

### ATTENDEES

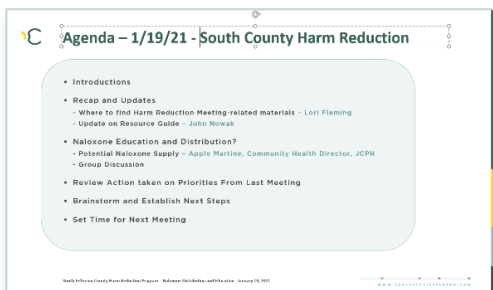
Fire Chief Tim McKern, Quilcene Fire Department; Patricia Beathard, Brinnon School District Superintendent; Apple Martine, Jefferson County Public Health – Community Health Director; David Carlbom, M.D., Medical Program Director, Jefferson County EMS; Greg Brotherton, Commissioner; John Nowak/Lori Fleming – Jefferson County CHIP/BHC.



**Not Present:** Frank Redmon, Quilcene School District Superintendent; Fire Chief Tim Manly, Brinnon Fire Department; Margie Boyd, JCPH, Public Health Nurse, SEP Program; Ford Kessler, Recovery Community Member, Fire Commissioner & Volunteer, District 5, Therapeutic Drug Court Administrator; Dunia Faulx, JHC, Population Health; Christina Muller-Shinn, Opioid/Substance Use Response, Mason County Community Services-Public Health (a HRSA-recommended resource); Lindsay Dykes, Jefferson Healthcare, South County Clinic Manager

**Links:** Meeting [Slides](#) and [Video](#). Check at the [BHC Current](#) page if you unexpectedly encounter a broken link in any of the direct links provided. (The workaround for if a link changes due to edit and reposting.) Please note that all materials for the BHC and BHC Subgroup meetings/efforts (of which the South County Harm Reduction Group is one) will be posted in reverse chronological order at [Behealthyjefferson.com](#) >>Library >> [BHC Current](#). Our February 16<sup>th</sup> @ 1pm Meeting’s Zoom link is [here](#).

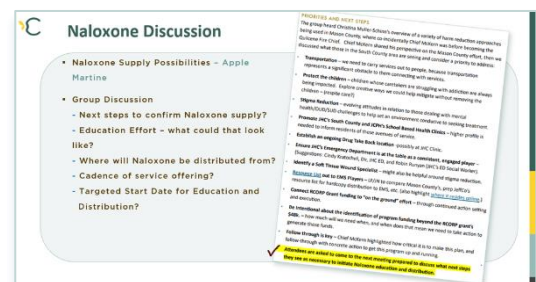
### MEETING HIGHLIGHTS



First, wanted to acknowledge that while I haven’t summarized it here, an initial group discussion centered on calibrating awareness around the COVID vaccine roll out effort.

Updates to the existing “Next Steps and Priorities” are noted later in these minutes – but wanted to highlight a few specific discussion

**Naloxone Discussion** – Apple noted her bandwidth has been usurped over these past weeks by COVID-related activities, so research into specific supply possibilities from Public Health quarters has not yet taken place. The group’s discussion highlighted items shown in the next section on Priorities and Next Steps.



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**PRIORITIES AND NEXT STEPS – ADDITIONS AND UPDATES AS OF 1/19/2021**

