



Holistic Care Models for People Who Use Drugs

Everett Maroon, MPH, Blue Mountain Heart to Heart;
Cole Meckle, Gather Church



Cole Meckle, MDiv

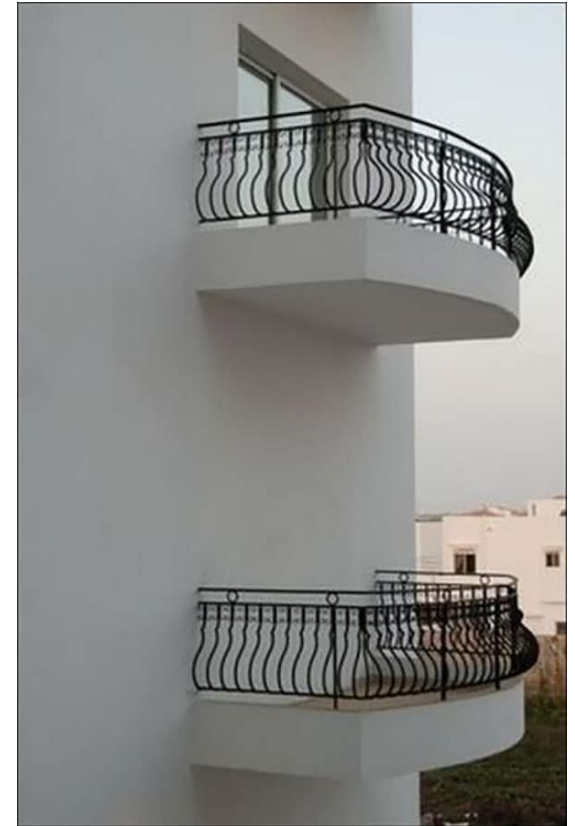
- Founder of Gather Church and Gather Community Services in Centralia
- Provides “Health Hub Light” Low-Barrier MAT/MOUD, Behavioral Health Care, Primary Care, Case Management
- Recovery Café, Housing and Employment Services, Food Security, Early Childhood Learning, Parenting Education
- 17 years experience in field



Accessibility Issues



**Our Health Care
systems are built
with accessibility
issues.**





Accessibility Issues

The higher the acuity the harder the access



Accessibility Issues



Those with the greatest need face systems that seem intended to keep them out.





Accessibility Issues



Those with the greatest need often meet walls just when they get started.





Accessibility Issues



Those with the greatest need often meet barriers along the way.





Health Hub Model

Traditional vs Supportive Low-Barrier Care

Traditional	Supportive Low Barrier
Discharged after 2-4 missed appointments.	Unlimited number of returns after absence - accountability without termination
Extended wait times – limited to no drop-in	Short wait times- most often same day
No drop in for follow-ups	Follow-up scheduled and drop-in
Little to no support between appointments	Care navigators available for support including outreach efforts
Support	Care navigator, nurse, provider contact + care coordination/wrap around care
Typically single service	MAT/MOUD, Primary Care, Testing, Wound Care, Counseling, IOP
Often stigma	Open acceptance
Historically disqualified for poly-substance use	Client sets treatment goals
Dosage restrictions	Dosage based current best practices



Health Hub & Harm Reduction Approach





Workplace Culture



Workplace Culture and Care Culture

You cannot expect care staff to offer compassionate care if they are not led with compassion.

Health Engagement Hub Program Preparation & Launch



“The Little Nonprofit that Does a Lot”
Everett Maroon, MPH, Executive Director, Blue Mountain Heart to Heart



History

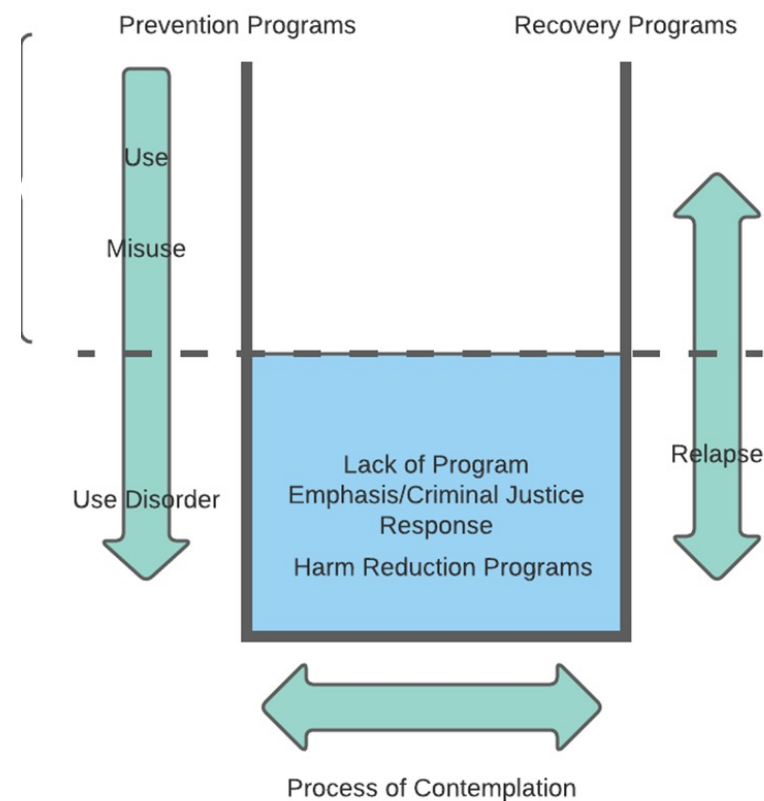


- Founded in 1985, 16 original board members
- Incorporated as 501(c)3 in 1991
- Early work providing death with dignity due to complications from AIDS
- More than 250 individuals died locally due to HIV, mid-1980s to mid-1990s
- 1998 syringe exchange opened
- 2013 board retreat to expand our mission & programming to include substance use crisis response



