



BHC Meeting

February 9, 2023, 3pm

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



Agenda – 02/09/23 BHC Meeting

- Introductions & Updates – 15 Minutes
- Updated Funding Overview – 5 Minutes
- Review Feedback Themes and Overview Silo-to-Systems Thinking – 10 Minutes
- Working Session: Who Brings What? – 15 Minutes
- Take the Poll! – 5 Minutes
- Review Additional Meeting Packet Content – 10 Minutes
 - Funding Request: Expand Kitchen Staff Hours @ Recovery Cafe
 - Upcoming Events
 - Opioid Funding Flow From AG's Office
 - Legislative Update
 - Opportunity for Peers-to-Peer Support and Camaraderie
- Next Meeting March 9th, @ 3pm Zoom
 - Agenda will be built around outcomes of today's meeting



BHC Overview



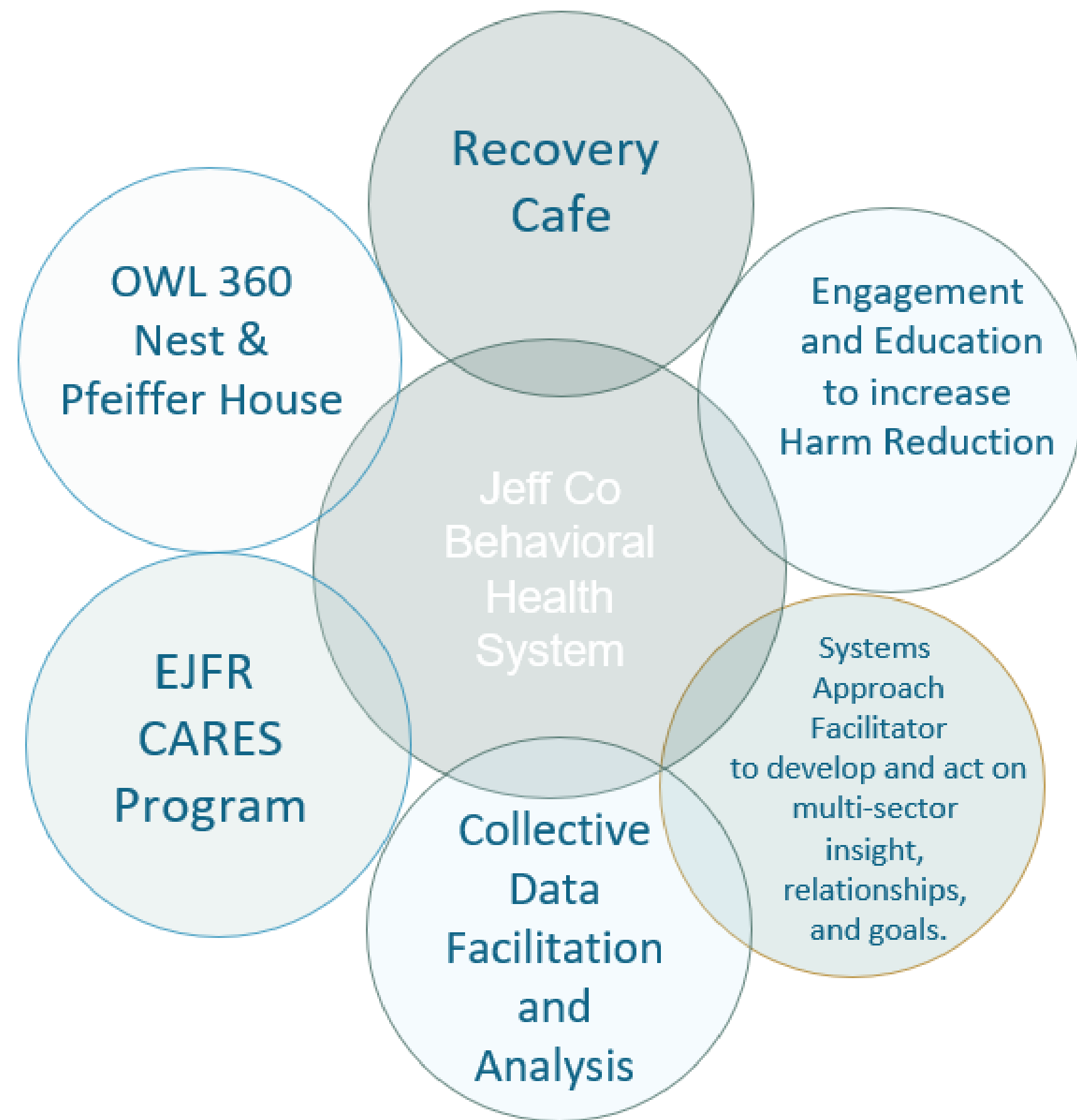
The BHC is focused on **collaboratively developing and funding a collective seamless behavioral health system** that allows our community members to navigate smoothly to needed services.

