GREATER COLUMBIA ACCOUNTABLE COMMUNITY OF HEALTH

Leadership Council Meeting Minutes

Thursday, February 20, 2020 | 9:00 AM to 11:30 AM

United Way of Benton & Franklin Counties | 401 N Young St, Kennewick WA 99336

Board Member: Italicized
Name*: Called-in

ATTENDANCE			
GCACH Leadership Council Attendees	Amelia Davis	Jill Whitman*	Matthew West
	Amy Norton*	Jocelyn Pedorsa	Michele Gerber
	Andrew Missel*	John Christensen	Michelle Sullivan
	Barbara Mead	Joyce Newsom*	Mike Berney*
	Becky Grohs	Kelly Sanders*	Minnie Smith*
	Brittany Foxstading	Kendra Palomarez	Myrna Ridenour
	Cary Cole	Kevin Martin*	Norma Soto
	Chas Hornbaker	Kirk Williamson*	Penny Bell
	Cheri Snowhite	Kyle Sullivan	Rhonda Hauff
	Courtney Armstrong	Larry Jecha	Ronni Batchelor
	Desree Mendoza*	Lisa Hefner	Sandra Suarez
	Donna Albaitero*	Liz Speaker*	Sandy Quiroga
	Everett Maroon	Mandee Olsen*	Sara Clark
	Holly Siler	Marc Shellenberger*	Sarah Murray
	Jeremy Wakeman	Marcia Baden*	Vicky Machorro*
	Jeremy Wingman	Martha Lanman	Viktoriay Broyan
	Jessica Garcia	Matthew Kuempel*	Whitney Garrison*
GCACH Staff	Becky Kolln	Jenna Shelton	Rachael Guess
	Carol Moser	Lauren Noble	Ruben Peralta
	Chelsea Chapman	Martin Sanchez	Sam Werdel
	Diane Halo	Patrick Jones	Wes Luckey

MEETING PRESENTATIONS & REPORTS	
Welcome & Introductions (Dr. Patrick Jones	Dr. Patrick Jones of Eastern Washington University welcomed the group and opened the meeting with welcome and introductions of the group. There were 51 individuals in attendance (either in-person or calling in).

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Benton-Franklin Recovery Coalition (Michele Gerber)	Dr. Michele Gerber spoke to the Benton Franklin Recovery Coalition. Dr. Michele Gerber went through the purpose of the BF Recovery Coalition, which is to promote opportunities for recovery, and remover barriers to recovery, for people with Substance Use Disorder (SUD) (addiction) in our region. Their coalition believes in a "warm hand-off" as opposed to a "cold shoulder". The BF Recovery organizational structure includes a variety of individuals that are MDs, sheriffs, retired CPA, doctor of Ministry, and three board members that are in recovery themselves, which provides that perspective. Main focus areas are to open a recovery center; jail diversion, law enforcement, and legal; public information, education, and media; member affiliations and fundraising. Accomplishments for 2019 included becoming organized, getting website up and running, participated in the state legislature, and other organizational things. Was on the front page of the Tri City Herald, hosted a booth at the Safety Expo at the TRAC, issued a 10-point plan, and submitted application for grant to teach Therapy Sessions with the Chaplaincy. Accomplishments in 2020 included attending Recovery Advocacy Day. Three bills they are passionate about include House Bill 2642 –Removing Health Barriers to Accessing Disorder Treatment. Housing Bill 2734 – Creating Pathways to Recovery from Addiction by Eliminating Tax Preference for Warehousing of Opioids and Other Drugs." Lastly, House Bill 2793 – Clean Slate Bill. Dr. Gerber provided deeper insight into the Group Therapy Sessions for families. Other activities include presentations at various organizations and a Corporate and Unions Affiliates Program. Moving forward, they will be having table at Medical-Dental Summit, expanding affiliates, expand ties with local providers, and sponsor a recovery coach training. An update on the Recovery Center included partial funding for feasibility study, approaching Franklin County commissioners in March, beginning provider outreach, as well as planning physical modifications. The core belief is that SUD is a disease, not a disgrace! Help and hope ought to be more available than heroin or other drugs. The causes of addiction are not fully understood, but genetics does play a huge role. Other core beliefs were shared. The recovery movement is

