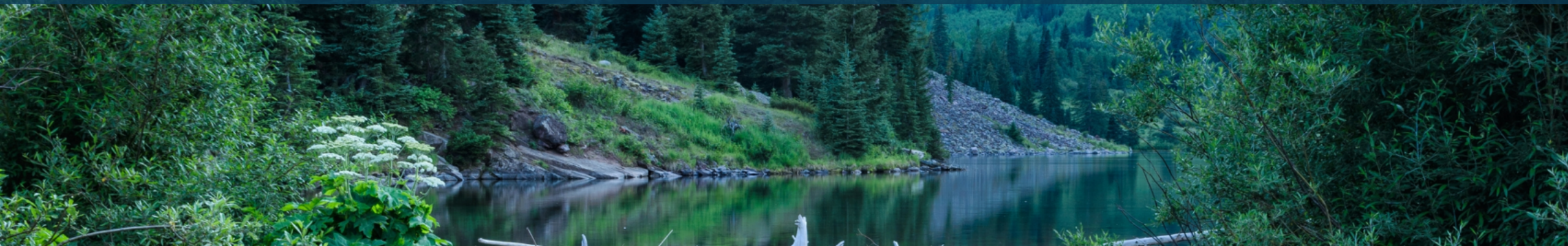
ASAM
ANNUAL CONFERENCE
Innovations in Addiction Medicine and Science
April 24-27, 2025 | Denver, CO

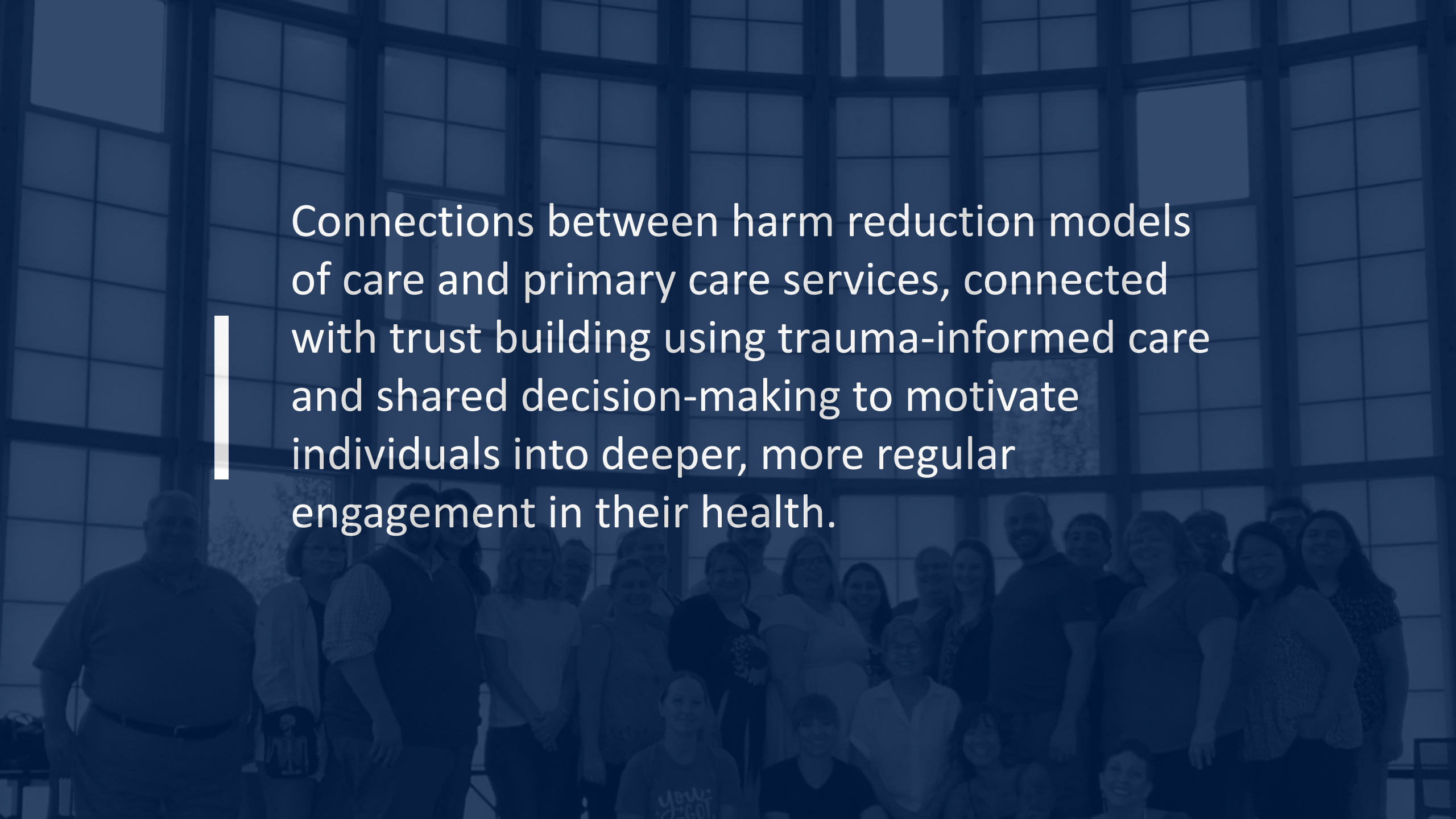
Blue Mountain Heart to Heart: Small Agency, Big Ideas for Care



