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## BHC Meeting

January 12, 2023, 3pm

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



# Agenda – 01/12/23 BHC Meeting

- **Introductions & Updates** – All, 15 Minutes
- **Funding Discussion** – Facilitated by Lisa Rey Thomas, 40 Minutes
  - BHC's Vision, Grant Requirements and Current Funding Requests – Lori Fleming, 5 minutes
  - Funding Requestor Response to Q&As Raised in Voting Member Survey
    - BHC's Harm & Stigma Reduction Effort – Additional Engagement/Education – Anya Callahan, 5 minutes
    - EJFR CARES program – Chief Black, EJFR and Gabbie Caudill, Believe In Recovery, 10 minutes
  - Facilitated Discussion - 15 Minutes
- **Review Additional Meeting Packet Content** –Lori Fleming, 5 Minutes
  - Legislative Update
  - Upcoming Meeting Agenda for February 9, @3pm – Zoom



# BHC Overview



**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.**

**We have grown from 4 voting members in 2018, to 11 voting members in now in 2023.**

**The BHC and its work is supported by a federal HRSA RCORP-Implementation grant that continues through August 2023.**



# Grant Requirements & Funding Requests

Expand BHC's Harm Reduction Education and Engagement Efforts

– Anya Callahan, BHC Education/Communication

## 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

- P.1 Train Providers and Admin staff to optimize reimbursement for treatment through proper coding/billing across insurances to ensure service provider sustainability
- P.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
- P.3 Support development of recovery communities, recovery coaches, and recovery community organizations to expand the availability of and access to recovery support services

Purpose	Requested Funding
Expand Education and Engagement Services	\$ 25,000

Addresses core activities

P1 – P5; T4, 5 and 7; P2 and 3

[12/08/2022 BHC In-Meeting Questions \(Padlet\)](#)

[01/04/2023 BHC Voting Member Funding Survey Results](#)



# Grant Requirements & Funding Requests

EJFR CARES Program – Funding for 2 months of CARES Program

– Chief Bret Black, EJFR and Gabbie Caudill, Believe In Recovery

## Required Core Grant Activities



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- P.3 Support development of recovery communities, recovery coaches, and recovery community organizations to expand the availability of and access to recovery support services

Purpose	Requested Funding
- 1 FTE - FIRE/EMS person - 1 FTE - SUDP - 1 FTE - Social Worker	<b>\$ 46,000</b>

Addresses Grant's Core Activity Requirements P2, 5; T1,5,7; P3

Also funded by:

- City-hosted \$217,300 AWC grant thru 6/30/23
- \$100,000 in BHAC funding awarded to Believe In Recovery over the next two years

[12/08/2022 BHC In-Meeting Questions \(Padlet\)](#)

[01/04/2023 BHC Voting Member Funding Survey Results](#)



# Response to Queries re: Harm Reduction Funding Request

		Estimated Hours	Hourly Rate	Cost
<b>Trainings</b>	Overdose education and naloxone distribution informational trainings. Potential locations include libraries, chamber of commerce, community events. (contractor work includes preparation time, event coordination, followup, reportback, data collection and analysis - goal 4 to 6 events by 8/23)	32	90	2,880
	Zoom Webinar - Naloxone trainings, overdose prevention education, community Q & A - (develop training materials, outreach and advertising coordination, lead trainings, reportback to BHC, data collection and analysis)	16	90	1,440
	Stipends for expert and community work (example: stipend for person with lived experience to support webinar facilitation)			600
<b>Outreach</b>	Design work with local contractor (fliers for events, social media graphics, etc)			2,000
	printing (fliers, brochures, event posters, training materials, stickers)			1,400
	Marketing (newspaper ads, radio ads, earned media via press releases for newspaper articles, social media campaigns)			1,000
	Contractor outreach and marketing coordination (promoting marketing materials and messaging in local media, fliering and event promotion)	10	90	900
<b>Supplies</b>	naloxone kit materials: 500 pencil cases, 500 breathing mask, (naloxone currently supplied by WA DOH grant)			2,355
	HR outreach supplies: socks, emergency blankets, hot hands hand warmers, hygienic supplies, food gift cards, purchased packaged foods, water bottles			3,000
<b>Video Project</b>	Harm Reduction Informational Video - Whaleheart Productions (see attached bid for detailed project budget)			7,985
	Contractor project coordination and oversight, outreach and promotion	16	90	1,440
			<b>TOTAL</b>	<b>25,000</b>

Purpose	Requested Funding
Expand Education and Engagement Services	<b>\$ 25,000</b>

Whaleheart Productions Bid

[Click for Enlarged View](#)