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	needed because addicted people and those in recovery are last in our society to receive respect. If you have questions, please visit www.509recovery.org.
Yakima Hub and Spoke (Marc Shellenberger)	Marc Shellenberger spoke to the program and the outcomes. This is his 11th year with Comprehensive Healthcare. Provided integrated treatment with those with dual diagnoses. Grant was awarded in July 2018. Chemical dependency program but had little support. Can take some time to vet self with Yakima MAT team and provide supportive counseling to patients that had been recently treated for SUD. HCA awarded Hub and Spoke grant to respond to the needs in central Washington. This is based on Dr. Sullivan's Vermont Hub and Spoke model. This is a bi-directional treatment model. Named the hub because of the vast array of services. Have agreements with multiple Spokes (Yakima and Kittitas counties). They have administered a syringe program. Motto is basically to stabilize and connect. The goal is to outreach, motivate, and bring people to Medication Assisted Treatment (MAT) induction, those individuals afflicted with an opioid use disorder and are not able to find treatment on their own. Key component is taking an enhanced approach to help folks receive treatment. Not directive, the attempt is to develop a relationship and build trust because it may take a few attempts to feel comfortable enough to ask for help. Staffing includes one team leader and five navigators. The makeup of the team includes one SUD professional as well as two SUD professional trainees. A finding is that after first 30 days of starting medication and remain abstinent, physically they will start to stabilize and feel better. That might be trauma-based episodes that need attention through therapy, it could be depression and anxiety. Intent during stabilization is just to help that person be able to verbalize the barriers to us so that we can connect them with teams that can treat that. It becomes more directive over time. The 3-pronged approach includes outreach, motivation, and case management.

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	Outcomes for August 2018 through Jan 2020 included 450 total treatment events, which are folks that we have outreached to and have a plan in place to treat. There were 403 new and unique inductions. There has been positive feedback.
Yakima Washington MAT/ PDOA Year 2 Outcomes (Lyz Speaker, DSHS, Olympia)	Lyz Speaker spoke to the Medication Assisted Treatment: Prescription Drug and Opioid Addiction Program Results through Year 2, August 2015 – July 2017 They were able to implement office-based treatment—Evergreen Treatment in Hoquiam, Olympia, and Seattle. They did an analysis of research looking at where people were living in proximity to the clinics providing treatment. Other slides included patient demographics, baseline characteristics (no prior MAT treatment, transfer from MAT program, transfer from other program). Co-occurring mental health disorders and opioids used were illustrated (heroin and Rx opioids were the highest). Treatment retention measures—the top reasons for discharge were unable to locate patient (38%) and patient decided to end treatment (23%). GPRA (Government Performance & Results Act) survey client outcome measures, which included any substance use in the past 30 days. This included meth, marijuana, alcohol, illicit prescription opioids, heroin, any illicit opioids, and any drug use. The follow-up showed significant positive results. Other outcomes included housing, employment, school, criminal justice involvement, and healthcare utilization. Summary, patient outcomes improved from intake to follow-up. Rates of employment, school enrollment, outpatient treatment improved, as well as alcohol and drug use, inpatient treatment, emergency department utilization declined.