Disclosure Information

Everett Maroon, MPH

- No disclosures.

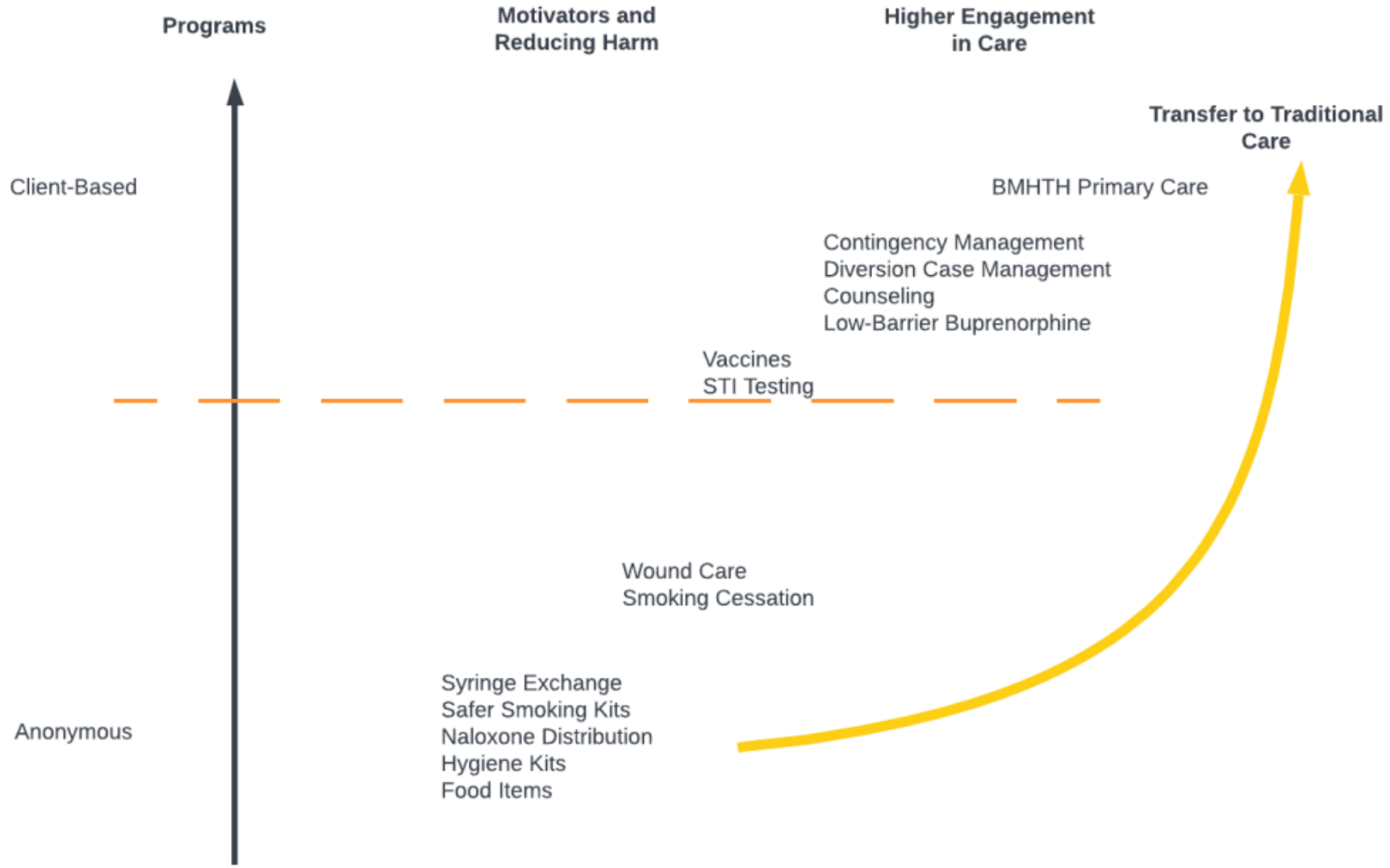


Connections between harm reduction models of care and primary care services, connected with trust building using trauma-informed care and shared decision-making to motivate individuals into deeper, more regular engagement in their health.

