifaceted nature of relationships during recovery and the importance of considering each individual's unique circumstances and support needs.

### Key Takeaways Offered

- **Support Systems:** Relationships with people who are actively using can be both a source of support and a challenge for individuals in recovery. The nature of these relationships is complex and varies from person to person.
- **Community Safety:** In some cases, the community of users provides essential safety and support that might not be available elsewhere.
- **Individual Paths:** Recovery journeys are unique, and what might be a harmful relationship for one person could be a supportive one for another.
- **Open Dialogue:** Having open conversations about these dynamics can help in understanding and addressing the challenges individuals face in recovery.

“Recovery while in relationships with those still using substances can be both a lifeline and a hurdle. Understanding that these relationships can offer genuine support and safety, while also recognizing the potential and serious risks they pose, allows us to hold both perspectives simultaneously. This nuanced approach fosters empathy and pathway to a more comprehensive support system for individuals navigating their path to recovery.”

## Community Conversations on Stigma – Is MAT Replacing One Addiction for Another?



Explored misconceptions and stigma around Medication-Assisted Treatment (MAT), its role in stabilizing brain function, reducing cravings, and managing addiction, and comparing this to managing chronic illnesses like diabetes with ongoing treatment and medication.

**Personal Opinions and Experiences:** Some participants wondered if MAT replaces one addiction with another. Others noted that historically, public distribution methods have added to this stigma and that in reality MAT is about stabilization and recovery, not trading one addiction for another.

**MAT Medications Support Stabilizing Brain Function:** A medical doctor/conversation participant noted that Methadone and Suboxone are given in controlled doses to avoid misuse; and Naltrexone blocks opioid receptors and offers no high. The goal of these medications is to reduce cravings, manage addiction, and support recovery. MAT provides stabilization by targeting receptors to curb cravings and withdrawal, allowing individuals to focus on their recovery, rebuild their lives, and regain stability without compulsive drug-seeking behavior.

**Addressing Negativity Towards MAT: Community Misunderstandings:** Negativity often stems from a lack of understanding about how these medications work and their benefits. Medications like methadone were stigmatized due in part to how they were distributed (e.g., lining up in public clinics).

**Difference Between Physical Dependence and Addiction:** Physical dependence refers to the body's adaptation to a substance, resulting in withdrawal symptoms if the substance is stopped. It is a physiological response to consistent use. Conversely, addiction is a chronic, relapsing disorder characterized by compulsive drug seeking, continued use despite harmful consequences, and long-lasting changes in the brain. A participating doctor noted medications for OUD can create physical dependence but are used to manage addiction by preventing the harmful behaviors associated with it.

**Substance Use Disorder (SUD) as a Medical Illness:** There was an analogy to diabetes made, in that SUD is managed with MAT, much like diabetes is managed with insulin. Both illnesses need ongoing treatment and medication for stability and a better quality of life.

The conversation clarified misconceptions and stigma around Medication-Assisted Treatment (MAT), emphasizing its role in stabilizing brain function and managing addiction, and drew parallels between managing Substance Use Disorder (SUD) and chronic illnesses like diabetes.

### Key Takeaways Offered

- **Misconceptions, Misunderstandings and Stigma:** Negativity towards MAT often comes from a lack of understanding. Some believe MAT replaces one addiction with another, but it is actually about stabilization and recovery. Medications like methadone were stigmatized due to their public distribution methods.
- **MAT'S Role:** MAT medications stabilize brain function, reduce cravings, and manage addiction. Methadone and Suboxone are given in controlled doses to prevent misuse, while Naltrexone blocks opioid receptors without causing a high..
- **Physical Dependence vs. Addiction:** Physical dependence is the body's adaptation to a substance, resulting in withdrawal symptoms if stopped. Addiction is a chronic disorder characterized by compulsive drug seeking and use despite harmful consequences, and MAT can create physical dependence but is used to manage addiction by preventing harmful behaviors.
- **SUD as a Medical Illness:** SUD management with MAT is comparable to managing diabetes with insulin. Both require ongoing treatment and medication for stability and a better quality of life.

