



CPAA Consumer Advisory Committee Meeting

Meeting Summary, 3/20/19

Support and Backbone Staff: Jennifer Brackeen – *CHOICE*, Jean Clark – *CHOICE*, Madi Tanbara – *CHOICE*

In Attendance: Doug Levitt – *Pacific County*, Erin Oly – *Thurston County*, Sam Silvestro – *Thurston County*, Kurt Hoines-Brumback – *Thurston County*, Michelle Richburg – *Thurston County*, Robb Wilcox – *Lewis County*, DJ Lindberg – *Thurston County*, Bonnie West, Sara Rainer – *OURR Alliance*, Jennifer Giuntini – *OURR Alliance*, Christina Muller-Shinn – *Mason County Public Health*, Abe Gardner – *Mason County Public Health*, Beth Mizushima – *Grays Harbor Public Health*, Austin Goodman-Borgstrom – *Molina Healthcare*, Luanne Serafin – *Northwest Justice Project*

I. Welcome, Introductions, Review of Meeting Objectives

Jennifer Brackeen, Program Director at CHOICE/CPAA, welcomed the group, facilitated introductions, and provided an overview of the meeting objectives:

- CPAA Organizational Updates
- Guest Speakers: OURR Alliance
- Guest Speakers: Mason County Public Health
- Guest Speaker: Grays Harbor County Public Health
- Review Potential April Agenda Items

II. CPAA Organizational Updates

Jennifer shared updates from CPAA with the consumers, which included the following points:

Event Updates

- **February 27th** – The CPAA Regional Networking Event was attended by 68 organizations, both clinical and non-clinical, some of whom are not contracted with CPAA. This event provided an opportunity for new partnerships to form and for coordination of services.
- **April 2nd** – MTP Partner Reporting Tool Webinar will walk partners through the reporting process and data tools prior to the first quarterly report deadline.
- **April 18th** – Integrated Managed Care (IMC) Conference will provide a training opportunity for Behavioral Health Organizations (BHOs) in the region, given a new payment process. Adam Falcone will present on contracting and legal considerations.

Board & Council Updates

- CPAA's vacant board seat has been filled by Frank Wolfe, a commissioner from Great Rivers BHO (Pacific County).
- Rene' Hilderbrand, Tribal Liaison, provided an update to partners on tribal relations.
- Recent CPAA survey identified community engagement as the area in greatest need of improvement. CPAA is now identifying an improvement plan based on the data.
- Review Regional Health Improvement Plan workforce and education opportunities.
- Improve communication of CPAA's current work and projects with MTP partners.
- March CPAA Council & Board Meeting included information on capacity building funds, a presentation from ARCORA/oral health program, and conflict of interest training.



- Katie Stroyk of Lewis County Public Health shared her experience attending February's CAC meeting, including the high level of engagement as well as appreciation for the excitement and feedback received from the consumers.

Review Co-Chair Responsibilities

- The CPAA Board approved up to \$100 stipend for consumers, and board members requested further research into the role of a co-chair before approval of an additional stipend. This includes looking into the effects on professional relationships with greater funding and hours, contracting, and the co-chair's employment status.
- Jennifer worked with CPAA's operations team to discuss legal factors and drafted a Co-Chair Roles and Responsibilities document that was distributed for consumers to review.
- The co-chair will work with CPAA under an independent contract. Responsibilities for this position include attending CPAA Council meetings and events as requested, providing input on partner activities, advocating for health equity, recruiting consumers to the committee, and working with CPAA staff to develop CAC meeting agendas.
- The CPAA Board must approve all documents before a co-chair is selected.
- The CAC is still recruiting members outside of Thurston County. Currently, 3 out of the 7 CPAA counties are represented. Please contact program support (TanbaraM@crhn.org) if you would like more copies of the recruitment flyer.

Staff Updates

- Maria Noriega has been hired as the Outreach & Community Engagement Coordinator and will start April 9th. She was raised in Peru, is bilingual (English and Spanish), and has extensive experience with community education, outreach, and direct client work.
- The Outreach Coordinator will be working closely with the Navigator and Access to Baby & Child Dentistry (ABCD) Programs, in addition to facilitating the CAC and attending local forums.

Consumer Feedback

- **Q:** In regards to the Co-Chair Roles and Responsibilities document, what is meant by "bi-directional communication channels"?
- **A:** "Bi-directional communication channels" refers to reciprocal communications with the Outreach Coordinator to utilize the CPAA website and social media for promotions, community engagement, and feedback.
- Include meeting schedule in the co-chair document and the number of meetings that the co-chair would need to attend. State that meetings are a monthly commitment.

