

VERDANT HEALTH COMMISSION  
PUBLIC HOSPITAL DISTRICT NO. 2 OF SNOHOMISH COUNTY, WASHINGTON  
BOARD OF COMMISSIONERS  
Regular Meeting  
A G E N D A  
April 24, 2019  
6:00 p.m. to 8:00 p.m.

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	<u>ACTION</u>	<u>TIME</u>	<u>PAGE</u>
A. Call to Order	---	6:00	---
B. Approval of the Minutes			
a) March 27, 2019 Board Meeting	Action	6:01	1-5
C. Executive Committee Report	Information	6:02	---
D. Moss Adams 2018 Financial Audit presentation	Information	6:03	---
E. Snohomish Health District Burden of Disease Report	Information	6:15	6-7
F. MyStrength website demonstration	Information	6:45	---
G. Superintendent Report			
a) Approve 2019 Goals	Action	7:15	8-9
H. Finance Committee Report			
a) Review financial statements and cash activity	Information	7:20	10-13
b) Authorization for payment of vouchers and payroll	Action	7:25	14
I. Program Committee Report and Recommendations			
a) Conflicts of interest	---	7:30	---
b) Program investment recommendations	Action	7:35	15-16
c) MyStrength next steps	Action	7:45	---
d) Update on hunger/health opportunities	Information	7:50	17
e) Verdant community wellness center update	Information	---	18-19
f) Verdant multicultural program update	Information	---	20
J. Marketing Report	Information	7:45	21
K. Public Comments (please limit to three minutes per speaker)	---	7:50	---
L. Commissioner Comments	---	7:55	---
M. Adjournment	---	8:00	---

PUBLIC HOSPITAL DISTRICT NO. 2 OF SNOHOMISH COUNTY, WASHINGTON  
VERDANT HEALTH COMMISSION

**BOARD OF COMMISSIONERS**

***Regular Meeting***

***Verdant Community Wellness Center***

***April 24, 2019***

<b>Commissioners Present</b>	Deana Knutsen, President Bob Knowles, Commissioner Dr. Jim Distelhorst, M.D., Commissioner Fred Langer, Commissioner (7:00 p.m. depart)
<b>Commissioners Via Zoom Meeting</b>	Karianna Wilson, Secretary (6:10 p.m. call-in; 7:30 p.m. depart)
<b>Staff</b>	Dr. Robin Fenn, PhD, Superintendent George Kosovich, Assistant Superintendent Lisa King, Finance Director Jennifer Piplic, Marketing Director Sue Waldin, Community Wellness Program Manager Sandra Huber, Community Engagement Nancy Budd, Community Social Worker Karen Goto, Executive Assistant
<b>Guests</b>	Mary Wright, Moss Adams Mathew Stopa, Moss Adams Jeff Ketchel, Snohomish Health District Dr. Mark Beatty, M.D., MPH, Snohomish Health District Lisa Fansler, myStrength via Zoom Meeting Members of the community
<b>Call to Order</b>	The Regular Meeting of the Board of Commissioners of Public Hospital District No. 2, Snohomish County, was called to order at 6:02 p.m. by President Knutsen.
<b>Approval of Minutes</b>	<b><i>Motion was made, seconded and passed unanimously to approve</i></b> the minutes of the regular board meeting on March 27, 2019.
<b>Executive Committee Report</b>	The committee met on April 17, 2019 via telephone to review the agenda for the April 24, 2019 board meeting including the presenters, and upcoming events including the DVS Open House on April 25, 2019. No action was taken.

**Moss Adams 2018  
Financial Audit  
Presentation**

Ms. Mary Wright & Mr. Mathew Stopa of Moss Adams presented the board with the financial audit as of December 31, 2018 (E:21:19).

**Snohomish Health  
District Burden of  
Disease Report**

Mr. Jeff Ketchel introduced the *Opioid Use Disorder and Opioid Misuse in Snohomish County: Using Capture-Recapture to Estimate the Burden of Disease* study to the board and introduced Dr. Mark Beatty who presented the findings (E:22:19 and E:23:19).

Commissioners asked questions on how the data are broken down for south county and whether Narcan is covered by insurance. Commissioner Knowles expressed interest in a comparison of opioid deaths to deaths from other means such as alcohol. Dr. Beatty responded that deaths caused by alcohol are difficult to track in the data, however opioid deaths exceeded car accident deaths in the data he reviewed.

**MyStrength Website  
Demonstration**

Ms. Lisa Fansler from myStrength presented a company overview and a demonstration of the online program (E:24:19). Commissioners asked questions about the peer reviewed data and security. Ms. Fansler will obtain the answers to these questions and provide them to Mr. Kosovich to give to the Commissioners.

**Superintendent  
Report**

Dr. Fenn reported on the following items:

1. A list of upcoming events requiring registration was emailed to the commissioners. These events include ChildStrive luncheon on May 2, 2019; DVS Open House and Edmonds Chamber lunch on April 25, 2019; and the Step Up conference on April 26, 2019. Also mentioned were the Lynnwood City Council meeting on May 15, 2019, and Mountlake Terrace City Council meeting on May 16, 2019.
2. Dr. Fenn acknowledged Ms. King for her work on the Moss Adams financial audit.
3. Verdant has been asked by a member of the Edmonds City Council to convene a group in south county around the homelessness issue with officials from other cities.
4. South County Fire & Rescue is seeking support from the board for the Regional Fire Authority ban on fireworks in south county.
5. Superintendent's 2019 goals were given to the board in February and March 2019 board meetings. These need to be approved at tonight's meeting (E:25:19).

***Motion was made, seconded and passed unanimously to approve with three commissioners present.***

6. Northpoint Washington Recovery will have an open house on April 26, 2019.

**Finance Committee  
Report**

The committee met on April 18, 2019. Ms. King reviewed the financial statements and cash activity for March 2019 (E:26:19). Commissioner Knowles inquired on the status of the remaining Kruger Clinic space for lease. Ms. King reported that the potential leasor is still in the process of deciding on the space. Ms. King also called out two deposits from the WA State Health Care Authority for 2009 and 2010 CPE settlements.

**Authorization for  
Payment of Vouchers  
& Payroll**

Warrant Numbers 13475 through 13531 for March 2019 for payment in the amount of \$66,813.75 were presented for approval (E:27:19) by Commissioner Distelhorst. ***Motion was made, seconded and passed unanimously to approve.***

**Program Committee  
Update**

The Program Committee met on April 15, 2019 to review three programs, follow-up on myStrength's web/mobile-based behavioral health program, and next steps on hunger and health program ideas (E:28:19).

Commissioner Knowles asked if there were any conflicts of interest. No conflicts of interest were identified.

Mr. Kosovich presented a summary of each of the three programs and Commissioner Knowles presented the committee recommendations to the board.

***Motion was made, seconded and passed unanimously to approve*** partial funding of the Alzheimer's Association Direct Client Services in the amount of \$60,000 for one year. Commissioner Distelhorst asked if there are sustainability issues and Mr. Kosovich reported that the Alzheimer's Association does have other sources of funding and can fundraise as well. Commissioner Knutsen expressed her opinion that Verdant should have conversations with applicants about sustainability when they are coming up for renewal. Dr. Fenn noted that the topic of sustainability and strategic planning will be discussed at the June 11, 2019 board mini retreat.

**Not Recommended for Funding:**

1. CampFire Healthy Initiative which supports children ages 5 to 18 in school and after school to make healthy choices.
2. Assessing Needs of Sexual and Gender Minority (SGM) Seniors in South Snohomish County. Commissioner Knutsen asked if this topic can be included in the next Verdant needs assessment. Mr. Kosovich explained that no data currently exists and that the senior centers do not collect this data as well.

**MyStrength Next Steps**

Before any decision is made, Commissioner Knutsen would like to receive feedback from Commissioners Langer & Wilson. Commissioner Distelhorst would like questions on the peer reviewed literature and website security answered first. Commissioner Knowles cautioned the board about over-analyzing the program before a decision is made.

**Update on Hunger & Health Opportunities**

Mr. Kosovich presented the next steps for this topic (E:28:19). Commissioner Knutsen was interested in a tour of any model food banks.

**Verdant Community Wellness Center Activities Update**

See Exhibit 29:19

**Verdant Multicultural Program Update**

See Exhibit 30:19

**Marketing Report**

Ms. Piplic presented the Marketing report (E:31:19) for April 2019 which includes information on The Canopy, Bike2Health Community Education programming, and upcoming events. One upcoming event not listed is the Verdant Partner Roundtable which has been re-scheduled from May 3 to May 31, 2019, 2 to 4 p.m. at Verdant.

**Public Comments**

Ms. Toby Brown & Ms. Kena Jean Masonholder of CampFire advocated for the Healthy Initiative program and noted that it fulfills a need in schools where there is no other health and nutrition program. Long-term health impacts are difficult for CampFire to measure but comments from participants reflect how children are changing their eating habits because of the program. They shared "thank you" notes and examples of the curriculum.

Mr. Kevin Harris of the William D. Ruckelshaus Center and the Edmonds Economic Development Commission

commented that he has worked with both Dr. Fenn and Mr. Kosovich in the past and is very impressed with their oversight and consensus-building skills.



**Commissioner  
Comments**

Commissioner Knutsen commented that there is a Public Hospital District #2 election this year and both Commissioners Distelhorst and Knowles indicated that they will be running.

**Adjournment**

The meeting was adjourned at 8:15 p.m.

**ATTEST BY:**

  
\_\_\_\_\_  
President  
  
\_\_\_\_\_  
Secretary

E:21:19  
4.24.2019



MOSSADAMS

## **Communications with Those Charged with Governance**

To the Board of Commissioners  
Public Hospital District No. 2,  
Snohomish County, Washington  
dba Verdant Health Commission

We have audited the financial statements of Public Hospital District No. 2, Snohomish County, Washington dba Verdant Health Commission (the District) as of and for the year ended December 31, 2018, and have issued our report thereon dated April 22, 2019. Professional standards require that we provide you with the following information related to our audit.

### **Our Responsibility under Auditing Standards Generally Accepted in the United States of America and Government Auditing Standards**

As stated in our engagement letter dated January 8, 2019, our responsibility, as described by professional standards, is to form and express an opinion about whether the financial statements prepared by management with your oversight are fairly presented, in all material respects, in conformity with accounting principles generally accepted in the United States of America. Our audit of the financial statements does not relieve you or management of your responsibilities.

As part of our audit, we will consider the internal control of the District. Such considerations are solely for the purpose of determining our procedures and not to provide any assurance concerning such internal control.

As part of obtaining reasonable assurance about whether the financial statements are free of material misstatement, we will perform tests of the District's compliance with certain provisions of laws, regulations, contracts, and grants. However, the objective of our tests is not to provide an opinion on compliance with such provisions.

Our responsibility is to plan and perform the audit in accordance with auditing standards generally accepted in the United States of America and to design the audit to obtain reasonable, rather than absolute, assurance about whether the financial statements are free from material misstatement. An audit of financial statements includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the District's internal control over financial reporting. Accordingly, we considered the District's internal control solely for the purposes of determining our audit procedures and not to provide assurance concerning such internal control.

We are also responsible for communicating significant matters related to the financial statement audit that, in our professional judgment, are relevant to your responsibilities in overseeing the financial reporting process. However, we are not required to design procedures for the purpose of identifying other matters to communicate to you.

## **Planned Scope and Timing of the Audit**

We performed the audit according to the planned scope and timing previously communicated to you in the engagement letter dated January 8, 2019, and our planning meeting with you.

## **Significant Audit Findings and Issues**

### ***Qualitative Aspects of Accounting Practices***

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by the District are described in Note 1 to the financial statements. No new accounting policies were adopted and there were no changes in the application of existing policies during 2018. We noted no transactions entered into by the District during the year for which there is a lack of authoritative guidance or consensus. There are no significant transactions that have been recognized in the financial statements in a different period than when the transaction occurred.

### ***Significant Accounting Estimates***

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimate affecting the financial statements was:

- The useful lives of fixed assets have been estimated based on the intended use and are within the American Hospital Association or Medicare guidelines. We evaluated the key factors and assumptions used to develop the useful lives of fixed assets in determining that they are reasonable in relation to the financial statements taken as a whole.

### ***Financial Statement Disclosures***

The disclosures in the financial statements are consistent, clear, and understandable. Certain financial statement disclosures are particularly sensitive because of their significance to financial statement users. There are no disclosures in the financial statements that would be considered sensitive.

### ***Significant Difficulties Encountered in Performing the Audit***

We encountered no significant difficulties in dealing with management in performing and completing our audit.

### ***Uncorrected Misstatements***

Professional standards require us to accumulate all factual and judgmental misstatements identified during the audit, other than those that are trivial, and communicate them to the appropriate level of management. There were no uncorrected misstatements to be reported.

### ***Disagreements with Management***

For purposes of this letter, professional standards define a disagreement with management as a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.



***Management Representations***

We have requested certain representations from management that are included in the management representation letter dated April 22, 2019.

***Management Consultation with Other Independent Accountants***

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the District's financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

***Other Significant Audit Findings or Issues***

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the District's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

This information is intended solely for the use of the Board of Commissioners and management of Public Hospital District No. 2, Snohomish County, Washington dba Verdant Health Commission and is not intended to be and should not be used by anyone other than these specified parties.

A handwritten signature in dark ink, appearing to read "Moss Adams LLP", is written over a faint, larger version of the same text.

Everett, Washington

April 22, 2019



## Verdant Health Commission

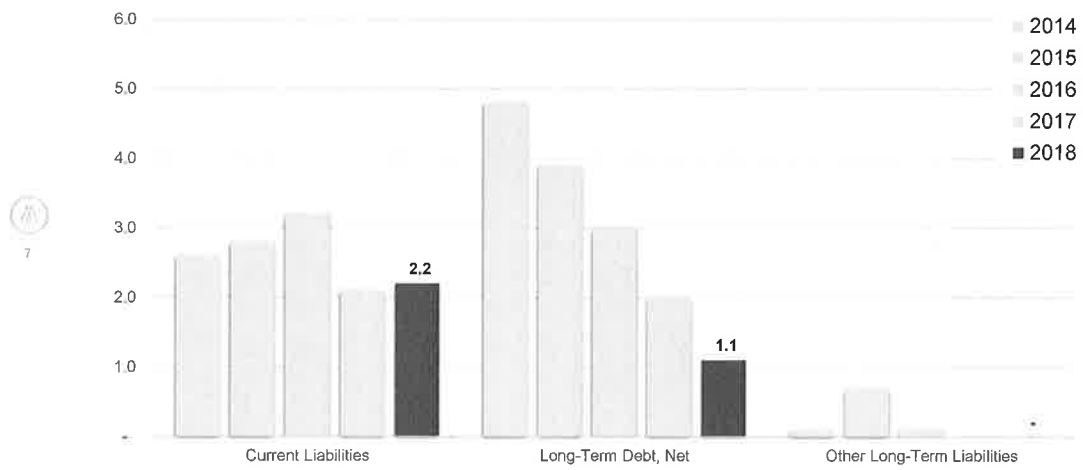
### 2018 Audit Results

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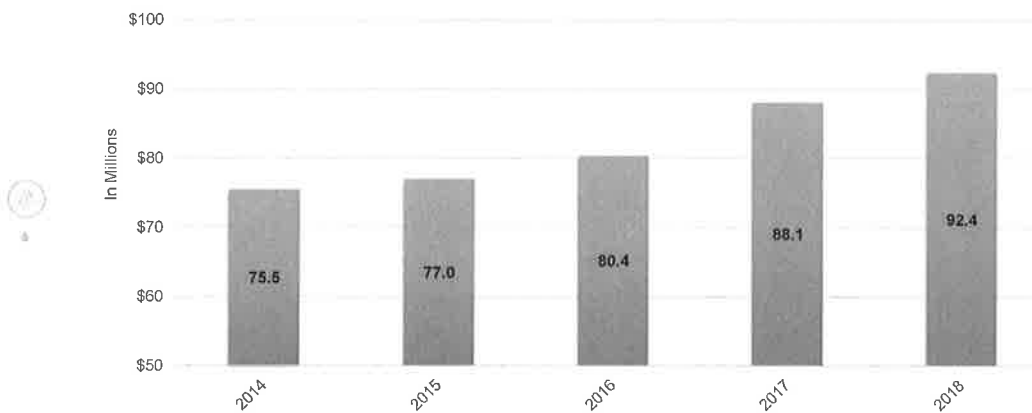