We have grown from 4 voting members in 2018, to 15 voting members in 2023.

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



BHC's Monetary Support Toward a Seamless BH System



PROGRAM	FUNDED TO DATE 09/01/2020 - 08/2023
RECOVERY CAFÉ / DOVE HOUSE	\$155,076.72
OWL 360 - PFEIFFER HOUSE / NEST	\$102,000.00
HFPD - DATA ANALYSIS & STRATEGY	\$ 33,940.00
ANYA CALLAHAN COMM/EDUCATION/ENGAGEMENT	\$ 45,445.00
COMMUNICATIONS WEBSITE TECH/GRAPHICS	\$ 22,000.00
SCHOOL BASED HEALTH CENTER (SBHC) YOUTH SCREENING, BRIEF INTERVENTION AND REFERRAL TO TREATMENT (YSBIRT)	\$ 6,000.00
SOUTH COUNTY HARM REDUCTION VENDING MACHINE PURCHASE AND INSTALLATION	\$ 25,000.00
EJFR CARES PROGRAM	\$ 46,000
TOTAL ALLOCATED TO DATE	\$435,461.72



November '22 BHC Meeting's Feedback Themes



See the full [feedback](#) gathered at our November '22 BHC Meeting.

BHC Members appreciate:

- **Cross sector collaboration, networking and problem-solving to addresses a key community challenge**
- **The Shared Language and respect that has been developed over time**
- **Continued expansion and understanding of roles and capabilities of various programs**
- **Increased engagement with our community around harm reduction and recovery**
- **Leadership / Facilitation toward improved mental health and substance use recovery rates in Jefferson County**



November '22 BHC Meeting's Feedback Themes



See the full [feedback](#) gathered at our November 2022 BHC Meeting.

BHC Members see an opportunity to:

- Clarify “What am I offering here?”
- Expand focus on prevention possibilities
- Increase care coordination and sustainable systems for hand-offs between agencies
- Supplement 911 Resources more effectively
- Provide better support for remote communities
- Give more updates between our Monthly Meetings
- Address where competition distracts us from productive partnership to desired results
- Ensure we follow through on all the improvements we've made and don't go backwards
- Assess commitment level to continue funding the BHC table, the programs it supports, collective data gathering, and member efforts toward a seamless behavioral health system that supports improvement of Jefferson County's Behavioral Health Recovery Rates.
- Based on assessment above, clarify a sustainability plan