# Train-the-Trainer Session for Future Community Conversations

**These are a few takeaways from the training.**

**Use the ARCS model to engage adult learners effectively:** Attention, Relevance, Confidence, and Satisfaction. Start with clear objectives and work backward to ensure participants leave with a strong understanding of the workshop's goals.

**Engage with Non-Accusatory Language:** Avoid using judgmental or accusatory language. Instead of asking "why," use "what" questions to encourage open sharing without making participants feel defensive. Create a safe and supportive environment where participants feel comfortable expressing their thoughts.

**Address Stigma and Language in Recovery:** Understand the language of recovery and avoid stigmatizing terms. Facilitate conversations that help participants explore and understand different perspectives on recovery without imposing a singular viewpoint.

**Adapt to Participant Needs:** Be flexible and adapt to the physical and emotional needs of participants. For example, accommodate those who may have difficulty standing or require a more comfortable setting. Encourage movement and interaction but remain sensitive to the group's dynamics and individual limitations.

**Encourage Community Support:** Highlight the importance of community and family support in recovery journeys. Use personal stories and examples to illustrate the power of support networks and foster a sense of community among participants.

**Gathering and Analyzing Feedback:** Collect feedback from participants to continuously improve the workshops. Use tools like ChatGPT to analyze responses and gain insights. Encourage participants to share their takeaways and provide a platform for their voices to be heard.

# Train-the-Trainer Session for Future Community Conversations

**Future Train-the-Trainer sessions will be made available virtually.**

**Promoting Inclusivity and Participation:** Ensure the workshop environment is inclusive and encourages participation from all attendees. Use strategies to make everyone feel valued and heard and address any negative or disruptive behaviors promptly and tactfully.

**Preparation and Flexibility:** Prepare thoroughly but be ready to adapt based on the needs of the group. Have a clear structure but allow for flexibility to accommodate unforeseen circumstances or participant needs.

**Active Listening and Empathy:** Practice active listening and show empathy towards participants' experiences and perspectives. Create a space where participants feel understood and supported.

**Interactive and Engaging Techniques:** Use interactive techniques like moving around the room, small group discussions, and hands-on activities to keep participants engaged. Encourage participation through positive reinforcement and by building confidence in sharing.

**Effective Communication:** Communicate clearly and effectively, ensuring that all instructions and prompts are understood. Use positive language and non-verbal cues to foster a welcoming atmosphere.

**Community Building:** Focus on building a sense of community among participants by encouraging mutual support and understanding. Highlight the importance of community support in overcoming challenges and achieving goals.

# Update Given @ MAC Prevention Workgroup's 7/23 Meeting



- Review [4/15 MAC Prevention Meeting Notes](#); [See Updated MindMap](#)
- Naloxone education in schools
  - Amy Wheat – Update on Darrington and other District possibilities.
  - Explore How this group can support other School Districts doing the same?
  - Update on Test Strip Distribution Infrastructure
- Addressing Stigma – Update on Efforts/Exploring Next Steps

See Mindmap @ <https://tinyurl.com/247rrbz5>; [Review the SIMS Model](#) and [explore in relation to the full spectrum of the Rural Behavioral Health Consortium's and the MAC Prevention Group's Work](#). Also see the [WA MOU's approved Opioid Abatement Strategies around prevention](#) (begins on page 5).
- Naloxone Funding

Consider requesting budget for naloxone distribution or naloxone emergency boxes for key areas from the Opioid Settlement funds?
- The BH system/players Integration piece

Explore use of opioid settlement funds to create a role to anchor and facilitate this integration for the County. (See [sample starter-doc](#).) This role would work closely with all relevant stakeholders on all the MAC Subgroups to meet the county's behavioral health needs in both urban and rural areas. Explore if this strategic approach could be employed to ensure efficient resource use and lead to better community outcomes.