## Board Communications

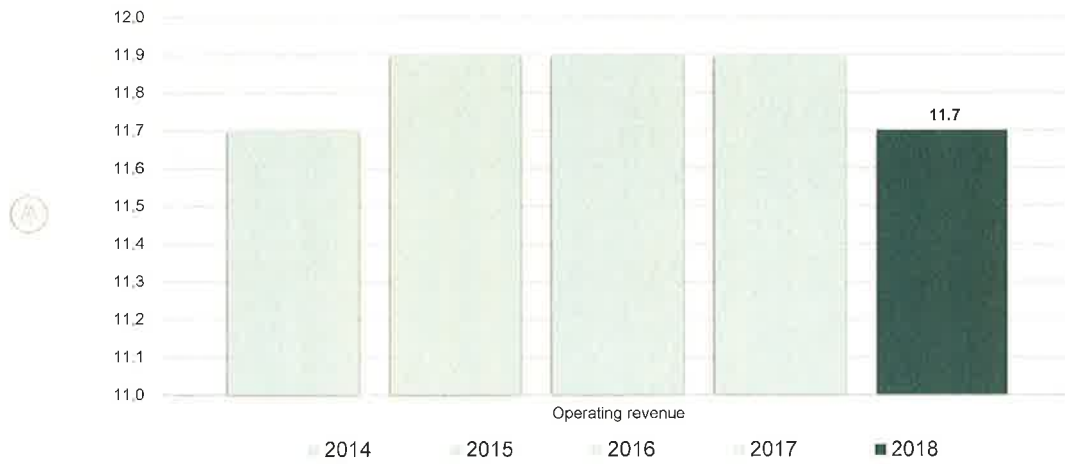
### Liabilities Breakdown (in millions)



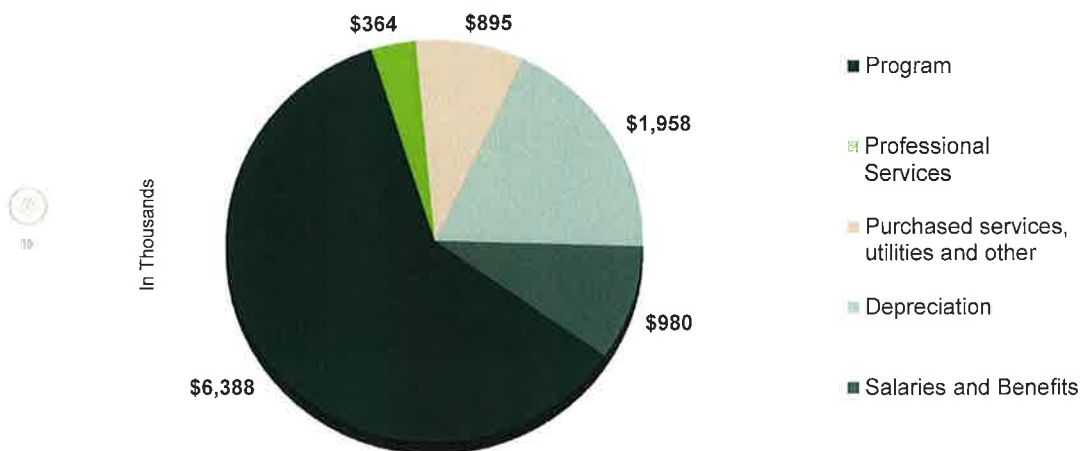
### Net Position (in millions)



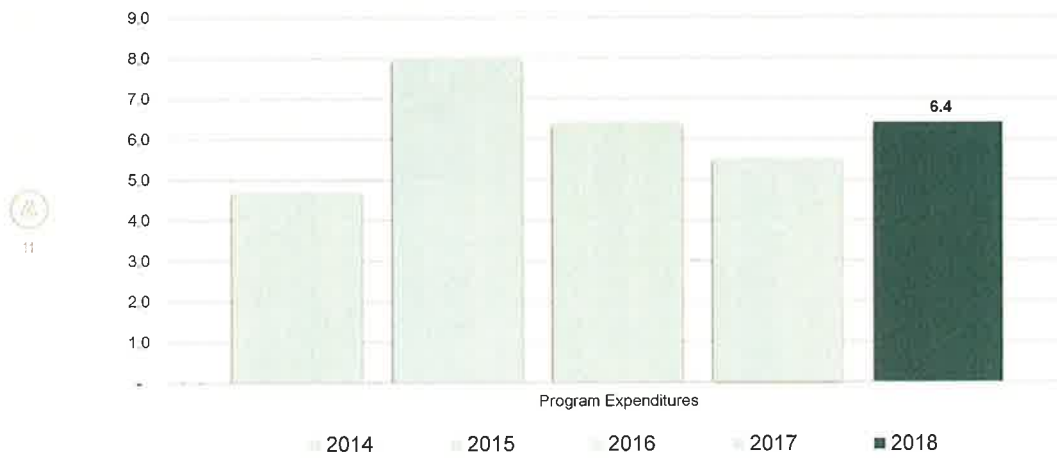
### Operating Revenue (in millions)



### 2018 Operating Expenses



### Program Expenditures (in millions)



11



THANK  
YOU

12

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# JANUARY 2019

# Opioid Use Disorder & Opioid Misuse in Snohomish County

## Using Capture-Recapture to Estimate the Burden of Disease

### OBJECTIVES

- Understand the difficulty of opioid surveillance
- Explain methods to mitigate the problem
- Review use of surveillance for disease burden
- Report capture-recapture and disease burden results.

### RESULTS:

The Snohomish Health District believes that the range of residents in Snohomish County with opioid use disorder is likely between 5,000 and 10,000 individuals. Furthermore, those who misuse opioids is likely in the range of 35,000 to 80,000 people.

### NEXT STEPS:

Moving forward, there are a few key tasks that would be worth completing:

- Refining the estimate of people expressing interest in entering treatment of any kind.
- Determining the availability of treatment based on a survey of the current treatment landscape.
- Determining if a gap exists by comparing the estimate of interest to the availability of treatment services
- Exploring gaps in case management and the need for more wrap-around services.

### OPIOID MISUSE

*Intermittent use of any of the following that does not meet the definition of opioid use disorder:*

- An illicit opioid, such as heroin
- Someone else's prescription opioid
- One's own prescription opioid other than as prescribed (e.g., higher dose, more frequent, for a different reason than prescribed).

### OPIOID USE DISORDER

*Must meet two or more of the following criteria:*

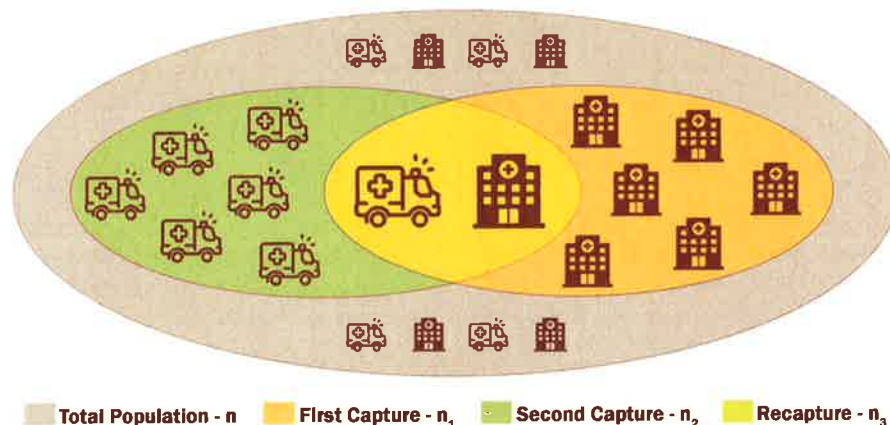
- Impaired control, such as using for longer periods of time or larger amounts than intended, or wanting to reduce use but being unable to do so.
- Social impairment, including repeated use despite substantial harm to relationships.
- Risky use, including use in physically dangerous situations.
- Pharmacological indicators such as increasing tolerance of opioids and withdrawal symptoms when not using.

### THE CAPTURE-RECAPTURE PROCESS

Disease burden estimates are challenging to complete in populations that are difficult to identify or pinpoint. The capture-recapture method was originally developed to estimate population size in wildlife studies and had been adapted for studies of human conditions.

This method requires overlapping datasets that are presumably incomplete but intersecting. It is particularly effective for estimations of elusive populations.

### Capture-Recapture



Where:

- $n$  = Size of population
- $n_1$  = Number cases in FirstWatch = 73
- $n_2$  = Number cases in PRMCE ED = 29
- $n_3$  = Number of matches = 18

$$n = \frac{n_1 \times n_2}{n_3}$$

# SNOHOMISH OVERDOSE PREVENTION

A COMMUNITY COMING TOGETHER TO STOP  
SNOHOMISH COUNTY'S OPIOID EPIDEMIC

**JANUARY  
2019**

# Opioid Use Disorder & Opioid Misuse in Snohomish County

Using Capture-Recapture to Estimate the Burden of Disease

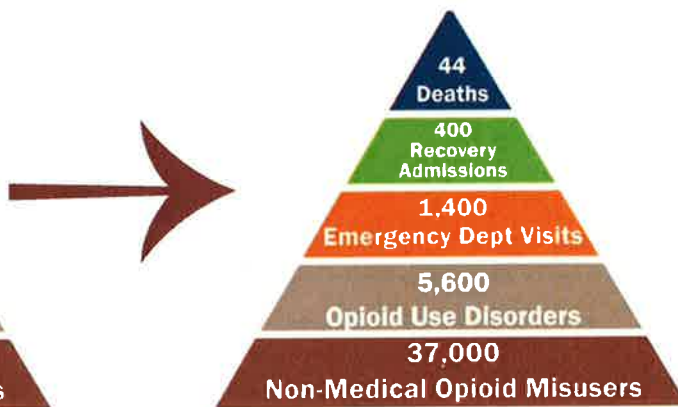
## CDC MODEL

The Centers for Disease Control and Prevention (CDC) published a policy impact report that included a diagram with the relationship between different opioid crisis outcomes. This relationship indicates that for every death, there are 10 treatment recovery admissions, 32 emergency department visits, 132 people with opioid use disorder, and 825 people misusing opioids.



## ESTIMATES FOR SNOHOMISH COUNTY

The capture-recapture method estimates 1,400 emergency room visits annually for opioid related overdoses in Snohomish County. Applying CDC model estimates, the result is an estimate of 5,600, or 0.8%, of people over 11 years of age in Snohomish County having opioid use disorder. This is consistent with other independent data sources.



## CROSS-VALIDATION OF RESULTS

In order to validate the results of this process, other independent datasets were utilized to test the model and develop ranges.

Data from those sources were applied to the CDC model used in the burden of disease calculations. The results are shown in the adjacent table.

This analysis validates the final burden of disease estimates when using the capture-recapture method applied to the CDC model.

Dataset	Deaths	Recovery Admissions	Emergency Dept. Visits	Opioid Use Disorder	Opioid Misusers
<b>Burden of Disease with Capture-Recapture Method</b>	<b>44</b>	<b>400</b>	<b>1,400</b>	<b>5,600</b>	<b>37,000</b>
2016 National Survey on Drug Use and Health	41	400	1,300	5,400	34,000
2017 Washington Syringe Exchange Health Survey	70	700	2,300	9,400	59,000
2017 Snohomish County Opioid-related Death Data	100	1,000	3,000	13,000	83,000
2018 Point-in-Time Study	90	900	3,000	12,000	80,000

**SNOHOMISH OVERDOSE PREVENTION**

**A COMMUNITY COMING TOGETHER TO STOP  
SNOHOMISH COUNTY'S OPIOID EPIDEMIC**





**SNOHOMISH**  
HEALTH DISTRICT  
[WWW.SNOHD.ORG](http://WWW.SNOHD.ORG)

# **OPIOID USE DISORDER & OPIOID MISUSE IN SNOHOMISH COUNTY:**

## **Using Capture-Recapture to Estimate the Burden of Disease**

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**Mark Beatty, MD, MPH, FAAP, FACPM**  
Health Officer

**December 2018**

**SNOHOMISH OVERDOSE PREVENTION**

**A COMMUNITY COMING TOGETHER TO STOP  
SNOHOMISH COUNTY'S OPIOID EPIDEMIC**



## Introduction

Prior to June 2017, the only primary data available to monitor the worsening opioid crisis in Snohomish County was the number of opioid-related overdose deaths. Even then, it could take 12-18 months to get preliminary numbers.

To address this issue, in July 2017, the Snohomish Health District embarked on several innovative opioid data-collection methods. One was a point-in-time survey done in collaboration with local partners to collect real-time data on overdoses for one week. The results in 2017: 37 total overdoses in Snohomish County during that week, including three deaths. The Snohomish Health District took the opportunity to repeat the seven-day point-in-time collection again in 2018. The results in 2018: 57 overdoses, two of which were fatal. This trend confirmed suspicions that the opioid crisis was worsening.

Through the Opioid Response Multi-Agency Coordination (MAC) Group efforts, additional data sources have been accessed through partnerships with hospitals, law enforcement, fire, EMS, the syringe exchange, and other partners. With funding from Snohomish County's 1/10 of 1% Chemical Dependency and Mental Health Sales Tax, and access to these new data sources, the Snohomish Health District employed another novel method, known as capture-recapture, to estimate the true burden of disease for opioid use disorder and opioid misuse in Snohomish County. There were four primary objectives for this project:

- Understand the difficulty of opioid surveillance
- Explain methods to mitigate the problem
- Review use of surveillance for disease burden
- Report capture-recapture and disease burden results.

Through this process, an estimated range was identified for those individuals in Snohomish County who are either misusing opioids or have an opioid use disorder. These are considered the two ends of the spectrum for diagnosable patterns that can lead to overdose and death. This data will aid the Snohomish Health District and the MAC Group with evidence-based decision-making, assessment of interventions, and other planning purposes.

## Background

Prior to embarking on the project, it was important to look at existing data sets and determine a common set of definitions.

### Opioid Misuse vs. Opioid Use Disorder Criteria

With the new release of the Diagnostic and Statistical Manual of Mental Disorders, 5th ed. (DSM-5), there are some changes to terminology. The terms “substance abuse” and “substance dependence” have been abandoned and replaced with substance use disorder.

**Substance use disorder** can be categorized as mild, moderate, or severe. It is determined by the number of diagnostic criteria met, with at least two of the following four criteria required:

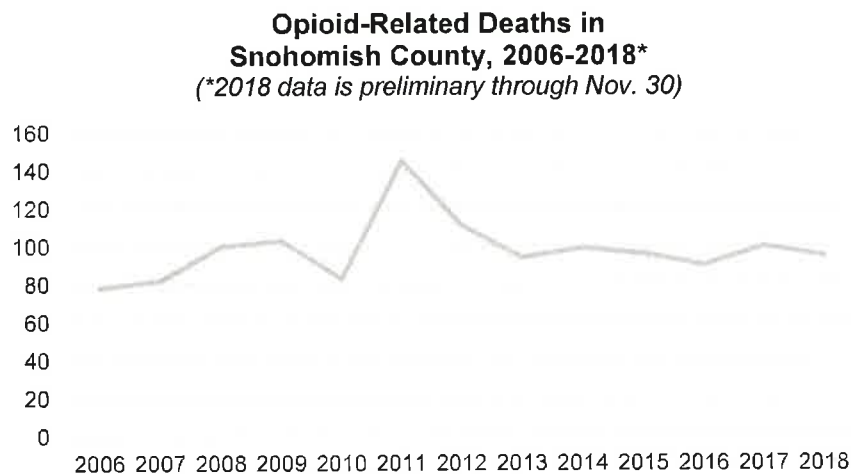
1. Impaired control:
  - a. Using for longer periods of time than intended
  - b. Using larger amounts than intended
  - c. Wanting to reduce use but not able to do so
  - d. Spending excessive time getting, using, or recovering from drugs
  - e. Intense cravings.
2. Social impairment:
  - a. Repeated involvement with a substance or activity, despite the substantial harm it now causes to relationships or ability to function in society (e.g., work).
3. Risky use:
  - a. Repeated use in physically dangerous situations or use despite knowledge that the drug is causing or worsening physical and psychological problems.
4. Pharmacological indicators
  - a. Tolerance: need to increase the amount of a substance to achieve the same desired effect
  - b. Withdrawal: cluster of unpleasant and/or fatal symptoms after abrupt cessation of drug.

