



SCHR/Sustainability Meeting

June 20, 2023, 1pm

Jefferson County's Behavioral Health Consortium (BHC) is funded by
HRSA's RCORP-Implementation Grant through August 2023



Agenda – 06/20/23 SCHR/Sustainability Workgroup Meeting

- Intros & SCHR Team Member Updates
- Update on Naloxone Emergency Boxes
- Sustainability Workgroup Recommendations and Subsequent Feedback
- Next Meeting: June 20th, 1pm



Sustainability Work Group Report-Back

BHC Sustainability Workgroup

May 30, 2023

OVERVIEW

The Sustainability Workgroup was convened on May 16, 2023, to develop and provide recommendations for an action plan toward BHC sustainability beyond the HRSA grant funding end date of August 31, 2023. The group was formed after HRSA’s Site Visit on March 30-31 brought about a consensus, with a couple of exceptions, on the value of Jefferson County’s BHC table.

Sustainability Group Members

✓ Chief Tim McKern	Chief Bret Black	✓ Dr. David Carlbom
✓ Jim Novelli	Sheriff Nole	✓ Anya Callahan
✓ Gabbie Caudill	✓ Patrick Johnson	Adam York

✓ Denotes those present at the May 16th Sustainability Work Group Meeting



Sustainability Work Group Report-Back

DISCUSSION AND RECOMMENDATIONS

Where the BHC is Anchored?

Objective: Engage an entity that operates with a robust finance administration capable of supporting federal grant requirements and audits, who will also provide transparency and honest brokering of funds and interests. & SCHR Team

Recommendation: Engage DBH to serve as the BHC's anchor and pass-through agent. ✓ Approved



Sustainability Work Group Report-Back

DISCUSSION

Who is on this BHC and What is the Commitment?

Objective: Build an updated version of the BHC that includes Partners and Cooperators, as outlined below. The BHC's Partners and Cooperators will sign a memorandum of understanding (MOU) to guide their engagement with the BHC's collaborative work to address Jefferson County's collective Behavioral Health system. Key in the MOU is the commitment for Partners and Cooperators to submit (?quarterly, ?twice a year?) data sets as defined by the Data Work Group.



Sustainability Work Group Report-Back

RECOMMENDATION

Partners: Gather a governing group that oversees the administration of the BHC, the pursuit of funding; participates in developing then votes to ratify BHC decisions (ex: vision, mission, members, funding allocations, final Strategic Plan content and execution approach); and commits to providing relevant data for collective analysis trend-tracking, and insight generation.

Potential Partners

Discovery Behavioral Health	Recovery Community Rep	Jefferson Healthcare
Fire Chiefs' Association	EMS Council	Therapeutic Courts
County Medical Program Director	City Law Enforcement (PTPD)	County Law Enforcement JSCO
Believe In Recovery	OlyCAP	Jefferson County Public Health
JeffCom 911 Center	BOCC Rep	City Rep

✓ Approved in concept
– see discussion slide



Sustainability Work Group Report-Back

RECOMMENDATION

Cooperators: An operational group, that also includes the ‘partners’, who collaborate on the BHC’s work, provide data where appropriate, and, if/when the effort is funded, participate in the execution of an updated assessment effort and follow-on collective Strategic and Sustainability Plan development and execution.

Potential Cooperators

Recovery Cafe	Public Defender’s Office	Public Prosecutor’s Office
OWL 360 – Pfeiffer/Nest	Hospital Commissioner	Faith-based Representatives
SBH-ASO Rep	OCH Rep	JCPH CHIP Program Rep
BHAC Rep	Empowered Teen Coalition Rep	Fire Chiefs from the county’s Fire/EMS departments
South County Community Reps	Navigators from hospital, law enforcement, EMS, mental health, and youth-centered efforts	Jail Superintendent
NAMI Representative	School District	

✓ Approved in concept
– see discussion slide



Sustainability Work Group Report-Back

DISCUSSION AND RECOMMENDATION

What does short term BHC funding look like? What would be covered?

- Explore if we can we confirm a ~\$35k resource to secure a resource (Lori Fleming) to oversee the continuation of the BHC's data collection and facilitate 4 quarterly meetings? *(Note: this option does not cover HFPD's analysis, insight generation, and data report out, or the development of a major grant application.)*

Recommendation: Confirm the availability of Opioid Settlement funds of ~\$35k/year to be employed as a baseline funding source to keep the table functioning, ensure continued data collection, and the development and communication of shared understanding, language, and priorities.