Funding Priorities & Harm Reduction Programs

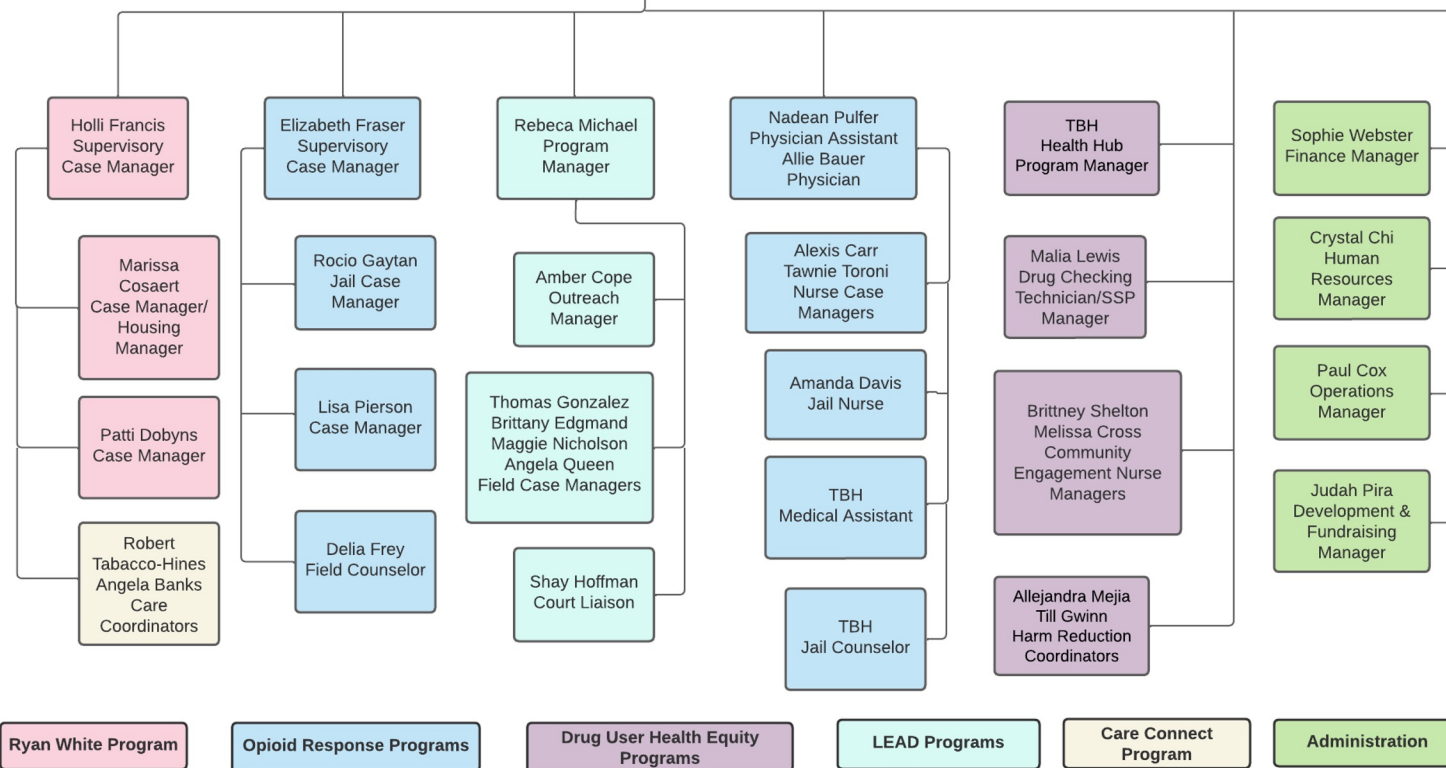
- In the last decade and more, public funding around opioid crisis response has prioritized prevention programs and recovery programs, with health insurance as the mechanism for much of the treatment space.
- This has de-prioritized people who use substances and who may not be interested in reducing or stopping their use.
- These are often the same people who due to stigma, also don't access traditional health care providers.



