



SnoCo HRSA Consortium Meeting

April 25, 2024, 11am

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

04/25/24 Agenda: SnoCo HRSA Consortium Meeting

- Introductions - Please put your name and affiliation in the chat box.
- Feature: Overview of Potential Funding Sources – 15 minutes
 - Chemical Dependency Mental Health Fund (CDMH) - Randy Hayden, CDMH Board Chair
- Follow-on Discussion: What Does Rural Stakeholder Engagement Look like? – 5 minutes
- SHC Initiative:
 - Planning for June 26 & 27 Community Conversations Exploring Stigma – All -20 minutes
- SHC Members: Wins, Needs, and Insights – All - 15 minutes
- Next Steps - All - 5 minutes
- Next Virtual Meeting: Thursday, May 23 @ 11am

Chemical Dependency Mental Health Advisory Board (CDMH)

Funding, Role, and Mission

CDMH Advisory Board

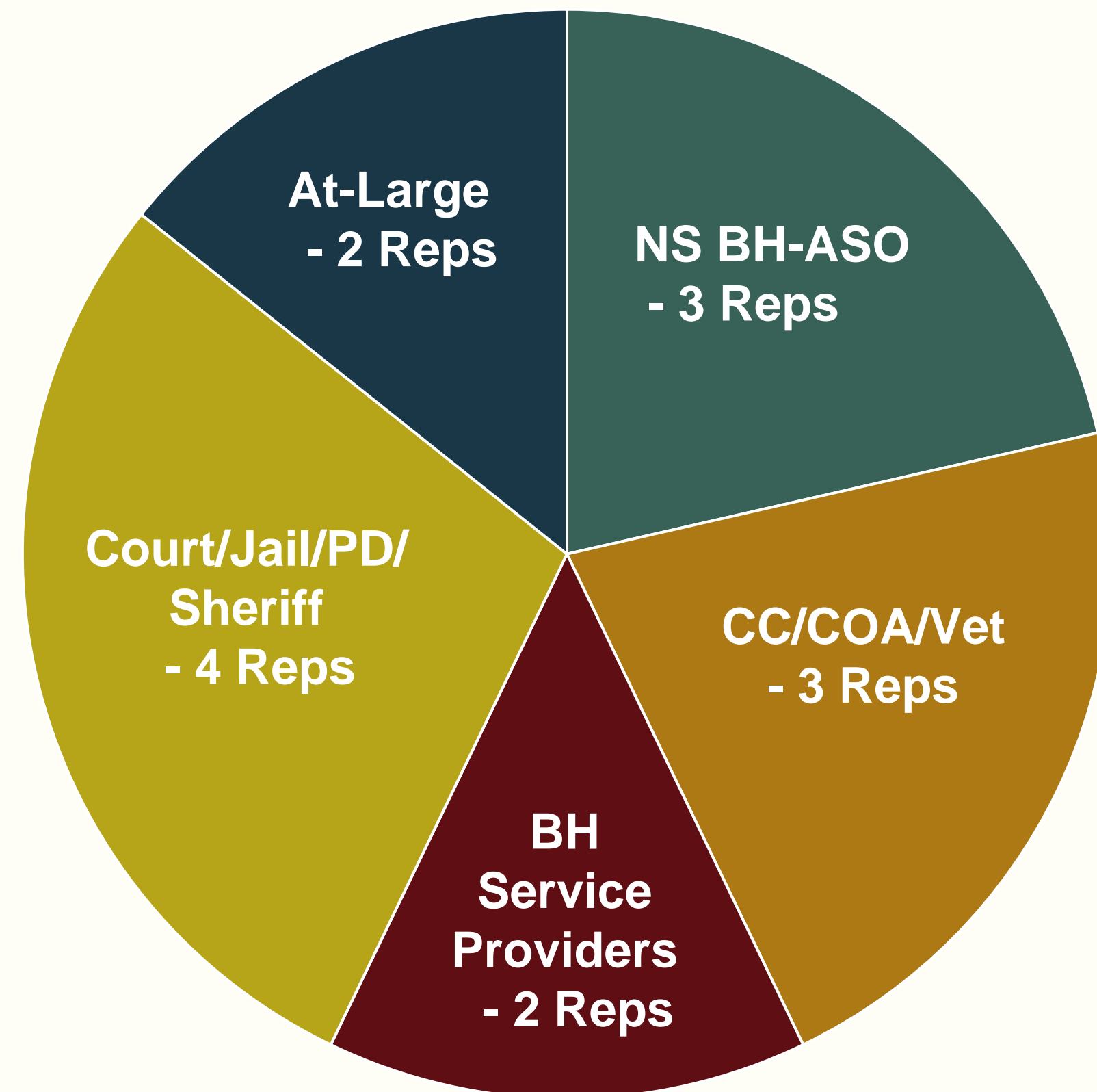
The Board currently consists of 13 key stakeholders who convene every two months to guide the county's executive, legislative, and judicial branches on effective and economical application of the 1/10 of 1% sales tax fund, aimed at enhancing mental health and substance use programs.

