



CPAA Consumer Advisory Committee Meeting

Meeting Summary, 2/20/19

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

In Attendance: Doug Levitt – *Pacific County & Great Rivers*, Erin Oly – *Thurston County*, Sam Silvestro – *Thurston County*, Michelle Richburg – *Thurston County*, Kurt Hoines-Brumback – *Thurston County*, Robb Wilcox – *Lewis County*, Carlos Mejia Rodriguez – *Molina Healthcare*, Cole Meckle – *Gather Church*, Katie Strozyk – *Lewis County Public Health*, Kevin Haughton, M.D. – *Physicians of Southwest Washington*

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 Speaker: Gather Church
- Guest Speaker: Lewis County Public Health
- Review March Agenda Items

II. CPAA Organizational Updates

Jennifer reviewed CPAA updates with the group, including the following points:

- CPAA Workgroups will be shifting to a Regional Learning Collaborative structure, starting in May. More information to come.
- CPAA Council & Board meetings were cancelled due to inclement weather and rescheduled to March 14th.
- Olivia Reed (Pathways Coordinator) started in February, and will be supporting Michael O’Neill as the HUB continues expanding care coordination throughout the CPAA region.
- Better Health Outcomes Summit: March 21st at the Lacey Community Center.
 - Hosted by CPAA to share process improvement and QI tools. Featuring a keynote speaker from the Virginia Mason Institute. [Click here to register.](#)
- Community and Outreach Coordinator position is still open, please share the job posting, [linked here.](#)
- CHOICE/CPAA CEO Jean Clark attended her first CAC meeting, and will attend future meetings when possible.
- The CAC welcomed new member Robb Wilcox from Lewis County, who has experience with community work and looks forward to participating in the committee.

III. Guest Speakers: Gather Church

Cole Meckle of Gather Church shared information about the church and how it has partnered with CPAA to grow its community-based work in Lewis County.

- Gather Church has served Centralia for the past 8 years, which has historically been an underserved and close-minded community with limited access to resources.
- Cole has experience working with individuals overcoming addiction, and Gather Church has focused on populations facing poverty, homelessness, & substance use disorder.

- The church intends to be an organization that reaches out to provide support and resources with no strings attached.
- Gather has worked with CPAA as a non-clinical partner, providing relief for individuals' most immediate needs and coordinating care with local agencies.
- As a non-traditional provider, organizations such as Gather Church supports the community and builds relationships differently than clinical healthcare providers, often facilitating a warm hand-off to other community resources.
- Most private funding is from the congregation and community contributions.
- Gather seeks to establish long-term relationships, which includes meeting people where they're at and providing support in seeking treatment.
- Opened a non-profit café, similar to a soup kitchen while maintaining personal dignity.
- The café serves upwards of 800 meals each week, and acquired additional space to provide a clothing bank and day/evening shelter.
- Harm reduction approach, including Naloxone distribution.
 - 100 naloxone kits have been distributed since receiving the kits 6 months ago, staff know of 3 kits that have been administered.
 - Distribute kits to the café and area agencies that regularly come into contact with individuals facing substance use disorder.
- Engage with community that does not think highly of harm reduction measures to create dialogue and provide education about why these measures are effective and needed – involve local leaders and law enforcement.
- Gather Church is the first and only non-pharmacy based agency to distribute Naloxone in all of Lewis County.
- Gather was connected with CPAA through Malika Lamont, former Opioid Response Program Manager, following the Opioid Task Force meeting.

Consumer Discussion & Feedback

- Consumers had initial skepticism towards CPAA funding going towards a church, however hearing about Gather has provided a new perspective, and further trust was built with Malika's approval as a personal mentor.
- **Q:** Who else in Lewis County has Naloxone kits?
- **A:** Law enforcement, first responders, and Housing Resource Center staff via the Coordinated Entry program
- **Q:** What is the congregation size? How are church funds allocated?
- **A:** The average service attendance is 50-100 people. Most years, the church has operated without paid staff and have received resources from partners, such as the Thurston County Food Bank.
- Food assistance often requires proof of residency, while Gather Church continually turns down resource requirements, since many recipients do not have a stable address.
- Food banks often receive excess donations from food service warehouses that they are not equipped to handle, which are then sent to organizations such as Gather Church.
- Gather does not wait for a financial response to an identified need. Instead, staff seek other means to receive resources (donations, volunteers, etc.)
- **Q:** Are recipients of Gather's services encouraged to attend church?