III. Guest Speakers: OURR Alliance

Sara Rainer (RainerS@crhn.org) and Jennifer Giuntini (GiuntiniJ@crhn.org) of CHOICE Regional Health Network's Opioid Response program, presented information on the Opioid Use Reduction & Recovery (OURR) Alliance.

- CHOICE and Pacific Mountain Workforce Development Council (PacMtn) have partnered for OURR Alliance's programs, which provide employment readiness and resources for individuals, support systems, and communities affected by opioid use.
- OURR Alliance serves Grays Harbor, Lewis, Mason, Thurston, and Pacific Counties.



- Enrollees are provided career tools and event opportunities through Work Source, in addition to problem-solving barriers (transportation, work attire, etc.)
 - Work Source resources are available to the public – individuals do not need to be enrolled in OURR Alliance.

Certified Peer Counselor (CPC) training

- CPC training is one of the OURR Alliance program offerings, which is critical due to the long waiting list of over 500 applicants for the training offered directly through HCA.
- 4 attendees in the room have completed the course and are certified.
- Training May 6th-May 10th in Chehalis.

Prepping Employment Plans and Possibilities for Youth/Young Adults (PEPPY)

- Employment program for high barrier youth & young adults (age 16-24) who are currently unemployed.
- Pre-employment training (UpLift), paid work experience, and supportive resources.
- PEPPY is currently recruiting participants living in Olympia and provides experience working for the city.
- Please contact Roger Jones (roger@familyess.org), Director of Workforce Development, if you are interested.

Consumer Feedback & Discussion

- **Q:** Is Work Source Medicaid billable?
- **A:** Substance use disorder (SUD) and opioid use disorder will likely be billable by Medicaid in the near future and will hopefully include CPC training. Sara will bring this question to PacMtn. Currently, there is an amendment being processed at the state level for Medicaid coverage of substance use peer utilization.

- **Q:** Do OURR Alliance services cover individuals who are underemployed?
- **A:** No, but it is still worth reaching out. Applicants must fill out an eligibility form, and one of the requirements is to have been unemployed for longer than 27 weeks or be considered a dislocated worker. OURR Alliance can connect individuals who do not qualify with other resources for employment support.

- **Q:** Do applicants need to screen drug free to participate in the harm reduction program?
- **A:** There are no current requirements for youth and young adults entering the program.

- **Q:** Are participants in PEPPY compensated for the career readiness training?
- **A:** There is a \$100 incentive for individuals to complete the course. While the training itself is not paid, participants receive valuable education and career preparation tools.

- **Q:** Does OURR Alliance work with youth organizations such as Stonewall Youth or Community Youth Services (CYS)?
- **A:** The partner application process was very competitive, and those particular organizations were not selected. OURR Alliance does have a relationship with CYS.

- Consumers noted there is a lack of Continuing Education (CE) classes offered in Thurston County for CPCs. Sara will bring this to HCA to discuss, along with the possibility of bridge training that would bring together substance use and mental health intervention.
- Consumers stated that the education requirement, along with the reading comprehension and writing skills, are exclusionary. HCA is aware, and additional support can be provided upon request. It is important to continue conversations in workgroup collaboration calls with HCA.
- Sara will provide information for consumers to participate in the HCA calls.
- Consumers added that a background check poses an additional barrier for applicants. However, this requirement is relatively lenient. It is in place because individuals participating in work programs will be in different areas of the city such as wooded areas, parks, and community centers performing maintenance. Also, certain stipulations must be in place because the programs are run through a federally funded grant.

IV. Guest Speakers: Mason County Public Health

Guest speakers Christina Muller-Shinn and Abe Gardner of Mason County Public Health presented on their organization's opioid response program.

- Washington State DOH approached Mason County with the potential of a pilot program for overdose response, including naloxone distribution.
- Push for overdose to be a mandated reportable condition by more than hospital staff, include first responders as well.
- Widespread community interest in taking next steps to address the opioid crisis. Partners from across the county, including school districts, law enforcement, state agencies, and tribal leadership came together to discuss their programs and address barriers to receiving care.
- Mason County had the 4th highest death rate from prescription drugs in the state, and the health department received a prescription drug overdose grant. This grant is through the end of August 2019, and Mason County PH has submitted a proposal for a continuation plan.
- The grant is focused on education on prescription drugs, teaching overdose response, and increasing care for individuals who are prescribed opioids to treat pain.
- Mason County PH released a substance use resource guide for the region, including inpatient and outpatient services, syringe exchange, and information on the Good Samaritan overdose law.
- Other community engagement efforts include backpack outreach on the streets, monthly naloxone distribution to local agencies through public workshops, and weekly tabling at the transit center as an access point for resources and recovery support.
- Work with local pharmacies to provide referrals when patients cannot afford naloxone due to prohibited copay.
- It is critical to involve police, jail staff, and first responders in the conversation, especially due to Mason County being a rural community. Certain areas are harder to access, and first responders are not always the fastest to arrive on scene.
- Mason County PH not only tracks overdose numbers, but also follows up with cases of reported overdose to provide support. Data has only been tracked for the past 2 years, and Mason County PH has continued outreach to determine more accurate overdose