[This document](#), is outdated 2018 markup of the CDMH By Laws, provides a general sense of Board's By Laws.



Proposed Chemical Dependency Mental Health Advisory Board (CDMH)

Proposed in February 2024 - 15 Member CDMH Advisory Board



The CDMH Board is required by County Ordinance 08-154 and created by SCC 4.24.060 to serve in an advisory capacity regarding implementation and use of the tax imposed by SCC 4.25.010. The Board is proposed to be made up of 15 members (breakdown shown left). Members will serve three-year terms and may not serve more than three consecutive terms. Contact Wendy Roullier, Administrative Assistant, 425.338.7236.

[This document](#), though an outdated version of the County Code for CDMH Programs and Services, gives a general, outdated overview of the Code.

Chemical Dependency Mental Health Advisory Board (CDMH)

Current and Proposed 15 Stakeholder Representatives as of February 2024



NS BH-ASO Board (3)	CC/COA/VA Boards (3)	Service Providers (2)	Court/Jail/PD/Sheriff (4)	At-Large (3)
Michele Meeker* Council District # NS BH-ASO Advisory Board 1st Term expires 2/28/2025	Argelia Grassfield Council District #5 Children's Commission 1st term, exp 2/28/27	Vacant Service Provider 1st Term, expires ??/??/????	Jamie Reed Superior Court 1st term, expires 2/28/24	Randy Hayden** Council District 3 Consumer Family Advocate, preferred 2nd term, exp 2/28/23
Pat O'Maley-Lanphear Council District #1 NS BH-ASO Advisory Board 2nd term, ex 9/30/24	Dennis Wheeler Council District #3 Council on Aging 1st term, expires 2/28/2024	Vacant Service Provider 1st Term, expires ??/??/????	Jerry Strieck Municipal Law Enforcement 3rd term, expires 2/28/27	Vacant Housing, preferred agency 1st Term, expires ??/??/????
Vacant Council District 1 NS BH-ASO Advisory Board 1st Term	David Griggs* Council District #3 Veterans Assistance Board 1st term, expires 2/28/2025		Vacant Sheriff's Office 1st term, expires ??/??/??	Vacant Representation TBD 1st Term, expires ??/??/????
			Vacant Corrections/Jail 1st term, expires ??/??/??	Vacant Council District # Service Area TBD 1st Term expires ??/??/??

[This PDF shows both Current \(Dec 2023\) and Proposed \(Feb 2024\) CDMH Board Stakeholder Complexion.](#)

[Click for Today's Full Meeting Padlet](#)

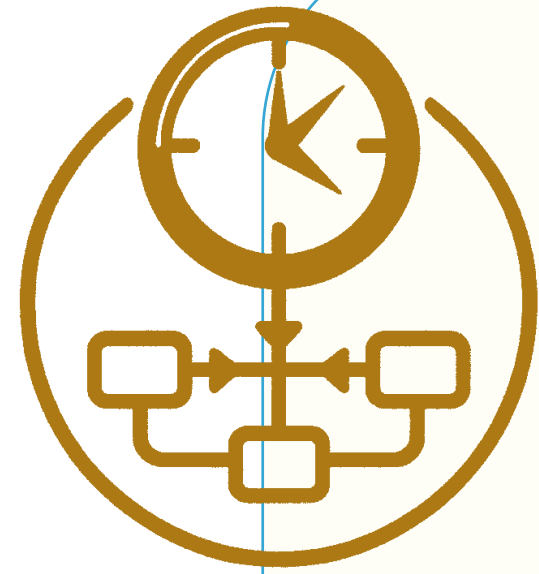
CDMH's Recommended Focus Areas for Investment

Charting a Path to Recovery and Resilience



[Click for Today's Full Meeting Padlet](#)

Action Item: Clarify CDMH Process/Timeline Overview



Understanding the CDMH process and its timeline is key for effectively securing and maintaining funding for rural priorities, including potential future support of school district counseling positions.

- **Revenue Timing:** When does the county receive its annual 1/10 of one percent revenue?
- **Budget Input Process:** How and when do CDMH board representatives provide input on the 1/10 of one percent budget? Who receives this input?
- **Budget Finalization:** When is the CDMH budget finalized, and who is responsible for this?
- **RFP Issuance:** When are the CDMH Requests for Proposals issued?
- **Advisory Board Recommendations:** When does the CDMH advisory board submit their funding recommendations?
- **Funding Decisions:** When are funding decisions made, and who makes these decisions?
- **Contract Development:** What is the process and timeline for contract development and approval after funding is awarded?
- **Invoicing:** When can awardees start invoicing for the funds awarded by CMH?

