



BHC Meeting

May 11, 2023, 3pm

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



Agenda – 05/11/23 BHC Meeting

- Introductions & Updates – 15 Minutes
- Public Safety, Public Health, and BHC Goals – All - 20 Minutes
- HRSA Visit Follow-up /Establish Sustainability Subgroup – Lori Fleming/All - 10 Minutes
- [Review Padlet's Content](#) & Quick Updates in Meeting Packet - 20 Minutes
 - Data and other documented BHC Updates – Lori Fleming
 - Opportunity for Peers-to-Peer Support and Camaraderie
- **Next Meeting June 8th @ 3:00 on Zoom**
 - Data Analysis and insight generation discussion

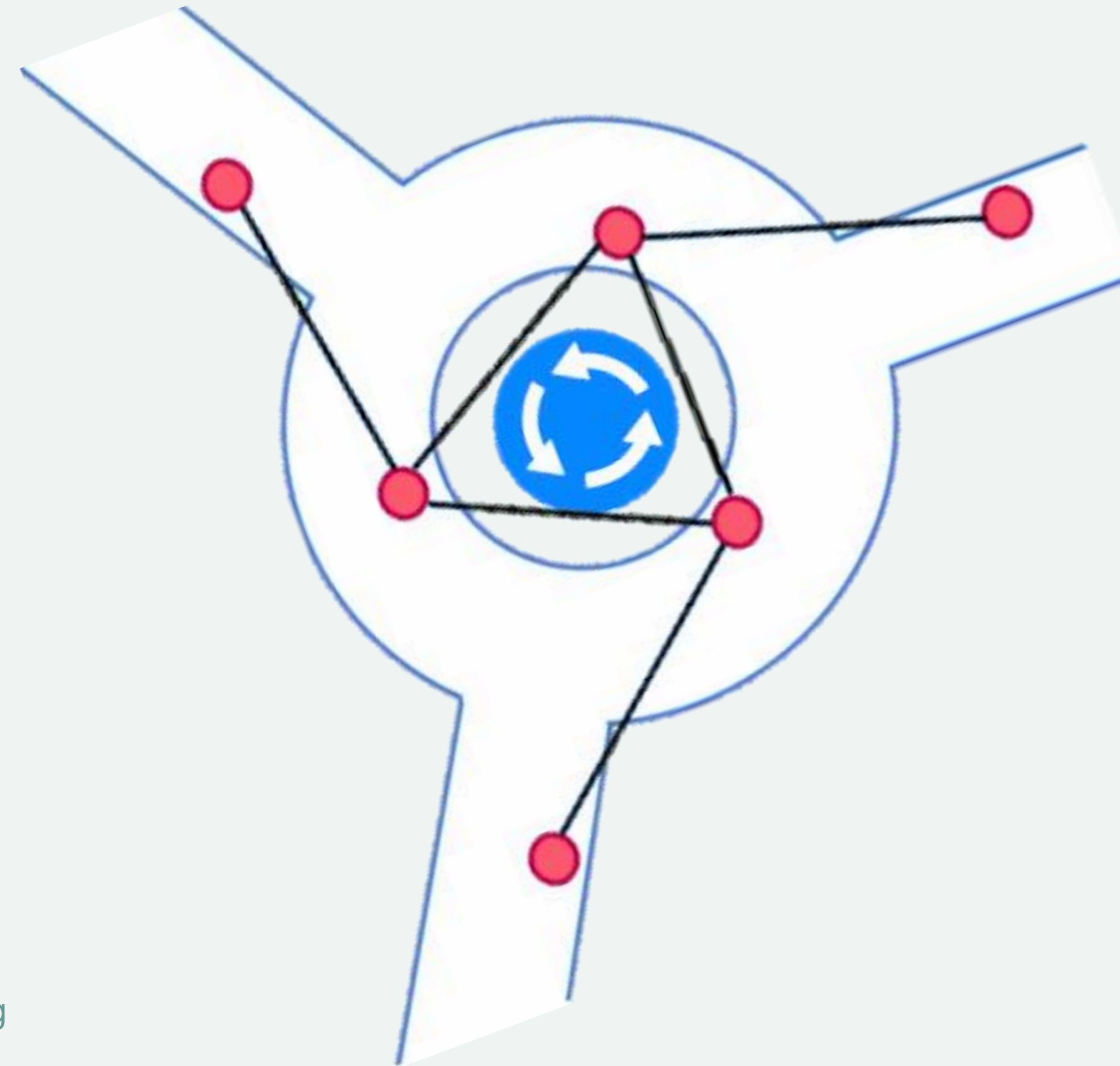


Public Safety, Public Health and BHC Goals

Public Safety

[Letter outlining WASPC position](#)

Note: Governor Inslee has called a “special session” of the legislature starting May 16th, with the goal of passing a version of [SB 5536](#) before drug possession is de facto legalized this July.



Public Health

BHC Goals

BHC

The BHC is focused on collaboratively developing and funding a collective seamless behavioral health system that allows our community members to navigate smoothly to needed services.