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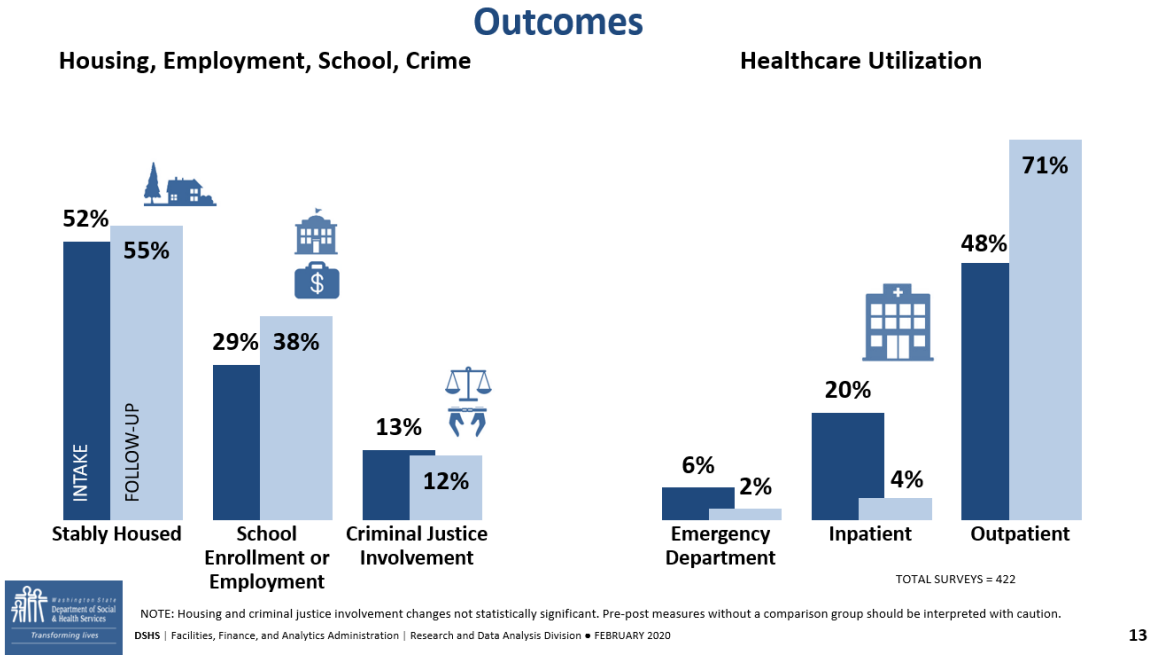

Questions:

- How much utilization are you having with peer support and level of engagement with that approach?
- Lyz—Harbor View started the Mars program during the implementation of MAT PDOA, they have expanded their support program and have quite a bit of success with that.
- Dr. Gerber- we don't provide direct services, but we don't use peers exactly. But having them tell their story to public groups is important to bring that point home. There is a recovery training, and it's not as easy as it looks to tell your story concisely, but then the lived experience is a way to convey the message.

Benton/Franklin/ Walla Walla Opioid Resource Network (ORN) Presentation (Becky Grohs and Everett Maroon)	Becky Grohs of Consistent Care spoke to the Benton/Franklin/Walla Walla ORN. Addressing the opioid crisis from prevention, treatment, and recovery. This includes appropriate prescribing within clinics. All these things are around prevention, which is really important when addressing the opioid crisis. Model is similar to the hub and spoke; the center of the hub is what we call our ORN, which could be a MAT prescriber, which is what Everett's team is doing in Walla Walla and