Action Item: Clarify 2024 Budget Allocations/Categories

These are links to a range of related, draft, and sometimes outdated documents



CHEMICAL DEPENDENCY/MENTAL HEALTH SALES TAX FUND 124 FIVE YEAR PROJECTION									
	Actual 2021	Approved 2022	Projected 2022	Exec. Recom. 2023	Projected 2024	Projected 2025	Projected 2026	Projected 2027	Growth Rate
REVENUES:									
1/10th of 1% Mental Health Sales Tax ¹	\$ 21,255,427	\$ 22,020,738	\$ 22,530,753	\$ 23,882,598	\$ 25,315,554	\$ 26,834,487	\$ 28,444,557	\$ 30,151,230	6.00%
ITA Court Filing Fee ² & TAP Fees	1,810,301	1,830,000	1,830,000	1,930,000	2,025,000	2,124,750	2,229,488	2,339,462	5.00%
Interest	42,251	55,000	55,000	45,000	6,524	610	717	743	0.75%
Miscellaneous Revenue ³	467,927	631,596	631,596	362,986	374,783	386,963	399,540	412,525	3.25%
REVENUE TOTAL	\$ 23,575,907	\$ 24,537,334	\$ 25,047,349	\$ 26,220,584	\$ 27,721,862	\$ 29,346,811	\$ 31,074,301	\$ 32,910,650	
EXPENDITURES:									
HS Admin/Program Support	\$ 2,852,069	\$ 3,220,873	\$ 3,220,873	\$ 3,307,969	\$ 3,415,478	\$ 3,526,481	\$ 3,641,092	\$ 3,759,427	3.25%
HS Services/Contracts ⁶	9,403,256	14,374,420	14,124,420	21,779,651	14,506,092	14,868,744	15,240,463	15,621,475	2.50%
Total, Departmental Ongoing Base	8,506,142	10,586,440	10,586,440	11,406,084	11,776,782	12,159,527	12,554,712	12,962,740	
EXPENDITURE TOTAL	\$ 20,761,467	\$ 28,181,733	\$ 27,931,733	\$ 36,493,704	\$ 29,698,352	\$ 30,554,753	\$ 31,436,266	\$ 32,343,642	
Anticipated Under-Expenditure	-	1,127,269	1,117,269	1,459,748	1,187,934	1,222,190	1,257,451	1,293,746	4.00%
FUND BALANCE:									
Increase (Decrease) in Fund Balance	2,814,440	(2,517,130)	(1,767,115)	(8,813,372)	(788,556)	14,249	895,485	1,860,754	
Fund Balance	12,200,425	9,683,296	10,433,311	869,924	81,368	95,617	991,102	2,851,856	
Assigned Housing Grant Fund Balance ⁴	921,665	-	1,606,275	-	-	-	-	-	
Unassigned Fund Balance ⁵	\$ 11,278,761	\$ 9,683,296	\$ 8,827,036	\$ 869,924	\$ 81,368	\$ 95,617	\$ 991,102	\$ 2,851,856	
	53.06%	43.97%	39.18%	3.64%	0.32%	0.36%	3.48%	9.46%	

Notes/Assumptions:
 1 Tax Revenues assume increase of 6%/yr. 2022-2027.
 2 ITA Court Filing Fee adjusted each year based on prior year expenditures/cases filed.
 3 Includes support from local municipalities for LEESW's plus revenue from participating school districts for Trauma-Informed Practices consultation.
 4 Consists of unexpended balances of Housing Grants awarded in 2022 and prior. Assumes 100% expended in 2023.
 5 Advisory Board's recommended Target Fund Balance: 7%.
 6 Includes \$3,000,000 of 1 time funding in 2023 for BH facilities, and 3,021,091 HB1590 one-time matching funds in 2023.

[This PDF is a 2023 vs 2024 Expenditure Plan shown at 4/17/2024 CDMH Meeting.](#)

1/10 of 1% Sales Tax: 2023 vs. 2024 Expenditure Plan		
	2023 Council Approved	2024 Executive Recommended
Human Services Department:		
Senior Center CD/MH Prevention & Outreach Programs	182,962	187,536
County Health Department Initiatives	500,000	-
Op. Trans. OPD - Justice Initiative Implementation	72,604	72,604
Veterans Services	128,125	131,328
Family Support Centers	53,813	55,158
Fiscal/ Admin. Support	173,708	157,420
Contract Manager (4.867 fte)	618,463	638,023
Division Manager (.838 fte)	157,367	165,660
Planner/Evaluator (2.0 fte)	283,293	306,433
MH Comm. Supp. Spec. (2.0 fte)	229,442	246,104
Embedded Social Worker (5.0 fte)	695,660	653,060
Investing in Futures Counselor (1.0 fte)	105,747	113,344
Case Facilitator (1.0 fte)	98,345	113,344
CD Liaison (1.0 fte)	105,747	113,344
Child. MH Liaison (1.0 fte)	114,721	123,052
Tech. Support Specialist (.613 fte)	59,818	78,625
CASA Program Coordinator (.600 fte)	-	65,028
Operating Costs/OH	665,658	681,684
Superior/Juvenile Court:	2,707,064	3,101,251
Sheriff:	34,694	40,698
Corrections:	2,511,517	2,573,887
Clerk:	674,605	680,545
Emergency Management:	271,780	284,962
Medical Examiner:	380,008	515,054
Prosecuting Attorney:	1,428,264	1,468,264