A Rare Group - Gathering Consistently for Years



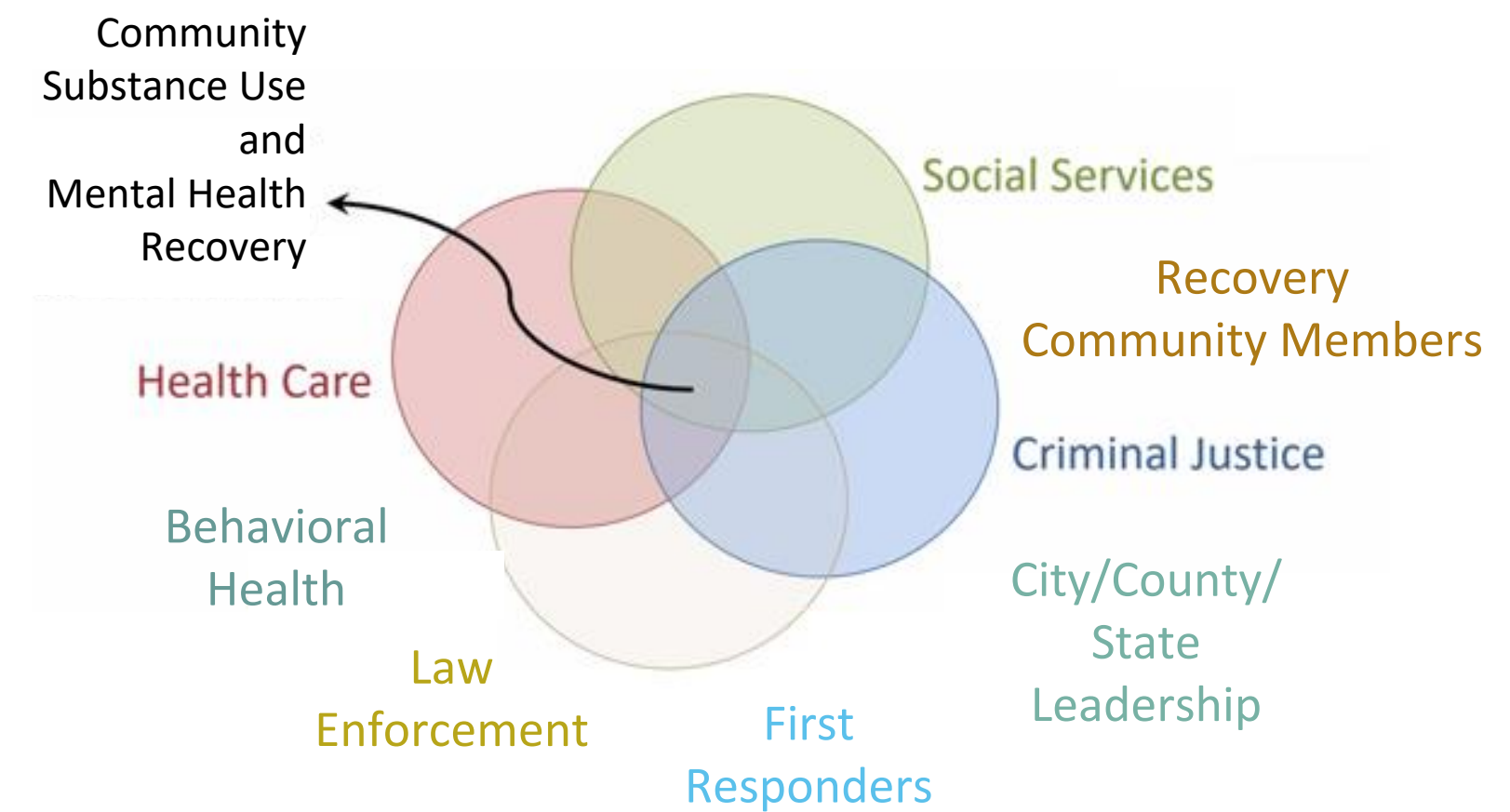
BHC Alternate and AD HOC Team

Denise Banker, JCPH Youth Prev; Dave Fortino, Jail Superintendent; Pete Brummel, EJFR; Patrick Johnson, NAMI; Jud Haynes, PTPD Navigator; Adam York, JHC Data; Darcy Fogarty, Recovery Community; Matt Ready, Hospital Commissioner; Greg Brotherton, County Commissioner; Jolene Kron, Salish Behavioral Health-Administration Services; Apple Martine, JCPH's Community Health Director, Anna McEnery, JCPH, BH Coordinator, Cherish Cronmiller, OlyCAP, Chief Tim McKern, Quilcene Fire Department, Nat Jacob, Public Defender's Office



Systems Approach For Results

How to Improve Jefferson County's Behavioral Health Recovery Rates?



