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## **BHC's Harm Reduction Meeting**

**December 21, 2021, 1-2pm (Mtg #12)**

**Developing South Jefferson County's  
Harm Reduction Program**



# Agenda – 12/21/21 - South County Harm Reduction

- Introductions
- Check-in with Schools - Anything New/Needed?
  - Trish Beathard & Frank Redmon
- Updates
  - Harm Reduction, ?QRT Update? - David Carlbom
  - JCPH - Apple Martine, Denise Banker
  - County and/or Transit News? - Commissioner Brotherton
  - JHC - Heidi Mathews or Laurie Tinker
  - New Insights - Lori Fleming
- Next Steps?
- Next Meeting: January 18, 1pm



# 12/21 Updates from Commissioner Brotherton

- **Transit:** Purchasing JeffCo's first Electric Bus - a trolley for PT. Commissioners Dean and Brotherton are assisting with an update to the proposed Strategic Plan that emphasizes what Jefferson Transit can do for reducing Greenhouse Gasses, and encouraging ridership to reduce single occupancy vehicles. Fares will remain free for at least 2 years. Infrastructure will be put in for up to 4 electric busses.
- **South End:** BoCC approved ~\$150k in ARPA funds for engineering to replace to the dangerous old motel on top of the Brinnon Community Center with a nice roof. (Total Project is estimated at around \$1,250,000)



# 12/21 Updates from Commissioner Brotherton

- Tim can talk about the ongoing saga with the Trust Land Transfer on Dabob.
- The new bridge across the Little Quil is out to bid and fully funded at over \$5M.
- The Food Bank Association is getting close to breaking ground on a new Food Bank in Quilcene.
- The Quilcene School District is giving OlyCAP the old portable they are replacing with a new bus barn, and we're looking at taking it to the Caswell-Brown Village on Mill Road.



# 12/21 Updates from Commissioner Brotherton

- The Quilcene Community Center, after an unfortunate series of events for the Community Center Manager, Bob Rosen, is limping along and continuing to provide service.
- The 3 videos I made as a community project are coming out (the 3rd of 3 this Thursday) and the USFS has agreed to post on promote on their own internal page:
  - [https://youtu.be/Y9RZI\\_tSbPk](https://youtu.be/Y9RZI_tSbPk)
  - <https://youtu.be/iQpf2Esatpc>



# JHC – 12/20 Updates from Heidi Mathews

- **Clinic Hours:** Currently are still open Monday's and Wednesday's from 8 am to 5 pm. All phone calls will be forwarded to JHC's PLC staff on days the Clinic is not open.
- **Vaccines:** Those with an appt will be offered a flu vaccine if wanted. To seek COVID vaccines or boosters, please contact our local pharmacies. Due to our current staffing model and the need to create safe spaces due to COVID, we are unable to offer a mass flu clinic or drive thru set up.
- **Provider Update:** We are still seeking a full-time provider to replace Elizabeth Olinger and hope to find a good fit. Candace Byers, ARNP and Dr. Kirchner continue to care for patients on the days we are currently open.



# CDC's MMWR Report

And a Bit of Local Insight

## Summary

### What is already known about this topic?

Synthetic opioids, including illicitly manufactured fentanyls (IMFs), were involved in 64% of >100,000 estimated U.S. drug overdose deaths during May 2020–April 2021.

### What is added by this report?

During 2019–2020, IMF-involved overdose deaths increased sharply in midwestern, southern, and western jurisdictions. During 2020, approximately 40% of IMF-involved deaths also involved stimulants, and 56% of decedents had no pulse when first responders arrived. Injection drug use was reported in 25% of deaths, and noninjection routes of drug use in 27% of deaths.

### What are the implications for public health practice?

Adapting overdose prevention and response efforts to address risk factors associated with IMFs and using innovative approaches to address the endemic nature of IMFs, various routes of IMF use, and frequent polysubstance use could slow increases in IMF-involved deaths.


**During 2019–2020, overdose deaths involving illicitly manufactured fentanyls (IMF) increased sharply in several parts of the country**

**AMONG IMF-INVOLVED 2020 DEATHS**

Many routes of drug use were reported including injection, snorting, smoking, and ingesting

Timely response is key to preventing overdose deaths

**NALOXONE**

 [bit.ly/MMWR7050e3](https://bit.ly/MMWR7050e3) **MMWR**

[CDC's Morbidity and Mortality Weekly Report Summary \(MMWR\), Full PDF](#)

FYI

Interesting overdose report. We in Jefferson are seeing a reduction in the number of people seeking SEP services. Many report using blue fentanyl pills, mostly by smoking "using foils". We are pushing out Naloxone (multiple kits) to people who do come in for services in the hope that they will share them with others.

*Marjorie Boyd, PHN*  
Jefferson County Public Health

**If people are smoking fentanyl, they're getting high enough to not need to inject. Folks usually inject when their tolerance builds up and they can no longer get the high they desire or need to not get sick.**



# ADAI's September 2021 Survey Results

Housing program staff want more training to address substance use among residents

## Introduction

Housing providers in Washington State serve many people who use substances and/or who are pursuing recovery from substance use. These individuals often have complex emotional, physical, and social needs that can be challenging to address within housing programs. To learn more about the needs of housing professionals to work with these residents, the University of Washington Addictions, Drug & Alcohol Institute (ADAI) conducted an anonymous, online survey in September 2021 among housing providers across the state. The objectives of this survey were to:

- Identify the successes and challenges staff have in addressing substance use among their residents.
- Determine how knowledgeable and comfortable staff feel in working with substance use.
- Identify topics for training and technical assistance related to substance use.

[Summary PDF](#)



## Key Findings:

- Housing providers implement a number of onsite harm reduction strategies and behavioral health services to support both residents who use substances and those pursuing abstinence.
- The greatest challenge to helping residents who use substances is a significant lack of substance use and mental health treatment services in the community. Many programs are interested in providing more of these services onsite or through telehealth.
- Housing staff report feeling more knowledgeable and comfortable working with residents who use alcohol and/or opioids than those who use stimulants.
- Housing staff want more training related to methamphetamine, providing culturally-adapted services, emotional support for staff, and secondary caregiver trauma.

## Recommendations

- Provide immediate and comprehensive training for all types of housing providers on stimulant use and strategies for engaging and supporting residents who use stimulants and those in recovery from stimulant use disorder.
- Learn more from housing clients about their own needs and interests in behavioral health, substance use disorder, and harm reduction services and onsite supports. Inquire about how to provide these services and supports in ways that are culturally relevant.
- Identify resources and partners to strengthen training and technical supports for housing providers across the state. Be sure to emphasize emotional support for housing staff who are doing challenging work in challenging conditions.
- Stable housing is crucial for individuals to successfully address their substance use and mental health needs. Harm reduction and treatment services are essential to helping individuals obtain and remain in stable housing. Continue to strengthen connections and partnerships across these systems to develop more onsite services and/ innovative service models.





Thank you for your active  
support of our work

**We look forward to our continued collaboration  
and invite your feedback on today's meeting.**





# Acronym Sheet

**BH** – Behavioral Health

**BHC** – Behavioral Health Consortium

**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 and  
Development Consultants

**HRSA** – Health Resources and Services  
Administration

**ITA** – Involuntary Treatment Assessment

**MAT** – Medically Assisted Treatment

**MH** – Mental Health

**OD** – Opioid Use Disorder

**PTPD** – Port Townsend Police Department

**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)

**SUD** – Substance Use Disorder

**TBH** – To Be Hired

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

**Vol** - Voluntary

**Invol** – Involuntary