[This PDF is an example of a 5 year projected tax revenue and expenditure for CDMH Tax Fund 124. This document covers the Approved year of 2022 with projects from then through 2027.](#)

Action Item: Clarify 2024 Budget Allocations/Categories

These are links to a range of related, draft, and sometimes outdated documents



1/10 of 1% Sales Tax: 2018 vs. 2019 Expenditure Plan

	2018 Council Approved*	2019 Exec. Recommended	Variance 2018 vs. 2019
Human Services Department:			
Senior Center CD/MH Prevention & Outreach Programs	178,500	178,500	-
Veterans Services	125,000	125,000	-
Family Support Centers	50,000	50,000	-
Fiscal/Admin. Support	145,617	146,016	399
Contract Manager (3.51 fte)	267,340	396,307	128,967
Division Manager (.478 fte)	64,860	81,717	16,857
Planner/Evaluator (3.0 fte)	337,621	325,996	(11,625)
MH Comm. Supp. Spec. (1.0 fte)	99,016	103,672	4,656
Embedded Social Worker (4.0 fte)	386,514	400,546	14,032
Investing in Futures Counselor (1.0 fte)	85,639	91,306	5,667
CD Liaison (2.0 fte)	147,435	199,818	52,383
Operating Costs/OH	303,136	346,606	43,470
Superior/Juvenile Court:			
Involuntary Treatment Program	368,832	352,604	(16,228)
Therapeutic Court Administration	1,212,018	1,258,599	46,581
Drug Court/Outpatient Treatment	618,128	618,128	-
Urinalysis	296,000	296,000	-
Indirect Costs/OH	739,215	701,225	(37,990)
Sheriff:			
Training	28,000	28,000	-
Drug Testing Equipment	50,000	-	(50,000)
Communications Specialist	-	79,454	79,454
Indirect Costs/OH	3,826	5,053	1,227
Corrections:			
Methadone Treatment	110,000	110,000	-
Detention	1,329,942	1,598,061	268,119

[This PDF shows a 2018 vs 2019 Expenditure Plan useful for how it identifies detailed budget “sub-line items”.](#)

1/10 of 1% Sales Tax: 2023 Budget vs. Actual Expenditure Plan

	2023 Council Approved	2023 Actuals	\$ Variance	% Variance
Human Services Department:				
Senior Center CD/MH Prevention & Outreach Programs	182,962	175,297	(7,665)	-4.19%
County Health Department Initiatives	500,000	-	(500,000)	-100.00%
Op. Trans. OPD - Justice Initiative Implementation	72,604	72,604	-	0.00%
Veterans Services	128,125	128,125	-	0.00%
Family Support Centers	53,813	32,897	(20,916)	-38.87%
Fiscal/Admin. Support	173,708	140,367	(33,341)	-19.19%
Contract Manager (.867 fte)	618,463	555,210	(63,253)	-10.23%
Division Manager (.838 fte)	157,367	174,102	16,735	10.63%
Planner/Evaluator (2.0 fte)	283,293	310,081	26,788	9.46%
MH Comm. Supp. Spec. (2.0 fte)	229,442	243,596	14,154	6.17%
Embedded Social Worker (5.0 fte)	695,660	633,634	(62,026)	-8.92%
Investing in Futures Counselor (1.0 fte)	105,747	113,023	7,276	6.88%
Case Facilitator (1.0 fte)	98,345	68,297	(30,048)	-30.55%
CD Liaison (1.0 fte)	105,747	114,279	8,532	8.07%
Child. MH Liaison (1.0 fte)	114,721	122,432	7,711	6.72%
Tech. Support Specialist (.613 fte)	59,818	76,817	16,999	28.42%
Operating Costs/OH	665,658	588,785	(76,873)	-11.55%
Superior/Juvenile Court:	2,707,064	1,832,922	(874,143)	-32.29%
Sheriff:	34,694	6,694	(28,000)	-80.71%
Corrections:	2,511,517	2,280,749	(230,768)	-9.19%
Clerk:	674,605	618,779	(55,826)	-8.28%
Emergency Management:	271,780	216,360	(55,420)	-20.39%

[This PDF shows a draft version of 2023 Budget vs Actual Expenditure Plan, useful for understanding what was expended where and the subsequent variances post 2023.](#)

Action Item: Clarify 2023 Allocations for CD / MH Tax Investment Areas

Explore: Budget/Expenditure Data Cross-walked with Investment Areas?