✓ Approved in concept
– see discussion slide



Sustainability Work Group Report-Back

DISCUSSION

What does more robust, longer term BHC funding look like? What would be covered?

Explore if the BHC can secure a resource (Lori Fleming) to support the identification and application for grant funding in the amount of \$150-\$200k. This funding would support the guidance and execution of the following:

✓ Approved in concept
– see discussion slide

- **SWOT Assessment:** Gather available quantitative data and develop qualitative data from focus groups, stakeholder surveys (Outcome: A report detailing the above)
- **Stakeholder Engagement** – Gathering of key agency and community stakeholders to review and provide additional SWOT input, then develop collective priorities for collective action. (Outcome: A report detailing the above)
- **Strategic Plan Development:** The development of an updated mission/vision/purpose; and objectives, goals, and actions to collaboratively address the priorities coming out of the SWOT assessment and Stakeholder Engagement process. (Outcome: A report detailing the above)
- **Grant Reporting and Administration:** Administration and Report Development.
- **Data Analysis, Insight Development and Reporting on collective data collected:** Lisa Grundl and the HFPD team to continue bringing their expertise to this work
- **Secure, Build, and Maintain Website**
- **Travel/Lodging/M&IE for Reverse Site Visit to Grantor's Offices**
- **Supplies for this Effort**
- **Indirect Costs for Grant Host to serve as Finance Administration for the Grant**



Sustainability Work Group Report-Back

✓ Approved in concept

RECOMMENDATION

Identify and apply for a ~\$200k Planning Grant opportunity for that will support resources to successfully gather appropriate players to participate in Strengths, Weaknesses, Opportunities, Threats (SWOT) assessment, prioritize the resulting needs identified, develop a Strategic Plan to address those needs, and to ultimately work collaboratively to address those needs from a collective platform.



Pursue No Cost Extension (NCE) on Current Grant?

✓ Approved to apply for NCE

NCE Application Due 6/30/2023

Requires updated work plan,
budget and other documentation
focused on what would be
funded and accomplished
during an NCE

Why an NCE?

- Time to restore integrity to the July '22-May '23 Law Enforcement data, then to analyze/derive insight and carry forward with HFPD continuing the BHC's trend analysis for the NCE period.
- The possibility of extending the time point when HRSA might ask OWL360 for a vehicle relinquishment on a vehicle we're working to contract.
- The time to sort through and execute the expanded community engagement required to install the smaller emergency naloxone boxes in several areas. This is needed after we were required to evolve our strategy from a Naloxone vending machine in South County to the smaller box solution.
- Possibly the grant Work Plan/Budget could be updated to reflect some degree of grant-funded project management using unspent grant funding if we pursue and are awarded an NCE?



Discussion Points

- Chief Black notes
 - the BHC should address more than SUD and mental health. Wants BHC's purpose and responsibilities expanded. For ex: there's no reciprocation from the BHC in terms of what they will do for the partners. Wants grant writing support from the BHC.
 - Rather than having the Fire Chief's Association hold the vote for all the Fire Departments, suggests putting all the fire departments into the BHC's Partner role.
 - Suggest OCH be on the BHC – ?as a voting member?
- Denise Banker notes regardless of whether an NCE is awarded, JCPH will ensure the emergency Naloxone boxes will be installed.
- Commissioner Brotherton noted the \$35K tranche is still up in the air, yet is a fairly easy decision to make one way or the other. Input needs to be gathered from JCPH, BHC, etc. Funding is already at SBH-ASO. He will talk with JCPH etc, then get back to BHC/Lori on next steps BHC can take to clarify if that funding is available.
- Patrick Johnson noted we should apply for any funding we think we could get to do the work outlined for the BHC's next iteration.



Next Steps

At the June 8th BHC meeting these next steps were defined:

- Identify who will commit in the Partner and Cooperator roles, and who we'd like to recruit additionally for either role.
- Confirm Seed funding to keep the BHC table open and when it will be available.
- Apply for NCE and submit a Work Plan Budget that reflects some degree of proposed grant-funded BHC management if the NCE is awarded.



Upcoming Event!