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	Kennewick. Case management, not hands on SUD counseling or BH, we don't prescribe MAT. We are a case management organization that facilitates getting patients on MAT and connecting them to all the surrounding services, which includes access to Narcan, access to clean syringes (depending on where they are at in recovery), connecting to underlying mental health care, etc. Key partners in the ORN are the community partners. For Walla Walla and Kennewick, -- BMH2H was founded in 1985 and have been doing care and support services for many years. As a part of HIV prevention, a syringe program was opened in 1988. As those programs grew and involved, there were cash services reserved for certain individuals, which is doing harm to our community overall. We don't want to advocate for people to get HIV in order to get the right treatment for people have SUD. We know as case managers, we can increase outcomes with longer term supportive, wraparound care and intensive case management. That was part of the background with how we want this ORN to work. Room in the ORN for agency to provide just case management and collaborate with partners to do MAT, there is room for nonprofit to do these services in-house. Since June of 2019, when we started enrolling clients into low barrier (walk-in and get recovery quickly). Give them a few screeners to check for suicide risk to meet them where they are at and prescribe appropriately. Of 160 inductions, there are 80 medically adherent clients on the MAT. We are seeing very complicated cases, just like what we see with HIV and Aids across eastern Washington. These are folks that have long-term trauma. Lots of co-occurring mental health disorders and have had bad experiences with poor inpatient/outpatient support. It's about building trust and relationships and having people know that people are in your corner for them. Know that they need housing support, and that's the thing in our greater Tri-county area, is very hard to help folks with. We have limited inventory. The age range is everyone. Average is 34 years old. Majority of white. Could do better job with reaching to Hispanic individuals. Men tend to have (true for alcohol and MAT) supportive female partners who are encouraging to get into and stay on treatment. Women tend to have partners who are still using. How to help female clients to stay adherent longer. May involve supporting them getting distance from these folks who have a negative influence. Emerging partnerships include ED Bridge Program, Collaboration with Walla Walla County Corrections, encouraging providers to become DEA-waived for buprenorphine, MAT partnerships, Ongoing participation in the WW County Community Health Department's Behavioral Health Council. Don't want HIPAA to be a barrier to getting people treatment. Next training for DEA-waived for buprenorphine is in Kennewick on February 28, 2020.

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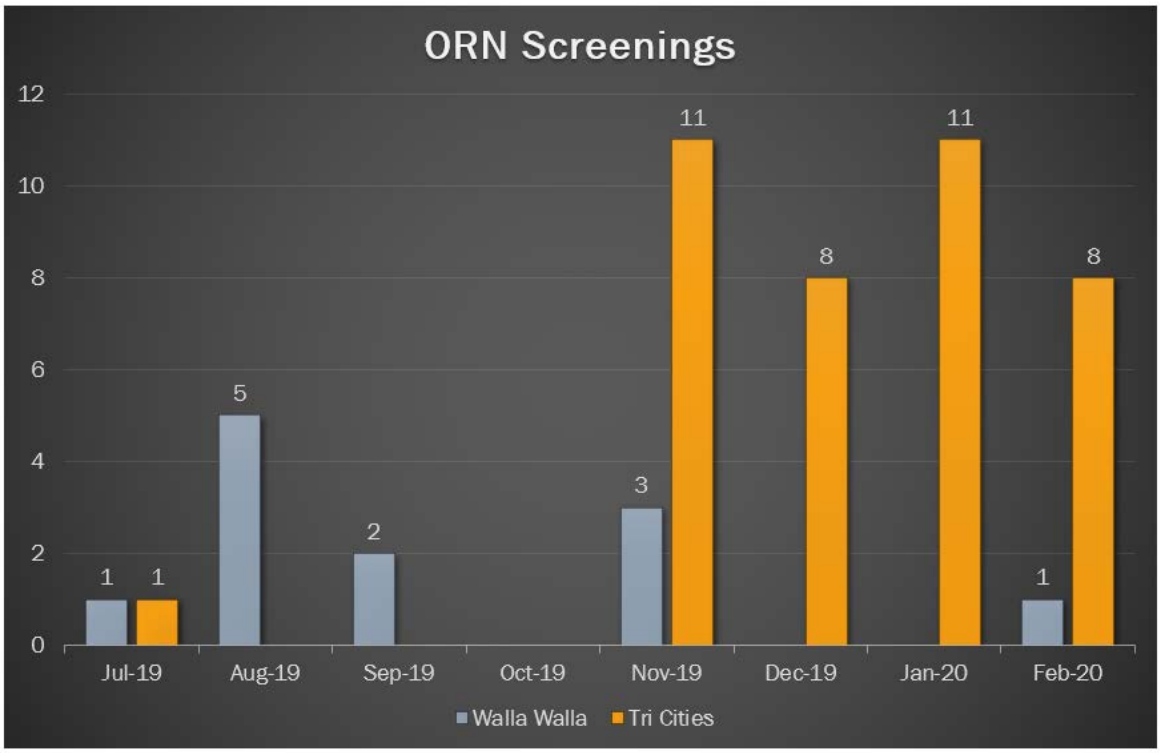
	Becky—not a MAT provider, we provide case management. This has been going since July of last year. Here in the TC we have screened 51 unique individuals. Partnered with New Start Clinic for complete Intake Assessment of strengths and weaknesses. With the Health Access Fund—cell phones, food cards, bus passes, and clothing are provided.  Getting a lot of referrals for providing case management. To try and gain visibility, they are working with Kennewick Fire Departments. They get ImageTrend report everyday that informs their outreach and case management. Activities include ORN Workgroup meetings. Goals going forward, work more with ED's locally. State Opioid response grant that Ideal Option is working in the county jail. I'd like to try and address Trios and get our face in with Martin and Jenna in clinics more so that they can refer directly. Pathways are set up on website or phone. We just reach them out and help them getting their wraparound services.
Kittitas ORN Presentation (Dr. Kevin Martin)	Dr. Kevin Martin of Kittitas Valley Healthcare spoke to the challenge, which is the amount of success that different organizations are having already. As ACH awarded funding, a lot of

