

SnoCo HRSA Consortium Meeting

March 28, 2024, 11am

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



Agenda: 03/28/24 SnoCo HRSA Consortium Meeting

- Introductions All, 15 Minutes
- SHC Initiative: Community Conversations to Explore Stigma Tedra Cobb, 10 Minutes
- SHC Updates All, 15 Minutes
 - Sky Valley Corridor: Transportation/Peer Contract Ideal Options
 - Darrington Prevention: In-School Counseling; Youth Prevention Campaign
 - Naloxone Training and Distribution Darrington; Sky River Corridor
- SHC Sustainability: Lori Fleming/Group 10 Minutes
 - Qualitative Feedback on SHC-to-date
 - Why Have a Consortium Beyond the HRSA Grant Performance Period?
 - Recruitment Exploration
- Next Steps All 5 Minutes
- Next Virtual Meeting: Thursday, April 25 @ 11am



Quick Review: No Cost Extension (NCE) Approved

NCE Work Plan

In September 2023,
HRSA extended the SHC's
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Grant until 8/31/2024.

The NCE does not provide extra funds but allows completion and reporting of ongoing projects.

Updated Work Plan for Snohomish County Health Department RCC	ORP-I Grant NC	E
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Click for
North & South:
Community Conversations
Padlet to Brainstorm
Next Steps



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 June 27th 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.



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Continued Naloxone Distribution in Northern and Southern rural tracts	In Progress	08/31/2024