[Click here to Register for this event.](#)

Transforming Our Communities

Learning Together, Supporting Each Other

Learn + Engage + Support



Registration is open!

Join us **June 27-28, 2023** for our **4th Annual Transforming Our Communities** gathering.

This annual 2-day event aims to bring diverse participants together to understand the perspectives of people who use drugs, learn about the importance of equitable access to care and services, build partnerships, connect people within their communities, and brainstorm fresh ideas.

Register here: adai.uw.edu/transforming-our-communities

Tuesday, June 27

Morning Presentations (Virtual) | 8:45-11:30am PT*

Harm Reduction – How do we practice it?
Diverse Panel of Harm Reduction Services & Organizations
Drug Checking in Washington State

Afternoon Regional Gatherings (In-person) | 1pm PT

Convene at regional sites throughout WA (optional)

Wednesday, June 28

Morning Presentations (Virtual) | 8:45-11:30am PT*

Grief & Loss, Vicarious Trauma, and Self-Care
Youth, Opioids, and Substance Use Disorders
Harm Reduction Tools & Services from the Field


Afternoon Regional Gatherings (In-person) | 1pm PT

Convene at regional sites throughout WA (optional)

*A mid-morning break will be included

This year's event will be hybrid, with virtual presentations in the morning and regional in-person gatherings held around Washington State in the afternoon for networking and discussion.

In-person attendees can also attend the morning sessions together at their regional site.

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Questions? Contact:
Lisa Rey Thomas
lthomas@uw.edu





Resource

[Click here for this resource regarding fentanyl exposure for law enforcement.](#)

Responding to Scenes with Suspected Fentanyl or Other Opioids Present: It's Safe for Law Enforcement to Assist

Precautions to stay safe if you

The risk of overdose from touching or being near someone who is overdosing, including fentanyl, is **extremely low**.

To make the risk even lower:

- Wear standard nitrile gloves for extra protection.
- If you come into contact with an unknown substance, brush or wash off the residue with soap and water.
- Do not use alcohol hand sanitizer. It will not remove the substance and may increase absorption.
- Do not perform actions that will cause you to become contaminated.
- Do not touch your eyes, nose, or mouth, even if wearing gloves.

What does a fentanyl or other opioid overdose look like?

There are a number of videos that show officers on a scene "overdosing" from suspected fentanyl exposure.

The behaviors officers exhibit in these videos do not match signs of an opioid overdose.

- Unresponsive
- No breathing
- Gurgling
- Blue lips
- Weak or no pulse

Quick facts


- **You can't overdose by simply touching fentanyl** because it does not pass well through the skin, unless there are open wounds.
- Prescription fentanyl patches, for example, still takes hours of close contact with the patch to overdose.
- Healthcare providers, laboratory personnel, and others who handle fentanyl are trained to use proper safety protocols.
- Someone who has ingested, injected, or inhaled fentanyl is at risk of overdose in first responders.
- Second-hand exposure to fentanyl smoke is not a concern.

What to do for a fentanyl or other opioid overdose

The response for fentanyl overdose is the same as other opioids. **Follow your agency's protocol** for opioid overdose response.

- 1 Check for responsiveness: gently shake, do a sternal rub.
- 2 Give 1 dose of naloxone (also known as Narcan®). Naloxone takes a few minutes to take effect, so don't expect an immediate response.
- 3 Start chest compressions if there is no heartbeat. Support their breathing if they are not breathing or not breathing well. Opioids affect a person's ability to breathe — helping them breathe is important.
- 4 If they do not start breathing on their own in 2-3 minutes, give an additional dose of naloxone.
- 5 Continue chest compressions and/or breathing support until medical backup arrives or they start breathing on their own.
- 6 If they are breathing and you have to leave them alone, roll them into the recovery position.
- 7 When they wake up, tell them what has happened. They may feel anxious or unwell. Let them know the effects of naloxone will wear off in 30-90 minutes. If no other medical first responders appear on scene, suggest they seek medical care immediately or stay with someone who can watch them.

Naloxone works on fentanyl and other opioids.



- It may take more than one dose to reverse an overdose.
- **Don't give several doses at the same time.** Naloxone takes a few minutes to take effect. If they do not start breathing on their own in 2-3 minutes, give an additional dose of naloxone.



Unnecessary PPE preparation can delay life-saving treatment.