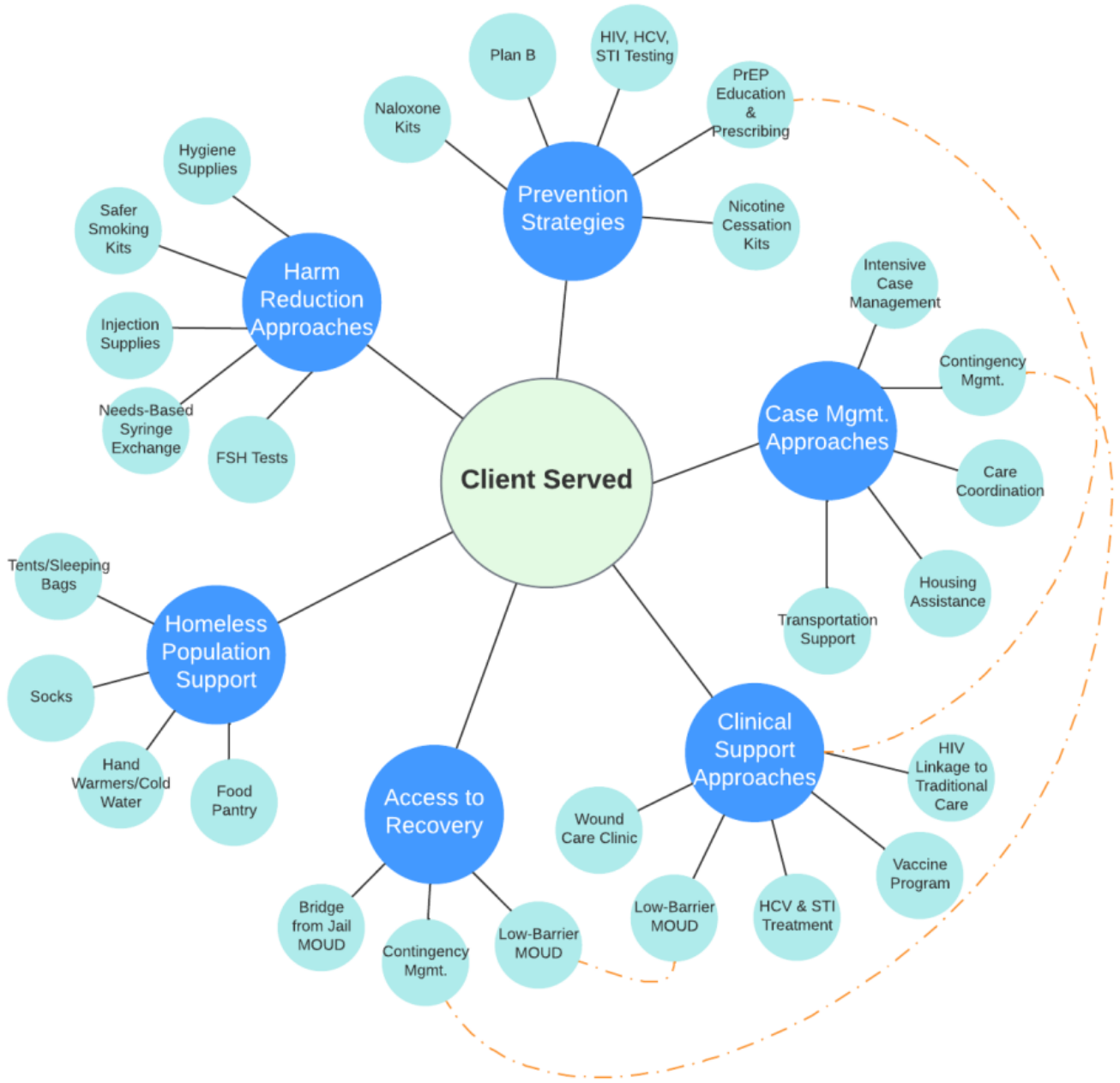
Demographic Information

- Walla Walla County: Population, ~62,584
- Median Household Income: $72,212
- Uninsured Rate: 8%
- Race/Ethnicity: 76% white, non-Hispanic; 22% white, Hispanic; 2% Native/Indigenous
- Median Age: 38.3 years
- Foreign-born: 10%
- Largely exurban with rural tracts