## Transportation Pilot Program

Ideal Options received HRSA grant funds to subcontract with Courage to Change to pilot a transportation program that offers free services on Monday and Thursday for individuals needing access to essential services. This program aims to address the lack of transportation options in the community, especially for those seeking recovery and support services.



**FREE Rides  
Index ↔ Monroe!**

Need a ride from Index to Monroe for an important appointment? **Call us!**

**How it Works**

1. Call 425-328-8122 at least 24 hours in advance to schedule your ride.
2. Be at the pick up location 1 hour before your scheduled ride.
3. You will be picked up by a passenger van operated by Courage to Change.
4. Only available on Mondays and Thursdays.

**Who is Eligible?**

- Must be over the age of 18
- Must have an appointment for essential service (medical, court date, counseling etc.)
- No children allowed.

**Call to Schedule!**  
425-328-8122

**Learn About Us**  
Courage to Change — [ctcrecovery.org](http://ctcrecovery.org)  
Ideal Option — [idealoption.com](http://idealoption.com)



# Wins, Needs, and Insights



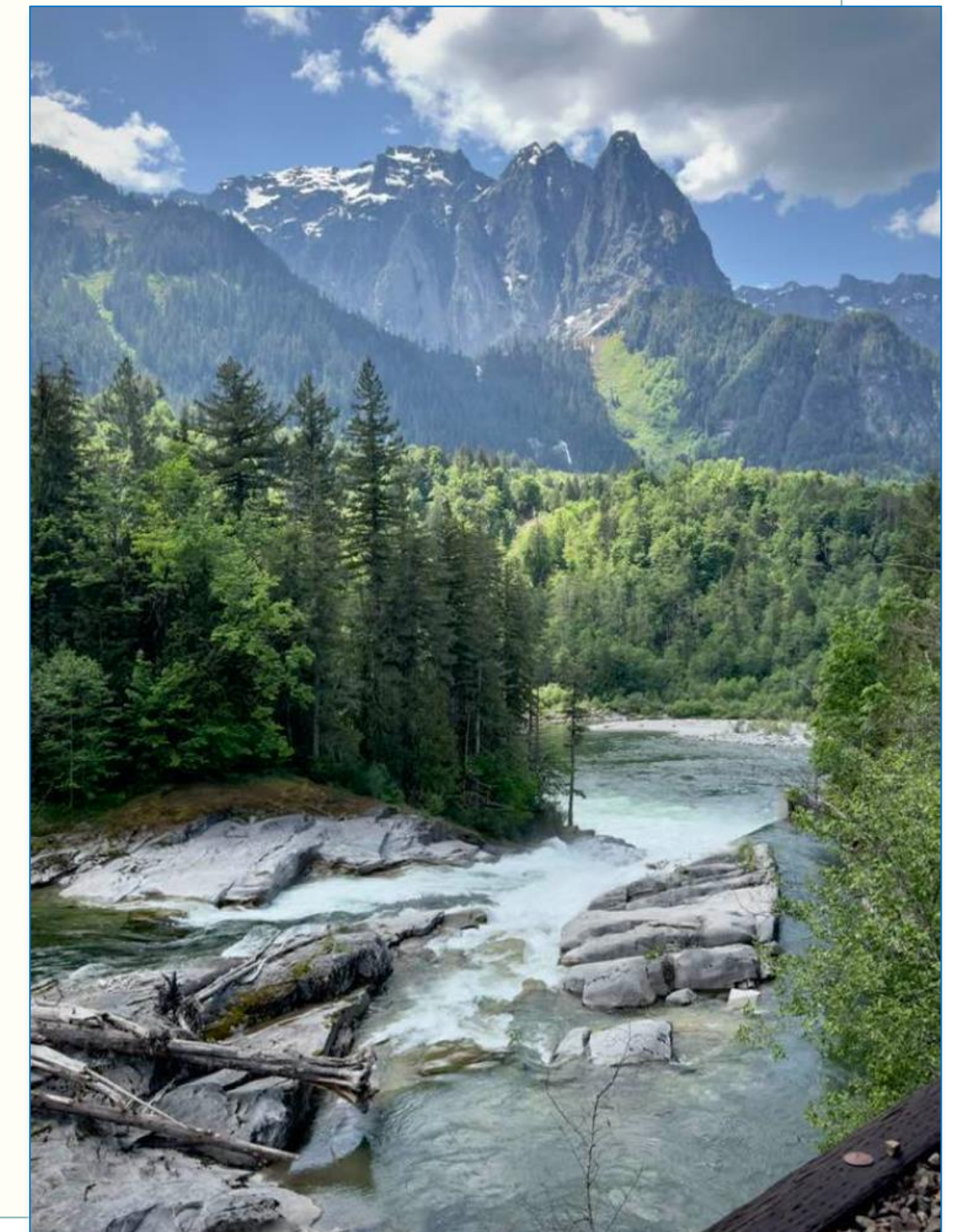
## Wins, Needs and Insights RE: Our Work Plan and SHC Sustainability