- Wear standard nitrile gloves for extra protection.
- Wear an N95 or P100 respirator if there is visible powder in the air.
- Wipe any visible powder residue off lips prior to rescue breathing. Use a CPR mask, shield, or bag-valve mask, if available.

Learn more

If you have concerns about a potential drug exposure or poisoning, call your local Poison Center at 1-800-222-1222.

If you are interested in WA statewide trends and other fentanyl facts, visit: stopoverdose.org/basics/fentanyl

NEXT SCHR/Sustainability Workgroup Meeting



Tuesday, July 18th, 2023

@1:00p on Zoom



Acronym Sheet

BH – Behavioral Health

BHC – Behavioral Health Consortium

CAP – Communication Action Plan

CARES – Community Assistance Referral & Education Service

CHA – Community Health Assessment

CHIP – Community Health Improvement Plan

DBH – Discovery Behavioral Health

DCR – Designated Crisis Responder

DUI – Driving Under the Influence

ED – Emergency Department

EJFR – East Jefferson Fire Rescue

EMS – Emergency Medical Services

JCPH – Jefferson County Public Health

JeffCo – Jefferson County

JHC – Jefferson Healthcare

JCSO – Jefferson County Sheriff's Office

HFPD – Health Facilities Planning & Development Consultants

HRSA – Health Resources and Services Administration

ITA – Involuntary Treatment Assessment

MAT – Medically Assisted Treatment

MH – Mental Health

MOUD – Medications for Opioid Use Disorder

OUD – Opioid Use Disorder

PTPD – Port Townsend Police Department

PWUD – People Who Use Drugs

RHNDP-P – Rural Health Network Development Program –
Planning (HRSA Grant Awarded 2018-2019)

RCORP-P – Rural Community Opioid Response Program –
Planning (HRSA Grant Awarded 2019-2020)

RCORP-I – Rural Community Opioid Response Program –
Implementation (HRSA Grant Awarded 2020-2023)

R.E.A.L. – Recovery, Empowerment, Advocacy, Linkage

SSP – Syringe Service Exchange

SUD – Substance Use Disorder

TBH – To Be Hired

VOA – Volunteers of America – Crisis Line (1-888-910-0416)