Investment Area	2023 Expenditure
Prevention Wellness	\$xxx,xxx
Crisis	\$xxx,xxx
Treatment	\$xxx,xxx
Engagement and Outreach	\$xxx,xxx
Justice Collaborations	\$xxx,xxx
Housing	\$xxx,xxx
Community	\$xxx,xxx

ACTION Item: Clarify this data, illustrate with a pie chart graphic



Opioid Settlement Funds – Figures as of 4/22/2024

What local government will receive from the near-\$1.3 billion in WA opioid settlement funds

Snohomish County		
Snohomish County	6.9054415622%	\$35,743,946.61
Arlington	0.2620524080%	\$1,356,435.67
Bothell***	0.2654558588%	\$1,374,052.62
Edmonds	0.3058936009%	\$1,583,366.46
Everett	1.9258363241%	\$9,968,513.98
Lake Stevens	0.1385202891%	\$717,008.72
Lynnwood	0.7704629214%	\$3,988,070.17
Marysville	0.3945067827%	\$2,042,046.01
Mill Creek	0.1227939546%	\$635,606.07
Monroe	0.1771621898%	\$917,026.93
Mountlake Terrace	0.2108935805%	\$1,091,627.35
Mukilteo	0.2561790702%	\$1,326,034.10
Updated 4/22/2024	Local Government Payouts	Opioid Settlement Funds
Snohomish	0.0861097964%	\$445,721.53
Snohomish County total	11.8213083387%	\$61,189,456.22

The total amount for Bothell is \$2,316,950.62, which is the sum of Bothell's King and Snohmish County shares.

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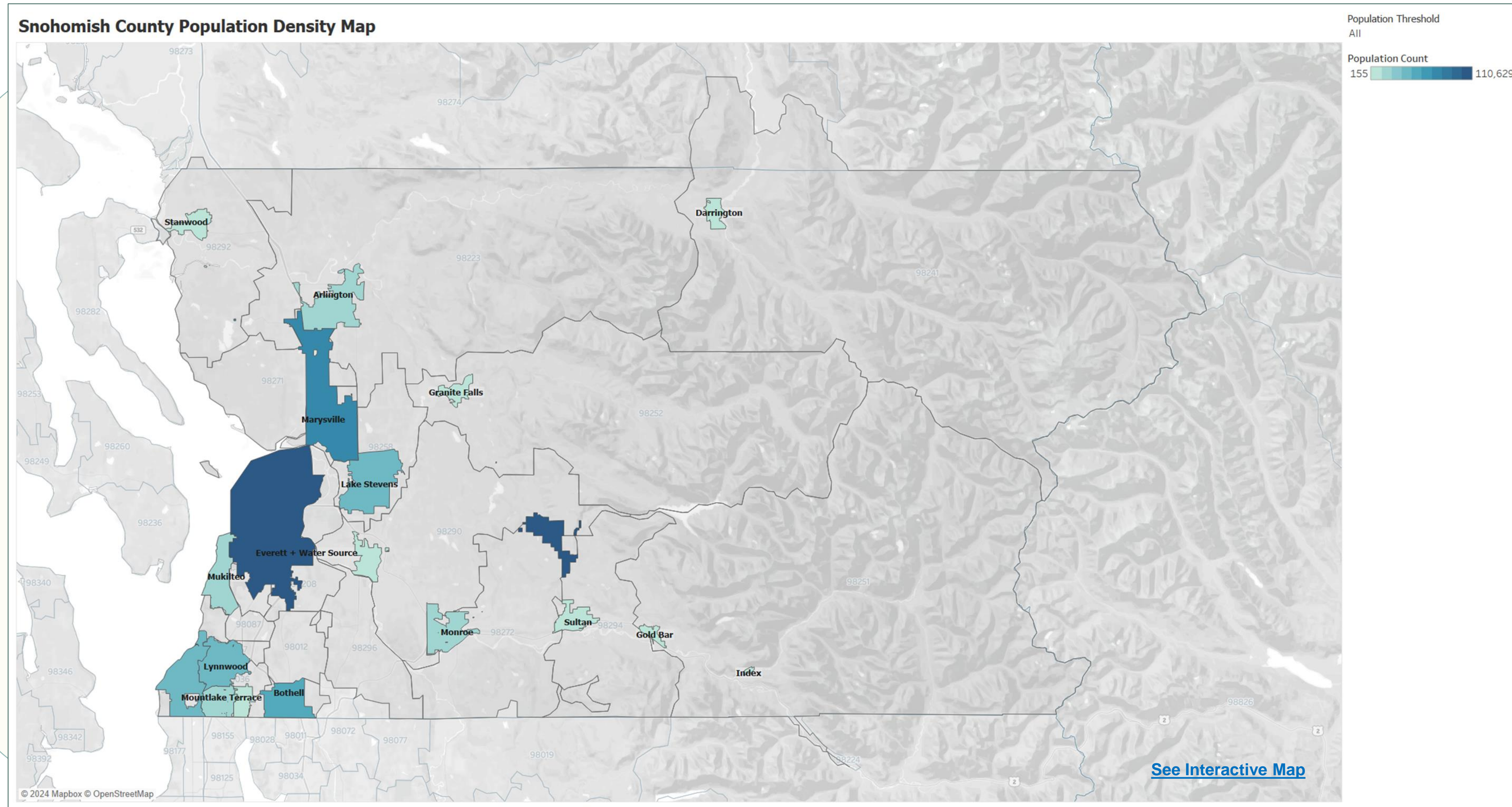
[See 4/23/2024 Article re: “Kroger to Pay nearly 50M to WA to combat Fentanyl crisis”](#)