Program Strategy Across Models of Care



No Wrong Door Approach



Harm Reduction & Clinical Care

- Two fixed sites, one mobile program
- Walk-in screening & buprenorphine prescribing (SL & LA)
- Case managed program with wraparound services
- 8-week contingency management for psychostimulant use
- Bridge program with local hospital, co-responder program forthcoming
- Focus on increasing accountability to support warm handoff to primary care/long-term medication for opioid use disorder (MOUD)
- >650 clients ever enrolled, 2 providers, 3 nurse case managers, 2 social workers, 2 therapists

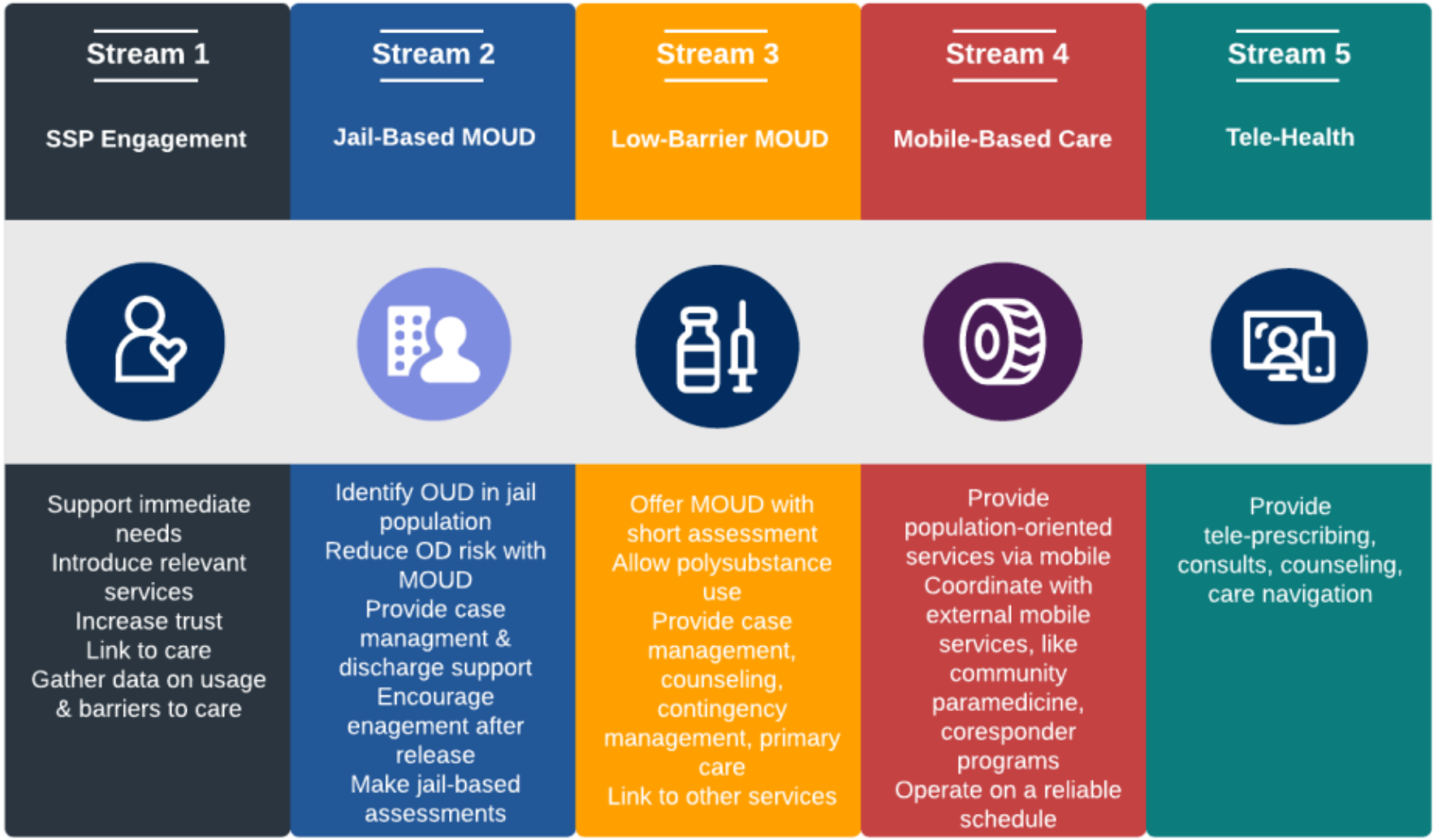
Diversion Programs

- Arrest & Jail Alternatives
  - Three case managers
  - First LEAD site east of the Cascades
- Recovery Navigator Program
  - One program manager
  - One outreach manager
  - Three case managers
  - One court liaison
  - WW and Columbia County catchment
- 300+ clients ever enrolled, current caseload of 112