BMHTH Organization

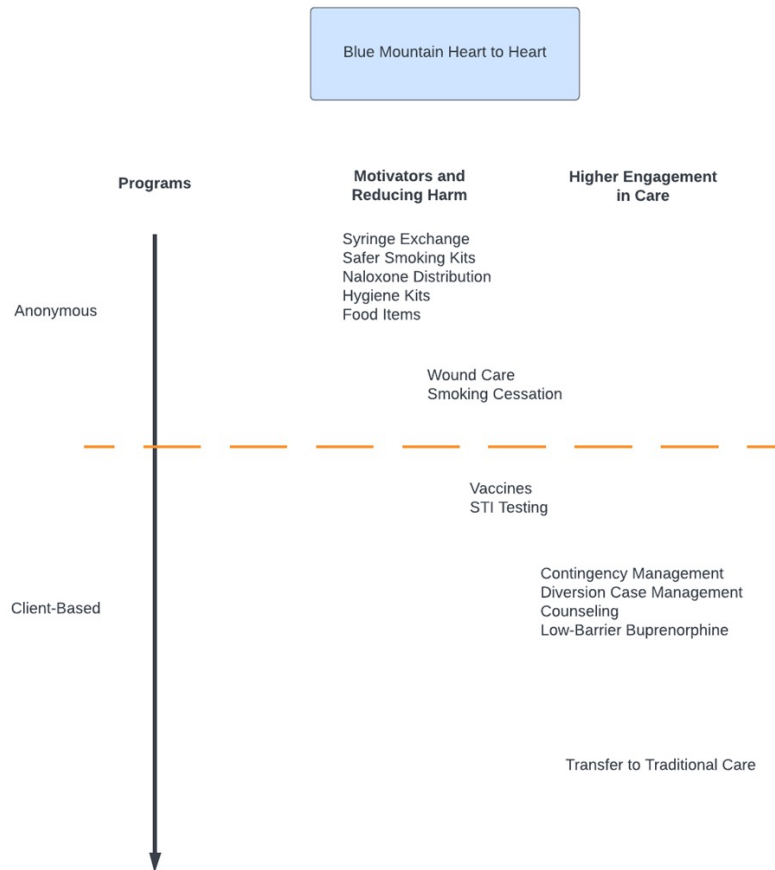
Executive Director

April 2024



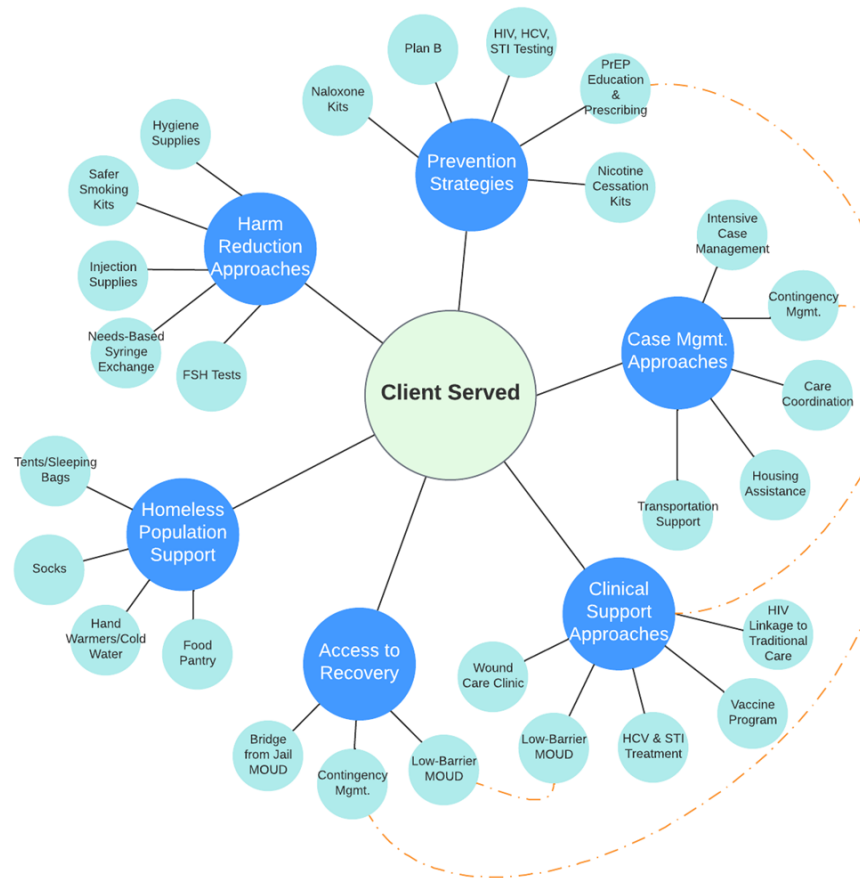


Program Strategy Across Models of Care





No Wrong Door Approach





Rural Models of Care

Models of Care in Rural Areas for Stigmatized Populations

- Medication-Assisted Treatment Models
- Behavioral Therapy Models
- Harm Reduction Models
- Care Delivery Models
- Peer-Based Recovery Support Models
- Prevention Models

Source: <https://www.ruralhealthinfo.org/toolkits/substance-abuse/2/program-models>



