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## BHC Meeting

August 8, 2024, 3pm

Jefferson County's Behavioral Health Consortium (BHC) is supported by funding from HRSA's RCORP-Implementation Grant through August 2024 and Jefferson County Opioid Abatement Council funding through 2038



# Agenda – 08/08/24 BHC Meeting

- **Introductions** – 15 Minutes
- **BHC-Related Updates** – 45 minute
  - Opioid Abatement Funding / BHC Budget Review
  - RHNDP-P Grant Application Results and Next Steps? Current Funding Opportunities
  - Preview BHC Website Buildout & Transport of Community Resource Info to new website
  - June Events/Training: Community Conversations to Explore Substance Use and Mental Health Stigma
  - RCORP-Implementation Work Plan Update and Closeout
  - Insight developed at the BHAC's 5/30/24 Opioid Planning / BHC's Next Steps on Strategic Plan
  - Review Harm Reduction and Naloxone Training Videos & Naloxone Box Locations
  - [July 2024 Edition of Yellow Card Available](#); [Harm Reduction](#) and [Naloxone Training Videos](#)
- **New Business** – 30 minute
  - Gather Input on Draft Governance document (BHC's Current and potential new voting members)
- **Next BHC Meeting – November 14<sup>th</sup> @ 3:00 on Zoom**





# 2023-24 BHC's Opioid Settlement Funds Overview

## BHC's - 10/1/2024 - 9/30/2025 Budget/Expended Opioid Settlement Funds

Personnel	\$72,000.00
1 yr Subscriptions to App-Based Tools	\$950.47
Printing	\$622.95
Food for Year's Events	\$1,736.67
Website Costs	\$727.06
Supplies & Related Event Costs	\$68.79
Mileage Reimbursement	\$574.06
<b>Total Expenses</b>	<b>\$76,680.00</b>





# 2023-24 Budgeted/Projected Costs – Opioid Settlement Funds

2023-24 BHC Opioid Settlement Funds											
											Total
Funds Received	\$96,326.19										\$96,326.19
Expenses	Actual							Projected			
	Nov '23- Jan '24	Feb '24	Mar '24	Apr '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct '24	
Consulting/Personnel	\$18,000.00	\$6,000.00	\$6,000.00	\$6,000.00	\$6,000.00	\$6,000.00	\$6,000.00	\$6,000.00	\$6,000.00	\$6,000.00	\$72,000.00
MindManager Software	\$184.38										\$184.38
Padlet App	\$99.99										\$99.99
Adobe Software	\$130.84	\$32.71	\$32.71	\$32.71	\$32.80	\$32.80	\$32.80	\$32.80	\$32.80	\$32.80	\$425.77
ChatGPT Software	\$21.81	\$21.81	\$21.81	\$21.81	\$21.88	\$21.88	\$21.88	\$21.88	\$21.88	\$21.88	\$218.52
Map/Mileage		\$71.02	\$52.46	\$22.85		\$237.45	\$32.90	\$52.46	\$52.46	\$52.46	\$574.06
Claude App		\$21.81									\$21.81
Food - Harm Reduction			\$241.52	\$226.45					\$300.00		\$767.97
Community Conversations - Supplies					\$43.79						\$43.79
Community Conversations - Food						\$968.70					\$968.70
Community Conversations -Printing					\$137.30	\$74.39					\$211.69
Community Conversation - Room Rental						\$25.00					\$25.00
Website Timeline App								\$32.95			\$32.95
Website Email							\$158.25				\$158.25
Website Hosting							\$474.76				\$474.76
Website Domain							\$61.10				\$61.10
Yellow Card Print Run								\$411.26			\$411.26
<b>Total Expenses</b>	\$18,437.02	\$6,147.35	\$6,348.50	\$6,303.82	\$6,235.77	\$7,360.22	\$6,781.69	\$6,551.35	\$6,407.14	\$6,107.14	\$76,680.00
<b>Remaining Funds</b>											<b>\$19,646.19</b>





# Current Opioid Settlement Funds

## APPENDIX A OPIOID SETTLEMENTS ESTIMATED ANNUAL PAYMENTS JEFFERSON COUNTY, WASHINGTON

ESTIMATED ABATEMENT PAYMENTS*							
Payment Year	Distributor	Janssen	WalMart**	Allergan	Teva	CVS	Walgreens
2022	\$70,766.72						
2023	\$36,262.38						
2024	\$45,387.50						
2025	\$45,387.50						
2026	\$45,387.50						
2027	\$45,387.50						
2028	\$60,295.72						
2029	\$62,801.38						
2030	\$62,801.38						
2031	\$52,790.90						
2032	\$52,790.90						
2033	\$52,790.90						
2034	\$52,790.90						
2035	\$52,790.90						
2036	\$52,790.90						
2037	\$52,790.90						
2038	\$52,790.90						
<b>Totals:</b>	<b>\$896,804.78</b>		<b>\$129,632.68</b>	<b>\$103,100.73</b>	<b>\$173,059.71</b>	<b>\$228,917.95</b>	<b>\$248,924.30</b>

3/2024: Distributor Fund Update for BHC:

A prepayment for Year 7 from a Distributor Settlement entity, in the amount of \$19,977.20, has come through the SBH-ASO and will be directed to Jefferson County for the BHC. Revised funding/timing is as follows:

2024 Funds	2028 Funds
\$45,387.50	\$60,295.72
+ \$19,770.20	- \$19,770.20
<b>\$65,157.70</b>	<b>\$40,525.52</b>
- 6515.70	- 4052.55
<b>\$58,642.00</b>	<b>\$36,472.97</b>

Opioid Settlement funds to be disbursed (less 10% for Opioid Abatement Council costs\*) from BoCC over 16 years as a pass through from DBH to BHC for to provide leadership, planning and coordination for Jefferson County's prevention, treatment and recovery response to the opioid challenge; and to search for and pursue additional collective funding for collaboratively defined priorities.

Opioid Settlement funds to be disbursed (less 10% for Opioid Abatement Council costs\*) from the BoCC to the BHAC over 14 years to be distributed via an RFP process for services outlined in One WA MOU's Appendix A. Additional pharmaceutical settlement fund amounts will likely be added to the funds shown to date.

\*The 10% of funds amount will be held until the costs associated with administration of these funds is clear. If there are remaining funds, those will also be distributed to the BoCC and on to the BHAC and to DBH-for-BHC.

### Resources

[WA State's 2021-22 Opioid and Overdose Response Plan](#)

[WA DOH Overdose Prevention, Recognition and Response web page](#)

\* Local Government allocation of LG Share (50%) of Washington State Base and maximum Incentive Abatement Payments less estimated Government Fee Fund withholding.

\*\*Worst case maximum payment scenario. WalMart payments may be completed in as few as 3 years.