[See full Excel Spreadsheet.](#)

[Click for Today's Full Meeting Padlet](#)

Snohomish County Population Density Map

Beyond the Urban: Representing Rural Behavioral Health Needs



[Click for Today's Full Meeting Padlet](#)

What Does Rural Stakeholder Engagement Look like?

Where can this Consortium productively engage?



**Provide Rural Needs
Assessment Insight
As Funding
Priorities are Set**



**Support Incorporation of
Rural Insights
into Behavioral Health
Strategy Planning**



**Enhance Implementation
Efforts of Behavioral Health
Strategic Plans in rural
communities**

Chemical Dependency Mental Health Advisory Board (CDMH)

What Does Providing Rural Insight to Establishing Funding Priorities Look like?



**Provide Rural Needs
Assessment Insight
As Funding
Priorities are Set**

Get a Consortium/Rural Representative on the CDMH Board!

If we maintain the Consortium past August 2024, SHC-staff-prepared inputs for our Representative could improve the CDMH Board's grasp of rural needs and requirements.

- **Survey & Research:** Update / Compile rural area needs assessments to clarify behavioral health challenges and service shortfalls.
- **Focus Groups:** Hold discussions with rural dwellers on unique obstacles like transport and service access.
- **Success Stories:** Share examples from rural individuals benefiting from behavioral health initiatives.
- **Data Synthesis:** Summarize findings in reports to depict rural behavioral health status and program impact.
- **Stakeholder Meetings:** Engage in discussions with the CDMH to propose solutions mindful of rural specifics.
- **Expert Contributions:** Provide stakeholder insights on cultural and economic impacts on rural health.
- **Collaborative Efforts:** Foster agency cooperation to tackle rural behavioral health complexities.
- **Proposal Development:** Craft funding bids that meet rural needs and allow for flexible application.
- **Technology Advocacy:** Provide input to telehealth investments aimed at bridging rural access gaps.
- **Policy Advocacy:** Champion policy reforms to boost resources for rural health services.

Chemical Dependency Mental Health Advisory Board (CDMH)

What Does Providing Rural Insight to Behavioral Health Strategic Planning Look like?



Incorporate Rural Insights into Behavioral Health Strategy Planning

Get a Consortium/Rural Representative to the Planning Table!

If we maintain the Consortium past August 2024, SHC staff support for our Representative could improve the success of any behavioral health strategies that could or should impact rural geographies

- **Strategy Customization:** Craft responses to rural health challenges, like specialist scarcity and travel constraints.
- **Local Involvement:** Host meetings for rural input into strategy development.
- **Intersectoral Collaboration:** Partner with education and law enforcement for comprehensive rural health solutions.
- **Expert Panels:** Assemble advisors from health, sociology, and leadership for relevant strategies.
- **Policy Advocacy:** Push for legislation tailored to rural health.
- **Specialized Training:** Offer rural-focused health education to local providers.
- **Community Outreach:** Initiate programs to demystify behavioral health and prompt early care.
- **Telehealth Promotion:** Support remote care technologies to bridge service gaps.
- **Strategy Refinement:** Evaluate and tweak strategies using rural feedback.

What Does Providing Rural Insight to Behavioral Health Strategic Planning Look like?



**Enhance implementation
efforts of Behavioral Health
Strategic Plans in rural
communities**

Get a Consortium/Rural Representative to the Implementation Table!

If we maintain the Consortium past August 2024, SHC staff support for our Representative could improve the success of any behavioral health strategy implementation that could or should impact rural geographies

- **Targeted Data Gathering:** Collect specific rural health data to inform strategies.
- **Empower Local Leaders:** Support community leaders in driving tailored health initiatives.
- **Advocate for Resources:** Ensure rural areas get necessary funding.
- **Forge Partnerships:** Collaborate with local sectors for cohesive strategy execution.
- **Train Health Workers:** Provide rural-focused training to improve local care.
- **Broaden Telehealth:** Expand remote services to increase rural healthcare access.
- **Involve the Community:** Engage residents in strategy planning and rollout.
- **Evaluate and Adapt:** Continually assess and refine strategies with local feedback.