- Darrington & Sky Valley
    - Community Conversations on Stigma & Facilitator Training Initiated
    - Naloxone Training & Distribution
    - In-School Counseling (Darrington)
    - Youth Prevention Campaign (Darrington)
    - Transportation/Peer Contract
- Ideal Option subcontracts to  
Courage to Change

Updated 7/25/2024 Work Plan for Snohomish County Health Department RCORP-I Grant NCE		
Activity	Status	Revised Completion Date
<b>Contract and Implement Transportation &amp; Peer Outreach Specialist to Facilitate Service Connection</b> from frontier rural areas to in-county services <u>See Proposal 1 &amp; Proposal 2</u> Contract ETA: Aug -Sept. 2023	In Progress	08/31/2024
<b>Support Therapeutic Court Pathway development</b> for justice system participants charged with misdemeanors to receive case management/service connection in the Monroe court and appropriate data collection.	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. <b>Funding secured for one position 2024-2025 school year.</b>	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. <b>Tedra Cobb Facilitated June Events .</b>	<b>2 Convo's &amp; 1 T-t-T Executed 6/26-27/24</b>	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, <b>2<sup>nd</sup> Phase in Progress</b>	08/31/2024
<b>Continued Naloxone Distribution</b> in Northern and Southern rural tracts. <b>Uptake from Darrington school district on Naloxone training for interested staff and students.</b>	In Progress	08/31/2024

## Next Steps?

- Complete HRSA Grant's Final Report Requirement
- Continued Expansion of Naloxone Training & Distribution
- Continue exploration of the Sequential Intercept Model and what could be addressed beyond that framework.
- Continue to identify and pursue opportunities to provide rural input to Behavioral Health related funding streams and strategies that are being developed in Snohomish county
- Continued assessment, strategy development and execution toward sustainability for the SHC