Health Engagement Hub Award

**Two inaugural
awardees:**

BMHTH &
HealthPoint Auburn

Service	Activities	Provider Organization(s)
Medication-Assisted Treatment	Buprenorphine prescribing (outpatient Suboxone, Subutex, and Sublocade) Case management Care coordination Linkage to primary care Wraparound care (transportation support, nutritional assistance, housing assistance)	BMHTH
	<i>Methadone prescribing</i> (outpatient, daily dosing)	BMHTH in satellite agreement with regional OTP
Contingency Management	Contingency management Case management Care coordination Linkage to primary care	BMHTH
Primary Care (General Internal Medicine)	<i>Annual physical evaluations</i> <i>Related blood lab work, screenings (limited blood work is already offered)</i> Preventive care HIV and STI testing and treatment, HCV testing and treatment <i>Management of chronic conditions</i> Vaccinations (influenza, hepatitis A/B, shingles, tetanus, RSV, COVID-19) Wound care, basic	BMHTH Incyte Diagnostics
Reproductive Health Care	<i>Contraception education and prescribing</i> <i>Family planning</i> <i>Pelvic and vaginal exams</i> <i>Breast cancer screening</i> Pregnancy testing and comprehensive options counseling	BMHTH
	<i>Emergency contraception</i> <i>Pregnancy termination</i>	Planned Parenthood of Walla Walla
Mental Health Care	Individual Counseling (non-prescribing) Case management Care coordination, linkage to medical services Linkage to higher-level mental health services	BMHTH
	<i>Medications and medication management for mental health</i>	Blue Mountain Health Cooperative



Health Engagement Hub Planning

- Extension of current low-barrier treatment services
- Demolition and renovation of newly purchased 14,400 sq. ft. standalone building
- Hire of physician, SUDP, non-medical program manager
- Hire of part-time nurse for Clarkston
- Partnership with Planned Parenthood





Program Launch Details

- Opens in fall 2024
- Supporting people not currently in primary care or our established MOUD clients
- Primary care services, preventive care
- Wraparound services (e.g., housing assistance, mental health counseling, nutritional support)
- Handoffs to traditional providers when ready



How will we sustain it?

- Initial contract with HCA, \$1.66M through December 2025, additional contracting afterward
- Fee-for-service billing as a BHA and MMO provider
- Medium-term financing for capacity and facility improvements





Keys to Success

- Knowing when to promote and when to fly under the radar
- Great data collection and data quality standards, baked into our work
- Build and protect a reputation of excellence (by doing excellent work!)
- Leveraging support locally, at the state, and nationally





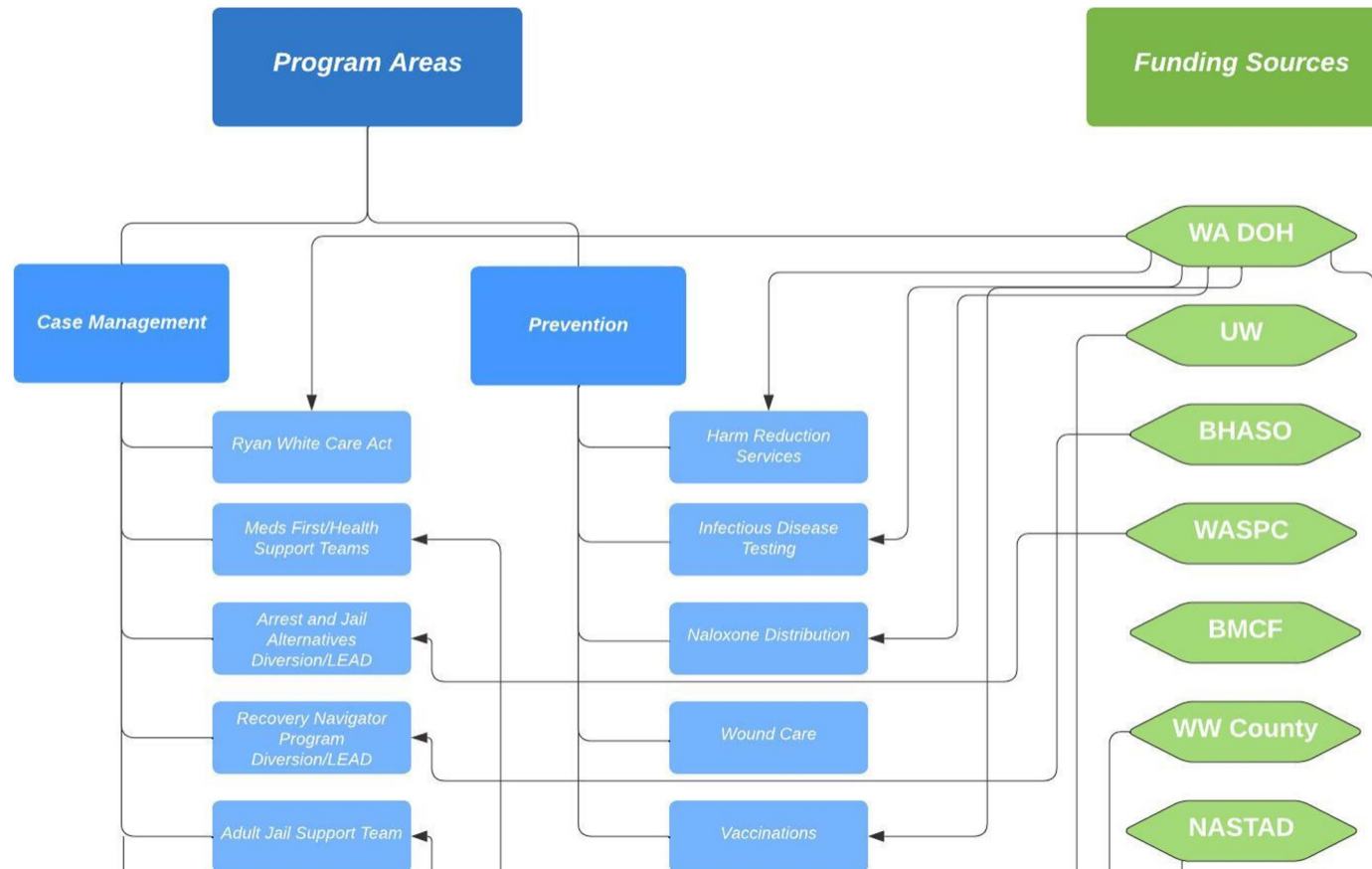
Keys to Success

- Decision making rubric for adding services or programs:
 - Mission-centered?
 - Fills a gap?
 - Compatible with our other services?
 - Risk level to deliver this service?
 - Value: if we **can** do it, we **should**