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	the work of coordination has been going on and trying to fill in the gap of lacking MOUD capacity within KVH. Some of the work that's going on is Comprehensive Hub and Spoke, we are now doing MOUD initiation within the county jail. Looking forward to seeing where that goes. We are also training all PCPs, to not have a separate clinic, but to have treatment within PCP clinics. To date, we've enrolled 5 inductions, of which 4 were in treatment at 30 days, and 3 in treatment after 90 days. We are looking to bring in an RN who coordinates case management. We are doing a lot of work as a part of PCMH work at Cle Elum clinic. Makes sense to incorporate this as an integration of BH. At the network level, facilitating cooperation, for instance Merit is looking for help establishing PCP relationships for some of their clients that haven't been seen by a doctor in 15 years. Trying to get access for them to our clinics. Question: • MOUD stands for Medications for Opioid Use Disorders, replacing MAT in literature • Ronni- appreciate you coming and talking to these with one slide, really brave and look forward to 9 months from now to seeing about 5 more slides. A lot more collaboration in Kittitas and know people are suffering and hope expansion of this will continue and that you will have great success. (Something that has happened in medical community, older PCP groups that really conscientiously avoided reaching out to the underserved.) • Carol- large need in Cle Elum- why do you think that is? No medical services? No- we aren't sure. It's observed phenomenon. It has been good about setting up needle exchange, not enough volume in lower county but can't keep up in upper county. • Sketch of plans for 2020? – By the end of this year, anticipate having fully developed work flows implemented in Cle Elum and at least starting in Ellensburg, for embedding MOUD into PCP clinics. We also have integrated BH in Cle Elum. Hope to have integrated BH in Ellensburg clinic. Recruiting additional social work for Cle Elum. Once that model is staffed up it will spread back down to lower county. We are moving providers to larger clinics to expand services. Busy year from network standpoint, we should have Health Commons up and fully implemented next quarter. That will also be a tool used to coordinate addiction medicine across the county and across the agencies.
Asotin/Columbia /Garfield ORN	Everett Maroon of Blue Mountain Heart to Heart spoke to the rampant over prescribing, weak or inaccessible health resource infrastructure, inapplicable models of recovery.