Using this same criteria, **opioid use disorder** (OUD) is a substance use disorder involving an opioid. **Opioid misuse**, on the other hand, is intermittent use of any of the following that does not meet the definition of opioid use disorder.

- An illicit opioid, such as heroin
- Someone else's prescription opioid
- One's own prescription opioid other than as prescribed (e.g., higher dose, more frequent, for a different reason).

## Current Data Trends in Snohomish County

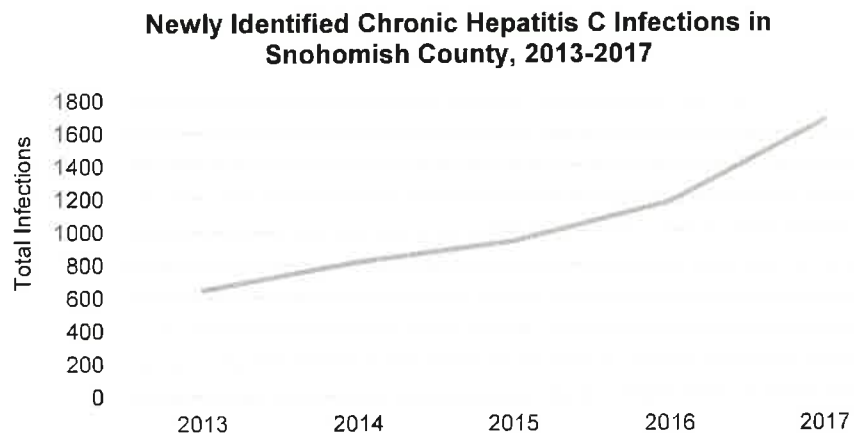
Snohomish County saw a peak of 145 opioid-related deaths in 2011. The numbers decreased for a couple of years before leveling off. In 2017, the number of overdose deaths associated with heroin overtook those associated with prescription opioids for the first time in the county. In addition, deaths linked to fentanyl—the synthetic opioid that is far more lethal than heroin—more than doubled in just a few years.



Source: Washington State Department of Health

As is being seen in other parts of the state and country, this epidemic has led to increasing secondary impacts in local communities. Persons engaging in drug use also have a higher risk of acquiring sexually transmitted infection due to reasons such as exchanging sex for drugs. Therefore, the epidemic may also partially account for rising rates of syphilis, gonorrhea, chlamydia, and other similarly transmitted diseases. Snohomish County had 101.1 gonorrhea infections per 100,000 residents in 2017, which is nearly three times the 2008 rate.

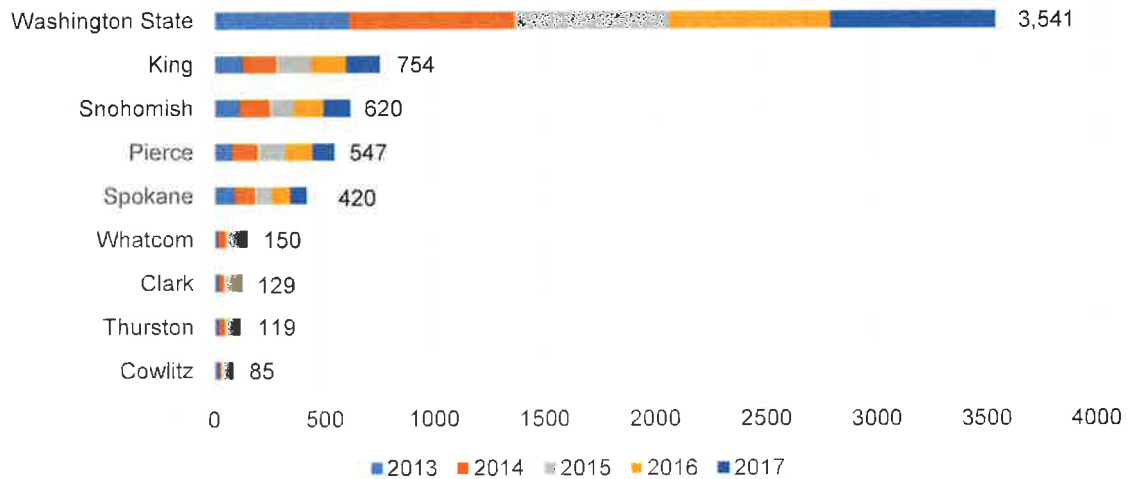
Nationally, persons born before 1965 have been replaced by persons who inject drugs as the primary demographic for newly identified hepatitis C infections. In Snohomish County, the number of hepatitis C cases in 2017 was almost 53% higher than in 2016.



Source: Snohomish Health District Surveillance Data

Also increasing in Snohomish County is the number of babies born with neonatal abstinence syndrome (NAS) caused by an infant's exposure to opioids while in the womb. When comparing the total number of cases, Snohomish County has the second highest number in the state.

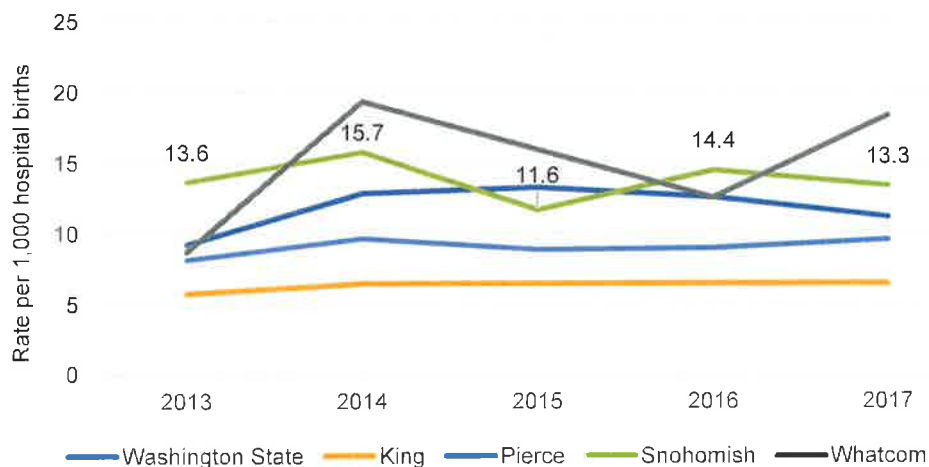
**Total Number of Neonatal Abstinence Syndrome Cases,  
Hospital Discharge Data (2013-2017)**



Source: Washington State Department of Health

When looking at it by rate, Snohomish County actually has a higher rate of babies born with NAS compared to King County.

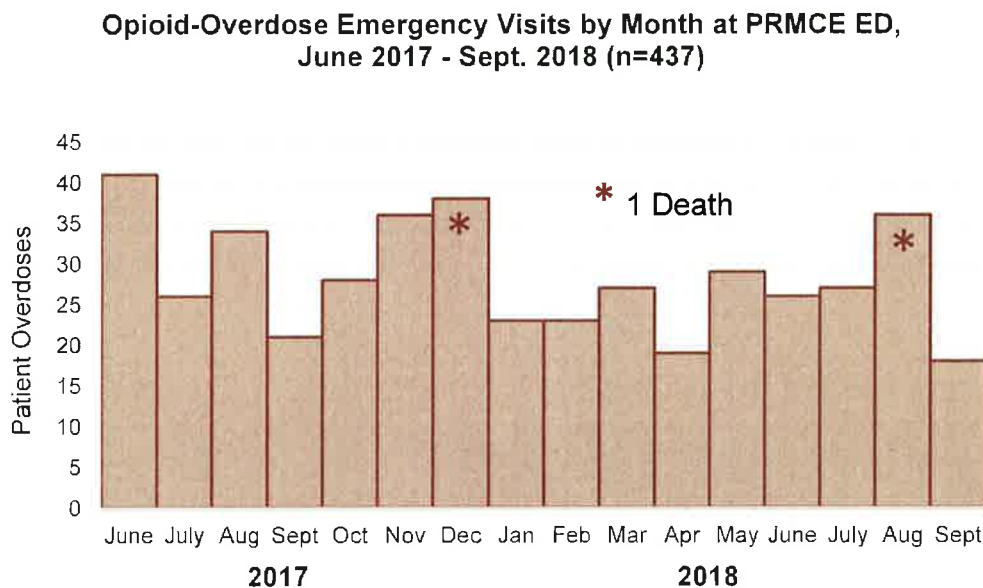
**Neonatal Abstinence Syndrome Per 1,000 Births,  
Hospital Discharge Rates, 2013-2017**



Source: Washington State Department of Health

## New Partnerships with Local Hospitals

The Snohomish Health District partnered with Providence Regional Medical Center Everett (PRMCE) thanks to a Centers for Disease Control and Prevention (CDC) grant awarded through the Washington State Department of Health. This work not only allows us to collect data on overdose and withdrawal patients in the emergency department, but additionally, hospital staff are able to perform some limited outreach to those patients.



*Source: Snohomish Health District and Providence Regional Medical Center Everett*

## The Challenges of Opioid Surveillance

While each of the data points shared earlier are important, they alone cannot provide a complete picture of the opioid epidemic in Snohomish County. This is difficult for a few key reasons:

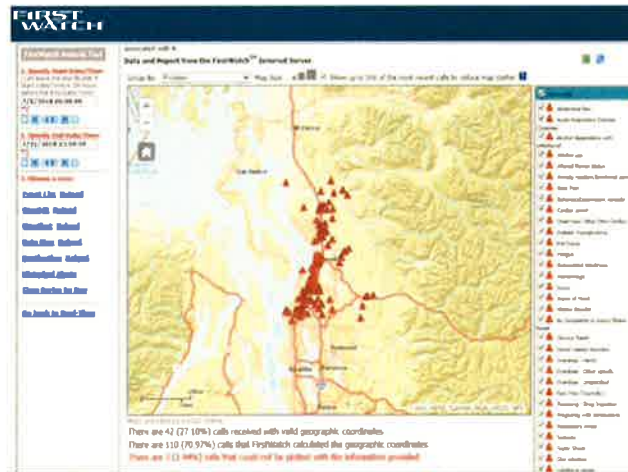
- Substance use disorder is not a notifiable disease in Snohomish County, and there have been a variety of legal constraints that have prevented that from happening
- Deaths due to overdoses are impacted by the availability of the opioid overdose-reversal drug naloxone
- Hepatitis C infects persons other than those using and does not include prescription drug misusers
- Neonatal abstinence syndrome has small numbers and does not include males.

Given this, the Snohomish Health District has been partnering with other agencies to gain access to other record-level data. These include FirstWatch, ESSENCE, and ODMAP.

## FirstWatch

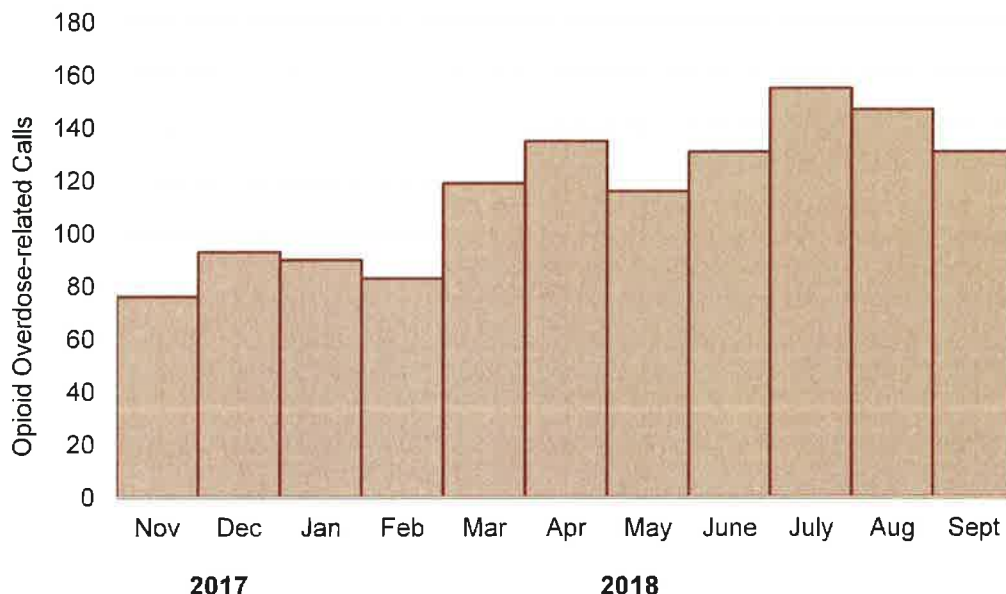
With the merger of SNOCOM and SNOFAC, the county's two 911 call centers, the newly established Snohomish County 911 started consolidating dispatch data for the 47 police and fire agencies it serves in mid-2018. This also included utilizing FirstWatch, a proprietary record management system for EMS calls. FirstWatch takes the raw data from multiple programs and creates "triggers" for opioid overdose-related calls.

FirstWatch is currently set up to send alerts to registered recipients for opioid overdose calls identified through text searches. Searches can be completed on either the alerts themselves or by searching the text found within the record-level data.



When performing a key word search for data, there were 1,390 records from November 2017 through September 2018 that were returned as possible opioid-related overdoses. It is important to note that not all calls were integrated into FirstWatch until later in 2018, which may be why the chart below shows an increase in calls in the latter half of the year. Secondly, the search results are based on an initial report and not yet verified or deduplicated.

**Opioid Overdoses in FirstWatch Identified by Record Search**  
Nov. 2017 - Sept. 18 (n = 1,390)



Source: Snohomish Health District and FirstWatch



## ESSENCE

The CDC's National Syndromic Surveillance Program developed its BioSense Platform originally as a way to track bioterrorism-related illness. Over the years it has expanded to help public health officials analyze and exchange data for situational awareness of health threats and response for hazardous events and disease outbreaks.

A component of BioSense is the Electronic Surveillance System for Early Notification of Community-Based Epidemics, or ESSENCE. Developed by Johns Hopkins University, ESSENCE allows us to capture data in multiple formats, then analyze, store, and share that data.

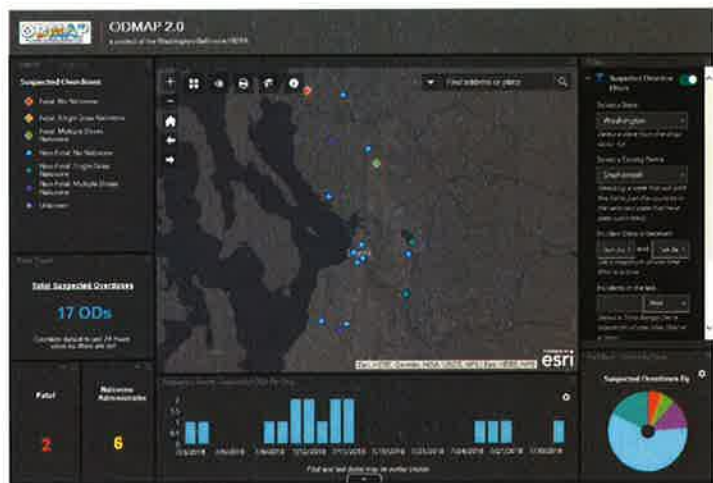


While the variables collected by the system are currently limited, the Snohomish Health District is collaborating with the Washington State Department of Health to validate ESSENCE through a CDC-funded study and establish permanent access to real-time data.