# 2024-25 Budgeted/Projected Costs – Opioid Settlement Funds

## 2024-25 BHC's Opioid Settlement Funds - Budgeted/Projected Costs

													Total
<b>Prior Year Carry-Over Funds and Q4 '24 Allocation</b>		\$19,646.19	\$58,642.00										\$78,288.19
Expenses	Nov '24	Dec '24	Jan '25	Feb '25	Mar '25	Apr '25	May '25	Jun '25	Jul '25	Aug '25	Sep '25	Oct '25	
Consulting/Personnel	\$6,000.00	\$6,000.00	\$6,000.00	\$6,000.00	\$6,000.00	\$6,000.00	\$6,000.00	\$6,000.00	\$6,000.00	\$6,000.00	\$6,000.00	\$6,000.00	\$72,000.00
MindManager Software	\$184.00												\$184.00
Padlet App	\$99.00												\$99.00
Adobe Software	\$32.80	\$32.80	\$32.80	\$32.80	\$32.80	\$32.80	\$32.80	\$32.80	\$32.80	\$32.80	\$32.80	\$32.80	\$393.60
ChatGPT Software	\$21.88	\$21.88	\$21.88	\$21.88	\$21.88	\$21.88	\$21.88	\$21.88	\$21.88	\$21.88	\$21.88	\$21.88	\$262.56
Map/Mileage	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$600.00
Food - Harm Reduction		\$150.00			\$150.00			\$150.00			\$150.00		\$600.00
Community Conversations Events		\$150.00			\$150.00			\$150.00			\$150.00		\$600.00
Supplies			\$722.73										\$722.73
Website - Finish Buildout			\$1,000.00										\$1,000.00
Website Timeline App										\$32.95			\$32.95
Website Email										\$158.25			\$158.25
Website Hosting										\$474.00			\$474.00
Website Domain										\$61.10			\$61.10
Yellow Card Print Run		\$500.00								\$600.00			\$1,100.00
<b>Total Expenses</b>	\$6,387.68	\$6,904.68	\$7,827.41	\$6,104.68	\$6,404.68	\$6,104.68	\$6,104.68	\$6,404.68	\$6,104.68	\$7,430.98	\$6,404.68	\$6,104.68	\$78,288.19
<b>Remaining Funds</b>													<b>\$0.00</b>





# Updates: OAC Funding & Next Steps

## Build Organizational Infrastructure

- **Establish and Formalize BHC Phase 2** with MOU that includes governance, bylaws, meeting attendance requirements, and any relevant Data Sharing Agreements
- **Review BHC Members and Recruit** where needed
- **Develop and institute an MOU** that structures the BHC/BHAC linkages
- **Conduct Strategic Planning** integrating Insights from 5/30/24 BHAC Planning meeting
- **Complete Build-out and Maintain JeffCoBHC.org website**

## Advance BHC Initiatives

- **Provide leadership, planning, and coordination** for Jefferson County’s prevention, treatment and recovery response to the opioid challenge
- **Pursue funding** to identify and plan interventions that advance the enhancement of patient care coordination across the care continuum: from pre-hospital care to post-acute discharge. (RHNDP-P App submitted 1/2024)
- **Continue Community Conversations to address BH-related stigma** throughout the County

Payment Year	Distributor	
2022	\$70,766.72	✓
2023	\$36,262.38	✓
2024	\$45,387.50	
2025	\$45,387.50	
2026	\$45,387.50	
2027	\$45,387.50	
2028	\$60,295.72	
2029	\$62,801.38	
2030	\$62,801.38	
2031	\$52,790.90	
2032	\$52,790.90	
2033	\$52,790.90	
2034	\$52,790.90	
2035	\$52,790.90	
2036	\$52,790.90	
2037	\$52,790.90	
2038	\$52,790.90	
<b>Totals:</b>	<b>\$896,804.78</b>	

\$96,326.19 was transmitted to DBH for “2022-2023 Opioid Settlement”. This funding will support BHC Administration and Initiatives through 9/2024.





# Jefferson County Patient Care Continuum Consortium (JCPCCC)

RHNDP-P Grant Funding Application Submitted January 2024

**NOT APPROVED**

## Proposed Outputs

- CHA Report focused on NTP's, MVPs, and D2Ds
- Interventions Report
- Strategic and Sustainability Plans

## Proposed Outcomes

- Streamlined patient throughput and reduced unnecessary hospital visits
- Improved coordination and access for targeted patient groups
- Strategic framework for long-term improvements in rural healthcare.

## Jefferson Healthcare

Submitted by Jefferson Healthcare, on behalf of the Jefferson County Patient Care Continuum Consortium (JCPCCC), including Jefferson Healthcare, Discovery Behavioral Health Care, East County Medical Council, and Jefferson County Public Health.

This funding proposal aims to support the JCPCCC to create Strategic and Sustainability Plans focused on improving patient care coordination through data-based decision-making.

The planning effort proposed targets three specific groups:

- pre-hospital, non-transport patients,
- frequent emergency room visitors, and
- patients facing discharge challenges

## Performance Period

July 2024 - June 2025

## Budget

### Personnel

\$64,238 for project direction and facilitation.

### Travel, Supplies, and Other

\$5,000 for necessary operational expenses.

### Contractual Services

\$26,000 for expert advisory, data analysis, and legal compliance.

**Indirect Costs** \$4,761.90

**Total:** \$99,999.90.





# Funding Opportunities

**Open Now!**

**Olympic COMMUNITY of HEALTH**

## FUNDING OPPORTUNITY

### Community-Based Care Coordination Partners

**Materials:**

- [Overview & Instructions](#)
- [Application \(download\)](#)
- [Frequently Asked Questions](#)

**ELIGIBLE APPLICANTS**

- ✓ Community & Social Service Organizations
- ✓ First Responders
- ✓ Government Agencies
- ✓ Health Care Organizations
- ✓ Public Health
- ✓ Tribal Partners
- ✓ Other organizations with presence in the Olympic region

**FUNDING OVERVIEW**

OCH seeks to contract with partners throughout the Olympic region (Clallam, Jefferson, Kitsap) to provide care coordination services to address community member social needs like housing, job training, childcare, food access, and more.

**KEY DATES**

Date	Event
AUGUST 6	Application and details released
SEPTEMBER 10	Application deadline
EARLY OCTOBER	Virtual interviews with application finalists
OCTOBER 15	Final decisions
NOVEMBER 1	Contracts start

## **Funding Opportunity:** [OCH's Community-Based Care Coordination Partners](#)

Curious about this opportunity? Join OCH for an informational webinar on Thursday, August 15 from 10-11am. [Register via zoom](#). Can't make it? OCH will share the recording a day or so after the webinar on their [FAQ page](#).





# Funding Opportunities

## Jefferson County 1/10<sup>th</sup> of 1% Sales Tax

[Legal Notice](#)

[Jefferson County 1/10<sup>th</sup> of 1% RFP](#)

This grant opportunity is intended to maintain, create, or enhance local services and programs overseen by the Jefferson County Behavioral Health Advisory Committee (BHAC).

RFP released: Wednesday, July 31, 2024

Due: Wednesday, August 21, 2024 by 4:30pm.