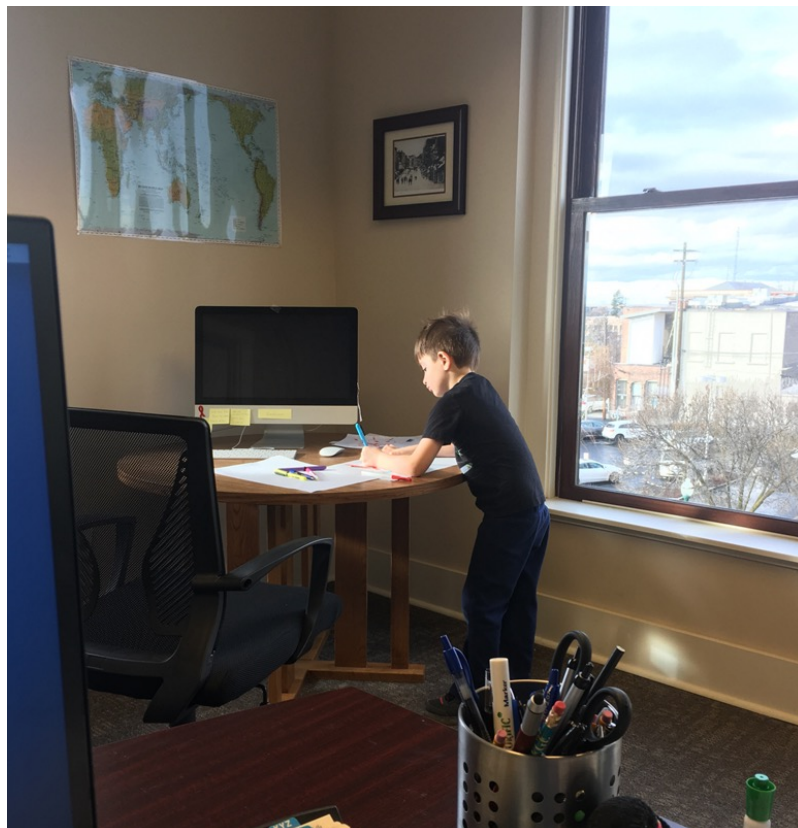


Funding Flow





Questions?





Grief and Loss Supports

Brian Richardson, Recovery Cafe, Port Townsend;
Ronnie Grigg, Zero Block Society



Communal Grief

Experiences from Recovery Café Jefferson County



Our Recovery Community

- Rooted in shared beliefs, values, principles, rituals, traditions
- Our own culture
- Spiritual in nature





Our Rituals

Every day we gather we remind ourselves of our shared beliefs and values

- Before lunch, we ring a gong and ask, “What does Recovery Café mean to you?”
- **Everyone is in recovery from something**





Guiding Principles

To create a safe community in which all are valued, we will strive to...

- Connect with divine Love in ourselves and others
- Show respect
- Cultivate compassion
- Practice forgiveness
- Encourage growth
- Give back





Implicit Beliefs & Spiritual Crisis

In addition to stated beliefs, we develop implicit beliefs about our recovery community...

When we experience tragic loss, it can cause a spiritual crisis...





How do we grieve?

We turn to our community's strengths:

- Cultural beliefs, values, principles
- Rituals and traditions
- Make meaning





Zero Block Society

The mission of Zero Block Society:

**ZERO
BLOCK
SOCIETY**

**Support harm reduction efforts addressing the opioid crisis
by supporting front line workers
in a climate of reconciliation and community well-being.**



Zero Block Society

Love in the Time of Fentanyl

Misfits, artists, and drug users run a renegade safe injection site in Vancouver, Canada, saving lives in a community ravaged by the overdose crisis.

FUNDING INITIATIVE
Open Call



ISSUE 01:
THE VANCOUVER SPECIAL

www.folklorezine.com



Zero Block Society

Support the work. Support the workers.