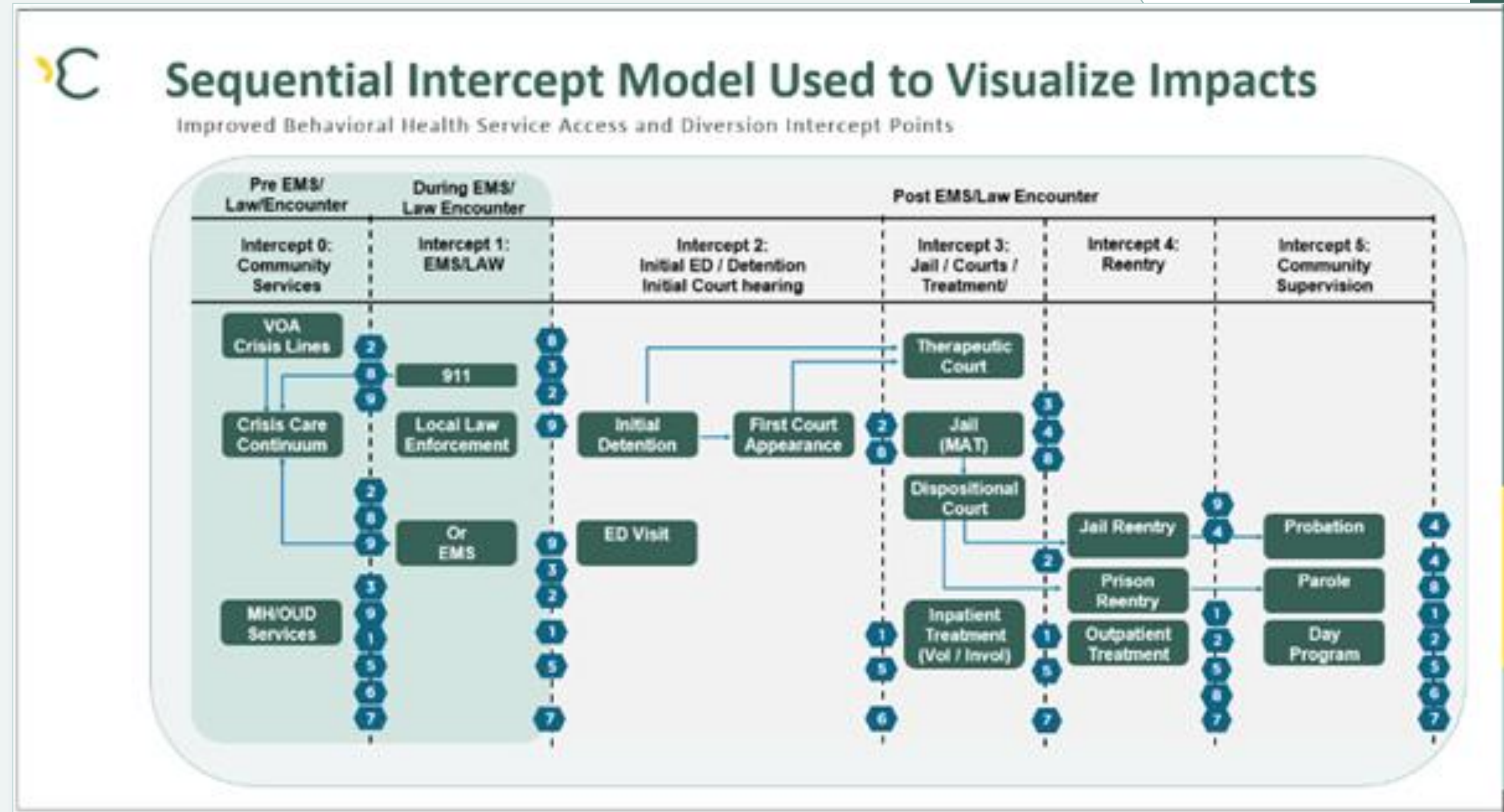
Vol - Voluntary

Invol – Involuntary



BHC Projects Update - June 2023

- ✓ 1. Increase Integration of Behavioral Health Therapy Provider and MAT Prescription
- ✓ 2. Gather/Analyze collective Data to provide baseline and feedback to measures implemented
- ✓ 3. Develop/maintain [online](#)/printed Resource Directory
- ✓ 4. Improve Jail-to-Community service connection
- ✓ 5. Fund Recovery Café for peer network development and recovery/prevention environment
- ✓ 6. Fund OWL360 for Youth Housing/Recovery/Prevention environments, including transportation for county youth to the Nest for
- ✓ 7. Extend Harm Reduction Program Services into South County
- ✓ 8. Execute communication/education/integration efforts to address regional stigma
- ✓ 9. Coordinate and optimize navigator and care coordination services
- ✓ 10. Initiate collective case management for high utilizers of law/Hospital/EMS services



Legend

- ✓ Project activity completed
- ✓ Project activity underway



Required Core Grant Activities



Prevention

- P.1** Linguistic / Cultural Efforts to Reduce Stigma
- P.2** Increase Naloxone Access and Training
- P.3** Support Drug Take Back Programs
- P.4** Support School and Community Prevention Programs
- P.5** Improve ID/Screening for SUD/ODU; provide referrals to providers, harm reduction, early intervention, treatment, and support

Treatment

- T.1** Screen/Provide/Refer Patients with infectious implications
- T.2** Recruit/Train/Mentor interdisciplinary teams of SUD/ODU Clinical and Service Providers
- T.3** Increase # of providers and social service professionals who treat/identify SUD/ODU through professional development and recruiting incentives
- T.4** Reduce Treatment Barriers
- T.5** Improve ID/Screening for SUD/ODU; provide referrals to providers, harm reduction, early intervention, treatment, and support
- T.6** Train Providers and Admin staff to optimize reimbursement for treatment through proper coding/billing across insurances to ensure service provider sustainability
- T.7** Enable individuals, family and caregivers to find, access and navigate treatment for SUD/ODU as well as home and community-based services and social supports

Recovery

- R.1** Train Providers and Admin staff to optimize reimbursement for treatment through proper coding/billing across insurances to ensure service provider sustainability
- R.2** Enable individuals, family and caregivers to find, access and navigate treatment for SUD/ODU as well as home and community-based services and social supports
- R.3** Support development of recovery communities, recovery coaches, and recovery community organizations to expand the availability of and access to recovery support services