Planning Discussion: Overview of Darrington Community Conversation

Darrington Event Date:

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

@ The Darrington Library

Facilitator:

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

Purpose:

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

[Top Section - Event Title] : **Community Conversation - Let's Talk Together**

[Central Section - Event Details]

Join us for an open and respectful dialogue on:

Mental Health and Substance Use Disorders: Understanding and Reducing Stigma

Date & Time: **Wednesday, June 26th | 3:00 PM - 5:30 PM**

Location: **Darrington Library, 123 Main Street**

[Bottom Section - Call to Action & Additional Info]

Everyone is welcome! Let's create a supportive community together.

Refreshments will be provided.

For More Information: Email: xxxx | Phone: xxxx

[Footer] Logo of the Darrington Library & sponsoring partners/SHC Member Agencies/Organizations

Planning Discussion: Overview of Monroe Community Conversation

Monroe Event Date:

Thursday, June 27, 2024 – 10-1p

Monroe Community Resource Ctr

Facilitator:

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

Purpose:

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

[Top Section - Event Title] : **Community Conversation - Let's Talk Together**

[Central Section - Event Details]

Join us for an open and respectful dialogue on:

Mental Health and Substance Use Disorders: Understanding and Reducing Stigma

Date & Time: **Thursday, June 27th | 10:00 AM - 1:00 PM**

Location: **Monroe Community Resource Center @ 17150 W Main St. Suite B**

[Bottom Section - Call to Action & Additional Info]

Everyone is welcome! Let's create a supportive community together.

Refreshments will be provided.

For More Information: Email: info@darringtonlibrary.org | Phone: (555) 123-4567

[Footer] **Logo of the Monroe Community Center & sponsoring partners/SHC Member Agencies/Organizations**



Planning Discussion: Overview of Train-the-Trainer Session in Everett

Everett Event Details:

Thursday, June 27, 2024 – 2:30-5:30p

Snohomish DEM Training Facilities

Facilitator:

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

Purpose:

To develop a group of Snohomish County-focused Community Conversation Facilitators to support understanding and reducing stigma associated with mental health and substance use disorders

[Top Section - Event Title] : **Community Conversations Train-the-Trainer Event – Learn to Lead Community Conversations that Support Understanding and Reducing Stigma**

[Central Section - Event Details]

Join us for Train-the-Trainer Event:

Facilitating Community Conversations that Support Understanding and Reducing Stigma.

Date & Time: **Thursday, June 27th | 2:30 PM - 5:30 PM**

Location: **720 80th Street SW, Bldg A, Everett, WA 98203**

[Bottom Section - Call to Action & Additional Info]

Everyone is welcome! Let's create a supportive community together.

Refreshments will be provided.

For More Information: Email: xxx | Phone: xxx

[Footer] **Logo of the DEM & sponsoring partners/SHC Member Agencies/Organizations**

[Click for Today's Full Meeting Padlet](#)

Planning Discussion: How We Will Support Our Initiative's Success!

Darrington Details:

Wednesday, June 26, 2024 - 3-6p

@ The Darrington Library

Monroe Details:

Thursday, June 27, 2024 – 10-1p

Monroe Community Resource Ctr

Everett Details:

Thursday, June 27, 2024 – 2:30-5:30p

Snohomish DEM Training Facilities

Engagement and Promotion Strategy (5 minutes)

- **Rapid Fire Ideas:** Quickly gather ideas on how to engage and promote the events through personal networks and social media.
- **Key Messages:** Agree on one or two powerful messages for use across all communications.

Stakeholder Engagement (3 minutes)

- Identify key community leaders or groups to engage.
- Discuss the most effective method to reach out to them briefly.

Commitments (3 minutes)

- Quick roundtable for members to state how they will contribute.



Wins, Needs and Insights

RE: Our Work Plan and SHC Sustainability

- Darrington Prevention
 - In-School Counseling
 - Youth Prevention Campaign
- Sky Valley Corridor
Transportation/Peer Contract – Ideal Options
- Naloxone Training and Distribution
 - Darrington
 - Sky River Corridor
- Others?

Updated Work Plan for Snohomish County Health Department RCORP-I Grant NCE		
Activity	Status	Revised Completion Date
Contract and Implement Transportation to Facilitate Service Connection 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
Contract and Implement Peer Outreach Specialist 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
Develop & Implement Youth Engagement and Prevention Campaign 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> , see Funds Request.	In Progress	08/31/2024
Amend Contract and Implement School-Based Mental Health Student Counseling 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
Develop and Execute Community Engagement events (Fall '23/ Spring '24) 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
Activate and support intentional two-way communication and insight-gathering/sharing , 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
Develop & Execute Phase II Media Campaign 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 st Phase complete, 2 nd Phase not yet started	08/31/2024
Continued Naloxone Distribution in Northern and Southern rural tracts	In Progress	08/31/2024

[Click for Today's Full Meeting Padlet](#)

SHC Member: Email Bouncebacks



What can you tell me? Are these folks no longer members?