Contact: ronnie@thezeroblock.org

www.thezeroblock.org

**ZERO
BLOCK
SOCIETY**





Lunch Break



Transforming Our Communities | 2024



Community Innovations for Field Buprenorphine Induction

Jeremy Hoog, Downtown Emergency Services Center;
Dr. Allison Berry, Clallam and Jefferson County Depts of Health;
Jon Ehrenfeld, Seattle Fire Dept



Sublocade at DESC

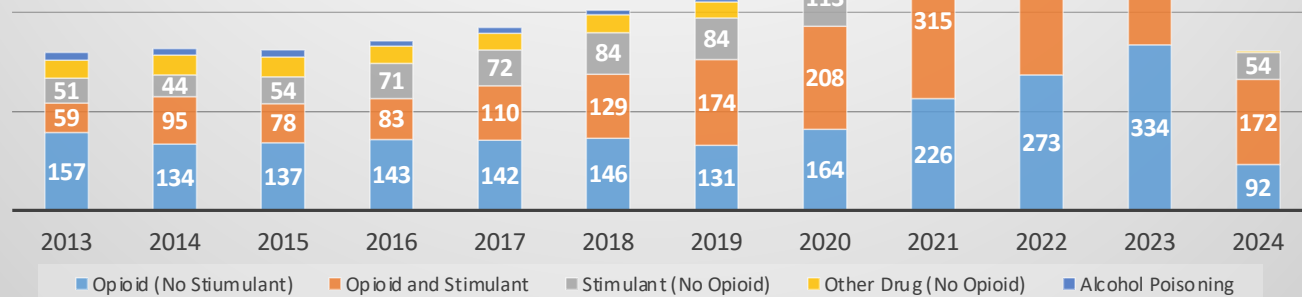
Jeremy Hoog, RN, MA



DESC Clients

- Living unhoused
- Living in PSH
- Living in shelters
- Severe OUD Dx
- Mental health Dx
- History of MOUD
- History of trauma

King County Overdose Statistics 2023





What is Sublocade

- Extended-Release buprenorphine injection
- Injection occurs every 28 days
- Given in the abdomen
- The injection leaves a lump that dissipates in 3-6 months
- 4+ months to a therapeutic level



Sublocade Outreach

- Medication transported in medical grade coolers
- Induction can be difficult
- Injection given at the client's residence
- The most comfortable place is home



Sublocade & Harm Reduction

- Many of our clients continue to use fentanyl but ***‘DO NOT OVERDOSE’***
- Sublocade offers **choice over time**
 - Relapse is a symptom of OUD, a client working towards abstinence from opioids can relapse without overdosing
 - And if abstinence is not the goal – clients receive tremendous overdose protection from Sublocade



Questions?



Break



Break Time

Transforming Our Communities | 2024



Adolescents and Fentanyl

Dr. Jasmin Zavala, Sea Mar, Des Moines;
Seth Welch, Recovery High School,



Adolescent Substance Use: A Risk Reduction Model for Care

Jasmin N. Zavala, MD, MPH

Medical Director, Sea Mar Adolescent Medical Clinic



Sea Mar Adolescent Medical Clinic

- **2019:** parents and patients expressed an interest in adolescent substance use disorder (SUD) services that included support for Spanish Speaking families.
- **2020:** during COVID lockdown demand for adolescent SUD and medications for opioid use disorder (MOUD) services increased.
- **2021:** Sea Mar Adolescent Medical Clinic started a formal SUD program including Adolescent MOUD and SUD Counseling.





Sea Mar Adolescent Medical Clinic

Currently:

- 50+ total adolescents received/receiving **MOUD** services (ages range 13-21)
- Majority identify as BIPOC
- Majority are at/under federal poverty level
- Majority referred from a residential substance use program
- Almost all participants in MOUD care are engaged in SUD counseling and/or SUD peer groups
- Most have an adult or parent/guardian become part of the care team





Why do we see substance use during adolescence?

- Adolescence is typically the time when use develops.
- Currently, around 6 to 9% of adolescents using opioids will go on to develop opioid use disorder within 6 to 12 months (Borodovsky JT, 2018).
- Less than 3% of adolescents in outpatient or inpatient SUD programs receive medication for OUD (Borodovsky JT, 2018).
- Further disparities exist for non-Hispanic (NH) Black and Latinx adolescents. When compared to NH White adolescents, NH Black and Latinx adolescents are even less likely to receive medication for OUD (Hadland SE, 2017).

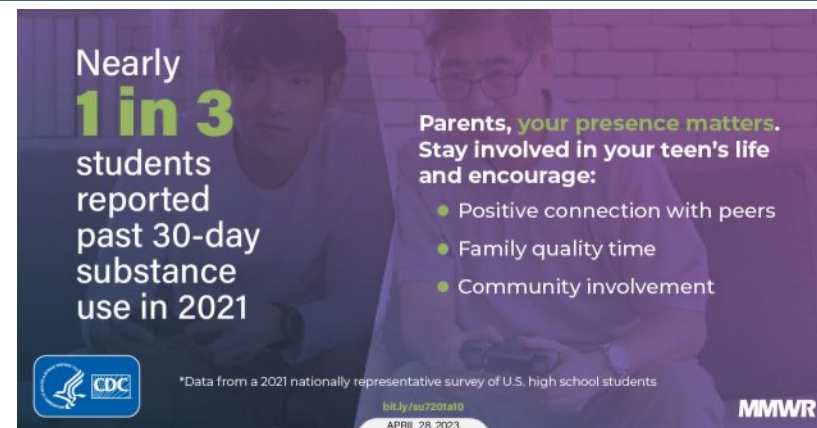


FIGURE. Prevalence of current* co-occurring substance use among high school students who reported any current substance use* — Youth Risk Behavior Survey, United States, 2021