## ODMAP

Another tool for first responders in the community to track overdose information is ODMAP. Developed by the Washington/Baltimore High Intensity Drug Trafficking Areas (HIDTA), ODMAP is a free mobile app downloaded to law enforcement phones or computers to input opioid overdoses on the scene and in real time.

Washington/Baltimore HIDTA has offered the program to law enforcement and public health partners around the country. The Snohomish Health District and Snohomish County Sheriff's Office were the first in the county to sign on, and other local agencies are in the process of coming online in 2019. Another CDC grant awarded to the Washington State Department of Health will focus on getting at least 10 more counties in the state onboard. It will also provide funding for the Snohomish Health District to help integrate FirstWatch and ODMAP data into real time reporting and trigger warnings.



## Determining the Burden of Disease for the Opioid Crisis

The data sources mentioned so far in this report are specific to surveillance or to tracking specific cases and trends. Estimating the burden of disease is a different process with a different purpose. Here the goal is to identify approximately how many individuals in a geographic area have a specific disease. The differences between surveillance and disease burdens are highlighted below:

Surveillance	Disease Burdens
Monitors specific symptoms, events, or diagnoses	Seek to identify all cases in a given geographic area or population
Allows for early identification of changes in trends (e.g., "outbreaks," positive results of interventions)	Used for planning and budgeting
Relies on historical trends to identify new changes	Critical for needs assessment and access when disease incidence is increasing
Does not need to identify all cases to be effective	Special studies can allow surveillance system to define disease burden

Disease burden estimates are challenging to complete in populations that are difficult to identify or pinpoint. It becomes increasingly more complex when the disease is not a notifiable condition, like measles or whooping cough. While the published literature is sparse, it is possible to establish surveillance for opioid events in order to estimate the disease burden. This requires an additional method known as capture-recapture.

### The Capture-Recapture Method

Capture-recapture was originally developed to estimate population size in wildlife studies.<sup>2,3</sup> This method requires two overlapping datasets that are presumably incomplete but intersecting.<sup>4</sup> There are some limitations to capture-recapture, but it is particularly effective for estimations of elusive populations such as people with opioid use disorder.

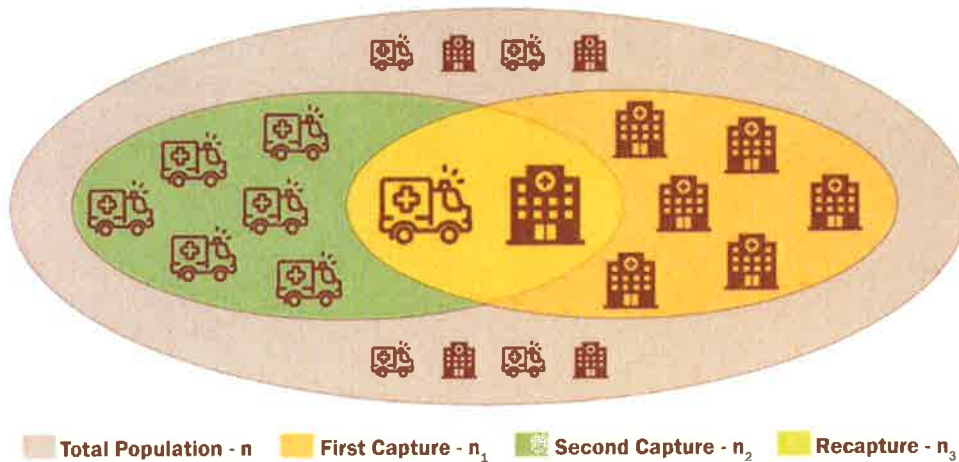
It has also been adapted in multiple studies of human conditions in recent years. For instance, it was used in 2015 to study chronic kidney disease in Manitoba, Canada.<sup>5</sup> The three methods used to determine the burden of disease included:

- Taking all cases captured by the billing data and laboratory data, adding those together, and then dividing that total by Manitoba's population. Note that this figure was likely an underestimate of the true prevalence because it would not have included people in the early stages of disease who had not yet been diagnosed.
- Taking all cases captured through laboratory data and dividing it by the number of patients where laboratory work was required to make a diagnosis (positive or negative).
- Using both the administrative and laboratory data to estimate disease prevalence through a capture-recapture method using the Chapman formula.<sup>3</sup>

A graphic describing the capture-recapture sampling process is shown on the following page.



## Capture-Recapture



Where:

$n$  = Size of population

$n_1$  = Number tagged

$n_2$  = Number sampled

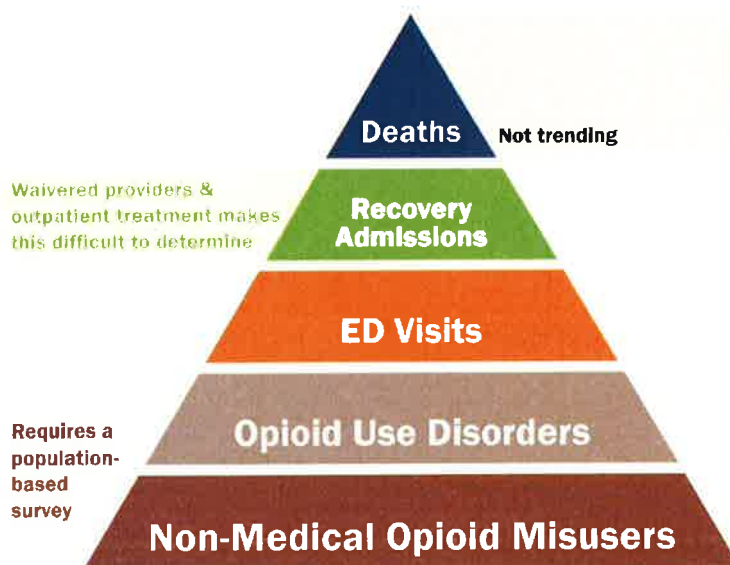
$n_3$  = Number tagged in the sample

$$n = \frac{n_1 \times n_2}{n_3}$$

## Applying Capture-Recapture to Opioid Use

This method had not yet been used publicly to determine the number of individuals with opioid misuse or opioid use disorder prior to starting this project earlier this summer. In November 2018, a study was published in the American Journal of Public Health where researchers performed a capture-recapture analysis to estimate the number of people in Massachusetts with OUD.<sup>6</sup> They determined that the prevalence of opioid use disorder for those 11 years or older was 4.6%.

For the purposes of this study, the following data points in Snohomish County were considered:



There were essentially three steps to this process: obtain FirstWatch data as the first “capture,” collect emergency department data from PRMCE for the “recapture,” and then look for patients in both databases to calculate the best estimate of overdoses in the county. For the analysis, July 2018 was identified as the time period to use for the data extraction and comparison.

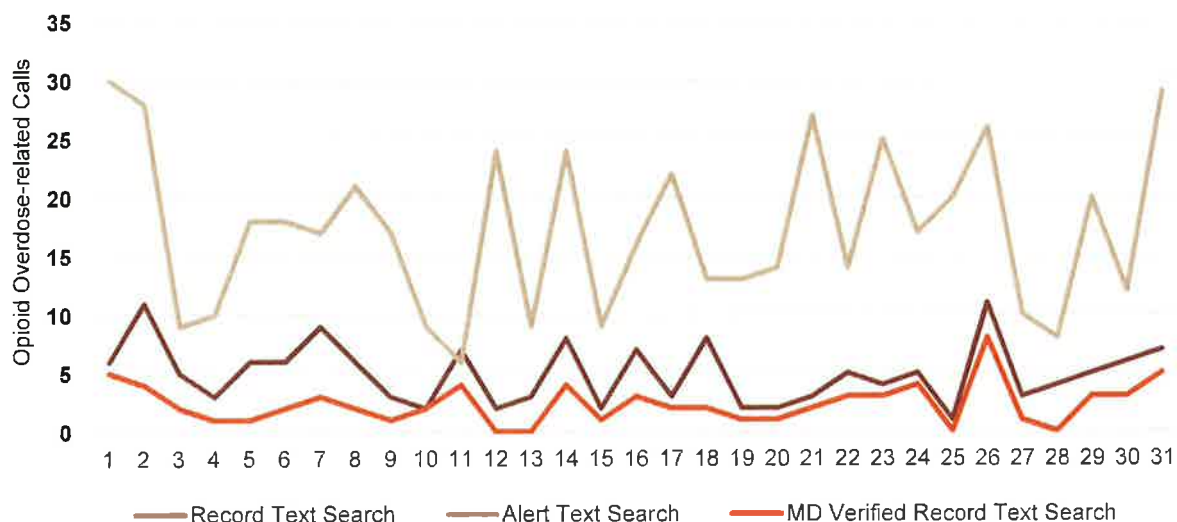
## Step 1: FirstWatch “Capture”

As mentioned earlier, searches can be done on alerts or record-level data within FirstWatch. For the month of July, there was a total of 535 calls in the system identified through an alert search.

The sentinel alerts were evaluated to eliminate any duplications, such as a call that may have had both law enforcement and EMS responding to the same incident. Most of the other calls were clearly not overdoses, which implies that the search can be refined. Two calls were a duplicate for the same patient due to different responding units. Two other calls that looked to be duplicates for the same location were actually responses for two different patients.

As shown below, the record searches in FirstWatch had fewer duplicates than an alert search. Those records were then individually analyzed and medically verified to ensure patient notes were consistent with an opioid overdose event. Only 53% of the records identified as possible overdoses through text search were actually overdoses.

Comparison of Search Criteria for Opioid Calls in FirstWatch  
July 2018 (n=535)

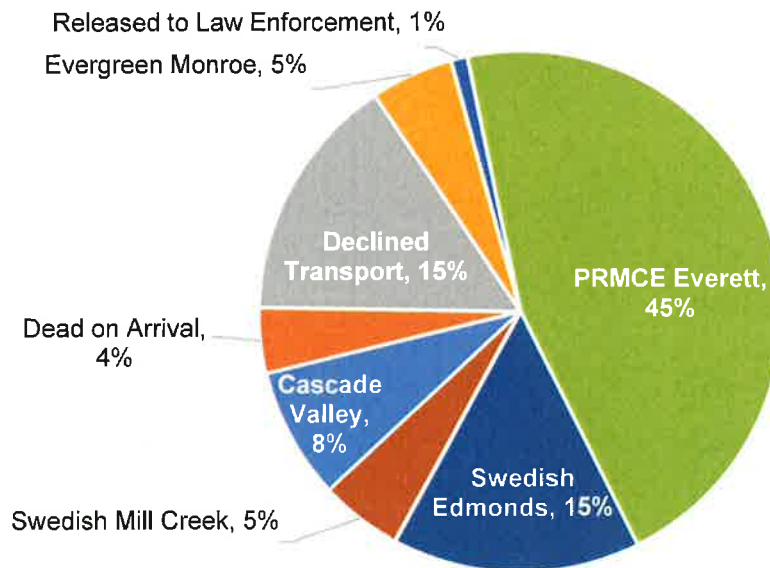


Source: Snohomish Health District and FirstWatch

## Step 2: PRMCE Everett “Recapture”

With the verified data from FirstWatch, the location of patient transports for opioid-related overdoses were identified, if applicable. The chart below shows the breakdown by destination:

MD Verified *FirstWatch* Opioid Overdoses, By Destination  
July 2018, n=73



Source: Snohomish Health District and FirstWatch

There were 45% of the patients in FirstWatch that were transported to PRMCE Everett’s emergency department, or a total of 29 opioid-related overdoses.

## Step 3: Compare Patients in Both Capture and Recapture Samples

Utilizing the Chapman method explained earlier, the formula was applied as follows:

$$N = \frac{n1 \times n2}{n3} \Rightarrow \begin{array}{l} n1, \text{ Number cases in FirstWatch} = 73 \\ n2, \text{ Number cases in PRMCE ED} = 29 \\ n3, \text{ Number of matches} = 18 \end{array} \Rightarrow N = \frac{73 \times 29}{18}$$

Based on this calculation, there are approximately 118 individuals per month—or 1,416 per year—with an opioid overdose requiring medical intervention at the emergency department.

## Estimating Snohomish County's Burden of Disease

With the capture-recapture process complete, it is now possible to determine the range for the number of Snohomish County residents who are either misusing opioids or have opioid use disorder. The steps for this process are as follows:

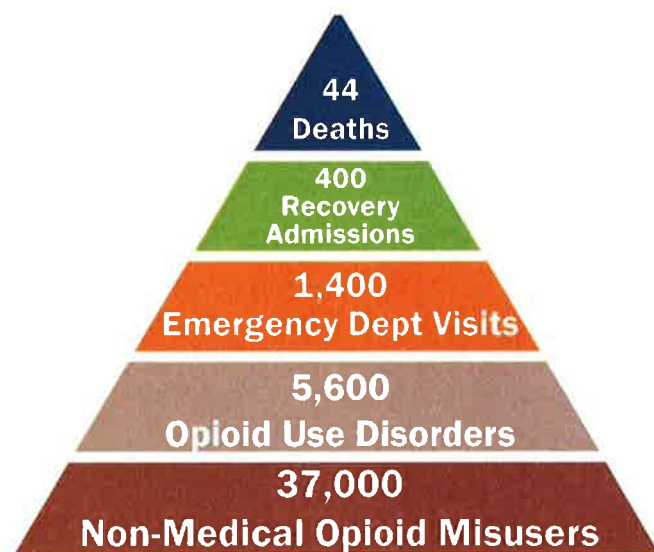
- Identify a model for calculating the disease burden estimate
- Identify the outcome to be used in the model
- Complete a special study to define the best estimate input
- Use the model to calculate disease burden.

The CDC published a policy impact report<sup>7</sup> that included a diagram with the relationship between different opioid crisis outcomes. Those numbers have been incorporated into the pyramid shown previously. This relationship indicates that for every death, there are 10 treatment recovery admissions, 32 emergency department visits, 132 individuals with opioid use disorder, and 825 people misusing opioids.



Source: Centers for Disease Control and Prevention

Since emergency department visits are the easiest outcome to measure currently, that indicator was the input collected during the capture-recapture process. By rounding the 1,416 estimated individuals visiting the PRMCE emergency department per year down to 1,400, the relationships in the pyramid were adjusted accordingly. This results is an estimate of 5,600, or 0.8% of those individuals over 11 years of age in Snohomish County having an opioid use disorder.



## Cross-Validation of Results

In order to validate the results of this process, other independent datasets were utilized to test the model and develop ranges. These sources included the:

- 2016 National Survey on Drug Use and Health, sponsored by Substance Abuse and Mental Health Services Administration (SAMHSA). These face-to-face interviews were completed with 70,000 individuals who were 12 years or older.
- 2017 Washington State Syringe Exchange Health Survey released by the Alcohol and Drug Abuse Institute at the University of Washington.
- 2017 opioid-related death data from the Medical Examiner's Office and Washington State Department of Health.
- 2018 seven-day point-in-time study completed by the Snohomish Health District.

When using data from those sources and applying them to the CDC model used in the burden of disease calculations, the results are as follows:

<b>Dataset</b>	<b>Deaths</b>	<b>Recovery Admissions</b>	<b>Emergency Dept. Visits</b>	<b>Opioid Use Disorder</b>	<b>Opioid Misusers</b>
<b>Burden of Disease with Capture-Recapture Method</b>	<b>44</b>	<b>400</b>	<b>1,400</b>	<b>5,600</b>	<b>37,000</b>
2016 National Survey on Drug Use and Health	41	400	1,300	5,400	34,000
2017 Washington Syringe Exchange Health Survey	70	700	2,300	9,400	59,000
2017 Snohomish County Opioid-related Death Data	100	1,000	3,000	13,000	83,000
2018 Point-in-Time Study	90	900	3,000	12,000	80,000

This analysis validates the final burden of diseases estimates when using the capture-recapture method when applied to the CDC model.