Our goal is to work collaboratively to reduce substance use overdoses and improve recovery rates in Jefferson County.

We have grown from 4 voting members in 2018, to 14 voting members in 2023.



HRSA Site Visit Follow-up

HRSA Site Visit Meetings established DBH is willing to act as a pass through and the BHC Members present at that meeting agreed this is a workable solution

Next, establish subgroup as a manageable container to come up with a short and long term plan to move forward.

Who is interested in being a BHC Member in its next iteration?

Identify funding to pursue and the principles underlying pursuit and interaction with it.

Generate agreement on how funding works in terms of direct and indirect \$\$\$. Identify how direct funds are distributed.

What needs to happen for Members to be comfortable, and what alternatives are there?

What kind of "firewall" alternatives are there and what assurances are needed between DBH and BHC to assure Members they can depend on honest brokering.

Seed funding for BHC: Commissioner Brotherton offered ~\$35k from Opioid Settlement funds as a bridge. Get clarity on this piece and what is needed to bring that into reality

Build on the value of the BHC table when pursuing funding, specifically its history of alignment and collaboration. Be aware all of us chasing the same funding can undermine the good will at this table.

Define how long to house BHC there before we assess/reevaluate the partnership - so it is built into the foundation of the BHC. Is it reviewed. 1 year? 2 years?



HRSA Site Visit Follow-up

Consensus, with a couple of exceptions, on the value of the table.

Outcome: People want to go forward

Outcome: Possibly shift in how often - quarterly in person, zoom on other months.

Outcome: Explore possible collapse or connection to other meetings (BHAC/MHFR/Navigator Meeting w/ Tanya Barnett)

We want to make sure there is program sustainability for the programs we're currently funding that won't have BHC funding post 8/2023.

How does this impact the funding we pursue?

How do we reengage the hospital?

How to we continue to stabilize and expand the gains that we've had around harm reduction?

Follow-on Priorities

Opportunity for bridging between public safety and public health

Communication around Budget, Strategic Plan, Data, and a distillation of the immense effort administratively and financially is something that needs to be clarified to Law Enforcement and First Responders who are less aware of how heavy a lift this grant has been.

The sense there are too many meetings, lack of understanding what meetings are for and that they are too similar.

General membership have an opportunity to evolve from a "just along for the ride" to becoming an integral part of the work and provide creative ideas about what comes next.

City Law Enforcement exhibits opportunity to engage, learn what the BHC is, and how to engage effectively.

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Address primary fault line between BHC Members
A) From DBH's perspective : about licensure and professionalization of services; and,
B) from BiR it is about procedure, reliability, trustworthiness of services.

Opportunities identified



BHC Updates

- See Padlet: <https://bit.ly/3poiW0I>
- We've learned the box that Naloxone comes in will change size as this medication becomes available over the counter. The South County Harm Reduction Group (SCHR), recognizes this will impact the timeline to get a vending machine delivered to place in front of the Brinnon Community Center. \$25k was allocated to that effort, and now we have pivoted to look at purchasing [five indoor](#) and [five outdoor](#) naloxone emergency boxes (and possibly more), and [brainstormed locations](#) to engage community and potentially install for naloxone access. Efforts are underway with Jefferson Transit, Port Hadlock Library, and others will be engaged to explore the possibility of having other emergency box locations.
- EJFR CARES Program Contract should be approved by the BOCC next week for \$46k BHC/HRSA funding
- We are wrestling with how to handle BHC contracting federal funding to OWL 360 for transportation vehicle, and the possibility the Feds will ask OWL360 to relinquish the vehicle at the end of the grant's performance period.
- Here's access to the [4/19/2023 Pre-Hospital Behavioral Health Summit meeting notes](#).
- There is an opportunity to incorporate Xylazine testing in our screens to get a better handle on if it is present in the local drug supply, and if it starts to become more prevalent.
- OCH is working to create a report highlighting innovative regional solutions to meeting people where they are and ensuring appropriate use of limited emergency departments and other highly costly resources. Through this report we will advocate for sustainable funding solutions and spread awareness of partner successes.
- Need to address the hiccup on the BHC Data gathering effort.
- DOH will be making Fentanyl, Benzo and Xylazine test strips available for local Syringe Exchange Programs
- [Screener Link to Love in the Time of Fentanyl](#)
- [Letter from Dept. of Health and Human Services](#) addressing best practices around Buprenorphine treatment.



Peer Support

JBS International, the group that provides Technical Assistance provides a “Peer Hour” that occurs four times monthly. If you have peers working that would like to connect with other peers for support and camaraderie, please directly email Donald McDonald at JBS for the schedule:

DMcDonald@jbsinternational.com

Those reaching out should indicate they are connected to:

Jefferson County, WA

HRSA RCORP-Implementation 2 - Grant # GA1RH39564



Upcoming Event!