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

Click for

South: Contracts In Process

Padlet

to Brainstorm

Next Steps



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Click for

North Tract: Youth

Engagement/Prevention

Padlet

to Brainstorm

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North Tract: Darrington SD

Counseling Padlet

to Brainstorm

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Click for

Naloxone Distribution

Padlet Breakout to Brainstorm

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







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SHC Sustainability

Padlet to Brainstorm

Next Steps



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

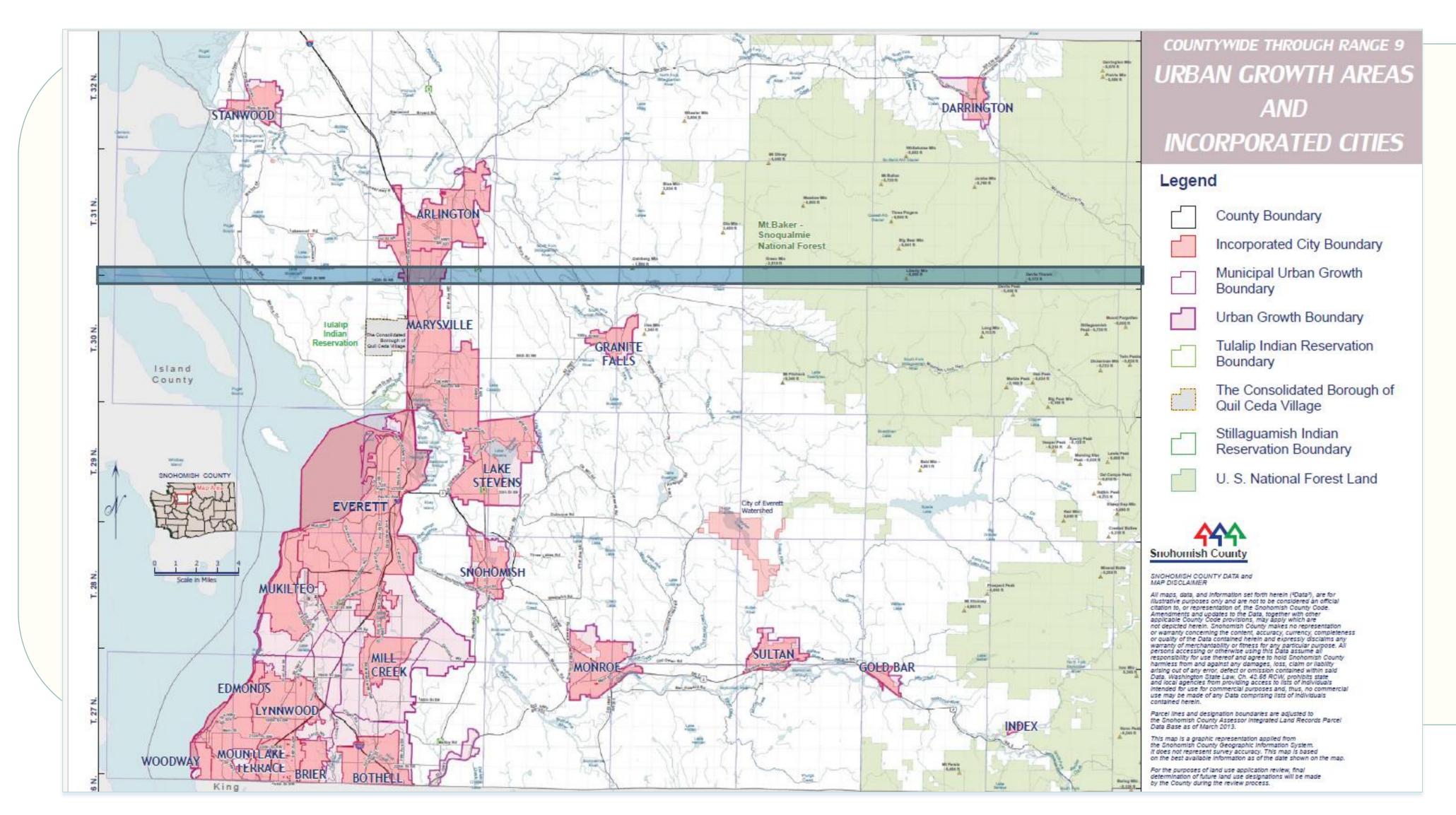


Sustainability: Expanding Membership? What's Rural?



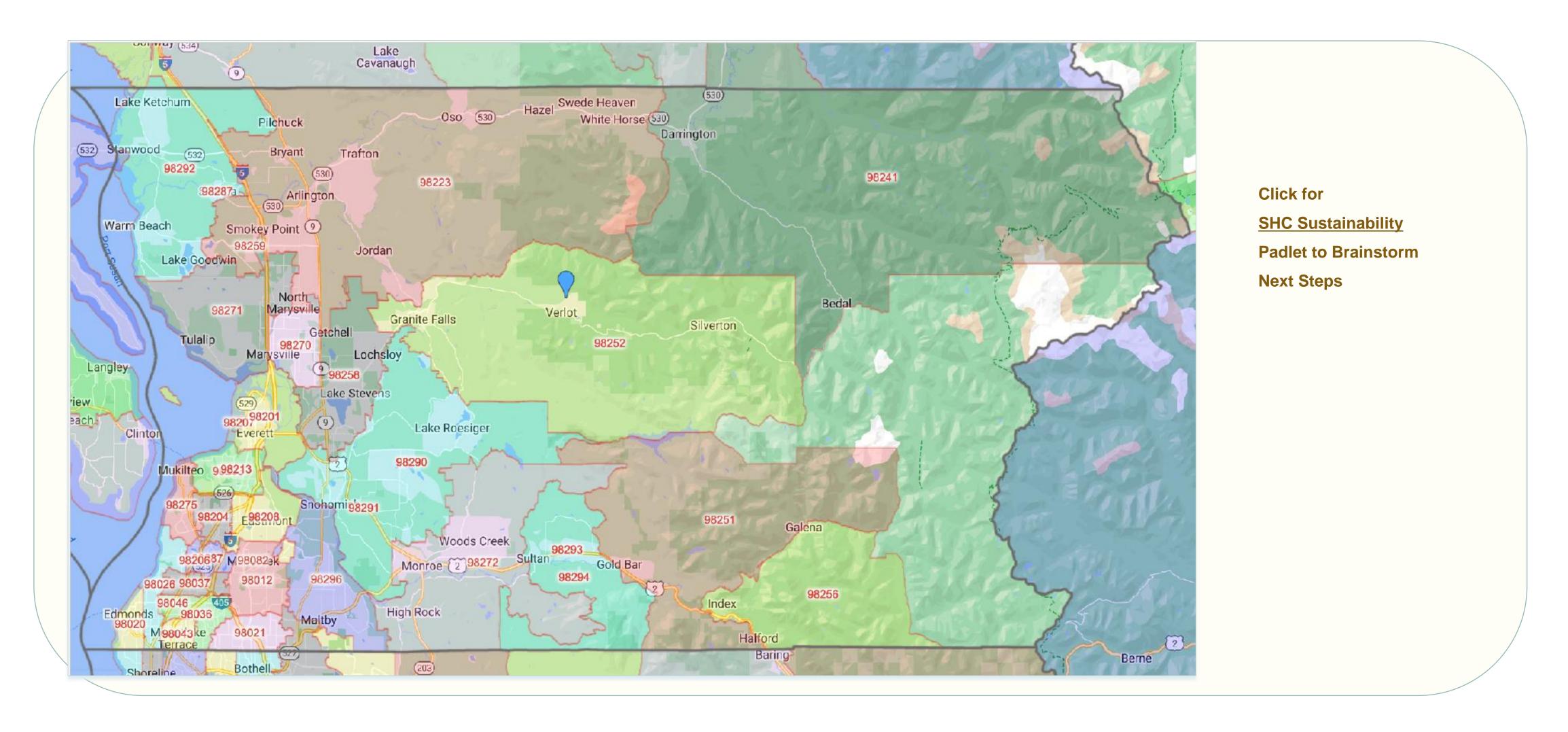


Sustainability: Expanding Membership? What's Rural?