Using some of those data sources, information was also extracted to identify the number of individuals in discrete locations who had expressed interest in pursuing treatment. That information is highlighted below:

Setting (n)	Interested	Not Interested	Refused to Answer	No Response Provided
Overdose patient transported to hospital (437)	23%	58%	13%	6%
Withdrawal watch in hospital emergency department (42)	55%	33%	7%	5%
Syringe exchange client (552)	78%	14%	-	8%

Based on this information, targeting treatment resources toward individuals either being seen in the hospital for a withdrawal watch or as a client in the local syringe exchange is worth consideration and evaluation.

## Summary

The capture-recapture method estimates 1,400 emergency room visits annually for opioid-related overdoses in Snohomish County. Applying the CDC model estimates, 5,600 residents have opioid use disorder, which is consistent with other independent data sources.

Based on this, the Snohomish Health District believes that the range of residents in Snohomish County with opioid use disorder is likely between 5,000 and 10,000 individuals. Furthermore, those who misuse opioids is likely in the range of 35,000 to 80,000 people.

## Next Steps

Moving forward, there are a few key tasks that would be worth completing:

- Refining the estimate of people expressing interest in entering treatment of any kind
- Determining the availability of treatment based on a survey of the current treatment landscape
- Determining if a gap exists by comparing the estimate of interest to the availability of treatment services
- Exploring gaps in case management and the need for more wrap-around services.

## Sources

- 1) American Psychiatric Association. (2013). Substance-related and addictive disorders. In *Diagnostic and statistical manual of mental disorders (5th ed.)*. (DSM-5). Retrieved from <http://dsm.psychiatryonline.org/book.aspx?bookid=556>.
- 2) University of Idaho. WLF 448: Fish & Wildlife Population Ecology 2008. Available at: [http://www.webpages.uidaho.edu/wlf448/cap\\_recap.htm](http://www.webpages.uidaho.edu/wlf448/cap_recap.htm)
- 3) Chapman DG. *Some Properties of the Hypergeometric Distribution with Applications to Zoological Sample Censuses*. University of California Publications in Statistics. Berkeley and Los Angeles, CA: University of California Press. 1951;1(7)131-160.
- 4) University of Manitoba. Concept: Capture-Recapture Method of Estimating Population Size. <http://mchp-appserv.cpe.umanitoba.ca/viewConcept.php?printer=Y&conceptID=1469>
- 5) Chartier M, Dart A, Tangri N, Komenda P, Walld R, Bogdanovic B, Burchill C, Koseva I, McGowan K-L, Rajotte L. *Care of Manitobans Living with Chronic Kidney Disease*. Winnipeg, MB: Manitoba Centre for Health Policy, 2015. [Report]
- 6) Joshua A. Barocas et al. "Estimated Prevalence of Opioid Use Disorder in Massachusetts, 2011–2015: A Capture–Recapture Analysis," *American Journal of Public Health* 108, no. 12 (December 1, 2018): pp. 1675-1681.
- 7) Centers for Disease Control and Prevention, *Policy Impact: Prescription Pain Killer Overdoses*. Available at: <https://www.cdc.gov/drugoverdose/pdf/policyimpact-prescriptionpainkillerod-a.pdf>.
- 8) Center for Behavioral Health Statistics and Quality. (2017). 2016 National Survey on Drug Use and Health: Detailed Tables. Substance Abuse and Mental Health Services Administration. Available at: <https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2016/NSDUH-DetTabs-2016.pdf>
- 9) Banta-Green CJ, Newman A, Kingston S. Washington State Syringe Exchange Health Survey: 2017 Results. Alcohol & Drug Abuse Institute, University of Washington, January 2018. Available at: <http://adai.uw.edu/pubs/pdf/2017syringeexchangehealthsurvey.pdf>



# Capture - Recapture

**Mark Beatty, MD, MPH**  
**Health Officer**  
**Snohomish County**

April 24, 2019

## Definitions: Substance Use Disorders

*Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> ed. (DSM-5):*

The terms "substance abuse/substance dependence" have been abandoned – replaced by substance use disorder (SUD)

- Categorized as mild, moderate, or severe
- Determined by the number of diagnostic criteria met



## Definitions

### Opioid Misuse:

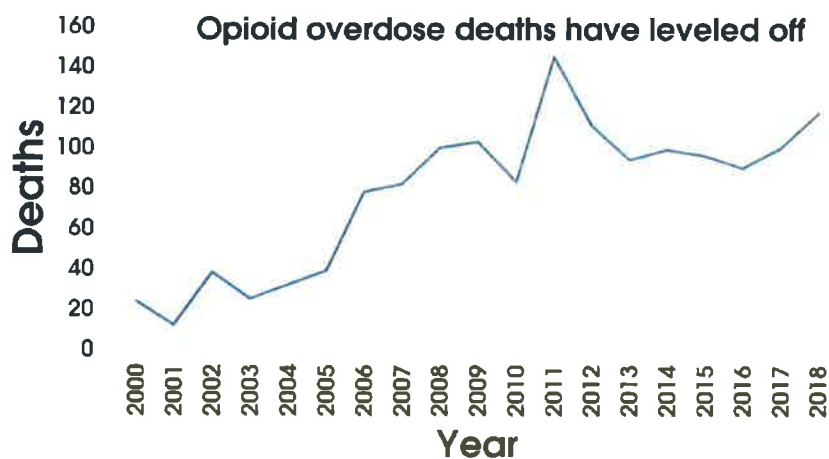
Intermittent use of any of the following and not meeting the dx of OUD

- An illicit opioid
- Someone else's prescription opioid
- One's own prescription opioid other than as prescribed (e.g., higher dose, for different reason)

Snohomish Health District

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## Opioid Overdose Deaths, Snohomish Co. 2000-2018



Source: Medical Examiner data reported to DOH

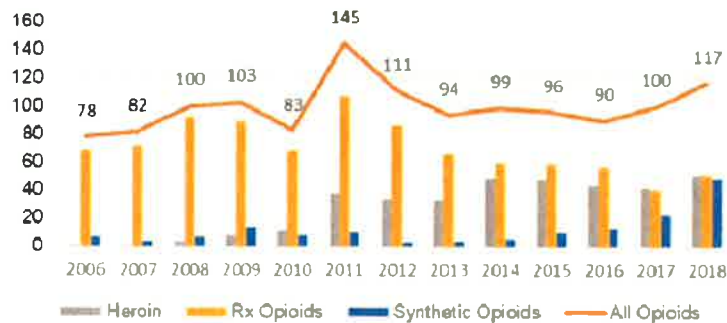
Snohomish Health District

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## Opioid-related Overdose Deaths

### Opioid-Related Deaths by Type Snohomish County, 2006-2018\*

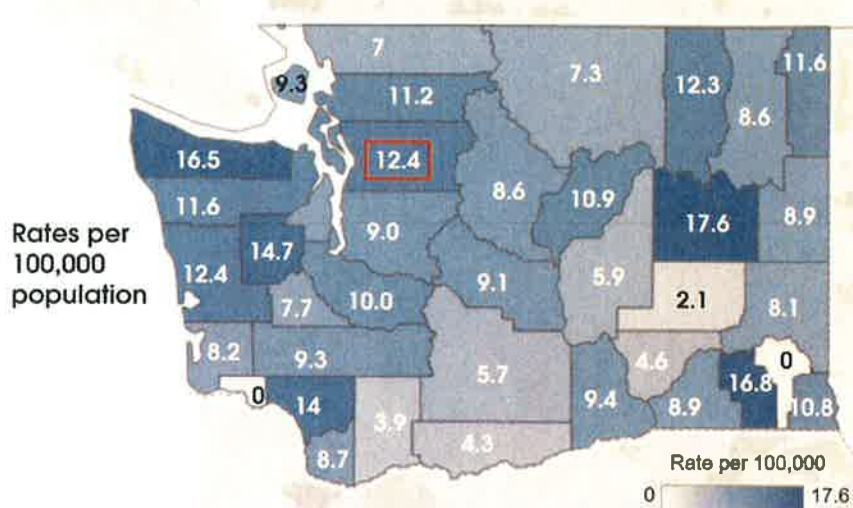
(\*2018 data is preliminary as of 2/4/19)



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### Age-Adjusted Opioid-Related Overdose Death Rates by County, 2012-2016



© OpenStreetMap contributors

Source: <http://opioid.amfar.org/WA>

## CDC Model

CDC published a diagram of the relationship between different opioid crisis outcomes



Source: CDC Policy Impact Prescription Painkiller Overdoses. Available at <https://www.cdc.gov/drugoverdose/pdf/policyimpact-prescriptionpainkiller-a.pdf>

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## Known Relation Between Health Outcomes for Persons who Overdose



Source: CDC Policy Impact Prescription Painkiller Overdoses. Available at <https://www.cdc.gov/drugoverdose/pdf/policyimpact-prescriptionpainkiller-a.pdf>

References

<sup>1</sup> Addressing Prescription Drug Abuse in the US. Behavioral Health Coordinating Committee. DHHS. Available at [https://www.cdc.gov/drugoverdose/pdf/policyimpact-prescriptiondrug-abuse-report\\_09-2013.pdf](https://www.cdc.gov/drugoverdose/pdf/policyimpact-prescriptiondrug-abuse-report_09-2013.pdf)

<sup>2</sup> Seth P, Rudd RA, Noonan RK, Haselich IM. Quantifying the Epidemic of Prescription Opioid Overdose Deaths. Am J Public Health. 2018;108(4):500-502.

<sup>3</sup> Research Report Series: Prescription Drug Abuse. National Institute on Drug Abuse. NIH. Available at <https://www.drugabuse.gov/news-events/research-report/pain-potential>

Snohomish Health District

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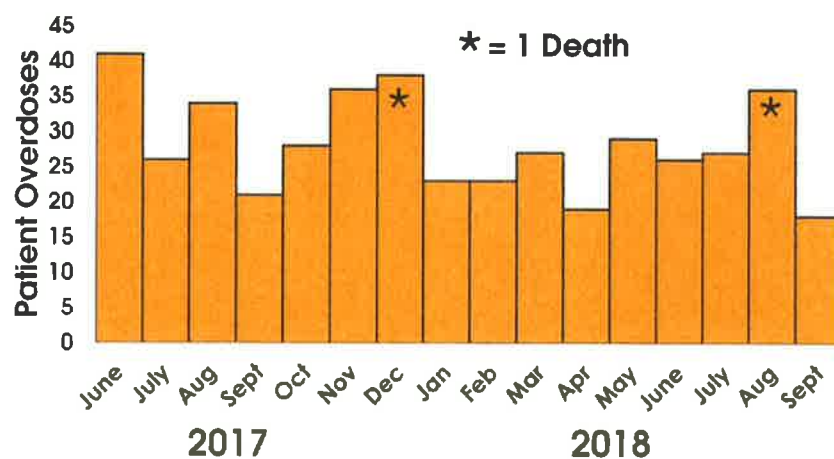
## CDC-funded Opioid-Overdose Outreach Program

- Began June 2017 at PRMCE
  - Added Swedish Edmonds and Mill Creek
- ED staff nurse contacts patients to discuss
  - Treatment options
  - Follow-up
- Follow-up with prescribers whose patients overdosed
- Warning system for tainted street drugs

Snohomish Health District

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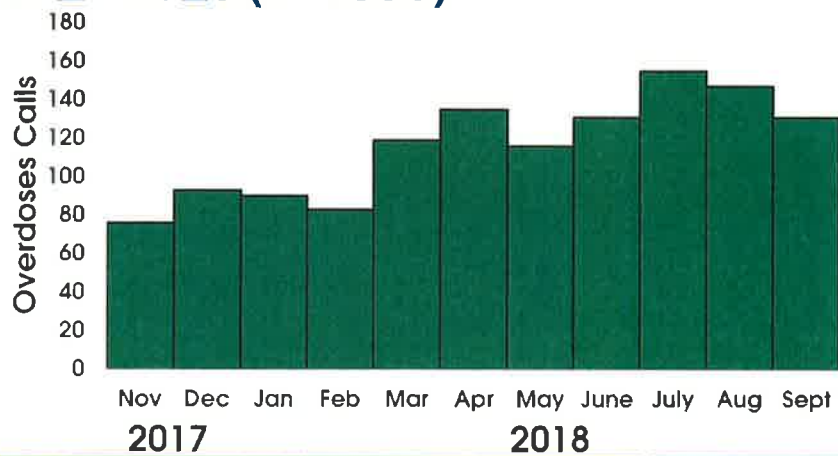
## Opioid-Overdose Emergency Visits PRMCE by Month, 2017-2018 (n=437)



Snohomish Health District

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## Opioid-Overdose Records Identified by Text Search, *FirstWatch*, by Month, 2017-2018 (n=1390)



Snohomish Health District

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## Capture - Recapture



Total Population -  $n$     First Capture -  $n_1$     Second Capture -  $n_2$     Recapture -  $n_3$

Where:

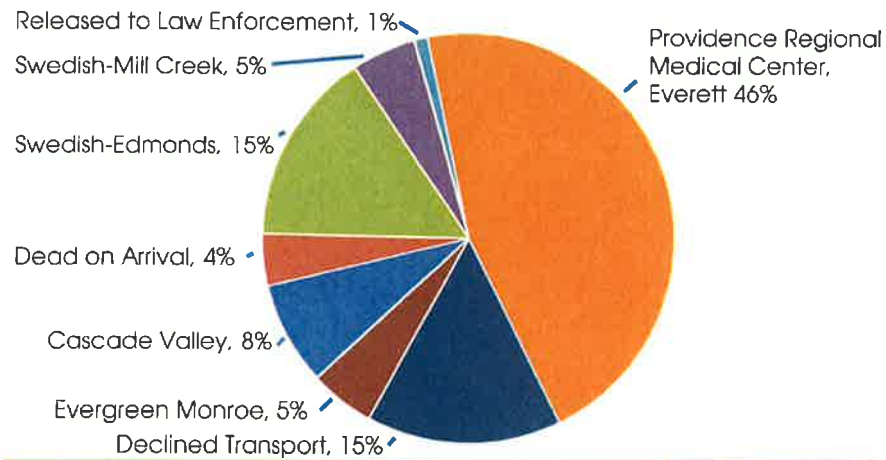
$n$  = Size of population  
 $n_1$  = Number tagged  
 $n_2$  = Number sampled  
 $n_3$  = Number tagged in the sample

$$n = \frac{n_1 \times n_2}{n_3}$$

Snohomish Health District

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## FirstWatch MD Verified OD Records by Destination Percent, July 2018, n=73



Snohomish Health District

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## Capture-Recapture Results, July 2018

- n1, Number cases in FirstWatch = 73
- n2, Number cases in PRMCE ED = 29
- n3, Number of matches = 18

$$N = \frac{n1 \times n2}{n3}$$

- N = 118/month or 1416/year opioid overdoses requiring medical intervention

Snohomish Health District

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## 2016 National Survey on Drug Use and Health

- 70,000 completed the survey interview
- Ages 12 and above
- Measurement included:
  - Prescription opioid use
  - Misuse
  - Use disorders

Synonymish Health District

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## Snohomish County Burden Using 2016 National Survey on Drug Use and Health

"Opioids" include **only** heroin and prescription pain medications

Children under age 12 excluded from the survey



\*Source: Substance Abuse and Mental Health Services Administration (SAMHSA) Results from: the 2016 National Survey on Drug Use and Health Detailed Tables Available at: <https://www.samhsa.gov/databriefs/default.asp?id=118>

1. Table 5.29 Substance Use Disorder for Specific Substances in the Past Year among Persons Aged 12 or Older, by Age Group, Percentage, 2015 and 2016. 2. Table 659 Table 659 Misuse of Opioids in Past Year among Persons Aged 12 or Older, by Age Group and Demographic Characteristics, Percentages, 2015 and 2016.

