

BHC INITIATIVE - COMMUNITY CONVERSATIONS

Tedra Cobb introduced the community conversations initiative aimed at exploring stigma around behavioral health issues. The discussion revolved around the format, objectives, and expected outcomes of these conversations. The initiative emphasizes inclusivity, diversity, and active participation from various community members. (See [relevant slides 4-6](#) and [Meeting Video at this timepoint](#)).

Discussion

- **Q. re Diversity and Inclusion:** How will the Community Conversations effort ensure diversity and inclusion among participants?
A. Tedra Cobb emphasized casting a wide net to include various stakeholders from different parts of the community, including law enforcement, healthcare providers, people in recovery, educators, and faith-based organizations. This diversity is crucial for bringing multiple perspectives to the table and ensuring that the conversation reflects the community's broad spectrum.
- **Q. re Format of the Conversations:** What will the format of these community conversations look like, and how will they differ from traditional workshops or seminars?
A. The initiative plans to use art and personal stories as conversation starters, avoiding the traditional lecture format. The goal is to facilitate a low-stakes, engaging dialogue where participants feel comfortable sharing and listening to each other's experiences and perspectives on stigma related to behavioral health.
- **Q. Participant Engagement:** How will you encourage active participation and ensure that all voices are heard during these conversations?
A. Tedra explained that the sessions would be designed to encourage open dialogue, with facilitators guiding the conversation to ensure that everyone has the opportunity to speak. The use of art and stories as discussion starters is also intended to lower barriers to participation, making it easier for people to engage.
- **Q. Measuring Impact:** How will the impact of these conversations on reducing stigma be measured?
A. While the specific metrics for measuring impact were not detailed in the discussion, Tedra Cobb acknowledged the importance of evaluating the initiative's effectiveness. This could involve participant feedback, follow-up surveys, or community-wide assessments to gauge shifts in attitudes and perceptions over time.
- **Q. Expansion and Sustainability:** How do you plan to expand these conversations beyond initial meetings, and what is the sustainability plan?

- **A.** The initiative aims to train local facilitation leaders who can continue to host community conversations, ensuring the program's longevity. Support and resources will be provided to these leaders, creating a self-sustaining model that can grow and adapt to the community's needs.

BHC UPDATES

Therapeutic Drug Court Initiative, Judge Mack discussed the informal review process of the Therapeutic Drug Court, emphasizing its adaptability and the importance of staying updated with best practices to support participants effectively. He also noted the possibility of attending a national conference as part of the court's efforts to adopt best practices and enhance its support system for individuals with substance use disorders. (See [relevant slide 7](#) and [Meeting Video at this timepoint](#)).

Dr. Berry's report to Board of Health on the fentanyl opioid response, likely including current statistics, challenges, and strategies to combat the opioid crisis. (See [relevant slide 8-9](#) and [Meeting Video at this timepoint](#).)

Follow-on discussion ensued around opportunities for intervention and how the community can better address opioid-related issues. Dr. Carlom expressed enthusiasm about the possibility of better access to buprenorphine for opioid withdrawal management during EMS encounters, and also highlighted some concerns and logistical challenges:

- **Administration Environment:** Buprenorphine is usually administered in a clinic setting. Exploring other environments for its administration, such as through community paramedics or EMS, is a new concept that requires careful consideration.
- **Collaboration and Follow-up:** One of the significant barriers mentioned is the need for a robust system for follow-up care. It's crucial for patients starting on buprenorphine to have a destination clinic for ongoing treatment and support, ensuring a continuum of care.
- **Resource Commitment:** The administration of buprenorphine in a pre-hospital setting involves a significant time commitment, potentially taking EMS resources out of service for extended periods. The process involves administering the medication, waiting to observe effects, and possibly administering additional doses, which could occupy EMS personnel for at least an hour per encounter.
- **Scope of Practice and Legal Concerns:** Buprenorphine is a controlled substance, and its administration falls outside the scope of practice for EMTs. While paramedics may administer it, the legal and procedural implications need careful consideration, especially since most EMS teams consist of a mix of EMTs and paramedics.
- **Logistical Challenges:** The logistics of administering buprenorphine, such as ensuring the patient is in mild withdrawal before administration and the need for close monitoring, present

additional challenges for EMS personnel, who typically handle emergency situations rather than ongoing care.

Dr. Carlbom's concerns reflect the complexity of integrating buprenorphine administration into EMS encounters, highlighting the need for careful planning, collaboration, and resource allocation to address these challenges effectively.

Opioid Abatement Council Funding and next steps for BHC. The next steps discussed for the new phase of the Behavioral Health Consortium (BHC) focused on strategic planning, governance, and funding utilization. (See [relevant slide 10](#) and [Meeting Video at this timepoint.](#)) Key focuses discussed:

- **Strategic Planning:** There's an opportunity for a strategic planning session to inform actions beyond current initiatives. The session aims to develop a strategic and sustainability plan, which could involve creating new memoranda of understanding (MOUs), establishing governance bylaws, meeting attendance requirements, and possibly data sharing agreements. *Lori will be working to schedule this planning effort in October-Nov 2024.*
- **Assessment of Membership:** Assessing current members and recruiting new ones, particularly from underrepresented areas or sectors, is crucial for a diverse and comprehensive consortium.
- **Linkages between BHC and Behavioral Health Advisory Committee (BHAC):** Enhancing the connection between the BHC and the BHAC was discussed as a priority. This includes ensuring some cross-participation and synergy between the two groups to leverage their collective efforts in addressing behavioral health issues.
- **Funding Utilization:** Discussion on how the first two years' worth of funding received through the opioid abatement council will be utilized. This includes planning for strategic uses of the funds, such as supporting the consortium's operational costs, facilitating strategic planning sessions, and potentially funding specific initiatives aligned with the consortium's goals.
- **Website Development:** Developing a dedicated website for the BHC to ensure long-term accessibility and resource sharing was identified as a critical step. This platform would host important information, resources, and updates related to the consortium's activities.
- **Leadership, Planning, and Coordination:** The BHC aims to provide leadership, planning, and coordination in response to behavioral health needs, which includes pursuing additional funding for projects that align with the consortium's mission and working collaboratively on initiatives that address community needs.

Follow-on Question

- **Q:** re What is the nature of the BHAC?

A. The BHAC was established to manage the distribution of the 1/10th of 1% sales tax revenue intended for substance use disorder treatment and related services. It was explained that the Behavioral Health Advisory Committee (BHAC) has a dedicated page on the Public Health website for the county, where individuals can find information about the committee. Although the BHAC's meeting notes are taken by a transcriber, there might be a delay in making these notes available to the public, as they are typically posted after being approved in the subsequent meeting. Because this process might not provide immediate access to the information it was proposed to discuss offline how to improve access to this information for the BHC members.

The RHNDP-P Grant Information was shared about the RHNDP-P Grant and its role in supporting data-driven discussions and initiatives. (See [relevant slide 11](#) and [Meeting Video at this timepoint.](#))

Harm Reduction , including Naloxone Boxes and mobile services. (See [relevant slides 12-18](#) and [Meeting Video at this timepoint.](#))

- **Naloxone Distribution Boxes:** It was reported that five naloxone distribution boxes purchased by the county have been installed, in addition to the boxes set up by Believe in Recovery. The boxes are being used and restocked regularly, indicating community engagement with the resource. There was a mention of a successful training session held at the Port Townsend library, with plans for a public training in April. The county facilities are involved in deciding the placement of additional boxes in community centers.
- **Community Engagement and Expansion:** There's an expressed interest in expanding the number of naloxone boxes and exploring more cost-effective designs for wider distribution. Suggestions for new locations are welcomed, and there's an emphasis on collaborating with various partners to facilitate this expansion.
- **Mobile Services:** A van was purchased to extend mobile harm reduction services, with plans to expand these services into South County. This expansion aims to build relationships within local communities and improve access to harm reduction services. The community is encouraged to suggest potential sites and partners for these mobile services.
- **Operational Details:** The process for restocking naloxone boxes involves coordination with local partners at each location. The goal is to maintain an adequate supply of naloxone while keeping the distribution process anonymous to encourage utilization without stigma.
- **Future Plans:** There's an ongoing exploration of additional harm reduction strategies, such as the potential introduction of kiosks for distributing naloxone and other resources. The idea is in the early discussion phase, and the need for such kiosks in the community, given existing efforts, is being evaluated.

Dr. David Carlbom responded by highlighting the existing efforts in the region, including the expansion of a program for naloxone leave-behind by EMS teams, which was inspired by the leadership and discussions within the community. He emphasized the importance of public education regarding the availability of naloxone from EMS vehicles and mentioned the collaboration with the sheriff's office to increase naloxone availability. He also underscored the importance of keeping naloxone distribution anonymous to encourage usage without stigma. He shared anecdotal evidence suggesting a positive impact of community-accessible naloxone in emergency situations, indicating a shift in community response to overdoses compared to three years prior.

ACTION ITEMS

- Set up BHC strategic planning retreat for the Fall.
- Set up for Tedra Cobb/Community Conversations,
- Public Training in April: A public training session on naloxone is planned for April, necessitating preparation and promotion to ensure community engagement.
- Naloxone Box Placement in Community Centers: County facilities are in the process of determining suitable locations for naloxone box installations in community centers. This action requires coordination with community center management and scheduling for installation.
- Restocking Naloxone Boxes: Regular monitoring and restocking of naloxone boxes are crucial, particularly at locations like Recovery Cafe, Port Townsend Library, and the Coliseum Fire Station, which have seen significant use.
- Expansion of Naloxone Box Locations: There is an interest in expanding the number of naloxone distribution boxes. Suggestions for new locations are encouraged, and there's a need to assess the feasibility and community acceptance of proposed sites.
- Mobile Harm Reduction Services: Plans are underway to expand mobile harm reduction services into South County using a van purchased in June. This expansion requires the recruitment of additional staff, including another nurse and harm reduction coordinator, and the identification of suitable locations for the mobile unit to operate.
- Community Engagement and Collaboration: Can community members suggest locations for mobile services and naloxone boxes, participate in outreach events, and collaborate on educational initiatives. Key to expand the reach and impact of harm reduction efforts.
- Exploration of Kiosks for Naloxone Distribution: This idea is in the early stages, and further discussion and evaluation are needed to determine the necessity and implementation strategy for such kiosks in the community.
- Continue searching for relevant funding we can pursue for potential BHC projects.