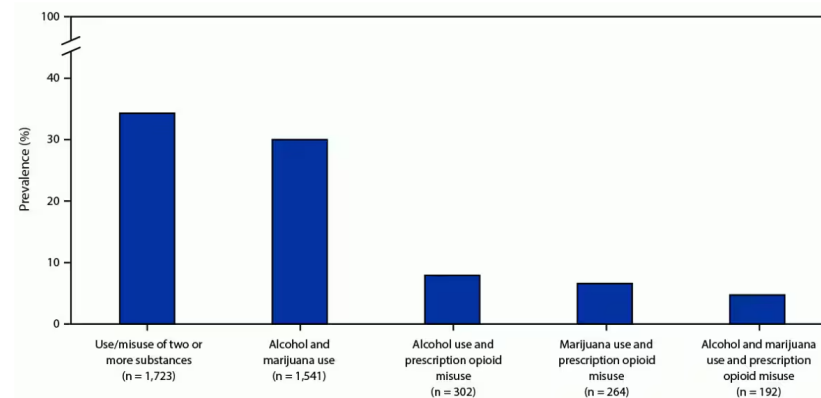


Photo Credit: https://www.cdc.gov/mmwr/volumes/72/su/su7201a10.htm?s_cid=su7201a10_w

Current co-occurring substance use



Why do we see substance use during adolescence?

- As a result, the majority of adolescent OUD treatment programs rely on detoxification which can lead to increased risk of overdose and poor retention rates in these programs (Camenga Deepa R., 2019).
- A call to action was recognized in 2016, when the American Academy of Pediatrics released a policy statement recommending treatment of adolescent opioid use disorder (OUD)

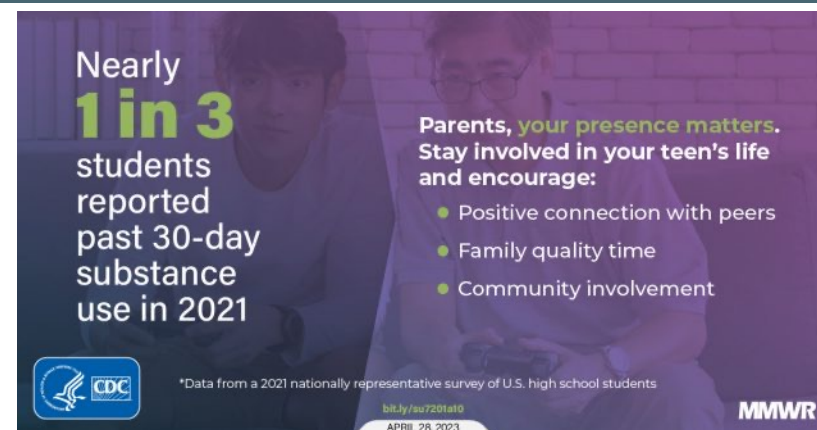


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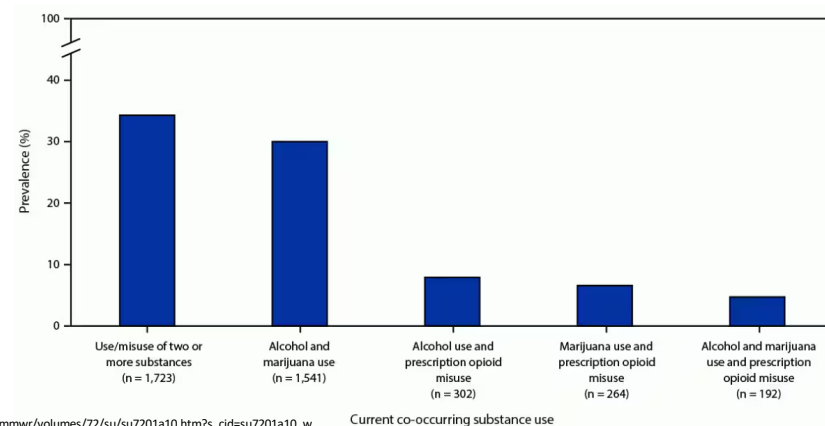


Photo Credit: https://www.cdc.gov/mmwr/volumes/72/su/su7201a10.htm?s_cid=su7201a10_w



Why is MOUD not widely offered?

- Most providers (including pediatricians) did not receive training in management of adolescent substance use.
- Most adolescent subspecialty programs do not include training on identification or management of OUD.
- Addiction subspecialty programs have historically focused on adult care.
- Historically Waiver X limited access to prescribers, since its removal uptake amongst providers has been slow.
- There are no existing long-term studies on the risks of buprenorphine use for OUD on the adolescent brain, however, waiting on these would be inappropriate given the significant health risks associated with chronic opioid use including risk for overdose and death (Camenga Deepa R., 2019).