Sealthmish County population estimate 2018 Population of County <https://www.ofm.wa.gov/washington-data-research/population>

Age structure of County: <https://datafnder.com/county/Washington/Snohomish-County/Age-and-Sex>

Snodgrass Health District

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## Comparability of Results

Dataset	Deaths	Recovery Admissions	Emergency Dept. Visits	Opioid Use Disorder	Opioid Misusers
Burden of Disease with Capture-Recapture Method	44	400	1,400	5,600	37,000
2016 National Survey on Drug Use and Health	41	400	1,300	5,400	34,000
2017 Washington Syringe Exchange Health Survey	70	700	2,300	9,400	59,000
2017 Snohomish County Opioid-related Death Data	100	1,000	3,000	13,000	83,000
2018 Point-in-Time Study	90	900	3,000	12,000	80,000

## Summary

- Capture-recapture method estimates 1,400 ED visits for opioid overdose
- CDC model estimates 5,600 residents have Opioid Use Disorders
- This model agrees with the NDUH population-based survey (5,400)



## Summary

- Both methods underestimate deaths; 40-44 expected deaths vs 100 actual
- Range of residents with OUD in Snoh. Co. is likely between 5,000-10,000

## Next Steps

- Assess the landscape of treatment and support services (housing, vocational rehab, etc.)
- Determine if a gap exists by comparing estimate to availability
- Work with service providers to develop a network so all services are easily accessible

Feb 24, 19  
7.24.2019



Leading digital behavioral health platform  
for healthcare payers and providers.

## Company Overview 2019



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# Agenda

## Introductions

## myStrength Overview

- Model
- Partnerships
- Payer/Provider Use Cases
- Effectiveness and Efficacy
- Demo
- Integration
- Innovation Road Map

# Founders

Personally impacted by mental illness

Successfully scaled sizable Internet services businesses

Dedicated to leveraging technology to extend mental health access



**Scott Cousino**  
CEO

Scaled \$100M+  
Online College



**Matt Sopcich**  
President

Scaled \$100M+  
Consumer Telecom Platform

## Leadership Team

- **Abigail Hirsch, PhD**  
Chief Clinical Officer
- **Kevin Miller**  
Chief Financial Officer
- **Joslin Alexander**  
VP of Product
- **Suzanne Falaschetti**  
VP of Account Services
- **Ed Jones, PhD**  
VP of Strategy
- **Amy V. Lukowski, Psy.D.**  
Clinical Product Director

## Clinical Board

- **Tom Barrett, PhD**  
Former Director of Mental Health, CO
- **CJ Bathgate, PhD**  
Sleep Medicine Expert
- **Charlie Currie**  
Former Administrator of SAMHSA
- **Stephen Mayberg, PhD**  
Former Director of the California Department of Mental Health
- **Suzanne Mitchell, MD, MS**  
Expert in primary care redesign and chronic care
- **Among others**



## Strategic Partners





Evidence-based  
self-help resources  
for emotional health  
and overall well-being

#### Focus Areas



Managing Depression



Controlling Anxiety



Reducing Stress



Mindfulness and Meditation



Improving Sleep



Balancing Intense Emotions



Managing Chronic Pain



Drug or Alcohol Recovery



Opioid Recovery

#### Community Inspirations

Popular

New

My Inspirations

Manage

Upload



BeckwithCare



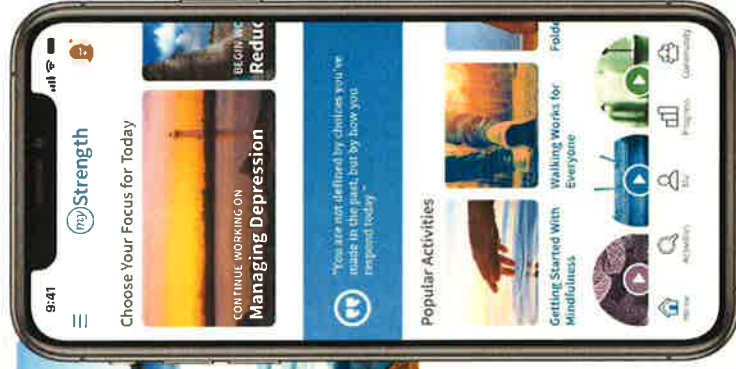
ArtTherapy



Psychology



Psychology



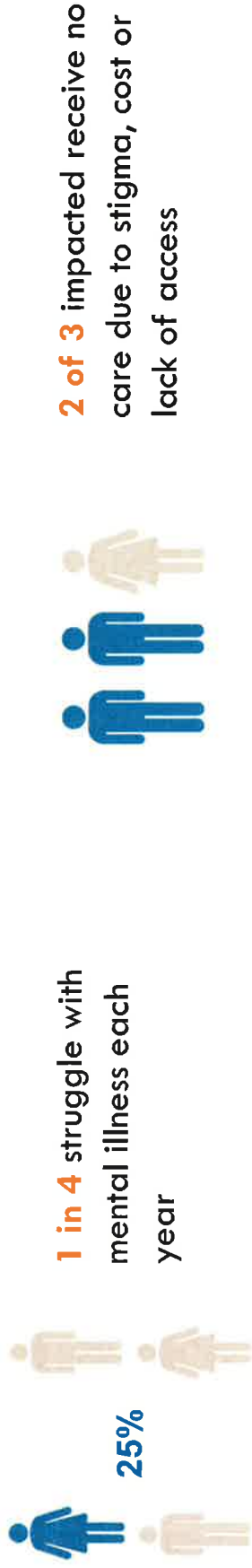


# myStrength Value Proposition



# The Problem

Depression is the leading cause of disability in the US, \$470 Billion of Costs



## Significant Costs

- **20% of total health care costs** are driven by untreated, co-morbid behavioral health conditions.

## Co-exist emotional health conditions:

- **43%** of those with stress struggle with poor sleep
- **60%** struggling with pain have depression

- US suicides have reached their **highest peak in 30 years**, with middle-aged Americans making up the largest part of the growing epidemic, according to new federal data.



Sources: Citizens Commission on Human Rights; 2014 CDC WISQARS; Jason Foundation; National Institute of Mental Health; National Center for Addiction and Substance Abuse | [National Center for Health Statistics](#); Millman 2008



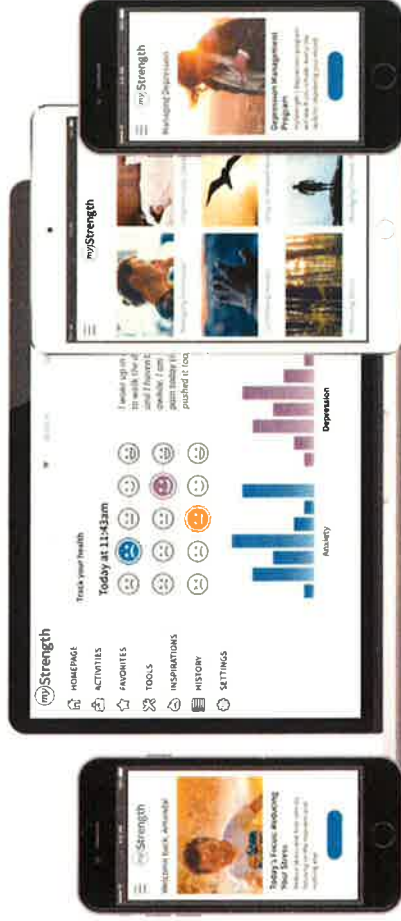
# Personalized Emotional Health Resources



## Interactive Applications

- Stress
- Depression
- Anxiety
- SUDs
- Opioid Recovery
- Chronic Pain

Intense Emotions  
(DBT)



## Mind + Body + Spirit

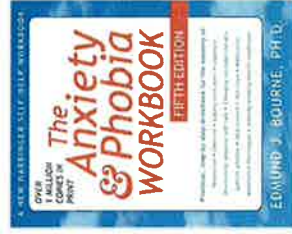
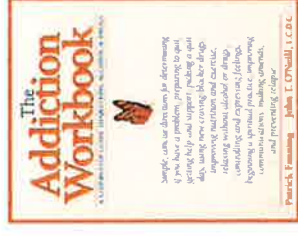
- Wellness
- Intuition
- Meditation
- Mindfulness
- Community

Meditation

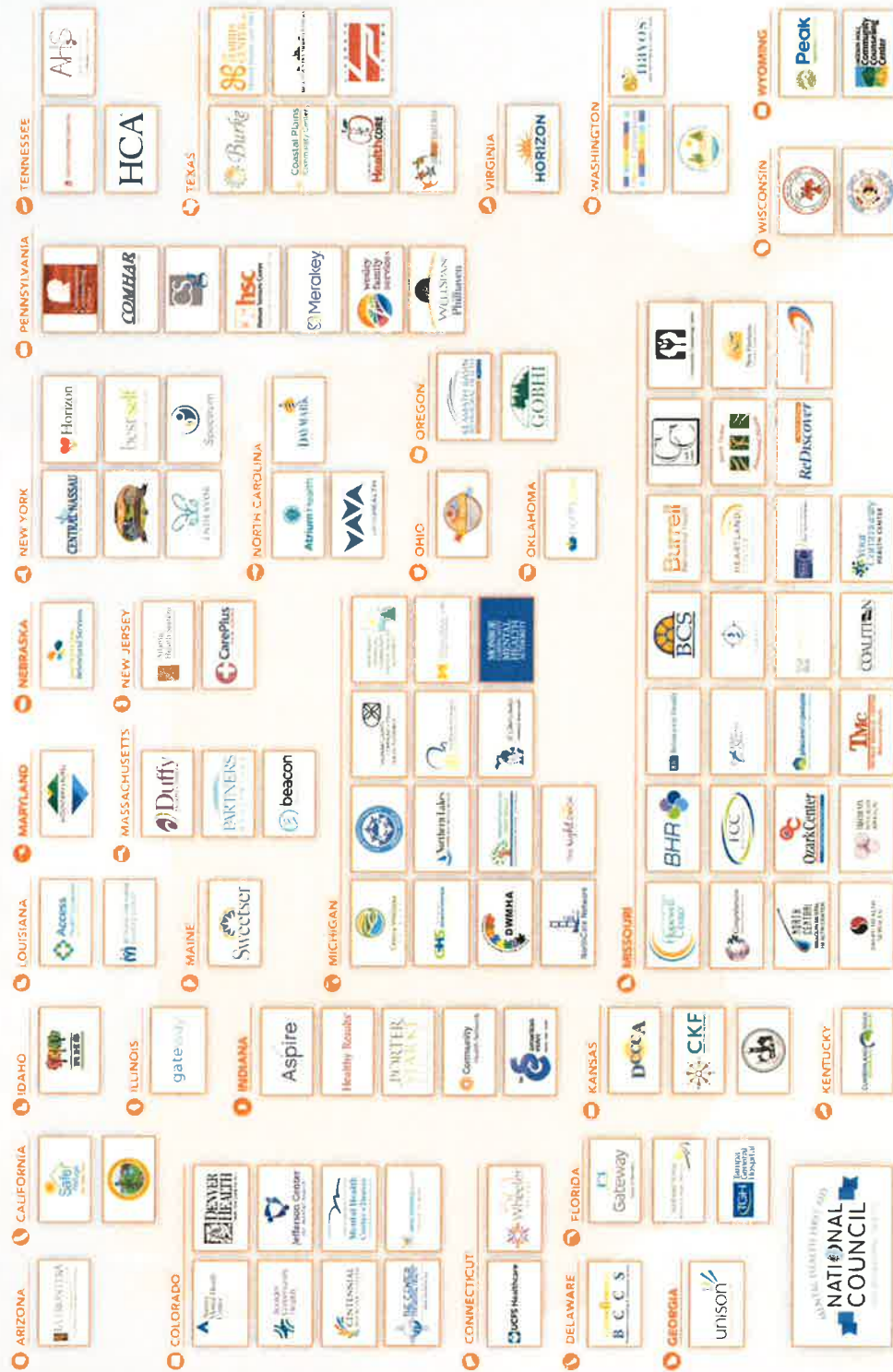


# myStrength's Evidence-based Foundation

Exclusive partnership with leading behavioral health publisher to empower individuals with evidence-based resources and “gold standard” content to foster clinician adoption



## myStrength Sample Community and Behavioral Health Partners – March 2019





# Extensive Adoption by Commercial Payers and Providers



## Health Plans and EAP Providers

myStrength is selected by the largest payers in the U.S. to energize EAP, wellness, emotional health and chronic support for +20 million lives and 1,000 employers

## Health Systems

myStrength is integrated into leading health providers to facilitate integrated care and emotional health in primary care, behavioral health and disease management settings

## Consumer Platforms

myStrength is chosen as the interactive mental health platform for emerging consumer healthcare organizations and leading tech companies

# Enhancing Care Models



## Intake

- Waitlist Management
- Crisis
- Population Health



## Intervention

- Bridge Between Visits
- Case Managers
- Reach Rural Consumers
- SMI/Psych Rehab
- Group Session
- Peer Specialists
- Medication Only
- Integration with Primary Care



## Post-Therapy

- D/C Planners
- Step Down
- Relapse Management



## Employee Wellness

# myStrength White Papers



## Available White Papers:

- Integrative Evidence-Based Online Tools
- Medicaid Population Health Management: Lowering the depression cost burden
- myStrength for Substance Use Disorders
- myStrength and Trauma Informed Care
- An Effective Tool for Managing the Cost of Depression in the Workplace

# Sample myStrength Case Studies



**Managing SMI and SUDs with myStrength**



**Extending and Enhancing Access to Behavioral Healthcare**



**The Power of Self-Care**





# A Growing Library of Peer-Reviewed Publications



**Quantifying the Economic Impact of a Digital Self-Care Behavioral Health Platform on Missouri Medicaid Expenditures**  
2018 publication in the *Journal of Medical Economics*

**Real-World Outcomes Associated with a Digital Self-Care Behavioral Health Platform**  
2017 publication in the *Annals of Clinical Research and Trials*

**Managing Depressive Symptoms in the Workplace Using a Web-Based Self-Care Tool: A Pilot Randomized Control Trial**  
2017 publication in *JMIR Research Protocols*

**An Online Mental Health and Wellness Intervention Supplementing Standard Care of Depression and Anxiety**  
2016 publication in the *Archives of Psychiatric Nursing*

# Outcomes Research & Data Analytics



## Engagement

- **6 interactions in first 45 days**—36% active after a year - 12 mins/ session



## Efficacy

- **55% reduction in depression scores**; 3x greater than control
- **82% as effective** as face-to-face therapy

## ROI

- **\$382 per user additional claims cost reduction** compared to the control group; 4.8X ROI

# myStrength Demo



Thank you.