# Next SnoCo HRSA Consortium Meeting & Events



Thursday

August 22, 2024

@11am on Zoom

# Acronym Sheet

**AHEC** – Area Health Education Center

**AOT** – Assisted Outpatient Treatment

**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

**IOP** – Intensive Outpatient Program

**LST** – Botvin Life Skills Training

**MCC** – Monroe Community Coalition

**MCO** – Managed Care Organization

**MOUD** – Medications for Opioid Use Disorder

**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

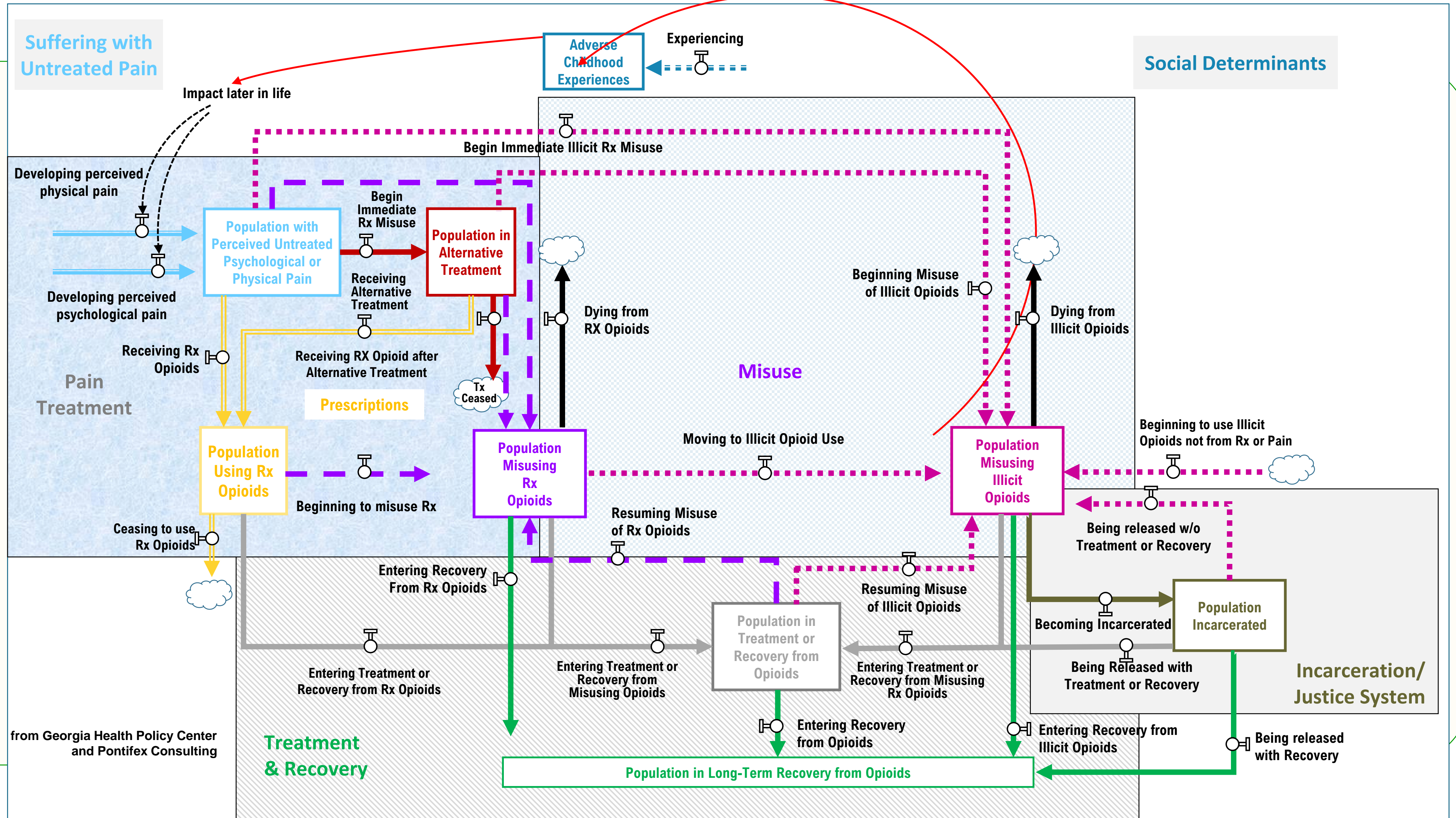
## Treatment

- 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

# Opioid Systems Map



# Peer Support

JBS International, the group that provides Technical Assistance provides a “Peer Hour” that occurs four times monthly. If you have peers working that would like to connect with other peers for support and camaraderie, please directly email Donald McDonald at JBS for the schedule:

[DMcDonald@jbsinternational.com](mailto:DMcDonald@jbsinternational.com)

Those reaching out should indicate they are connected to:

Snohomish Health District, WA

HRSA RCORP-Implementation 2 - Grant # GA1RH39597