- **Naloxone Training and Distribution.** Discussion / Next Steps:
  - **Lori and Apple will connect before 2/16 meeting** to identify next steps to answer **where we can secure a Naloxone supply** at least cost for this program. She noted UW may be a possibility, but has some robust requirements around participating in the program.
  - Chief McKern – check with Sheriff and PTPD to see where they are getting their supply and to see if we could float in their wake (500-600 doses seems to be what they are getting?)
  - Dr. Carlbom suggests once we have supply in place, to **train EMTs/Paramedics on the pre-hospital team to provide naloxone, training on how to use, resource card, etc. to call-subjects.** This would be appropriate when the EMT has administered Naloxone in the field to revive an individual, yet the call-subject-resists transportation (a common scenario).
  - Chief McKern – **Social media outreach** will be key – it was a major element of the success realized where he was previously in Mason County. Trish Beatherd noted Brinnon and Quilcene are well set up with Social Media channels.
  - Apple noted the stigma reduction/no-shame approach of our effort will be key. How can we **train and distribute to ubiquitous locations** (Think librarians, shop owners, Community Center, Post Office.) Think of having naloxone the way you'd have a fire extinguisher present – a tool to perform first aid in our community, and available everywhere. “What easy access place do you keep it?”
  - There are youtube videos under 6 minutes that could be vetted for use in Naloxone administration training. Could be deployed through social media, etc.
  - Dr. Carlbom – Weave Naloxone training into the training we do with kids around CPR, AEDs, Tourniquet application, etc. This will give them hands on practice, stimulate conversation etc. Also consider giving them a coupon to get a kit. **Lori to check in with Sheriff/Police** - could use this education as an opportunity to connect with kids, create positive relationships, positive optics, etc.
  - Upstream storage area for Naloxone supply: Schools, Medical clinic, and the Fire Hall.
  - The group set an initial schedule to be education effort with a goal of connecting school kids with training before end of this school year (mid-June):
    - April 2021:** Plan the social media campaign specifics
    - May 2021:** Plan trainings in schools and any appropriate/agreeable local spots  
Initiate Social Media campaign around Naloxone and imminent trainings
    - June 2021:** Education to be executed in Schools and other locations identified

## PRIORITIES AND NEXT STEPS – ADDITIONS AND UPDATES AS OF 1/19/2021 – CONT'D

- **Dive into the discussion around Syringe Exchange at 2/16/21 Meeting.** What models (or model combinations) are worth considering? What can we be doing now to establish a Syringe Exchange network-of-need in South County?
- **Identification of program funding beyond the RCORP grant's \$48k.** – how much will we need when, and when does that mean we need to take action to generate those funds.
  - ✓ Harm Reduction Budget Sketch – sketch on (slide 14 in the 1/19/21 presentation slides) covers both Naloxone training/distribution and Syringe Exchange. **Budget refinement to continue with input from Apple/her Team, as well as out-of-county contacts.**
- ✓ **Ensure JHC's Emergency Department is at the table as a consistent, engaged player.**
  - There is a new interim leader for JHC's ED, Catalina Musso. **John will reach out and invite her to the next meeting.**
- ✓ **Identify a Soft Tissue Wound Specialist** – might also be helpful around stigma reduction
  - **John will invite Mary Allen**, who is a Nurse Practitioner at JHC's Wound Care Clinic.
- ✓ **Resource List out to EMS Players** – LF/JN to compare Mason County's, prep JeffCo's resource list for hardcopy distribution to EMS, etc. (also highlight [where it resides online.](#))
  - The Resource Guide Handout has been printed and distribution is underway.
- ✓ **Stigma Reduction** – evolving attitudes in relation to those dealing with mental health/ODU/SUD challenges to help set an environment conducive to seeking treatment.
  - Lori noted Olympic Communities of Health has received \$245k funding for stigma reduction communications effort here on Olympic Peninsula. As more information comes out about that, **she will work to ensure there is cross-connection, and leveraging done where possible, so our efforts are all optimized.**
- ✓ **Transportation** – we need to carry services out to people, because transportation represents a significant obstacle to them connecting with services.
  - Commissioner Brotherton and John Nowak **will consider who could from the Transportation team** could come to this meeting. In the meantime, at our next meeting we'll **define what our ask is of a Transportation representative.** Might be around the Van Pool facilities – and investigating that avenue as it relates to ?Jefferson County? ?Naloxone/SSP?.

- ✓ **Protect the children** – children whose caretakers are struggling with addiction are always being impacted. Explore creative ways we could help mitigate without removing the children – (respite care?)
    - There is an opportunity to work with CPS toward interactions that effectively protect our community’s children – whether at our health facilities or within the School landscape. There are many features of CPS’s service that would benefit the entire family if we set up something where we develop relationships and respect. **Lori and John to brainstorm steps to bring a CPS rep to a relationship development table.**
  - **Promote JHC’s South County and JCPH’s School Based Health Clinics** – higher profile is needed to inform residents of these avenues of service.
  - **Establish an ongoing Drug Take Back location** -possibly at JHC Clinic.
  - **Connect RCORP Grant funding to “on the ground” effort** – through continued action setting and execution.
  - **Follow through is key** – Chief McKern highlighted how critical it is to make this plan, and follow-through with concrete action to get this program up and running.
- ✓ Indicates items that were on our “action list” from previous meetings that have had some advancement since the last time meeting’s notes.