*my* Strength

## **Draft Superintendent Goals for 2019**

### **Specific 2019 Superintendent Goals**

- Develop and implement strategy for assuring that Verdant Health Commission's strategic priorities are met with regards to programming, grants and other activities. \*\*Align these strategies with the priority areas that arise from the June 2019 Strategic Planning session\*\*
- Partner with academia to create a culture in PHD2 of best health and medical care
- Increase presence and awareness of Verdant Health Commission within PHD2
- Increase Verdant Health Commission's media presence
- Develop and implement a strategy for evaluating Verdant Health Commissions internal programs
- Develop and implement a strategy for providing technical assistance to grantees
- Increase use of data by PHD2 to inform decision making and program planning including the use of qualitative data (stories)
- Influence priority areas in PHD2 district (including legislative/policy)
- Continue implementation of strategy for partnership with other funders serving Public Hospital District #2 in order to align investments and determine community funding gaps
- Serve as a primary convener of relevant stakeholders and partners within PHD2 to address mutual community health related issues
- Increase presence with social service, allied health and medical providers in relation to programming, continued education and collaboration
- Maintain and enhance communication and partnerships with cities within our district

### **Leadership, Board Relations and Community Engagement**

- Provide the Board of Commissioners with monthly updates of all activities of superintendent and Verdant Health Commission staff.
- Invitation to/inclusion of Commissioners at community meetings as appropriate.
- Provide the Board of Commissioners with monthly updates on upcoming events, meetings and other relevant opportunities.
- Maintain strong professional relationships with each of the Commissioners
- Proactively seek input from Commissioners on key strategic issues and/or opportunities facing the organization
- Chair the South County CEO Roundtable meeting for the purpose of sharing community concerns, collaborative planning and relationship building.
- Serve in a leadership role in the community (boards, committees, etc.) that aligns with the mission and vision of the Verdant Health Commission.
- Present on behalf of the Verdant Health Commission at community events, public meetings, conferences, etc. as requested.

- Initiate presentations on behalf of the Verdant Health Commission at community events, public meetings, conferences, etc. as necessary.
- Work with local and state elected officials and representatives on issues and policies that affect the work of the Verdant Health Commission and/or Swedish Edmonds.
- Develop and host meetings with key community partners at least twice per year

#### **Ethical and Regulatory Requirements**

- Ensure that Verdant Health Commission achieved a clean financial audit and no significant issues have developed with respect to the State Auditor's Office related to the financial audit
- Ensure that Verdant Health Commission achieved a clean performance/accountability audit and no significant issues have developed with respect to the State Auditor's Office related to the performance/accountability audit
- Ensure that Verdant Health Commission remains compliant with State laws governing public hospital districts
- Ensure that Verdant Health Commission adheres to policies to avoid gifting of public funds
- Treat organizational and personal integrity as core values of the organization and not just a matter of legal compliance

#### **Operational Goals**

- Delegate tasks and responsibilities effectively and maintains an appropriate level of oversight
- Clear and attainable performance measures are established for staff
- Develop and manage a realistic annual budget
- Develop and maintain a working knowledge of all Verdant Health Commission programs and finances.
- Monitor and address legal issues specific to Public Hospital District #2 and keep Board of Commissioners updated on all actions taken.
- Develop and maintain a working knowledge of the lease agreement between Swedish Edmonds and the Verdant Health Commission.
- Continue to monitor issues related to the lease with Swedish Edmonds
- Oversee the design and development of the Verdant Health Commission's annual report



**Balance Sheet**  
As of March 31, 2019

	A	B	C	D
	Dec 31, 2018	Mar 31, 2019	\$ Change	Comments:
<b>1 ASSETS</b>				
<b>2 Current Assets</b>				
<b>3 Cash Balance</b>	2,863,276	2,713,673	(149,603)	
<b>4 Other Current Assets</b>	47,865,697	48,808,512	942,814	Includes Investments
<b>5 Total Current Assets</b>	50,728,973	51,522,185	793,212	
<b>6 Total Long-term &amp; Fixed Assets</b>	44,873,691	44,414,965	(458,726)	Includes Depreciation
<b>7 TOTAL ASSETS</b>	<b>95,602,664</b>	<b>95,937,150</b>	<b>334,486</b>	
<b>8 LIABILITIES &amp; EQUITY</b>				
<b>9 Liabilities</b>				
<b>10 Current Liabilities</b>	2,176,028	1,378,076	(797,952)	
<b>11 Long-term Liabilities</b>	1,073,890	1,058,382	(15,507)	2012 LTGO Bonds/BHCF
<b>12 Total Liabilities</b>	3,249,917	2,436,458	(813,459)	
<b>13 Total Equity</b>	92,352,746	93,500,691	1,147,945	Annual Net Income/(Loss)
<b>14 TOTAL LIABILITIES &amp; EQUITY</b>	<b>95,602,664</b>	<b>95,937,150</b>	<b>334,486</b>	

**Profit & Loss**  
March 2019

	A	B	C	D	E	F
	Mar Actual	Mar Budget	Fav/(Unfav)	YTD Actual	YTD Budget	Fav/(Unfav)
<b>1 INCOME</b>						
<b>2 Ordinary Income</b>	913,090	901,208	11,882	2,743,225	2,723,423	19,802
<b>3 EXPENSES</b>						
<b>4 Operating Expenses</b>	177,507	193,492	15,985	559,673	583,318	23,645
<b>5 Depreciation Expense</b>	148,535	148,535	-	447,260	447,260	0
<b>6 Program Expenses</b>	592,141	681,490	89,349	1,703,507	2,072,471	368,964
<b>7 Total Expenses</b>	918,184	1,023,518	105,334	2,710,440	3,103,049	392,609
<b>8 OTHER INCOME/(EXPENSE)</b>						
<b>9 Total Other Income/(Expense)</b>	493,315	241,828	251,487	1,115,160	725,483	389,677
<b>10 NET INCOME/(LOSS)</b>	<b>488,221</b>	<b>119,518</b>	<b>368,703</b>	<b>1,147,945</b>	<b>345,856</b>	<b>802,089</b>

**Monthly Highlights**  
March 2019

Verdant received dividends payments of \$103,182 and a unrealized gain of \$196,061 on our investment portfolio in March which closed with an ending market value of \$48,046,448.

Program grant commitments total \$6,123,509 for 2019\*. \$1,626,419 remains available to spend in 2019, \$100,000 of which is designated as Co-funding Opportunities. \*Excludes BHCF

Revenue of \$120,552 and expenses of \$67,997 from the Kruger Clinic were incurred, netting to an additional operating income of \$52,554 in March.



## Public Hospital District #2

Warrant Number	Transaction Date	Payee	Amount	Purpose
<b>Warrant Activity:</b>				
13475	03/06/2019	AA Dispatch, LLC	141.75	Taxi Service 1/31/19 (#77435 & 72358) 2/18/19 (#65410)
13476	03/06/2019	AWPHD	5,100.00	2019 Annual membership Dues
13477	03/06/2019	Cascade Security Corporation	512.00	March 2019 Parking Lot Security
13478	03/06/2019	Community Life Center / NW Church	900.00	Facility rental 2-day Community Health Worker Conf 3/14-15/19
13479	03/06/2019	Consolidated Press Printing Company, Inc	790.34	Print 2019 VHCC Programs
13480	03/06/2019	Eberle Vivian	4,398.44	2Q19 Self Insurance Work Comp Claims Administration
13481	03/06/2019	ELTEC Systems, LLC	277.68	Mar 2019 Elevator Maintenance
13482	03/06/2019	Guardian Security Systems, Inc.	729.89	Annual Fire and Sprinkler Alarm Testing
13483	03/06/2019	Lani Miller	327.90	WC 225 - Instructor reimbursement Nutrition Program 2-27-19
13484	03/06/2019	Puget Sound Energy	55.08	Natural Gas
13485	03/06/2019	Snohomish County PUD	1,613.16	Electricity
13486	03/06/2019	City of Lynnwood	1,551.00	Jan 2019 After Hours Support (96.5 hrs)
13487	03/06/2019	Consolidated Landscape Maintenance, Inc.	440.50	Mar 2019 Landscaping maintenance
13488	03/06/2019	Sound Publishing, Inc.	42.00	Legal Notice 2/27 Board Meeting
13489	03/13/2019	Alexander Printing Co, Inc	79.18	Provider Open House invites
13490	03/13/2019	Armstrong Maintenance, LLC	1,414.94	Janitorial
13491	03/13/2019	City of Lynnwood - Utilities	562.53	Water/Sewer
13492	03/13/2019	Comcast	528.61	Internet/Telephone
13493	03/13/2019	Laura Miramontes	45.00	Childcare for Thai Cooking 2/27 (3hrs)
13494	03/13/2019	Maria G Casey	500.00	Instructor Fee for Art Class 2/22/19
13495	03/13/2019	Nariman Weaver	1,000.00	Logo Design for 2019 Latina Health Conference
13496	03/13/2019	Sound Dietitians	2,263.78	WC 222 Nutrition Consulting/ WC 223 Health Living Coaching Group
13497	03/13/2019	Susana Flores	210.00	Childcare for Positive Discipline 2/18, 2/25, 3/4 (11hrs) & Thai Cooking 2/27 (3hrs)
13498	03/13/2019	Verizon	100.90	Feb 2 - Mar 1, 2019
13499	03/13/2019	Comcast	340.79	Internet/telephone
13500	03/13/2019	ANS of WA, Inc.	135.00	KG Notary Seminar 3-19-19 in Lynnwood
13501	03/13/2019	Dynamic Language	144.06	ASL Interpreter for EBT Cooking Demo Class
13502	03/13/2019	Guardian Security Systems, Inc.	240.00	Security Patrol
13503	03/13/2019	Dataworks	992.16	VHCC Support; IT Support
13504	03/13/2019	Elvira T. Alanis	1,100.00	Meal for 3/14 - 3/15 Workshop
13505	03/13/2019	Yasaura Carvajal	202.50	Childcare for Positive Discipline 2/18, 2/25, 3/11 (11hrs) & Thai Cooking 2/27 (2.5hrs)
13506	03/20/2019	Backflows Northwest, Inc	198.30	Repair Backflow
13507	03/20/2019	City of Lynnwood	1,215.00	Feb 2019 After Hours Support (72.5 hrs)
13508	03/20/2019	Executive Speakers Bureau	2,435.72	VHCC 2019 Expense Reimbursement for Eric Klinenberg
13509	03/20/2019	Katherine Williams	408.47	WC 231 - Nutrition Programming
13510	03/20/2019	Payden & Rygel	7,948.00	1/1-1/31/19 Investment Advisory Services
13511	03/20/2019	Sara Prato, RD	1,828.42	WC 224 - Mediterranean for Life
13512	03/20/2019	Lowe Graham Jones PLLC	1,334.54	Jan-Feb 2019 Trademark monitoring; Annual Service Fee
13513	03/20/2019	Litho Craft	1,814.98	Printing of Program Guide (Qty 2000)
13514	03/20/2019	Moss Adams - Audit	1,747.25	2018 Financial Audit
13515	03/20/2019	Neopost	150.00	Postage
13516	03/20/2019	Staples	249.99	Supplies
13517	03/20/2019	FastSigns	72.90	Posters for provider open house
13518	03/20/2019	Lani Miller	858.89	WC 225 - Instructor reimbursement Nutrition Program 3/9 & 3/16

Warrant Number	Transaction Date	Payee	Amount	Purpose
<b>Warrant Activity:</b>				
13519	03/20/2019	Principal	2,008.78	EE Life Insurance
13520	03/20/2019	Connie Nelson, RN	450.00	WC 212 - Yoga 6-week series
13521	03/27/2019	Wells Fargo	147.65	Misc.
13522	03/27/2019	Alexander Printing Co, Inc	1,162.30	Printing Provider Rx Pads
13523	03/27/2019	Electronic Business Machines	44.08	3/22-4/21/19 Copy Machine
13524	03/27/2019	Lani Miller	-	VOID: WC 228 - Instructor reimbursement Nutrition Program 3/18
13525	03/27/2019	Regence Blueshield	5,745.31	Apr 2019 Health Insurance
13526	03/27/2019	Roto-Rooter	276.00	Repair Toilet Clog
13527	03/27/2019	Wells Fargo	1,160.92	Misc.
13528	03/27/2019	Wells Fargo	3,135.83	Misc.
13529	03/27/2019	Dataworks	113.97	IT Support
13530	03/27/2019	Leadership Snohomish County	5,000.00	Award 322 - Step-up Equity Event - Superintendent Discretionary
13531	03/27/2019	Maria G Casey	567.26	Vincent Van Gogh Art Class 3/18-2/19
		Total Warrants	66,813.75	

**Wire/ACH Activity:**

3/1/2019	Payroll	ACH payroll transfer	21,530.83
3/1/2019	Department of Treasury	Payroll taxes for 2/23/19 pay period ending	8,385.13
3/1/2019	Valic	Payroll 401(a)/457 Deposit	3,835.74
3/1/2019	Paychex	Fee for payroll processing	122.10
3/15/2019	Payroll	ACH payroll transfer	22,601.75
3/15/2019	Department of Treasury	Payroll taxes for 3/9/19 pay period ending	8,644.55
3/15/2019	Valic	Payroll 401(a)/457 Deposit	3,819.18
3/15/2019	Paychex	Fee for payroll processing	124.95
3/29/2019	Payroll	ACH payroll transfer	23,461.58
3/29/2019	Department of Treasury	Payroll taxes for 3/23/19 pay period ending	8,656.79
3/29/2019	Valic	Payroll 401(a)/457 Deposit	3,880.91
3/29/2019	Paychex	Fee for payroll processing	280.00
3/12/2019	Wells Fargo Merchant Services	Merchant Services	295.42
3/11/2019	Wells Fargo	Service Charge	23.39
3/15/2019	Alzheimer's Association Western & Central	Program Payment	7,209.16
3/15/2019	Boys & Girls Club of Snohomish County	Program Payment	24,583.33
3/15/2019	Cascade Bicycle Club Education Foundation	Program Payment	2,666.67
3/15/2019	Center for Human Services	Program Payment	32,279.16
3/15/2019	ChildStrive	Program Payment	50,150.16
3/15/2019	City of Lynnwood	Program Payment	14,448.33
3/15/2019	Compass Health	Program Payment	14,857.80
3/15/2019	Domestic Violence Services Snohomish Co	Program Payment	8,000.00
3/15/2019	Edmonds School District No. 15	Program Payment	112,465.25
3/15/2019	Edmonds Senior Center	Program Payment	9,666.67
3/15/2019	Homage Senior Services	Program Payment	60,586.67
3/15/2019	Kinderling	Program Payment	11,862.67
3/15/2019	Korean Women's Association	Program Payment	5,000.00
3/15/2019	Medical Teams International	Program Payment	8,100.00
3/15/2019	Parent Trust for WA Children	Program Payment	5,000.00

Warrant Number	Transaction Date	Payee	Amount	Purpose
<b>Wire/ACH Activity:</b>				
	3/15/2019	PEPS	3,250.00	Program Payment
	3/15/2019	Prescription Drug Assistance Foundation	4,166.67	Program Payment
	3/15/2019	Project Access Northwest	10,416.67	Program Payment
	3/15/2019	Puget Sound Christian Clinic	47,162.17	Program Payment
	3/15/2019	South Snohomish County Fire & Rescue	36,103.34	Program Payment
	3/15/2019	Therapeutic Health Services	20,833.33	Program Payment
	3/15/2019	Volunteers of America Western WA	6,750.42	Program Payment
	3/15/2019	Wonderland Development Center	28,839.58	Program Payment
	3/15/2019	Community Health Center of Snohomish Co	42,976.77	Program Payment
	3/25/2019	WA Department of Revenue	911.44	B&O/Retailing Sales Tax for Jan 2019
	3/8/2019	Ameriflex	86.54	EE FSA Payments
	3/15/2019	Ameriflex	31.67	EE FSA Payments
		Total Wires/ACH Transactions	674,066.79	
<b>Kruger Clinic Activity:</b>				
1130-1145	misc	Various Claimants/Vendors	19,791.08	Administered by Azose
		<b>Total Disbursements</b>	<b>\$ 760,671.62</b>	

Transaction Date	Payer	Amount	Purpose
<b>Deposits:</b>			
3/1/2019	Swedish/Edmonds	826,827.77	Monthly leases
3/1/2019	Raymond Liu, D.D.S.	3,389.83	Kruger Clinic monthly lease
3/1/2019	Seattle Skin & Laser	6,734.00	Kruger Clinic monthly lease
3/1/2019	Brian Takagi, MD	84.63	Kruger Clinic monthly lease
3/1/2019	Puget Sound Gastro	25,771.81	Kruger Clinic monthly lease
3/1/2019	Value Village	27,614.77	Monthly lease
3/1/2019	Swedish Edmonds Childrens Clinic	176.00	WO for Kruger Clinic
3/10/2019	Snohomish County	54,064.31	Levy
3/24/2019	Healthcare Realty Services, Inc.	4,663.72	Ground Lease
3/5/2019	WA State Health Care Authority	10,702.00	Partial Revised 2009 CPE Settlement
3/27/2019	WA State Health Care Authority	91,307.00	Revised 2010 CPE Settlement
Misc	VCWC Class Registrations	327.50	Misc. Class Registration
Misc	VHCC Registration	49.00	2019 Conference Registration
	<b>Total Deposits</b>	<b>\$ 1,051,712.34</b>	

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VERDANT HEALTH COMMISSION  
PUBLIC HOSPITAL DISTRICT #2  
SNOHOMISH COUNTY, WASHINGTON

WARRANT APPROVAL

We, the undersigned Board of Commissioners of Public Hospital District #2 of Snohomish County, Washington, do hereby certify that the merchandise or services hereinafter specified have been received and that Warrant Numbers 13475 through 13531 have been issued for payment in the amount of \$66,813.75. These warrants are hereby approved.