Systems Mindset

Recognition that a trend over time is the result of a system.
Every system is perfectly designed to get the results it gets.

Systems Thinking

The skill of discerning the system that drives given results

Barriers to Systems Thinking

- Limits to cognitive capacity
- Limits to information access
- Cognitive bias
 - Selective Memory
 - Confirmation Bias
 - Short-term thinking
 - Overgeneralizing



What is the Value of the Stakeholders at our Table?

Because we know that no one knows everything,
and everyone knows something...

**What do you perceive OTHER BHC's stakeholders
can contribute?**

- **What specific perspective do they bring that is important?**
- **What patterns could their data, added to ours, help us collectively identify over time?**
- **How can they help us understand our landscape from a population, rather than “person” perspective?**

[Go to this link](#) to
provide your input
as these questions
relate the partners
at this table.



Keep the Info Coming!



Feel free to [go back to this link](#) to provide additional input to the work we did today.



Let us know what you think!

Should we continue the BHC after August 2023?

Yes

No



Funding Requests – Recovery Cafe

Expand Recovery Café’s Kitchen Staff Hours

– To accommodate increased meal offerings

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 Kitchen Staff Hours @ Recovery Cafe	\$ 25,000

Addresses core activities

P1,4-5; T4, 5 and 7; P2 and 3

Notes:

Cost of a full-time Kitchen Staff employee is \$40,700 which includes benefits.



Congrats to THE NEST!

Serving ages 0-100

GRAND OPENING

1119 LAWRENCE ST

FRIDAY 20TH 3:30 - 4:30 CELEBRATION

SAMPLES OF OUR 360 BEAN & LOTUS ENERGY DRINK

FULL SERVICE 4:30-7:30



DRINKS

=Menu=

	12oz	16oz	16oz	24oz
Americano	\$3.50	\$4.00	\$5.50	\$6.75
Breve	4.50	5.00		
Cappuccino	4.00	5.00		
Latte	4.00	4.50		
Mocha	5.00	5.50		
Chai	4.50	5.00		
London Fog	3.50	4.00		
Hot Cocoa	3.50	4.00		
Drip	2.75	3.75		
Tea	2.00	3.00		
Espresso	(x2) 2.25	(x3) 3.25		
Italian Soda			16oz	\$4.25

Lotus Energy
Blue Pink Clear

All espresso drinks are doubles,
All drinks can be iced!
Add flavor for .50¢

Ask about more flavors





Upcoming Event!