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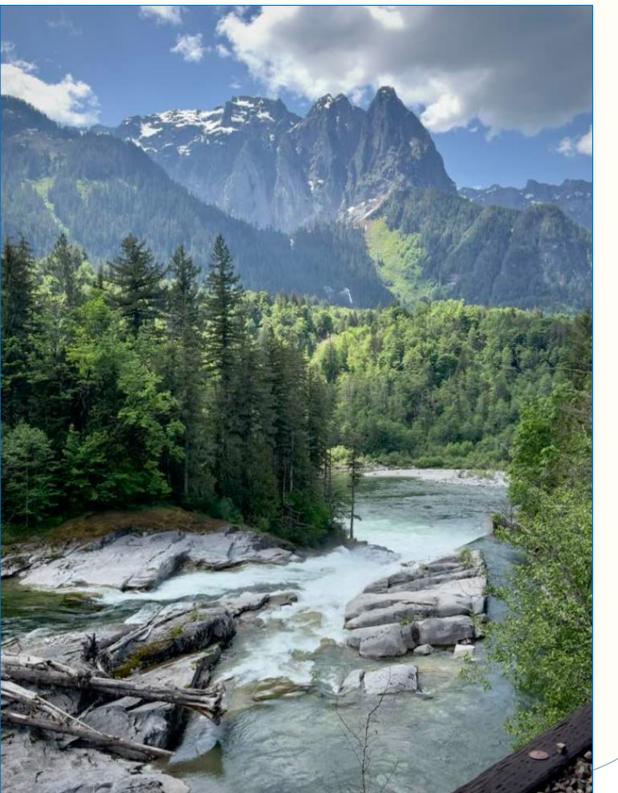




Next Steps?

- 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

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



Registration for this virtual event coming soon



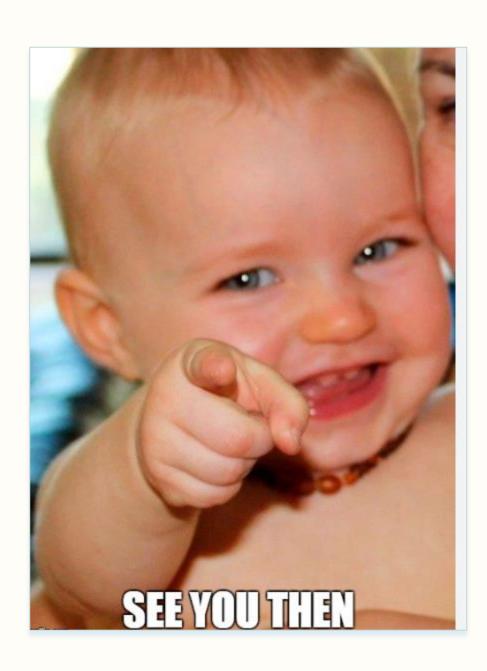
Learn more at: <u>adai.uw.edu/transforming-our-communities</u>

Questions? Contact Ali Lenox, <u>alilenox@uw.edu</u>

Learn More



Next SnoCo HRSA Consortium Meeting



Thursday
April 25, 2024
@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 SchoolDMS – 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

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Prevention

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

Treatment

- Screen/Provide/Refer Patients with infectious implications
- Recruit/Train/Mentor interdisciplinary teams of SUD/OUD Clinical and Service Providers
- Increase # of providers and social service professionals who treat/identify SUD/OUD through professional development and recruiting incentives
- T.4 Reduce Treatment Barriers
- Improve ID/Screening for SUD/OUD;
 provide referrals to providers, harm
 reduction, early intervention, treatment,
 and support
- Train Providers and Admin staff to optimize reimbursement for treatment through proper coding/billing across insurances to ensure service provider sustainability
- Enable individuals, family and caregivers to find, access and navigate treatment for SUD/OUD as well as home and community0based services and social supports

Recovery

- Train Providers and Admin staff to optimize reimbursement for treatment through proper coding/billing across insurances to ensure service provider sustainability
- Enable individuals, family and caregivers to find, access and navigate treatment for SUD/OUD 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