# Response to Queries re: Harm Reduction Funding Request

## How will we know this work is effective?

Distributing Naloxone is proven to prevent deaths, reduce stigma and improve community understanding, intervention resources

- [Naloxone kit distribution is associated with lower opioid overdose death rates.](#)
- [Community education and engagement programs produce long-term knowledge improvement regarding opioid overdose, improve participants' attitudes toward naloxone, provide sufficient training for participants to safely and effectively manage overdoses, and effectively reduce opioid-related mortality.](#)
- **Dr. Carlbom has given anecdotal feedback of evidence that the BHC-funded work Anya Callahan has executed to distribute out 350 Naloxone kits in the last half of 2022, an increase over 50 kits distributed throughout the county in the prior year, is having a positive impact.**

Purpose	Requested Funding
Expand Education and Engagement Services	<b>\$ 25,000</b>

[See more Evidence-based Support for Harm Reduction Programs](#)



Purpose	Requested Funding
- 1 FTE - FIRE/EMS person - 1 FTE - SUDP - 1 FTE - Social Worker	<b>\$ 46,000</b>

**EJFR.org**

**bblack@ejfr.org**





**C** Community

**A** Assistance

**R** Referral

**E** Education

**S** Services





# CARES



## Primary goals

1. Refer people to appropriate resources
2. Reduce the low acuity 911 calls for Fire/EMS



# CARES

## What is CARES?



Focus on the needs of people who have overlapping lifestyle challenges which usually include one or more modalities such as:

- Behavioral Health
- Medical/Health needs
- Substance Abuse
- Housing & Financial challenges
- Life-Style Management challenges



# CARES



What is the difference between REAL, LE Navigators, and CARES?

**REAL** is a peer support model that engages community members with behavioral health needs from the perspective of sharing the lived experience of mental illness and/or substance use disorder.

**Law Enforcement Navigators** work with law enforcement to respond to mental health, substance abuse and behavioral health crisis. LE Navigators aim to provide de-escalation, communication/facilitation, immediate stabilization, and victim support and advocacy

**CARES** is a Fire/EMS based co-responder, community-based risk reduction program. It is designed to intervene (usually post-incident) to refer and/or educate community members that would normally call 911 for continual, low acuity issues.

## Why Now?

EJFR Fire & EMS call volume has increased by almost 50% since 2011.

We are managing more than one 911 call more than 30% of the time.

EMS calls are approximately 75% of our responses.





# CARES



What CARES programs were considered as a model for EJFR's FIRE CARES?

Due to the timeline and local support opportunity with Poulsbo, we chose their model as a starting point.

Other programs were researched and EJFR is now a member of Washington State Co-Responder Outreach Alliance (CROA).

## MISSION & MODEL

Connecting community members to care with mobile behavioral health response



### POULSBO FIRE CARES

Fire CARES is the **Poulsbo Fire Department's** Mobile Integrated Health Response Unit. Launched January 2021 as a partnership between the Poulsbo Fire Department, the City of Poulsbo, and Olympic Peninsula Community Clinic, **CARES responds to individuals struggling with behavioral health issues and helps them navigate the situation**—whether they need medical attention, mental health care, substance use disorder services, or other kinds of care.

Staffed by a firefighter/EMT trained in crisis intervention, a social worker, and a substance use disorder professional, the CARES unit is a multidisciplinary team aiming to prevent crisis by being proactive in the field.





# CARES



*What about CARES policies?*

Our committee is adapting SOG's from Poulsbo, which should be done next week.

Our committee consists of the fire chief, commissioners, MSO, BiR management, EJ administrative staff, City of PT, FIRE CARES personnel



# CARES



What specialized training will be provided for CARES?

*Crisis Intervention*

*Scene Safety*

*Connections and capabilities of our partners*

*Crisis De-escalation*

*Other related training as available*



# CARES



What will CARES supervision look like?

- ***Clinical Supervision, Jud Haynes***
- ***Agency Supervision, Gabbie Caudill***
- ***EJFR Management, Chief Bret Black***
- ***EJFR Daily Supervision, Battalion Chief***



# CARES



How will CARES interact with agency partners?

- Collaboration
- Referral
- Connections



# CARES



What is next?

*Crawl, walk, run....*

- *Developing their relationships*
- *Procedures*
- *Connect with similar programs*
- *EJFR FIRE CARES will be initially focused on impactful referrals from Fire/EMS providers*



# CARES

Questions?

Please call or email for questions.

[bblack@ejfr.org](mailto:bblack@ejfr.org)

360-381-0292





# Facilitated Discussion



- Clarifications Needed?
- Other Feedback



# @Next Meeting: Say More, Be Specific.



These questions were developed from our November 2022 [feedback](#).

You are invited to [click here](#) prior to our meeting to help seed that discussion.