**Email all RFP responses to**

**[amcenery@co.jefferson.wa.us](mailto:amcenery@co.jefferson.wa.us).**

**TO:** Interested Organizations  
**FROM:** Jefferson County 1/10<sup>th</sup> of 1 Percent Sales Tax collected for Behavioral Health Programs (Mental Health and Substance Abuse)  
**DATE:** July 31, 2024  
**RE:** Request for Proposals for 2025 and 2026

*Due by 4:30 PM  
Wednesday  
August 21, 2024*

### I. BACKGROUND

In 2005, Washington State legislation sponsored by Senator Hargrove was enacted that authorized Counties to impose a one-tenth-of-one-percent local sales tax to fund new mental health, chemical dependency, and therapeutic court services.

#### Goals of the Washington State legislation:

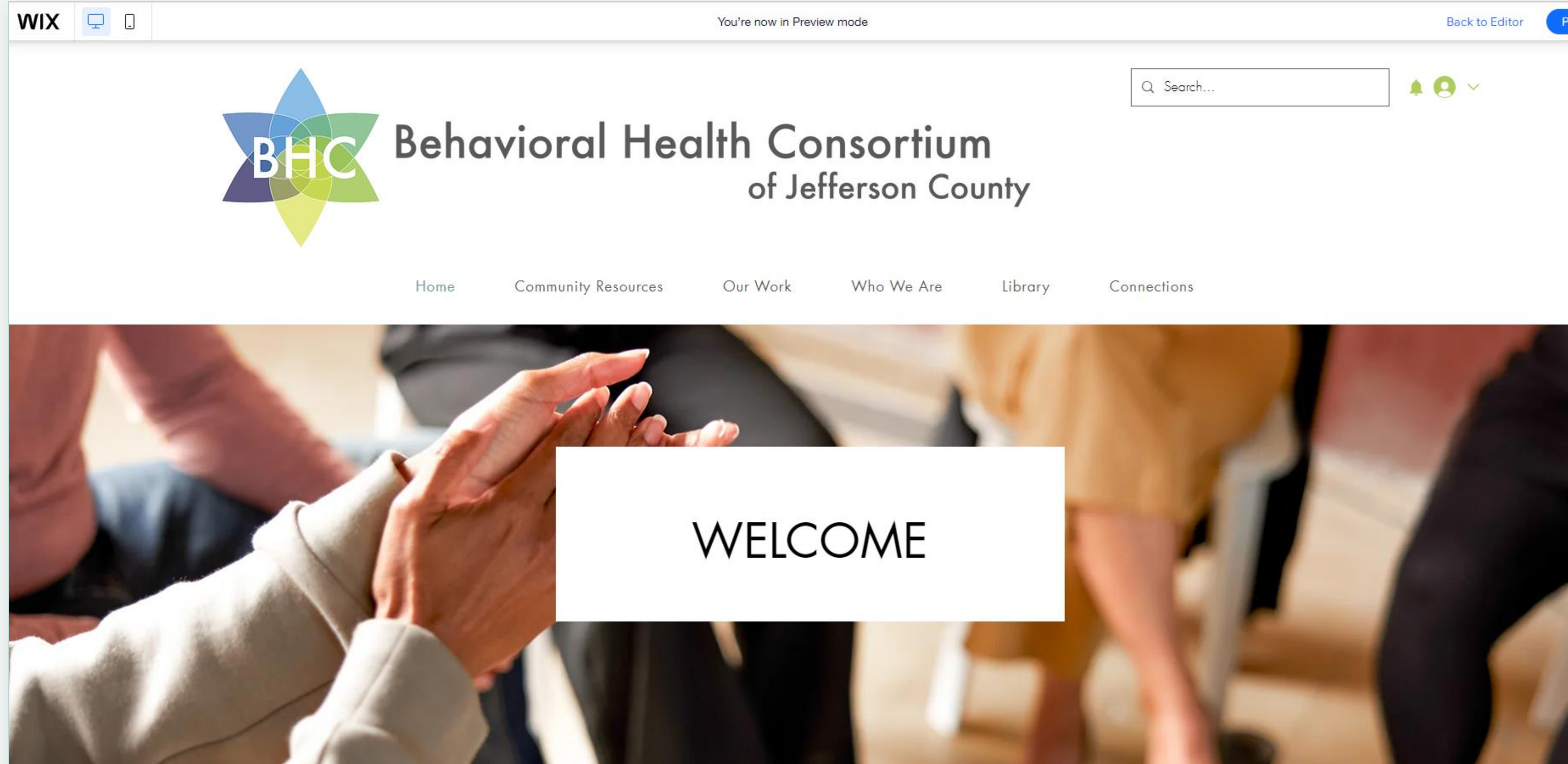
1. Reduce negative impacts of mental health and substance abuse on children and families
2. Avoid building more jails and prisons and prevent crime victims
3. Reduce public assistance expenditures and unemployment
4. Reduce homelessness
5. Reduce physical healthcare and emergency room costs
6. Improve recovery and quality of life for those with substance abuse and mental health disorders

These contracts will be for a 24-month term and are to be used for the sole purpose of providing the delivery of substance abuse and/or mental health treatment programs, co-occurring disorder treatment, prevention programs, and for the operation or delivery of therapeutic court programs and providing the delivery of prevention programs for School-Based Mental Health Services.





# JeffCoBHC.org Website Buildout Update





# Community Conversations Initiative Debrief

## What Did We Learn? Why Is it Important?

- How can we apply this learning to our community work?
- What challenges might we face in addressing substance use-related stigma?
- Why is it important to continue conversations on this topic?
- Next Steps?



## Consortium's Goals for the Community Conversation Initiative

- Address stigma
- Understand Trauma
- Explore Recovery Paths
- Build Community Support





# Community Conversations Initiative Debrief

## Jefferson County Events

**June 10-14**

**Facilitator: Tedra Cobb**

**Goal:** Host open community conversations and offer facilitator training to address stigma around substance use.

**Attendees:** Included diverse participants including health professionals, educators and individuals in recovery

**Port Townsend:** 13 Attendees

**Brinnon:** 11 Attendees

**Quilcene:** 21 Attendees

**T-t-Trainer:** 12 Attendees

**Video Presentation and Discussion:** Videos served as a conversation starter, showcasing real-life experiences of addiction and recovery. Participants reflected on the videos, discussing what they would ask the individuals featured.

**Exploring Loss and Grief:** Losses during active use included family, friends, housing, and self-respect, while losses during recovery often involved community status and relationships with those still using. The importance of community support in mitigating these losses was emphasized.

**Understanding Trauma and Building Resilience:** Trauma often underlies addiction; understanding it can lead to better support. Emphasis was placed on recognizing resilience in individuals affected by SUDs, with mentions of notable books and experts like Gabor Maté's "In the Realm of Hungry Ghosts."

**MAT and Recovery Challenges:** Participants shared diverse opinions on the effectiveness and perception of Medication-Assisted Treatment (MAT). The need for individualized treatment approaches and ongoing support to reduce stigma around MAT was highlighted.