numbers, since numerous cases go unreported. It is important to focus on relationship and trust-building with a non-judgmental approach, since some community members are hesitant to access social services or have had negative experiences at certain agencies.

- CPAA provided funding for the first mobile syringe exchange in the county, through an RV that parks at the local food bank, tribal reservation, and Shelton Park & Ride.
- The mobile exchange is important for providing harm reduction tools and connecting with people facing transportation barriers or individuals who do not traditionally access social and medical services.
- Mason County's opioid response programs are also accessible to friends and family affected by a loved one's substance use.
- Over 1000 naloxone kits have been distributed to date, and Mason County has received high praise from the police chief for the organization's work to reduce overdose deaths and for being a model to others in harm reduction strategies.
- There has been significant progress made in recent years, since Mason County is a historically conservative community and there has been some resistance against the harm reduction approach. It is critical to continue to reach out and challenge traditionally-held beliefs through education.
- Mason County PH representatives would like to come back to a future CAC meeting to provide updates as programs are developing and expanding to include consumer voices.

V. Guest Speaker: Grays Harbor County Public Health

Beth Mizushima from Grays Harbor County Public Health & Social Services presented on the organization's syringe services program.

- Board of Health meeting convened on Friday, March 15th, for a workshop to discuss projects within the community.
- Naloxone is distributed on an RV that travels throughout the county.
- One of the commissioners was strongly opposed to the syringe exchange program and did not want services to continue.
- One year ago, Grays Harbor conducted a program evaluation to gather feedback from clients. Community members had expressed concern regarding inappropriate disposal of syringe resources. A proposal to label syringes did not gain traction, so Grays Harbor continued to work with BOH members to find solutions.
- December 2018 – County took action to end syringe exchange services by June 30th, which created tension within the medical community.
- BOH discussed the possible ramifications of ending the syringe program, and the Grays Harbor community rallied together in support of maintaining services.
- Resolution rescind planned for April, and request for Grays Harbor to reassess harm reduction work to fit with best practices.
- Clients and partners of the syringe program would like to see an expansion in site locations across the area. However, the RV is small, old, and in need of replacement to meet the community's needs.
- Mobile Mondays are very popular in the community, the RV is located in a known spot, and clients have rapport with staff. Services include testing, wound care, and other wrap-around services in a non-judgmental setting.

- Beth posed the following questions to consumers:
 - Healthcare providers are wanting to enrich the syringe services offered, which is currently run through the public health office. Would a collaboration or takeover be more effective?
 - Grays Harbor has started naloxone education in addition to syringe exchange, with the possibility of coordinating hot hand offs and co-locating/partnering with a low-barrier MAT program. Would be the pros and cons of a brick-and-mortar vs. continuing operations with the RV?
 - Potential clients may not come in to a brick-and-mortar location due to barriers such as lack of transportation, social stigma, etc. It is important to meet people where they're at to build trusting relationships before being referred to other services.
 - An RV is essential to a rural community, since some areas are remote and more geographically difficult to access.
 - A brick-and-mortar location would involve a risk communication plan to discuss ideas, infrastructure, and identifying any barriers with co-locating services.
 - A mixture of both brick-and-mortar and RV would be ideal.
 - The Confederated Tribes of the Chehalis Reservation has restrictions in their ability to provide needle exchange and MAT services.
 - Attendees suggested bringing services closer to the reservation, and Grays Harbor has been communicating with Denise Walker, Chehalis Tribal Health Director.
 - Attendees have experience working with mobile medical groups, and suggested contacting local storage units to see if there are any RVs available for donation.

VI. Review Potential April Agenda Items

Jennifer presented tentative items to include in next month's meeting agenda. Consumers expressed interest in extending meetings an additional 30 minutes to be a full 2 hours, starting next month. The following agenda items were presented to the group:

- Partner Review: Olympia Pediatrics and YWCA of Olympia
- Review CPAA Consumer web page
- Re-visit committee co-chair agreement
- Discuss set milestone of a full committee