Sea Mar Adolescent Clinic Approach

- **Screening**

- Substance Use
 - Types (modalities, duration, frequency)
 - Reasons for use
 - Behaviors around or during use
- Co-occurring diagnoses: anxiety, depression, PTSD, eating disorders

- **Avoid abstinence-only language**

- **Always prescribe Narcan regardless of substance being used**

- **Medication management:**

- Opioid use disorder
- Alcohol use disorder
- Methamphetamine use disorder
- Nicotine use
- Co-occurring diagnoses



Sea Mar Adolescent Clinic Approach

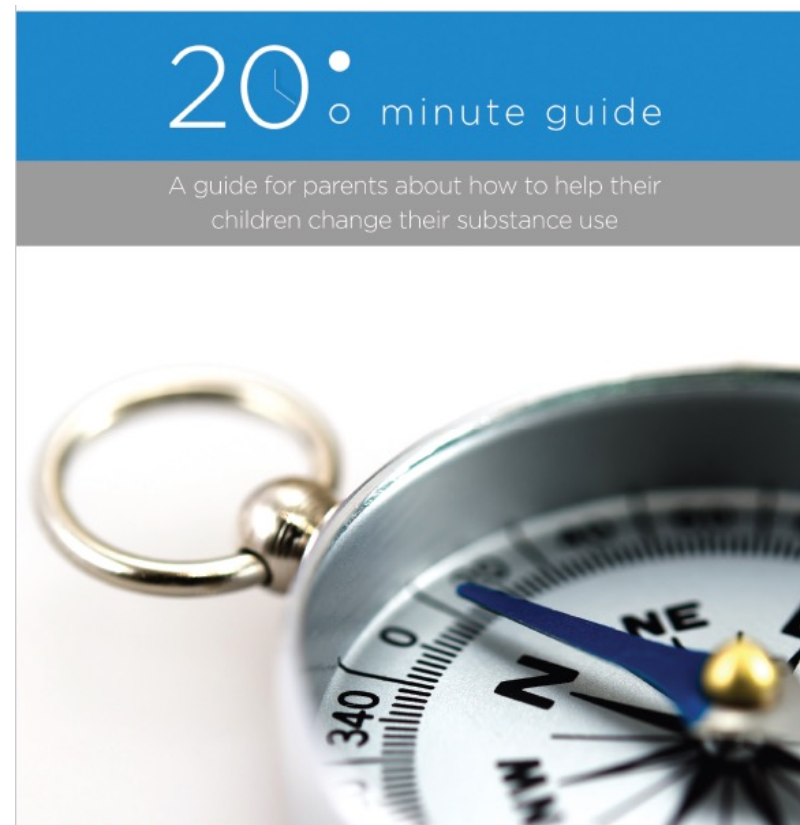
- **Overdose Education and Prevention**
(discussed with patient and supportive caregivers or guardians)
 - Never use alone
 - Keep your phone charged and ON
 - Add emergency contacts on your phone
 - Use a fentanyl test strip to test your substance(s) of choice
 - Always carry Narcan
 - If you feel “off” or very tired or have challenges breathing, Narcan yourself
 - Don’t hesitate to call 911



Resources for Parents

Center for Motivation and Change developed a guide that provides parents with tools on:

- Goal setting
- Self care
- Communication
- Avoidance of enabling behaviors
- Managing substance use in the home with positive reinforcement and natural consequences





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Interagency Recovery Academy

THE RECOVERY ACADEMY - WASHINGTON'S ONLY SOBER PUBLIC HIGH SCHOOL

Seattle Public Schools' Interagency Recovery Academy

“The Recovery Academy gave me a place to fit in and find comfort in a sober lifestyle that not many people my age were doing. It gave me an environment where my ideas were valued, and my problems met with solutions rather than dismissal.”

Academic Support

- ▶ A combination of classroom instruction and online learning
- ▶ Small class sizes
- ▶ Credit Retrieval
- ▶ Running Start opportunities and job readiness assistance

Recovery Support

1. Individualized recovery plans
2. On-site substance use counseling and sober support groups
3. Positive pro-social recovery community
4. Referrals to mental health and other resources

Approach

The Interagency Recovery Academy is for high school students in grades 9–12 who are actively working toward their academic, career, and recovery goals. Within a student-centered environment, the program promotes the Four Dimensions of Recovery: Health, Home, Purpose, and Community.

Daily recovery groups build shared accountability among students who support each other as they progress through key milestones of sobriety. The school also partners with community organizations who provide additional resources to students and families after school.



Recovery Academy Enrollment Process

- ▶ Year-round enrollment open to students in grades 9–12
- ▶ Voluntary program for students whose goal is to maintain sobriety
- ▶ Prospective students meet with a staff member where they may ask questions and discuss how the school might meet their needs.
- ▶ During the initial visit, prospective students meet with a staff member and may ask questions and discuss how the school might meet their needs.

What It's Like Being a Recovery Academy Student

Being in recovery means that students are building sober lifestyles in and out of school by cultivating connections with peers, engaging in fun prosocial activities, and being a presence in the recovery community. **More than half (51%) of Recovery Academy students have more than one year of recovery following initial enrollment.**



Graphic is based on SAMHSA's 4 major dimensions of recovery: <https://www.samhsa.gov/find-help/recovery>

Contact Information

TO SCHEDULE A VISIT TO THE RECOVERY ACADEMY

Seth Welch, MSW, SUDP
Student and Family Advocate
206-947-1532

Eric Mansfield
Recovery Academy Campus Lead
206-252-1812

FOR INFORMATION ABOUT INTERAGENCY ACADEMY

Bjorn Danielson
Assistant Principal
206-659-2982

FOR MORE INFORMATION ABOUT THE RECOVERY ACADEMY

Jessica Levy, MSW
Outreach Coordinator
jlevy@seattleschools.org



Traducción disponible en español. | Có bản dịch tiếng Việt. | 简体中文. | འཕྲིན་འཁོར་འདྲི་འཁོར་། | Turjumaada ayaa lagu heli karaa Soomaali.



Thank you for joining us!