**Community Support and Aftercare:** The discussion stressed the need for aftercare facilities and support programs, emphasizing the importance of skill-building and continuous support post-recovery.

**Role of Community Conversations:** Building relationships and understanding within the community was seen as crucial. Encouraging ongoing dialogue to support individuals in recovery was highlighted as a key strategy to address substance use-related stigma.





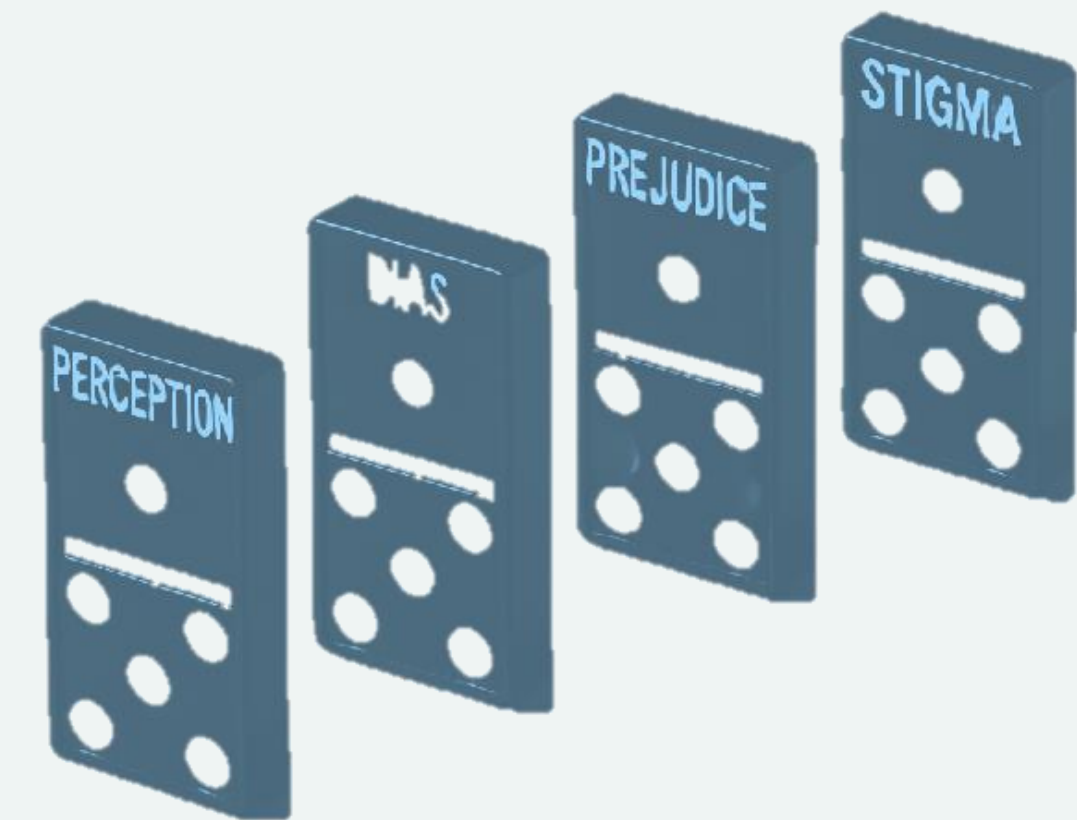
# Community Conversations Initiative Debrief

**Community Conversation Exercise:** Participants engaged in an exercise where they moved around the room based on their agreement or disagreement with statements about SUD. This exercise aimed to reveal and challenge personal biases and foster deeper understanding.

**Perception, Bias, Prejudice, and Stigma:** Groups discussed the meaning of the four words and the progression from perception to bias, prejudice, and ultimately stigma. Perception is shaped by personal experiences and information, while bias influences decisions and actions. Prejudice involves preconceived judgments, often unfavorable, without firsthand experience, and stigma is a societal mark of disgrace that is difficult to dispel.

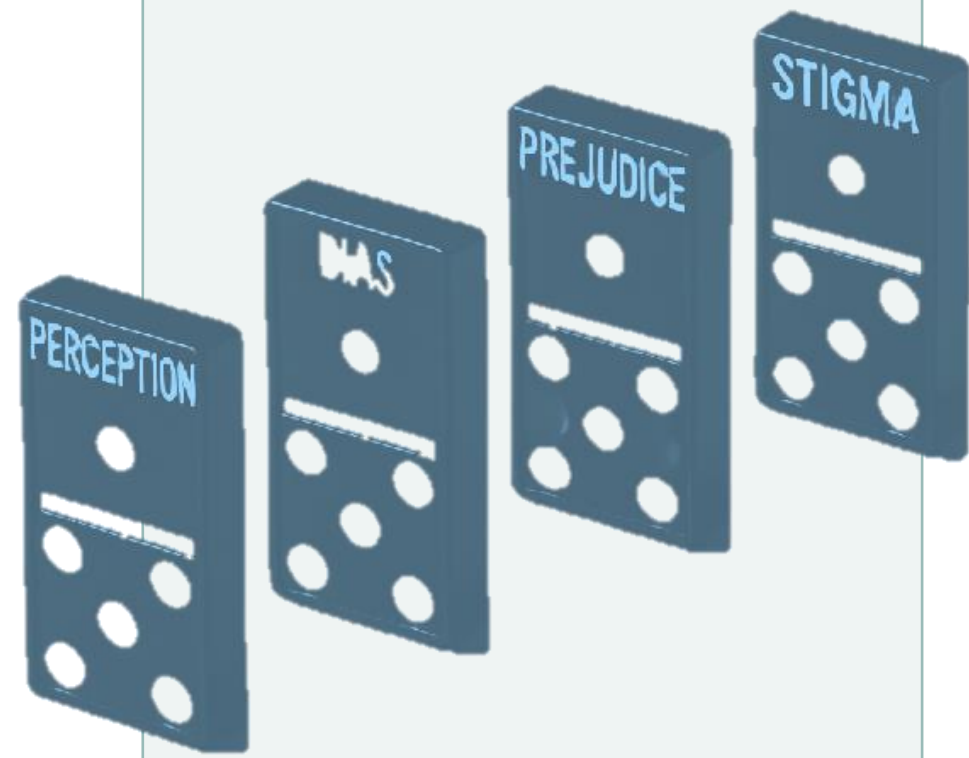
**Recovery and Different Paths:** The conversation emphasized that recovery looks different for everyone, with multiple pathways and outcomes. It's essential to support individuals through various approaches and recognize the diversity in recovery journeys.

**Harm Reduction and Empathy:** Harm reduction was highlighted as a vital approach in supporting people with SUD. The importance of empathy and time in building trust and encouraging change was stressed.





# Community Conversations on Stigma – Exploring Methadone Treatment



Explored  
Methadone in  
Substance Use  
Disorder  
Treatment

**Personal Opinions and Experiences:** One participant expressed concerns about methadone, mentioning its potential for abuse and the perception that it replaces one addiction with another. Another participant highlighted the stigma around methadone programs and the view that individuals on methadone are not truly drug-free.

