



SCHR/Sustainability Meeting

May 16, 2023, 1pm

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



Agenda – 05/16/23 SCHR/Sustainability Workgroup Meeting

- Intros & SCHR Team Member Updates
- Confirm Newly formed Sustainability Workgroup Members
Chief McKern, Chief Black, Dr. Carlbom, Jim Novelli, Sheriff Nole,
Anya Callahan, Gabbie Caudill, Patrick Johnson and Adam York
- Sustainability Workgroup Discussion and Action Definition
- See following slides and [May 16, 2023 – Sustainability Meeting Padlet](#)
- Next Meeting: May 16th, 1pm



HRSA Site Visit Follow-up

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

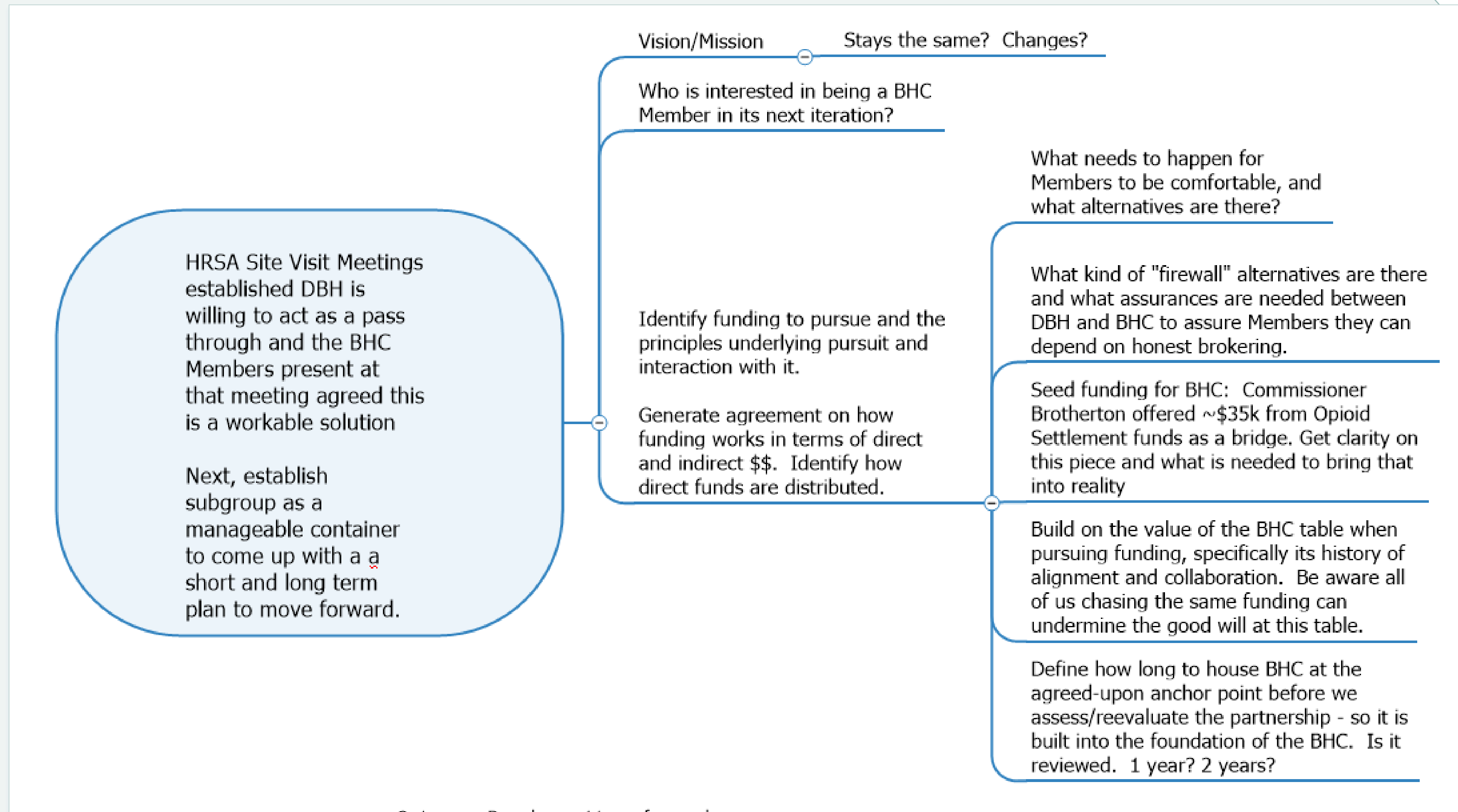
Outcome: People want to go forward

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)



Sustainability Workgroup Discussion





HRSA Site Visit Follow-up

Follow-on Priorities

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?