## Questions we'll explore at our February 9<sup>th</sup> Meeting

- What does the BHC Table need from each agency/organization?
- What does collaboration look like for this group?
- What updates are needed between our Monthly Meetings?
- What are some ideas to support more mental health supports in? remote communities
- What will support easing the competition that distracts us from collaboration and productive partnership?
- Identify level of commitment to continue funding the BHC table, the programs it supports, collective data gathering and our efforts toward a seamless behavioral health system that allows our community members to navigate smoothly to needed services.





# Some Relevant Legislative Updates as of 1/9/2023

- [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.



# 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](mailto:DMcDonald@jbsinternational.com)

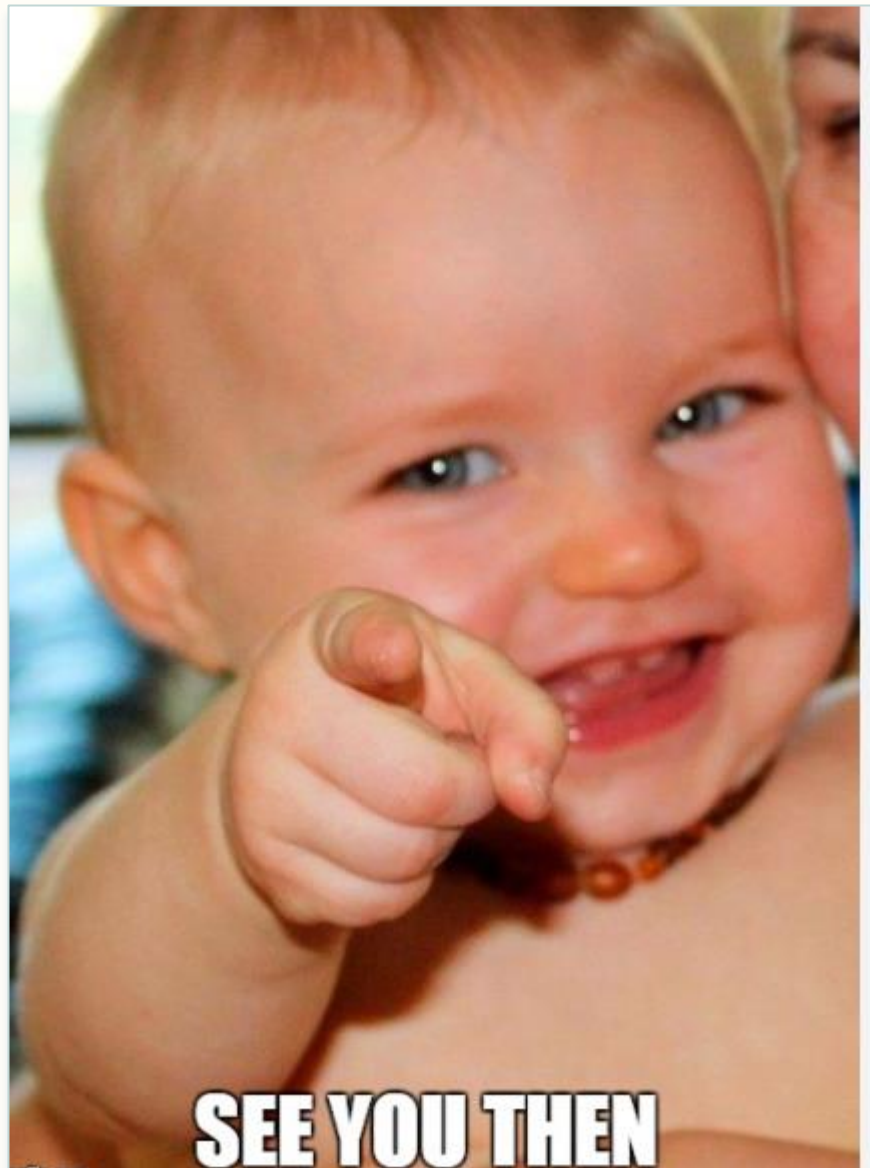
Those reaching out should indicate they are connected to:

Jefferson County, WA

HRSA RCORP-Implementation 2 - Grant # GA1RH39564



# Next BHC Meeting



Thursday

February 9th, 2023

@3pm on Zoom



# Acronym Sheet

**BH** – Behavioral Health

**BHC** – Behavioral Health Consortium

**CAP** – Communication Action Plan

**CHA** – Community Health Assessment

**CHIP** – Community Health Improvement Plan

**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

**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

**SUD** – Substance Use Disorder

**TBH** – To Be Hired

**VOA** – Volunteers of America – Crisis Line

**Vol** - Voluntary

**Invol** – Involuntary