**Medical Perspective:** An attendee who is a medical doctor the medical rationale for using methadone in treating substance use disorders. Methadone helps keep individuals off the street and away from illegal activities, providing stability as part of a structured treatment program.

**Effectiveness and Long-Term Use:** The doctor shared that methadone can be effective for pain management and substance abuse recovery. While long-term use might be necessary for some, the goal is to eventually reduce or stop the medication, though some individuals may need it indefinitely for stability.

**Medication-Assisted Treatment (MAT) Context:** Medications like methadone and suboxone are crucial for managing addiction's physiological aspects. They fill brain receptors that drive addiction, helping individuals avoid pathological behaviors or medical relapses.

**Community and Stigma:** Participants discussed the stigma associated with methadone programs compared to other MAT or recovery programs. Overcoming this stigma is essential for integrating methadone as a legitimate and supportive treatment option

**Real-Life Examples and Challenges:** The conversation included real-life examples of individuals in recovery benefiting from methadone. The importance of comprehensive support and aftercare, in addition to medication, was emphasized.





## Community Conversations on Stigma – Exploring Methadone Treatment

The discussion focused on methadone highlighted the complexities of using methadone in treating substance use disorders and emphasized the need for comprehensive, stigma-free support systems.

### Key Takeaways Offered

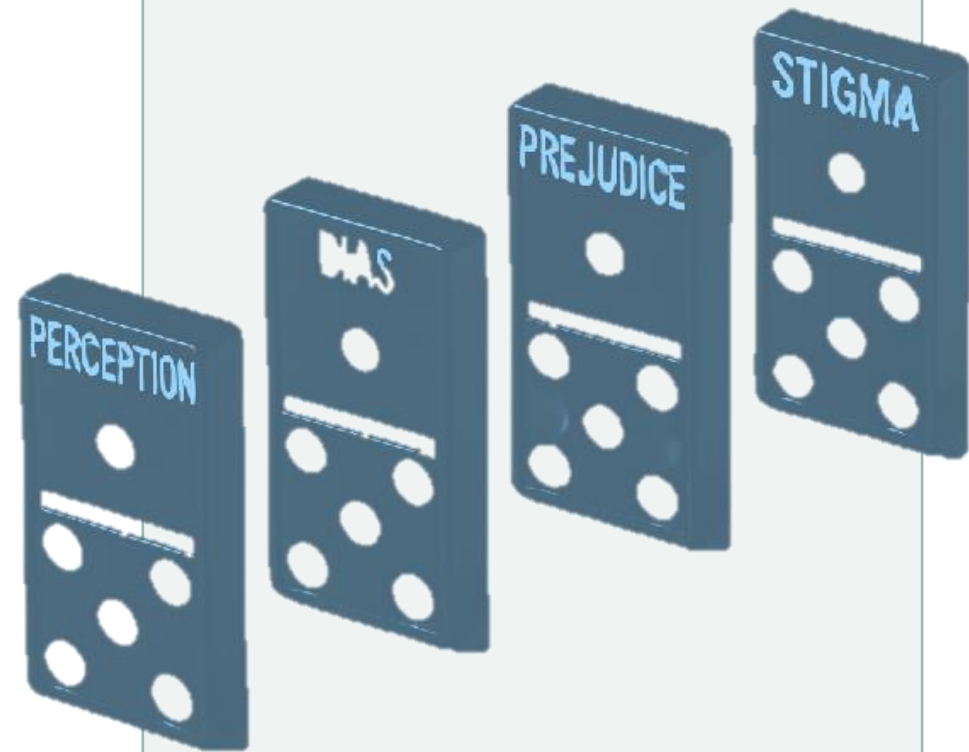
- Methadone is an effective tool in treating opioid use disorders, helping to stabilize individuals and reduce harmful behaviors.
- The treatment should be part of a broader support system, addressing both medical and psychosocial needs.
- Reducing stigma around methadone and other MAT options is crucial for broader acceptance and effective use in recovery programs.
- Community conversations and education can help shift perceptions and support individuals in recovery.







## Community Conversations on Stigma – Recovery While Hanging Out At the Bar?



Explored challenges individuals face when trying to stop using substances while still maintaining relationships with those who are actively using

**Personal Opinions and Experiences - Initial Comments and Perspectives:** One participant shared that it is impossible to keep, or hang out with, friends who were friends during active use, emphasizing that those friends are not truly supportive but rather using partners. Another noted that those still using can gain self-esteem when someone in recovery starts using again, as it validates their own continued use.

**Counterpoints and Broader View:** Other participants highlighted the complexity of these relationships. They acknowledged that while some people in active use may not be supportive of recovery, there are instances where individuals who use substances together provide genuine care and support. Specific examples included a young woman in foster care whose only consistent support came from people who used substances with her, protecting her from other dangers such as trafficking or assault.

**Safety and Support in Using Communities:** A participant working with active users noted that within these communities, individuals often support and protect each other, especially women, which can be crucial for survival and safety. Another participant shared that they never felt pressured to use when visiting places where people were actively using, indicating that these environments and individual experience can vary greatly

**Balancing Perspectives:** Lori emphasized the need to recognize both sides of the issue. It is important to acknowledge the risks of maintaining relationships with active users when trying to recover. However, it is also crucial to understand that these relationships may have been or continue to feel like the only source of support for some individuals.

**Nuanced Understanding:** The discussion underscored that the path to recovery and the role of relationships in that journey are highly individualized. What works for one person may not work for another. Participants highlighted the importance of having supportive environments and understanding the diverse experiences of individuals in recovery.





## Community Conversations on Stigma – Recovery While Hanging Out At the Bar?

The conversation highlighted the multifaceted nature of relationships during recovery and the importance of considering each individual's unique circumstances and support needs.