Attest:

Lisa M. King

  
Commissioner  
Commissioner  
Commissioner  
Commissioner  
Commissioner

Warrants Processed:	3-1-19 – 3-31-19		\$66,813.75
Kruger Clinic Processed:	3-1-19 – 3-31-19		19,791.08
Payroll:	2-10-19 – 2-23-19	21,530.83	
	2-24-19 – 3-9-19	22,601.75	
	3-10-19 – 3-23-19	<u>23,461.58</u>	
			67,594.16
Electronic Payments:	Payroll Taxes	25,686.47	
	Paychex	527.05	
	Valic Retirement	11,535.83	
	FSA Payments	118.21	
	Bank Fees	318.81	
	WA State Dept Revenue	911.44	
	Program Expenditures	<u>567,374.82</u>	
			<u>606,472.63</u>
	Grand Total		<u>\$760,671.62</u>

### Program Oversight Committee Summary Report April 2019

- Three program applications up for discussion this month
- Follow-up on myStrength: web/mobile-based behavioral health program
- Next Steps on Hunger and Health

#### Funding Requests

1.) Alzheimer's Association – Direct Services Program	Request Year 1	Request Year 2	Request Year 3
	\$88,204	\$90,249	
<b>Program Description:</b> a renewal request from the Alzheimer's Association for its direct services program, which includes one-on-one care consultations in the home, 24/7 Helpline access, support groups for caregivers and those diagnosed with Alzheimer's and other dementias, early stage memory loss programs, and educational trainings and a caregiver conference.			
<b>Expected Results</b>	The program tracks calls to the helpline, care consultations, support groups, and other program attendance. The direct services reached 659 participants in 2018, with total outreach activities estimated at 11,000 individuals. The program tracks participation in support groups, education events, and early stage memory loss programs, and after the last round of funding, AA staff made some improvements to better standardize their results using national assessments.		
<b>Use of Funds &amp; Costs</b>	The funding request supports a direct service care consultant FTE and program coordinator, and the program leverages \$164k of county funding as well as private fundraising support.		

2.) CampFire – Healthy Initiative	Request Year 1	Request Year 2	Request Year 3
	\$30,000	\$30,000	\$30,000
<b>Program Description:</b> a renewal request for CampFire's "Healthy Initiative," which supports children ages 5-18 in school and after school to make healthy choices. Through the program, children learn and practice nutrition and healthy physical activities. The program would expect to reach 600 children in Verdant's service area, and the program tracks improved commitment to health and decision-making skills.			
<b>Expected Results</b>	The program would serve 600 children, with 88% from South County. The program uses a curriculum that has been adopted by the Edmonds School District, with knowledge questions and self-reported behavior. Examples include: <ol style="list-style-type: none"> <li>1. Youth applying energy balance in their lives</li> <li>2. Youth reading food &amp; drink labels</li> <li>3. Youth choosing to drink more water</li> </ol>		
<b>Use of Funds &amp; Costs</b>	Verdant opted not to renew program in January 2018, and CampFire was able to sustain the program using other funding sources, and is now asking Verdant to support a smaller program request (\$30,000 vs. prior level of \$50,000). The budget includes several other funding sources, including a \$5,000 grant from Hazel Miller foundation, \$50,000 from one-time trust disbursement, and \$6,000 from other foundations.		

3.) Assessing Needs of Sexual and Gender Minority (SGM) Seniors in South Snohomish County	Request Year 1	Request Year 2	Request Year 3
	\$22,750		
<b>Program Description:</b> a researcher named Karen Fredriksen Goldsen, PhD drew up a proposal for a needs assessment of Sexual and Gender Minority (SGM) Seniors in South Snohomish County. Nationally, Healthy People 2020 designated SGM populations, including older adults, as an at-risk group for health disparities, but there is little local data available on the health needs of LGBTQ seniors in Snohomish County.			
<b>Expected Results</b>	The end result of the project would be a written report highlighting the health and wellness needs of SGM Seniors in South Snohomish County. In all, 100 individuals would be surveyed, and an advisory committee would be established to support the project.		
<b>Use of Funds &amp; Costs</b>	Funds would be used to establish an advisory committee, conduct outreach & recruitment, field a survey, conduct data analysis and write and disseminate a written report of findings.		

#### Program Committee Recommendations (Commissioners Knowles & Wilson)

##### Recommended for Funding:

- **Alzheimer's Association Direct Client Services:** the committee is recommending partial funding of the program for one year at \$60,000. After some discussion about program sustainability, the committee is recommending partial funding because the Verdant has funded the program since 2013 and it is not tied to a top Verdant priority area.

##### Not Recommended for Funding

- **Camp Fire – Healthy Initiative:** the committee is not recommending funding the program for similar reasons as when Verdant opted not to renew the program in 2018. The committee members felt that the nutrition education was similar to many other nutrition education programs aimed at children, and committee members had questions about the long-term health impacts of the program.
- **Assessing Needs of Sexual and Gender Minority (SGM) Seniors in South Snohomish County:** the committee members noted that the project would expend all of Verdant's needs assessment funds budgeted in 2019, and they were not interested in doing so on an assessment of a relatively narrow population.



## **Follow-up on Hunger & Health**

The program committee had a follow-up discussion on possibilities to address the needs of people experiencing hunger/food insecurity.

### **What Needs are we Seeking to Address?**

- Expand Verdant programs to reach more community members, including at food banks and community clinic locations.
- Target high need populations: research shows a link between food insecurity and chronic diseases like hypertension and diabetes. For example, one large national study found a 50% higher rate of clinical diabetes among food insecure households.<sup>1</sup> Supplemental food system doesn't necessarily support individuals with chronic diseases.
- Increase the fruit and vegetable consumption and nutrition knowledge for individuals living with chronic diseases or other health conditions.

### **Next Steps**

- Reconnect with South County food banks and tour model foodbanks that support health
- Release an RFP that supports improvements for food banks that:
  - Supports nutrition education and health screening
  - Provides for a baseline assessment and identifies improvements
  - Supports food banks to make long-term improvements that support health
- Check in with other funders to see if they have interest in joining the project

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<sup>1</sup> Food Insecurity Is Associated with Chronic Disease among Low-Income NHANES Participants, Hilary K. Seligman Barbara A. Laraia Margot B. Kushel, *The Journal of Nutrition*, Volume 140, Issue 2, February 2010,

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**Verdant Community Wellness Center Summary  
April 2019**

**Completed Programs (March/April)**

<b>1. General Community and Provider Events</b>	<b>Attendance</b>
1. Monthly Hero's Café for Veterans (3/26; 4/23)	100+/session
2. Wonderland Staff Meetings (3/26)	30
3. ESD Health Services Meeting (3/29)	20
4. Parkinson's Disease Support Group (4/1)	6-8
5. SHIBA Updates Training (4/2)	25
6. Family & Kinship Caregiver Support Group (4/4)	6-10
7. Korean Women's Association Everyday Prevention Workshops (4/4)*	30
8. PEPs – Baby Peppers (4/4 - 6/20)*	5-6
9. League of Women Voter's Children's Committee (4/5)	10
10. ARC Mothers of Children with Disabilities Monthly Support Network (4/6)	20
11. Snohomish County Early Intervention Providers Meeting (4/11)	16
12. Basic Food Education Forum (4/17)	54
13. Toddler 101 with a Pediatrician (4/17)	9
14. Community Foundation Racial Equity 101 Training (4/18)	36
15. Welcome to Medicare Monthly Workshops (4/19)	15
16. STARS Childcare Provider Training for Russian Speakers (4/20)	6
17. Sea Mar Weekly Health Insurance & Basic Food Enrollment (weekly)	Varies
18. Ongoing – Community Support for Prescription Assistance (weekly)*	Varies

<b>2. Nutrition and Healthy Behaviors</b>	<b>Attendance</b>
1. Survive & Thrive with Chronic Kidney Disease (2/27 – 4/3)*	20+/session
2. Weekly Healthy Living Coaching Group (3/26; 4/2, 9, 16,)*	8-15/session
3. Meal Planning 3 part series (3/26 – 4/16)*	8-12/session
4. Cooking Demo for Adults on SNAP – Monthly FINI Training (3/28)*	22
5. Learn & Taste: Using Herbs & Spices to Flavor Food (3/28)*	24
6. Diabetes Support Group (4/10)	4
7. Diabetes-friendly Living Series (4/10– 5/1)*	7/session
8. Cooking Demo: A Taste of India (4/10)*	21
9. Cooking Demo: Flavors of Greece (4/11)*	19
10. Mediterranean for Life 6 Week Series (4/16 – 5/21)*	13/session
11. Getting to Goal Weight Reduction Program (1:1 Appts with an RDN)*	varies

<b>3. Behavioral Health &amp; Substance Use</b>	<b>Attendance</b>
1. Understanding Anxiety & Depression (3/12 – 4/30)*	6-8/session
2. Art Therapy – Self Discovery & Reflections (3/21 - 4/25)*	8-10/session
3. Behavioral Health Integration Meeting (3/27)	12-16
4. NAMI Connections Mental Health Support Group (3/28, 4/11)	6
5. Brain Health and Wellness Classes (4/2, 11, 22)	2-6/session
6. Gender Diversity Family Support Group (4/14)	17
7. Adult Children of Alcoholics Weekly Support Group (weekly)	Varies
8. Veterans Drop-In Support (weekly - Lynnwood & monthly - County)	Varies

<b>4. Other Programs</b>	<b>Attendance</b>
1. Play and Learn Group, Wonderland Development Center (weekly)*	20+/week

## **Verdant Community Wellness Center Summary April 2019**

### **Upcoming Programs (April/May)**

#### **A. General Community and Provider Events**

1. PEPs – Baby Peppers (4/4 - 6/20)\*
2. Leadership Snohomish County Presentations (April 22, May 6)
3. Monthly Hero's Café for Veterans (April 23; May 28)
4. Homage Aging & Disability Staff Retreat (April 26)
5. Family & Kinship Caregiver Support Group (May 2)
6. Korean Women's Association Everyday Prevention Workshops (May 2)\*
7. League of Women Voter's Children's Committee (May 3)
8. ARC Mothers of Children with Disabilities Monthly Support Network (May 4)
9. Parkinson's Disease Support Group (May 6)
10. SHIBA Updates Training (May 7)
11. Opportunity Council Childcare Provider Trainings (May 7, 9)
12. Snohomish County Early Intervention Providers Meeting (May 9)
13. Pulmonary Hypertension Support Group (May 10)
14. MTI Mobile Dental – Root Canal Clinic (May 17)
15. Welcome to Medicare Monthly Workshops (May 17)
16. Wonderland Staff Meeting (May 28)
17. N. Seattle Progressives Public Forum (May 30)
18. Swedish Edmonds Leadership Retreat (May 30)

#### **B. Nutrition and Healthy Behaviors**

1. Diabetes-friendly Living Series (April 10 – May 1)\*
2. Mediterranean for Life 6 Week Series (April 16 – May 21)\*
3. Cooking with Confidence (April 24-May 8)\*
4. Cooking Demo for Adults on SNAP – Monthly FINI Training (April 25, May 23)\*
5. Cooking Demo: Tasty Breakfast Option (April 29)\*
6. Weekly Healthy Living Coaching Group (April 30; May 6, 13, 20, 27)\*
7. Diabetes Support Group (May 8)
8. Learn & Taste: Nutrition & Brain Health (May 9, 16, 23)\*
9. Cooking Demo: Flavorful Ways to Prepare Fish (May 9)\*
10. SHD Harvest for Healthy Kids Childcare Provider Trainings (May 18)
11. Cooking Demo: Optimal Eating On-the-Go (May 20)\*
12. Osteoporosis & Bone Health: Facts and Food with a Doc & Dietitian (May 21)\*
13. Survive & Thrive with Chronic Kidney Disease (May 22 – June 26)\*
14. Getting to Goal Weight Reduction Class (May 23)\*
15. Core Strength & Balance Class (May 23)\*

#### **C. Behavioral Health & Substance Use Focus**

1. Understanding Anxiety & Depression (March 12 – April 30)\*
2. NAMI Connections Mental Health Support Group (April 25; May 9, 23)
3. UW Memory & Brain Wellness Resource Day (April 27)
4. AAPPN Psychiatric Nurse Practitioner Training (April 27)
5. Gender Diversity Family Support Group (May 12)
6. Using Mindfulness to Manage Stress (May 15)\*
7. Gentle Yoga (May 23 - June 27)\*
8. Adult Children of Alcoholics Weekly Support Group (weekly)
9. Veterans Drop-In Support (weekly - Lynnwood & monthly - County)

**\* = Grant / Program Funded Partners**

## February/March 2019 Multicultural Program & Outreach Report

- **De Corazon a Corazon:** This 6-month series will offer Spanish speaking community members education and information to be more aware of what they are eating and how to choose healthy foods; to be more aware of the amount of activity they do in a day; to stop self-destructive thoughts and replace them with positives and to manage stress, social events and other people that make it difficult for them to change.
- **King County Promotoras Network:** Meeting of the group in King County that supports the efforts of the work of CHW (Promotoras) in Snohomish County. The Promotora model is a culturally sensitive, lay health educator for the Latina community.
- **7-week Spanish Language Positive Discipline Program for Parents and Youth 10-14 years.** The Positive Discipline Program is geared towards parents and youth 10-14 teaching family skills designed to enhance school success and reduce youth substance use and aggression among 10- to 14-year-olds. The first class started this month and we have 20 families enrolled.
- **Skill Building Training with Dr. America Bracho:** training for Community Health Workers, community members interested in learning how to enrich their capacity to transform the health and well-being of their communities by learning to involve stakeholders (individuals, families, agencies within and outside those communities) in the process of positive change. This training is designed to use popular education, the generation of topics and non-traditional methodologies where participants can express their thoughts and feelings while reducing their levels of anxiety and intimidation
- **Meeting among parents with children with disabilities:** an opportunity for families to gather to talk about issues facing them and how to work through them as a group.
- **Art class for All:** Trained professionals engage with families with children with disabilities through art expression.

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## **April 2019 Marketing Report**

### **The Canopy**

- Delivered in mid-April to 81,000 homes and businesses.
- Content focused on engaging community and highlighting spring and summer programs including VCWC classes and programs, Bike2Health South County Rides, South County Walks, Meet Me at the Park, and more.

### **Bike2Health Community Education Programming**

- Launching South County Rides in 2019 – regular opportunities to participate in group rides in Edmonds, Lynnwood, and Mountlake Terrace. This approach was based off of the South County Walks program model. Rides are offered monthly in spring and will be weekly in summer.

### **Upcoming Events**

- Step Up conference organized by Leadership Snohomish County on Friday, April 26, 2019 at the Lynnwood Convention Center.
- Health & Fitness Expo on Saturday, May 18, 2019 from 9 a.m. – 12 p.m. at the Edmonds School District stadium.