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Presentation (Everett Maroon)	Opioid deaths in Washington. Rx opioid deaths are decreasing while heroin overdoses have risen sharply. Models of care in opioid crisis response – MAT, Behavioral Therapy, Harm Reduction, Care Delivery, Peer-Based Recovery Support, and Prevention. There was a lot of overlap in approach. If not integrated, then fine just collaborating with two different providers. Collaborations in Opioid Crisis Response. Low-barrier approach works for rural organizations, like it can work for urban organizations. The outreach that Becky talked about it really important. Outreach to get people to use the SSP more than getting people into treatment. If we get people through SSP, we get people who don't have PCP or health insurance, and get them into the system. SSP sites are really valuable in finding new patients who are contemplative in starting recovery. Not the only way, but it's an indicator. Big strong need and will play out over the next 6 months. Questions: • Cheri- people not interested in SSP, see people's fear around it that these users are taking syringes to sell them to drug users, how would you address that with someone on the fence on the program. Everett – poor messenger for SSP. I know people say that they've seen it happen, the literature shows that the vast majority of these folks actually just use the equipment that they get and give away extra. IF someone is actually selling, they are told to not sell it. I don't want drug dealers to sell it as a part of selling drugs. Has kicked people out for starting their secondary SSP using Everett's supplies. They seem counterintuitive, what I see with my own eyes and what staff say is that the folks that come in have a genuine need for the supplies and they claim that they are using themselves. If someone is selling, that is grounds for dismissal. • John- 24% development in 4-7 uses. Why can't physicians test their patients when they come in to see whether they are developing dependency? Is there a simple test? Everett—simple test. They feel such shame the moment they are dependent on drugs and not honest with PCP about their relationship. Use turns into misuse and gets underreported and the next thing you know is they are addicted. Best test is whether or not the patient asks for a refill. That's when you know if you have an issue.
Whitman ORN Presentation (Kim Thompson)	Kim Thompson of Palouse River Counseling spoke to the Whitman ORN. They have a top down approach in forming integrated support. Kim spoke to the beginnings. Very young

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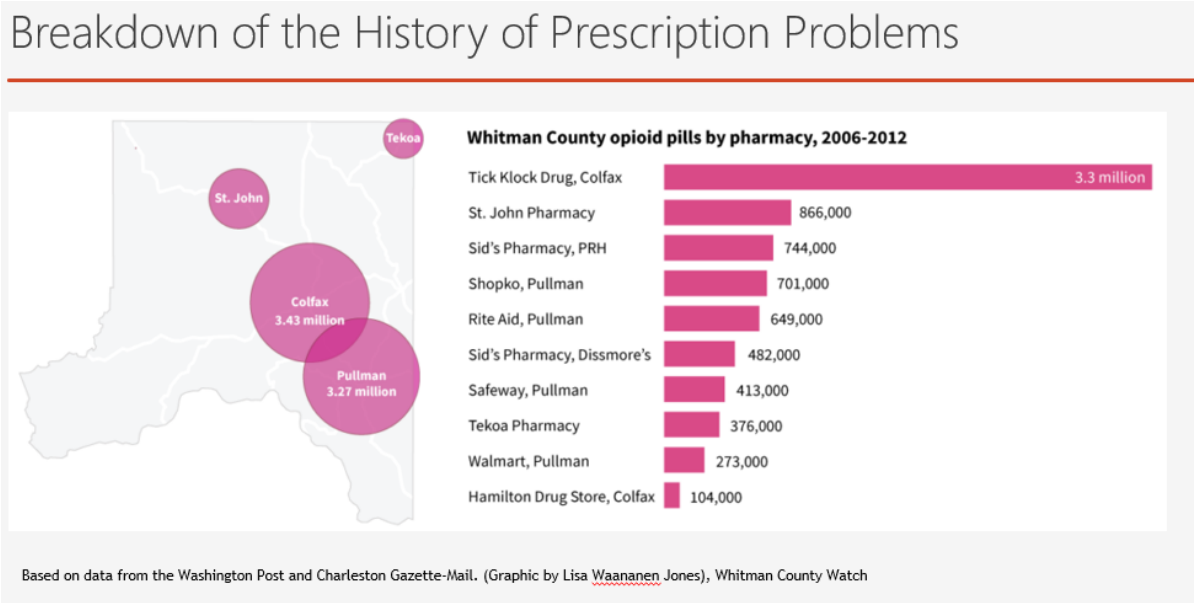
	program, less than six months old. The way results are captured are around those engaged in outpatient services.  Future goals of Whitman County ORN include establishing future plans that include external community sources such as liaisons, such as two primary suboxone prescribing establishment, EMS services, dental offices, etc.
ADJOURNMENT	
Adjournment	Meeting adjourned at 11:35am. Minutes taken by Chelsea Chapman.

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