### Key Takeaways Offered

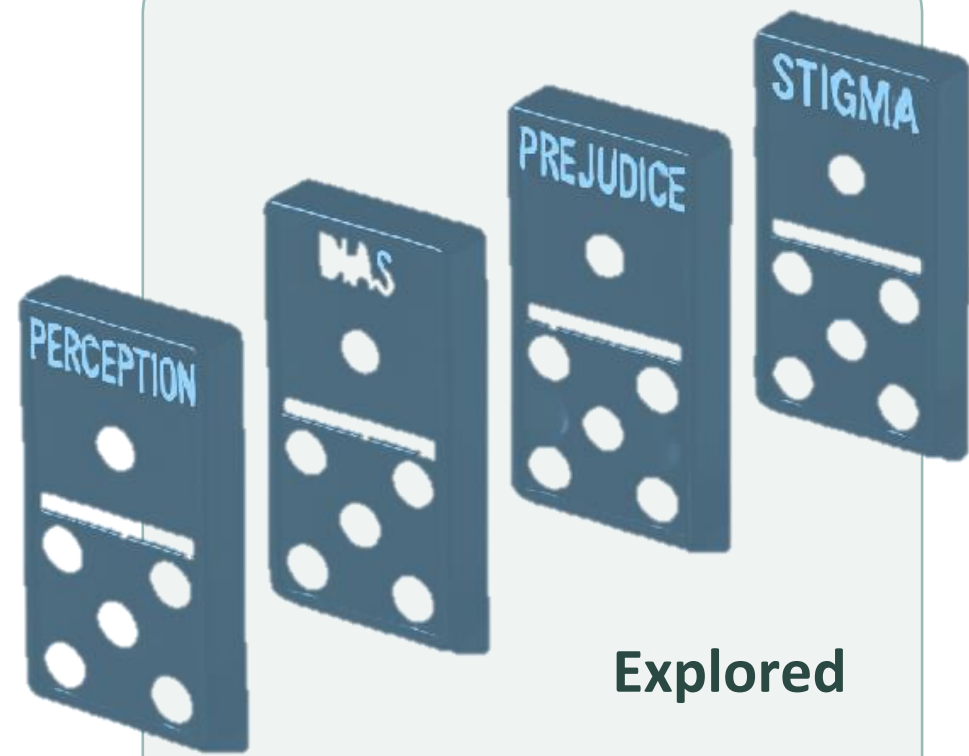
- **Support Systems:** Relationships with people who are actively using can be both a source of support and a challenge for individuals in recovery. The nature of these relationships is complex and varies from person to person.
- **Community Safety:** In some cases, the community of users provides essential safety and support that might not be available elsewhere.
- **Individual Paths:** Recovery journeys are unique, and what might be a harmful relationship for one person could be a supportive one for another.
- **Open Dialogue:** Having open conversations about these dynamics can help in understanding and addressing the challenges individuals face in recovery.

“Recovery while in relationships with those still using substances can be both a lifeline and a hurdle. Understanding that these relationships can offer genuine support and safety, while also recognizing the potential and serious risks they pose, allows us to hold both perspectives simultaneously. This nuanced approach fosters empathy and pathway to a more comprehensive support system for individuals navigating their path to recovery.”





## Community Conversations on Stigma – Is MAT Replacing One Addiction for Another?



Explored misconceptions and stigma around Medication-Assisted Treatment (MAT), its role in stabilizing brain function, reducing cravings, and managing addiction, and comparing this to managing chronic illnesses like diabetes with ongoing treatment and medication.

**Personal Opinions and Experiences:** Some participants wondered if MAT replaces one addiction with another. Others noted that historically, public distribution methods have added to this stigma and that in reality MAT is about stabilization and recovery, not trading one addiction for another.

**MAT Medications Support Stabilizing Brain Function:** A medical doctor/conversation participant noted that Methadone and Suboxone are given in controlled doses to avoid misuse; and Naltrexone blocks opioid receptors and offers no high. The goal of these medications is to reduce cravings, manage addiction, and support recovery. MAT provides stabilization by targeting receptors to curb cravings and withdrawal, allowing individuals to focus on their recovery, rebuild their lives, and regain stability without compulsive drug-seeking behavior.

**Addressing Negativity Towards MAT: Community Misunderstandings:** Negativity often stems from a lack of understanding about how these medications work and their benefits. Medications like methadone were stigmatized due in part to how they were distributed (e.g., lining up in public clinics).

**Difference Between Physical Dependence and Addiction:** Physical dependence refers to the body's adaptation to a substance, resulting in withdrawal symptoms if the substance is stopped. It is a physiological response to consistent use. Conversely, addiction is a chronic, relapsing disorder characterized by compulsive drug seeking, continued use despite harmful consequences, and long-lasting changes in the brain. A participating doctor noted medications for OUD can create physical dependence but are used to manage addiction by preventing the harmful behaviors associated with it.

**Substance Use Disorder (SUD) as a Medical Illness:** There was an analogy to diabetes made, in that SUD is managed with MAT, much like diabetes is managed with insulin. Both illnesses need ongoing treatment and medication for stability and a better quality of life.





## Community Conversations on Stigma – Is MAT Replacing One Addiction for Another?

The conversation clarified misconceptions and stigma around Medication-Assisted Treatment (MAT), emphasizing its role in stabilizing brain function and managing addiction, and drew parallels between managing Substance Use Disorder (SUD) and chronic illnesses like diabetes.

### Key Takeaways Offered

- **Misconceptions, Misunderstandings and Stigma:** Negativity towards MAT often comes from a lack of understanding. Some believe MAT replaces one addiction with another, but it is actually about stabilization and recovery. Medications like methadone were stigmatized due to their public distribution methods.
- **MAT'S Role:** MAT medications stabilize brain function, reduce cravings, and manage addiction. Methadone and Suboxone are given in controlled doses to prevent misuse, while Naltrexone blocks opioid receptors without causing a high..
- **Physical Dependence vs. Addiction:** Physical dependence is the body's adaptation to a substance, resulting in withdrawal symptoms if stopped. Addiction is a chronic disorder characterized by compulsive drug seeking and use despite harmful consequences, and MAT can create physical dependence but is used to manage addiction by preventing harmful behaviors.
- **SUD as a Medical Illness:** SUD management with MAT is comparable to managing diabetes with insulin. Both require ongoing treatment and medication for stability and a better quality of life.





# Train-the-Trainer Session for Future Community Conversations

## Training Takeaways

**Use the ARCS model to engage adult learners effectively:** Attention, Relevance, Confidence, and Satisfaction. Start with clear objectives and work backward to ensure participants leave with a strong understanding of the workshop's goals.

**Engage with Non-Accusatory Language:** Avoid using judgmental or accusatory language. Instead of asking "why," use "what" questions to encourage open sharing without making participants feel defensive. Create a safe and supportive environment where participants feel comfortable expressing their thoughts.

**Address Stigma and Language in Recovery:** Understand the language of recovery and avoid stigmatizing terms. Facilitate conversations that help participants explore and understand different perspectives on recovery without imposing a singular viewpoint.

**Adapt to Participant Needs:** Be flexible and adapt to the physical and emotional needs of participants. For example, accommodate those who may have difficulty standing or require a more comfortable setting. Encourage movement and interaction but remain sensitive to the group's dynamics and individual limitations.

**Encourage Community Support:** Highlight the importance of community and family support in recovery journeys. Use personal stories and examples to illustrate the power of support networks and foster a sense of community among participants.

**Gathering and Analyzing Feedback:** Collect feedback from participants to continuously improve the workshops. Use tools like ChatGPT to analyze responses and gain insights. Encourage participants to share their takeaways and provide a platform for their voices to be heard.





# Train-the-Trainer Session for Future Community Conversations

**Future Train-the-Trainer sessions will be made available virtually.**

**Promoting Inclusivity and Participation:** Ensure the workshop environment is inclusive and encourages participation from all attendees. Use strategies to make everyone feel valued and heard and address any negative or disruptive behaviors promptly and tactfully.

**Preparation and Flexibility:** Prepare thoroughly but be ready to adapt based on the needs of the group. Have a clear structure but allow for flexibility to accommodate unforeseen circumstances or participant needs.