Film Screening & Discussion

Quilcene

Thursday, Feb. 23 • 6-7:30pm

Gray Coast Guildhall

11 Old Church Rd, 98376

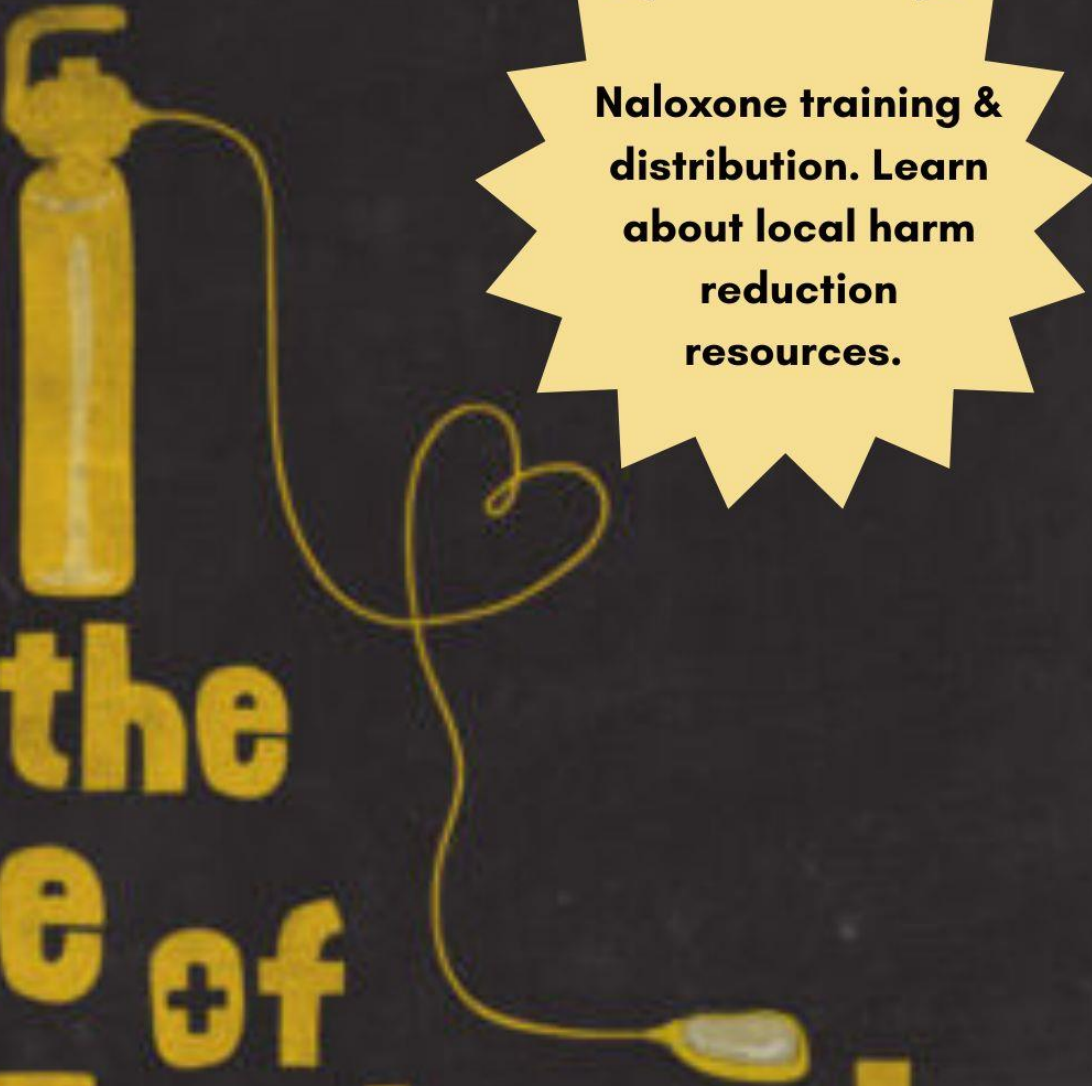
Masks Required

Port Townsend

Saturday, Feb. 25 • 3-4:30pm

The Nest

1119 Lawrence St. 98368



Love
in the
Time of
Fentanyl!

Naloxone training & distribution. Learn about local harm reduction resources.

Snacks Provided!

BHC



Opioid Funding Flow from AGs office

- The MOU signed by participating local governments designated the SBH-ASO as the opioid abatement fund distribution entity for this region.
- Jefferson County received a record of payment for Year1 (\$34,504) and Year 2 (\$36,262). Those numbers are inclusive of SBH-ASO's administrative fee, which can't be defined until the administration needed has been defined. The first is 17 years. The second has different timelines by specific entity (ranging from 6-15 years).
- A second wave of settlements were negotiated in January '23. Jefferson County's portion of that is likely to be equal or nearly equal to the first settlement. These payments will be over 17 years with two payments the first year totaling ~\$70k.
- How all the abatement funding is distributed is still being worked out. The SBH-ASO needs to know what data will be required so they can convey that to the counties.
- The SBH-ASO Board asked Stephanie Lewis to bring a recommendation for distribution to the March 17 SBH-ASO meeting.
- Commissioner Brotherton asked the SBH-ASO come to BOCC meeting (the afternoon session) to give Jefferson County Commissioners an overview.
- The SBH-ASO noted there is a 3-page list of abatement strategies - a 12 page list of what ISN'T eligible. There is also an intention to work regionally with the Jamestown tribe to coordinate strategies with the region's collective dollars.
- It isn't clear what the plan is for the STATE's portion of the settlement at this stage. Stay tune for further updates.



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.



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



Next BHC Meeting



Thursday

March 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