HRSA Site Visit Follow-up

Opportunities identified

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.

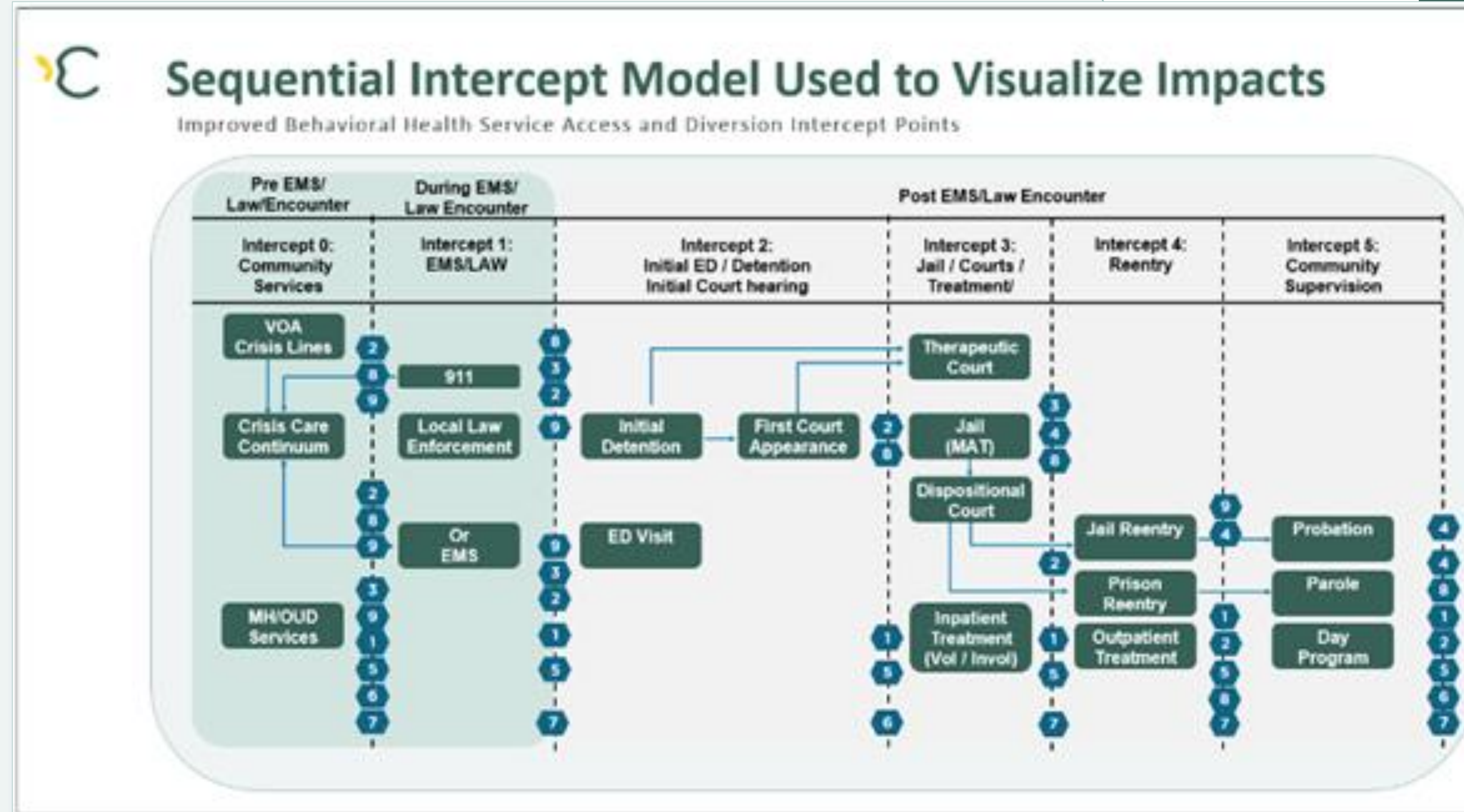
Address primary fault line between BHC Members
A) From DBH's perspective : about licensure and professionalization of services; and,
B) from BiR it is about procedure, reliability, trustworthiness of services.