**Active Listening and Empathy:** Practice active listening and show empathy towards participants' experiences and perspectives. Create a space where participants feel understood and supported.

**Interactive and Engaging Techniques:** Use interactive techniques like moving around the room, small group discussions, and hands-on activities to keep participants engaged. Encourage participation through positive reinforcement and by building confidence in sharing.

**Effective Communication:** Communicate clearly and effectively, ensuring that all instructions and prompts are understood. Use positive language and non-verbal cues to foster a welcoming atmosphere.

**Community Building:** Focus on building a sense of community among participants by encouraging mutual support and understanding. Highlight the importance of community support in overcoming challenges and achieving goals.





# RCORP-Implementation

## Work Plan Update as of 8/31/2024

This Work Plan is provided in support of this application for 12 Month No Cost Extension (NCE) to cover September 1, 2023 through August 31, 2024  
 Grantee: Jefferson, County of, Award #: GA1RH39564

### Updated Work Plan for Jefferson County Public Health Department RCORP-I Grant NCE

Activity	Status as of 3/01/2024	Revised Completion Date
<b>Utilize newly purchased Youth Transport Vehicle for the NCE period</b> for as long as possible before HRSA potentially asks for relinquishment of the vehicle.	Vehicle is being utilized to transport Jefferson County youth to The Nest, an space developed by OWL 360 to support youth service connection, and foster participation in positive prevention and recovery activities.	08/31/2024
<b>Restore data integrity</b> to the July '22-May '23 Law Enforcement data, and then HFPD, our data contractor, will complete their funded contract using accurate data to analyze, conduct trend analysis, and generate insights with and across our Behavioral Health Consortium (BHC) Membership. Continue data collection, analysis and insight generation at 6-month intervals during the NCE period.	Law Enforcement data was scrubbed, collective data analysis and insight generation executed, presented and discussed by BHC and subsequently next steps developed with BHC Data Workgroup. <ul style="list-style-type: none"> <li>▪ Data <a href="#">presentation Packet/Mtg Video</a></li> <li>▪ Follow-on <a href="#">Data Mtg Packet/Data Update</a>, and <a href="#">Mtg Video</a></li> <li>▪ Final HFPD Invoice Paid</li> </ul>	COMPLETE as of 3/1/2023

### Updated Work Plan for Jefferson County Public Health Department RCORP-I Grant NCE – Pg 2

Activity	Status as of 8/01/2024	Revised Completion Date
<b>Execute expanded community engagement</b> effort before installing multiple smaller Naloxone boxes in various parts of the county.	<p>Community education/engagement and notably JCPH's diplomacy efforts have resulted in a signed agreement for County Naloxone boxes to be mounted outside three community centers.</p> <p>JCPH's Harm Reduction Team conducted Naloxone Trainings @ Brinnon Community Center Senior Leadership Meeting, Quilcene Community Center, The Nest, Jefferson Teen Center, Olympic Educational Service District, Port Townsend School District, Quilcene School Board, OlyCap, Dove House, Jefferson County Library, Port Townsend Library, The Port of Port Townsend, Centrum, Jefferson County Courts, Jefferson County Board of Health, WA Department of Health, Port Townsend Farmers Market, Thing Music Festival, and the Med Takeback events.</p> <p>JCPH also hosted an engagement/education event to gather qualitative feedback on a range of topics from service access to what they'd like to see more/less of. This event was attended by 25 clients of the syringe exchange program.</p> <p>8/31/2024 We welcomed 57 diverse participants including health professionals, educators and individuals in recovery together to a series of Community Conversations in Jefferson County June 10-14 facilitated by Tedra Cobb.</p>	COMPLETE as of 8/31/2024
<b>Complete Grant Reporting requirements</b> as the above activities are completed.	The Y3P2 reports were submitted and approved. The "FINAL REPORT" will be submitted once we have completed the incomplete activities and submitted prior to the due date of 11/30/2024.	ALMOST Completed 😊. Will be done by 08/31/2024





# BHAC's 5/30/24 Planning Meeting – Brainstorm Results

## Inferred Action List

- **Develop and Implement a Harm Reduction Resource Center** a daily operation, where various agencies offer support and provide a space for people.
- **Expand Existing Services rather than creating new ones.**
- **Enhance Transportation Services** such as a dial-a-ride service for SUD treatment; subsidize taxi services for transportation needs related to SUD treatment and recovery; Implement smaller, flexible transit services for immediate transportation needs.
- **Provide Supportive Services in Housing Locations:** Implement supportive services in housing locations and inpatient treatment facilities; Collaborate with tribes for inpatient facilities.
- **Improve Mental Health Crisis Response and Long-Term Options:** Increase access to mental health crisis response and long-term mental health options that accept Medicaid; Consider local stipends to providers for accepting Medicaid.
- **Enhance Peer Support Programs:** Support and expand peer support programs; Implement scholarship programs to attract peer support workers to Jefferson County.
- **Develop Systems Navigation:** Introduce a systems navigator role to assist individuals in accessing services and overcoming barriers.
- **Increase Wellness Education and Prevention Efforts:** Enhance wellness education and destigmatization efforts in schools and communities
- **Provide Wrap-Around Services:** Address the diverse needs of individuals in treatment and recovery, & admin support/meeting basic needs.

## Inferred Action List – Cont'd

- **Expand Housing and Supportive Housing Options**, including supportive housing options for individuals in recovery; housing for individuals with substance use disorder (SUD), including those in recovery; and small-scale assisted living options for individuals returning from treatment.
- **Implement Contingency Management Strategies:** Provide Visa cards loaded with cash for personal use as incentives for treatment adherence.
- **Increase Training for First Responders and Employers:** Develop standardized mental health and substance abuse training for first responders. Provide training for employers on how to work with and support employees in recovery.
- **Address Shelter Needs:** Develop emergency, long-term, and sober shelters; safe camping spaces for individuals who do not want to go into housing.
- **Develop Mobile Response Programs:** Implement mobile response programs to bring services to underserved areas.
- **Foster Collaboration Between BHC and BHAC**
- **Address Stigma and Discrimination:** within the community and among those struggling with addiction.
- **Improve Employment and Transitional Housing Services** to provide individuals in recovery with something to look forward to and help meet their basic needs.
- **Recruit More Mental Health Professionals**

[See BHAC 5/30 Meeting Summary, Follow-on BHC Exploration Topics, & Results Cross-walked with WA MOU Abatement Strategies Spreadsheet](#)





# Update: Naloxone Box Installation & Videos!

The first 11 public access naloxone boxes are/will be placed:

1. Outside Believe In Recovery Offices
2. Recovery Café (up outside 24-hour access)
3. Port Townsend Library (inside by AED at checkout desk)
4. Port Hadlock Library  
(Installed inside, at back of the library by the DVDs/Media, access during library open hours)
5. Quilcene Fire Station (up outside the front door 24-hour access)
6. Brinnon Fire Station (up outside the front door 24-hour access)
7. Quilcene community center (up outside the front door 24-hour access)
8. Brinnon community center (up outside the front door 24-hour access)
9. Tri Area community center (up outside the front door 24-hour access)
10. Haines St. park and ride, transit station in PT. (Not up yet. Date TBD)
11. Four Corners transit station in Pt. Hadlock. (Not up yet. Date TBD)