- **A:** Church attendance is only extended as an offer, and is never pressured or presented as an expectation to receiving services. Many attendees participate for the sense of community, and are not Christian/do not necessarily have a theological connection, and are still welcomed.
- Coffee is always available, and warm meals are provided during scheduled times for people to come together, which encourages a sense of community.
 - Similar program in Bremerton called The Coffee Oasis, which is also faith-based.
- MTP information & communication with providers was slow to reach Gather Church, but has improved in recent months.

IV. Guest Speaker: Lewis County

Katie Stroyk of Lewis County Public Health & Social Services spoke to consumers about current projects addressing opioid use, and partnership with the local sheriff's department.

- The health department (HD) does not provide direct service. Rather, staff facilitates contracts and program development with partners who do the hands-on work.
- HD rallies together faith-based organizations, who have continued essential work addressing substance use and homelessness.
- Convened an Opioid Task Force consisting of a dozen community partners, including Gather Church, law enforcement, local prosecutor, and treatment centers.
- Opioid Forum planned for March or April to share the work of non-traditional organizations and shared lived experiences.
- HD provides oversight of law enforcement's Naloxone program.
- All officers carry Naloxone in their patrol cars, as they often reach the scene before EMS.
- 13 recorded overdose reversals in less than a year and a half.
- March – Suboxone program in Lewis County jails, intended for individuals entering jail with active drug use to begin the detox process in jail.
- Recovering inmates are offered Suboxone through a community telehealth partner, allowing Skype conferences with a licensed provider.
- Resource referral to surrounding counties, including Thurston no barrier clinic.
- Consideration of Subutex, which is a lower-cost drug, and if administered in jail would provide a safer, more controlled environment.
- Lewis County has developed a handout listing safe drug disposal locations, as well as info cards & radio PSA about the Good Samaritan Law.

Feedback & Discussion

- CPAA funding is contracted to the NP who will oversee MAT programs. A discount for services is provided due to this partnership, and services are billed at a flat rate.
- **Q:** Will the nurse practitioner be employed through a partnering clinical organization, or through the jail?
- **A:** There is a contract with NaphCare, an organization that provides 24/7 on-site medical care in correctional facilities nationwide.
- Telehealth has come a long way, and has the potential to be a useful tool to expand CPAA's services in an affordable manner across the region.
- **Q:** Once patients are stabilized in jail, what is the process upon their release?

- **A:** Patients can be referred to continue their Suboxone prescription, which serves as a bridge until they can see a provider, and provided connections to local resources.
- Suboxone treatment is not widely accepted, and presents an additional cost to on-site care. This could create a gap in care if funding is not available, as Medicaid is suspended upon incarceration.
- The state legislature is funding measures to continue MAT programs.
- Lewis County will track metrics to demonstrate the program's success and provide opportunities for future grant funding.
- Hepatitis C is one of the leading causes of death by infectious disease, with active drug users considered a high-risk population.
 - The Chehalis Tribe is currently working on a Hep C project and had their first successful patient test negative – possible partnership opportunity.
 - When patients on HIV medication are co-infected with Hep C, there is only one, more costly medication available.
 - Gather Church is interested in a needle exchange program, and is learning from experts on how to approach the community.
- **Q:** What are some identifiable needs in local communities regarding behavioral health (BH) or opioid resources?
- **A:** Limited providers for patients on Medicaid, accessibility, and transportation.
- Centralia & Chehalis have 5 Medicaid-specific providers, 2 are dual-licensed for mental health and substance use, and often have assessments & same day appointments.
- BHOs must authorize a patient who is seeking treatment out of county.
 - Not an immediate process, often takes multiple days.
 - From shared experience, most inpatient/detox programs often have at least one available bed, while some waiting periods were longer.
 - Patient processes depend on how the BHO facility is contracted.
 - Statistics often come from the ER, as it is more difficult to capture numbers out in the community.

V. Review March Agenda Items

Jennifer presented tentative items to include in next month's meeting agenda.

- Partner review: Mason County Health Department, syringe exchange program
 - Guest speakers from Mason and Grays Harbor County – share successes, barriers to care, and trends.
 - Update on mobile exchange programs
- Opioid Use Reduction & Recovery (OURR) Alliance
- Development of a Health Equity Dashboard
- Continue CAC recruitment, recruit co-chair once a written agreement has been developed and there is increased, more diverse attendance.

Action Items:

- Send out information on upcoming CPAA events and an electronic copy of the recruitment flyer.
- Share Indeed job posting for Community Outreach Coordinator.
- Follow up with Opioid Response program on future meeting attendance.
- Clarify processes for accessing services and patient turnaround (particularly cross-county) with BHOs, in addition to sharing consumer concerns.