Address having the Fire Chiefs' Association sign the updated MOU, so one vote represents the various fire stations



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



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.



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 SCHR/Sustainability Workgroup Meeting



Tuesday, June 20th, 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



Relevant Legislative Bills to Follow

- [HB1134](#) – An ACT relating to 988 Bill. Outlines expanding role of “Designated 988 Crisis Contact Center Hubs” including dispatching of “mobile rapid response teams”, (Note DoH is required to adopt rules and set standards for 988 Crisis Contact Center Hubs designation by 1/01/2025.
DoH is also required to establish standards for the issuance of endorsements to “mobile rapid response teams” by 04/01/2024.
 - Establishes response times for “mobile rapid response teams” that are significantly shorter than current HCA requirements for mobile crisis response;
 - 2025: 40 minutes suburban; 60 minutes rural
 - 2027: 30 minutes suburban; 45 minutes ruralSets aside 10% of telecom tax receipts for grants
- [SB5120](#) – AN ACT Relating to establishing 23-hour crisis relief centers in Washington state. Creates a new facility type; Requires DoH to create rules for licensing these facilities; Requires acceptance of all walk-ins and police/EMS drop-offs regardless of behavioral health acuity or medical clearance; Requires “no-refusal” policy for persons dropped off by first responders and person referred through 9-8-8 system.
- [HB 1041](#): AN ACT Relating to authorizing the prescriptive authority of psychologists
- [SB 5130](#): Concerning Assisted Outpatient Treatment
- SB 5624 - Implementing the Recommendations of the Substance Use Recovery Services Advisory Committee. Seeks the full implementation of the Substance Use and Recovery Services Advisory Committee (SURSAC) plan, as this would remove personal drug possession from the state criminal code and instead treat illicit substance use through the public health system. At the same time, SB 5624 would help to substantially expand funding for behavioral health outreach, treatment, prevention, recovery, and harm reduction services so that the public health sector has enough resources to adequately address the worsening overdose epidemic in our state. This plan was created by the Substance Use and Recovery Services Advisory Committee, which was formed in response to the 2021 State v. Blake Washington State Supreme Court decision that ruled felony drug possession unconstitutional.



Relevant Legislative Bills to Follow – Cont'd

- [HB1006](#) – AN ACT Relating to expanding access to drug testing equipment to promote community safety; and amending RCW 69.50.102 and 69.50.4121. Hearing is occurring 1/9 in House Env & Energy committee. Expands access to drug testing equipment. Would support community testing – and supplies
- [HB1751](#) – AN ACT Relating to updating the endangerment with a controlled substance statute to include fentanyl or synthetic opioids; and amending RCW 9A.42.100. Would make this narrow definition a Class B felony.
- [SB5022](#) – AN ACT Relating to exempting fentanyl testing equipment from the definition of drug paraphernalia; and amending RCW 69.50.102. Narrowly defined around fentanyl testing equipment;
- [SB5035](#) – AN ACT Relating to possession of controlled substances; amending RCW 69.50.4011; repealing RCW 10.31.115; repealing 2021 c 311 ss 15 and 16; repealing 2021 c 311 s 29 (uncodified); and prescribing penalties. Would take personal possession from minor to Class B Felony; diversion only on first two offenses
- [HB1162](#) – AN ACT Relating to expanding offenses and penalties for manufacture, sale, distribution, and other conduct involving controlled substances and counterfeit substances; amending RCW 9A.42.100, 9.94A.518, 69.50.406, 69.50.4011, 69.50.410, and 69.50.4015; and prescribing penalties. Includes mandatory 7 years of confinement for giving substances to youth. This includes ANY controlled substance, as compared to HB1751, above.
- [SB5181](#) - AN ACT Relating to medical assistants; amending RCW 18.360.010, 18.360.040, and 18.360.050; and declaring an emergency. Allow registered medical assistant phlebotomists to work after 180 days of filing certifications.