**Help us identify where additional boxes could be installed!**

Ideas: DSHS, Water Street public restrooms, fairgrounds, boatyard, skatepark, Mountain View building

[Jefferson County's Free Naloxone Locations](#)

[SBH-ASO's Naloxone Location Map Development](#)

[Harm Reduction Video](#)

[Naloxone Training Video](#)





# Update: Yellow Card – New Print Run

## CRISIS – 911

**SALISH REGIONAL CRISIS LINE 888-910-0416**  
**SUICIDE AND CRISIS LIFELINE 988**  
 Press 1 = Veteran's Crisis Line; Press 2 = Spanish Line  
 Press 3 = LGBTQ+, 988 Press 4 = Native & Strong Lifeline  
**TRANS LIFELINE 877-565-8860**  
**LGBTQ SUICIDE HOTLINE 866-488-7386**  
 Text: 678678  
**VETERANS CRISIS LINE 888-777-4443**  
**NATIVE AND STRONG LIFELINE 866-491-1683**  
**NEVER USE ALONE(.com) HOTLINE 800-484-3731**  
**DOVE HOUSE DV/SA 360-385-5291**  
**WA RECOVERY HELPLINE 866-789-1511**  
**PORT TOWNSEND POLICE 360-385-2322**  
**JEFFERSON COUNTY SHERIFF 360-385-3831**  
**JEFFERSON HEALTHCARE ER 360-385-2200x4221**  
**CHILD PROTECTIVE SERVICES 866-363-4276**  
**ADULT PROTECTIVE SERVICES 877-734-6277**  
**DEPT HEALTH & SOCIAL SVCS 877-501-2233**

## HOUSING

**BAYSIDE HOUSING 360-385-4637**  
**NAT'L HOMELESS VETERANS 877-424-3838**  
**OLYCAP 360-385-2571**  
**OLYMPIC NEIGHBORS 360-344-2190**  
**PENINSULA HOUSING 360-379-2565**

## TRANSPORTATION (Lead Time Required)

**DUNGENESS BUS LINES 360-417-0700**  
**ECHHO 360-379-3246**  
**JEFF TRANSIT/DIAL-A-RIDE 360-385-4777**  
**PARATRANSIT SERVICES 360-377-7007**  
 800-756-5438  
**PENINSULA TAXI 360-385-1872**

## MENTAL HEALTH

**BELIEVE IN RECOVERY 360-385-1258**  
**DISCOVERY BEHAVIORAL HEALTHCARE 360-385-0321**  
**NAMI - JEFFERSON COUNTY 360-385-1716**

## FINANCIAL ASSISTANCE

**ST VINCENT DE PAUL 360-379-1325**

## SUBSTANCE USE

**AA HOTLINE 360-385-0266**  
**BELIEVE IN RECOVERY 360-385-1258**  
**DBH SUD SERVICES 360-385-0321**  
**DOVE HOUSE RECOVERY CAFE 360-385-5292**  
**HARM REDUCTION/SYRINGE EXCH 360-390-8405**  
 615 Sheridan St, PT | Mon, Wed & Fri - 2-4pm  
**NARCOTICS ANONYMOUS 360-215-2616**  
**OLYMPIC PENINSULA HEALTH (MAT) 360-912-5777**  
**REAL PROGRAM 360-302-6730**

## FOOD

**BRINNON FOOD BANK 360-701-0483**  
 151 Corey Street, Brinnon / Tues 10am – 1pm  
**PT FOOD BANK 1925 Blaine St, PT**  
 Sat 11:30am – 2pm (65+) / Wed 10am – 3pm  
**TRI-AREA FOOD BANK 360-385-9462**  
 760 Chimacum Rd, Hadlock / Wed 10am – 1pm  
**QUILCENE FOOD BANK 360-765-0904**  
 294952 Hwy 101, Quilcene / Wed 11am – 2pm  
**JUST SOUP Tues 11:30am – 1:30pm**  
 St Paul's Episcopal, 1020 Jefferson St, PT  
**LITTLE FREE PANTRY 1045 10th St, PT**  
**RECOVERY CAFÉ HOT MEALS 360-385-5292**  
 939 Kearney St, PT / Tues-Fri 12-2pm  
**OLYCAP FOOD TRUCK Thursdays**  
 Mill Road 10-12p / Rhody Drive 1-3p

## PHYSICAL HEALTH

**JEFF CO PUBLIC HEALTH CLINIC 360-385-9400**  
 615 Sheridan St, PT M-F 9a-4:30p Text 360-774-0187  
**JEFF HEALTHCARE PRIMARY CARE GROUP**  
 360-385-4848, M-F 8am-5pm multiple clinics  
**JEFF HEALTHCARE EXPRESS CLINIC 360-385.2204**  
 Open 7days/week 9am-7pm Walk in

## LEGAL

**PUBLIC DEFENDER 360-385-5613**  
**WA IMMIGRANT SOLIDARITY NETWORK 844-724-3737**  
**IMMIGRANT RIGHTS ADVOCATES (JCIRA)**  
 Spanish/English Text or Call 360-232-6070  
**NW JUSTICE PROJECT 888-201-1014**  
 M-F / 9:15am – 12:15pm

UPDATED July 2024

We have 1,500 of the [July 2024 update of Yellow Cards](#) now in stock.

Please email Lori with the quantity you need to distribute through your channels, and Lori/Anyia will arrange delivery.



# Governance Discussion

**At this point in the agenda, we would like to thank everyone for being here today. We invite the **BHC's current and potential voting members** to stay on the call for the review and discussion of the draft governance document. If you are not among these attendees, you are free to return to the rest of your day.**

**Thank you!**





# NEXT BHC Meeting



Thursday, November 14th, 2024

@3:00p on Zoom





# Acronym Sheet

**BH** – Behavioral Health

**BHAC** – Behavioral Health Advisory Committee

**BHC** – Behavioral Health Consortium

**BoCC** – Board of County Commissioners

**CAP** – Communication Action Plan

**CARES** – Community Assistance Referral & Education Service

**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

**NAMI** – National Alliance of Mental Illness

**OAC** – Opioid Abatement Council (SBH-ASO)

**OUD** – Opioid Use Disorder

**PTPD** – Port Townsend Police Department

**PWUD** – People Who Use Drugs

**RHNDP-P1** – Rural Health Network Development Program –  
Planning (HRSA Grant Awarded 2018-2019)

**RCORP-P2** – Rural Community Opioid Response Program –  
Planning (HRSA Grant Awarded 2019-2020)

**RCORP-I** – Rural Community Opioid Response Program – Implementation (HRSA  
Grant Awarded 2020-2023 w/ 1 year No Cost Extension thru 8/2024)

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

**SBH-ASO** – Salish Behavioral Health – Administrative Services Organization

**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