- Kara Bensley (kbensley@bastyr.edu)
- Laura Knapp (Laura.Knapp@providence.org)
- jloyd@fronter.com
- Katie Olson (KatieOlson@idealooption.net)

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 Steps?

- Raise the profile of June 26-27 Community Conversations in Darrington & Monroe, and our Train-the-Trainer event in Everett
- 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
- ?Celebrate Getting Contracts Approved?!



Next SnoCo HRSA Consortium Meeting



Thursday

May 23, 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 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

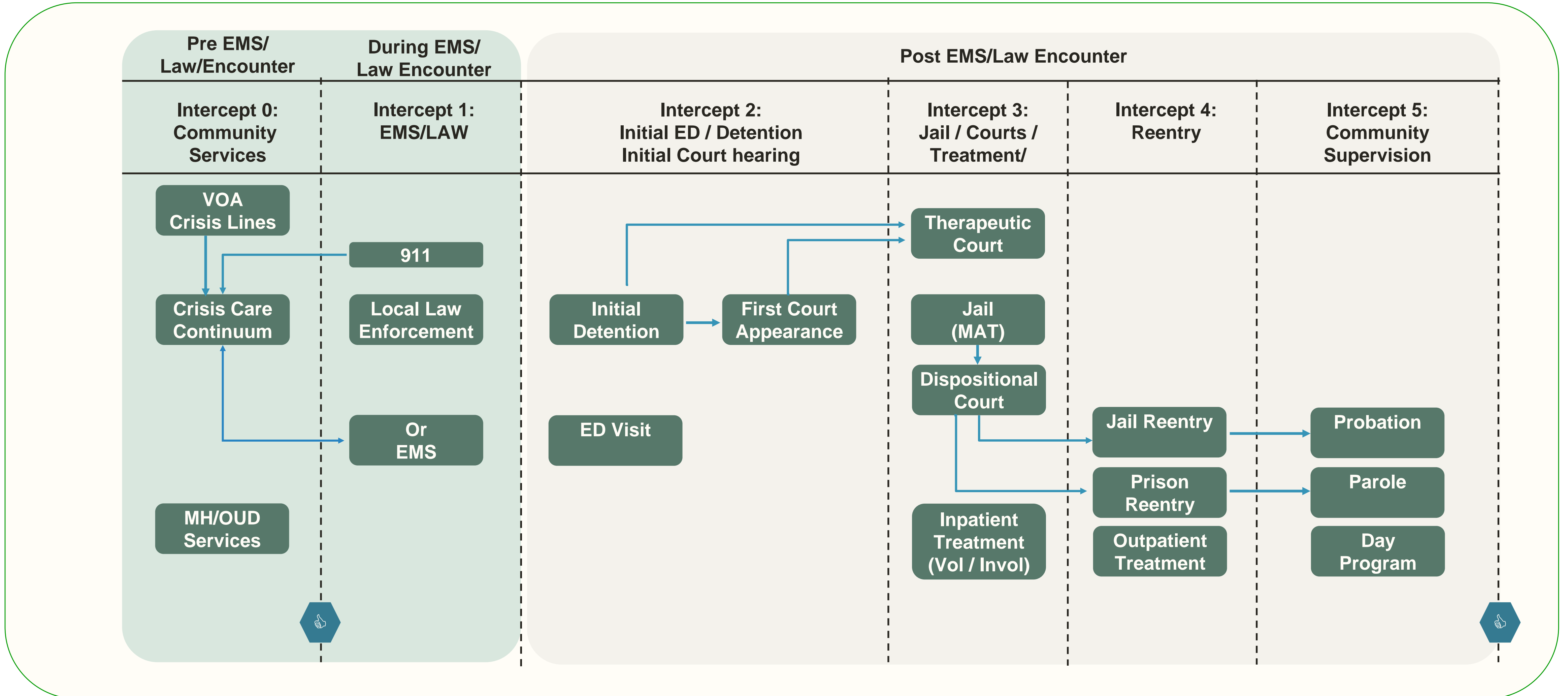
- T.1** Screen/Provide/Refer Patients with infectious implications
- T.2** Recruit/Train/Mentor interdisciplinary teams of SUD/OD Clinical and Service Providers
- T.3** Increase # of providers and social service professionals who treat/identify SUD/OD through professional development and recruiting incentives
- 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

Sequential Intercept Model Used to Visualize Impacts

Improved Behavioral Health Service Access and Diversion Intercept Points



Opioid Systems Map