Transforming Our Communities

Learning Together, Supporting Each Other

June 27 & 28, 2023

Join us for presentations and panels on:

- Grief and loss
- Harm reduction
- Drug checking
- Youth and opioid use disorder
- Sharing experiences from people who use drugs

Hybrid event

Virtual presentations and panels

Regional in-person gatherings around Washington State for networking and discussion

Questions? Contact Lisa Rey Thomas
lrethomas@uw.edu

More details coming soon!



CENTER FOR COMMUNITY-ENGAGED
DRUG EDUCATION, EPIDEMIOLOGY,
AND RESEARCH



Learn more at: adai.uw.edu/transforming-our-communities



NEXT BHC Meetings



Thursday, June 8th, 2023

@3:00p 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)

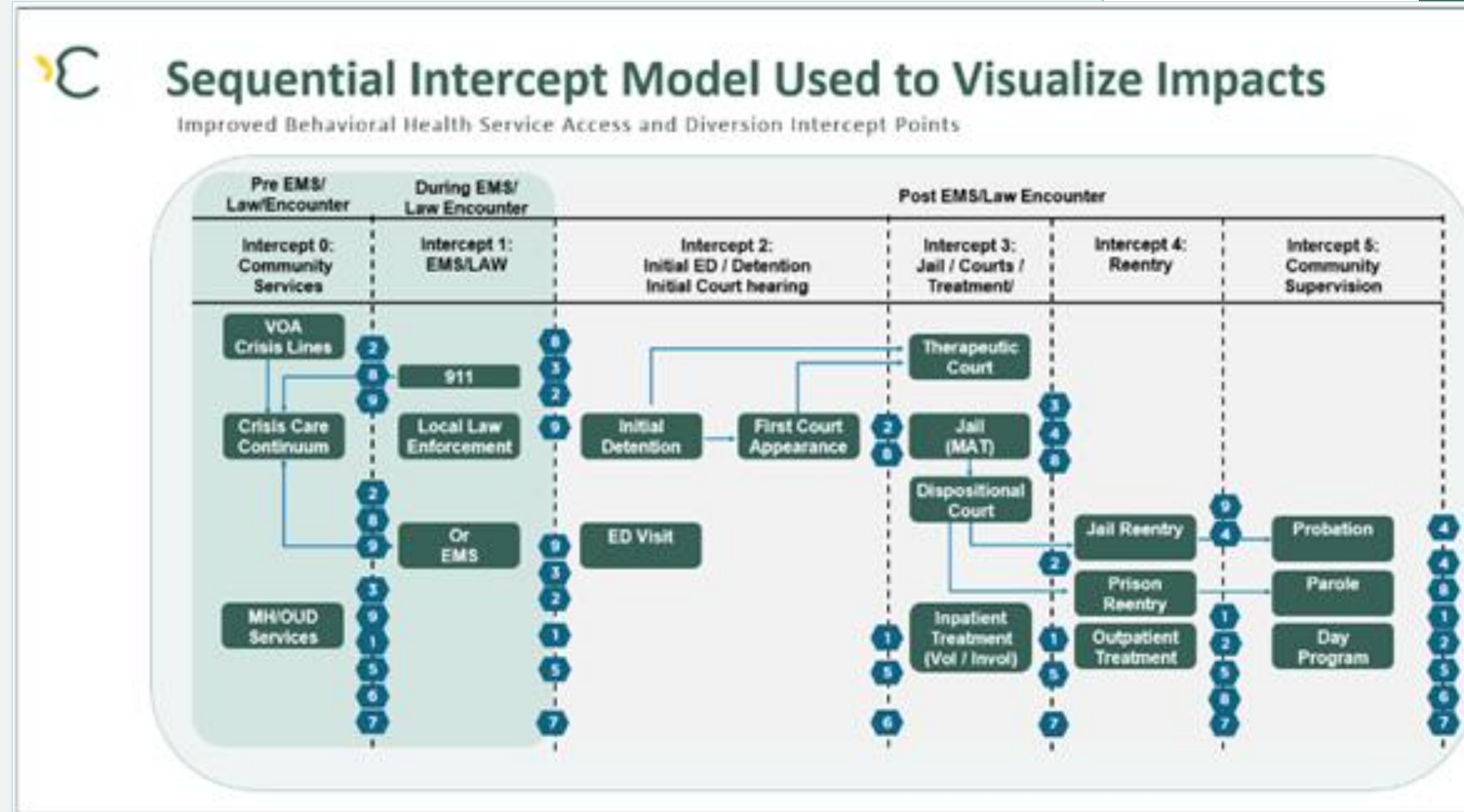
Vol - Voluntary

Invol – Involuntary



BHC Projects Update - February 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 environment
- ✓ 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





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/OD; 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/OD Clinical and Service Providers
- T.3** Increase # of providers and social service professionals who treat/identify SUD/OD through professional development and recruiting incentives
- T.4** Reduce Treatment Barriers
- T.5** Improve ID/Screening for SUD/OD; 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/OD 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/OD 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