Jail MOUD & Medical Program

- One nurse, one medical assistant, one onsite case manager, one PT therapist, twice weekly sick calls, on call service
- 15-26 clients on MOUD at any given time
- Multiple buprenorphine products
- Case management support during and after incarceration
- Jail-based SUDP support

Alignment & Layering of Programs



How Health Engagement Hubs Work

- Multiple referral pathways, many non-traditional
- Low-barrier intake, eligibility determination
- Insurance navigation if needed
- Multidisciplinary team support for patient care
- Collaborations with ED, Fire/EMS, adult jail, LHJ, state agencies, other funders
- Hot hand offs after sustained engagement

Strategies of the BMHTH HEH

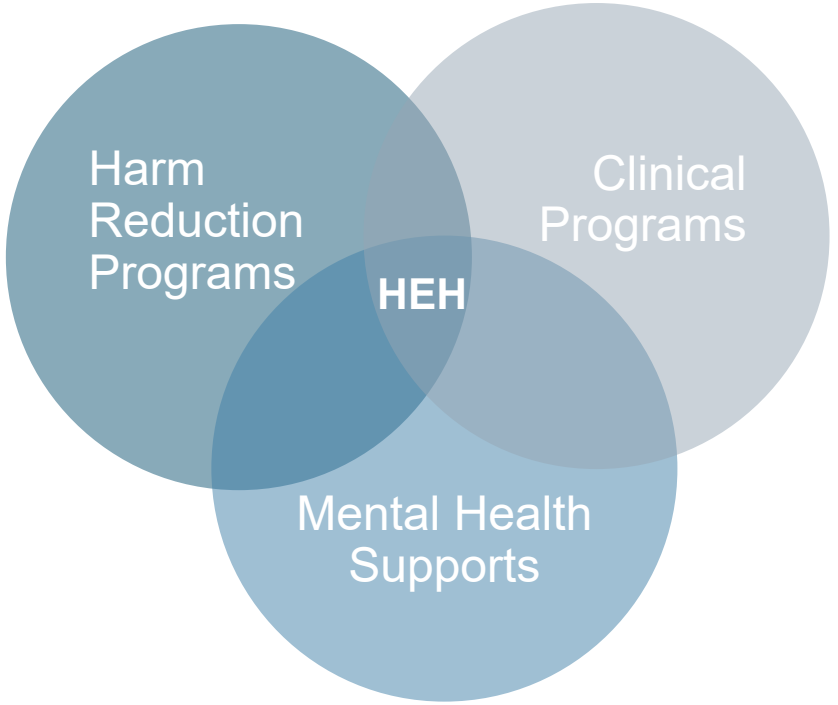
- Continuously analyze needs of patients and barriers to their care, orienting program approaches to address both.
- Support high morale, work/home balance, appropriate compensation packages for staff.
- Include people with lived experience at all levels of the organization (e.g., advisory boards to board of directors).
- Dedicate approaches to the evidence base unless an innovation is called for.
- Identify champions at the local, state, and national levels.
- Collect data thoughtfully and with an eye toward continuous improvement.

History of Success with Mobile Care

- 2021–2023, CDC Center of Excellence, COVID-19 vaccine program: 168 vaccines provided in frontier areas of SE WA counties; wound care and mobile STI testing also offered
- 2019–2020: influenza, Twinrix, tetanus vaccines given at parks and housing shelters; mobile STI testing
- 2018–2019: mobile harm reduction built trust with participants

What is the Innovation?

- Multiple, often non-traditional pathways in
- Care services predicated on anticipating the patient's barriers to access (this is where mobile health helps a lot)
- Linkages to larger team of support (e.g., responding to DV, houselessness)
- Behavioral health inclusion, trauma-informed
- Agile responses to a chaotic service environment



Success Stories

- “I wouldn’t be alive today if it weren’t for Heart to Heart.”
- “My case manager cared about me before I learned to care about myself.”
- Michael, 60s, on Suboxone for more than 2 years, re-established in permanent housing.
- Andrea, 40s, on Sublocade for 6 months before transitioning to SL bupe, reentered the workforce.
- Sandra, 38, treated and cured of HCV, still looking for permanent housing.
- Juan, 26, released from jail and transported directly to inpatient SUD treatment. Six months later, he is still in recovery.

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