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

**April 20, 2021, 1-2pm**

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



# Agenda – 4/20/21 - South County Harm Reduction

- Introductions
- Recap (after our brief hiatus)
- Activity and Insights From:
  - JHC's Clinic
  - Quilcene School District/Frank Redmon Discussions
  - Survey soliciting responses to the State v. Blake decision
  - Faith-based community member
  - Other?
- Generate our asks for future meeting participants from
  - Jefferson Transit, JHC's Wound Care, and possibly Sheriff's office
- Next Steps
- Next Meeting: May 18<sup>th</sup>, 1pm



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## Recap



# What we set out to do...

- Develop and understanding of what South County needs to help address Substance Use Disorder and its impacts in the community.

## PRIORITIES AND NEXT STEPS

The group heard Christina Muller-Schinn's overview of a variety of harm reduction approaches being used in Mason County, where co-incidentally Chief McKern was before becoming the Quilcene Fire Chief. Chief McKern shared his perspective on the Mason County effort, then we discussed what those in the South County area are seeing and consider a priority to address:

- **Transportation** – we need to carry services out to people, because transportation represents a significant obstacle to them connecting with services.
- **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?)
- **Stigma Reduction** – evolving attitudes in relation to those dealing with mental health/OD/SUD challenges to help set an environment conducive to seeking treatment.
- **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.
- **Ensure JHC's Emergency Department is at the table as a consistent, engaged player** – (Suggestions: Cindy Kratochvil, Dir, JHC ED, and Robin Runyan (JHC's ED Social Worker).
- **Identify a Soft Tissue Wound Specialist** – might also be helpful around stigma reduction.
- **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.](#))
- **Connect RCORP Grant funding to "on the ground" effort** – through continued action setting and execution.
- **Be Intentional about the 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.
- **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.
- **Attendees are asked to come to the next meeting prepared to discuss what next steps they see as necessary to initiate Naloxone education and distribution.**



# Where the momentum led...

- The group began to pursue the development of a naloxone education and distribution effort

**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 call-subject to use resource card, etc. to field to scenarios

## Naloxone Supply

- **Review Naloxone Supply Request Form**
- Specific the type, or mix of Naloxone types (injectable vs. nasal) that will

**Organization Name:** \_\_\_\_\_

Please indicate what type of organization your agency most closely identifies as (you may check as many boxes as you feel appropriate):

- Jail
- Prison
- Re-entry program

What is the physical address where you would like the naloxone delivered to? Please include times and days you can receive deliveries, and any restrictions or issues you think might interfere with delivery (e.g., limited hours of operation, remote access, and note: we cannot deliver to post office boxes):

Hi Lori,

The best naloxone is whatever the person responding to the overdose is most comfortable with. For some, it's injectable- for some, nasal. And for many, it doesn't matter- they're trained and competent with both forms.

If your primary concern is that you want to be active injection drug users, then many of injectable (IM) naloxone, if not completely comfortable with. If your audience is going to be business folk, agency people, they might prefer nasal, or in some cases, they might have internal syringes. It's a case by case thing. Often naloxone on hand, regardless of

## Next Step Development to Engage Community

- Narrate to ourselves?
- Potential for Community meeting?
- Social Media (Who, What, When, Where)
- What steps are needed to execute training in schools? In Community locations? ([Education Resources](#))
- Tie in with an April Drug Takeback event?
- Involve Sheriff here?

The program's success is three-pronged:

- Internal capacity building and buy-in
  - Remember our best repository of positive messaging is at this meeting of the stakeholders. Spend time narrating for ourselves why each believes Naloxone education is the right next step. What was the process from not knowing, being on the fence, or being opposed - to arrive at this place of being supportive? This will be powerful to repeat as the engagement with the community at large begins.
  - Then, do the same on the topic of Syringe Service Program (SSP).
- Community stakeholder moving into full community engagement
  - We want to be proactive with our community members. They haven't been a part of these stakeholder conversations, so how do we initiate this conversation and awareness raising in the community. Particularly with Syringe Exchange, where can we set ourselves up to address things like the perception of improperly disposed syringes that gets correlated to the Syringe Exchange program. (Evidence shows that people are 31 times more likely to dispose of syringes properly when there's a syringe service program). Consider asking the community to call us where syringes are being disposed of now - and we'll go out and get them. That gives us a sense of where we need to focus.
  - LF/JN to set up a presentation at Quilcene Community Center - along with some of the people who are on the Harm Reduction team? (Figure out COVID version of this) And at that meeting have the infrastructure in place so we can announce the option of people bringing syringes into the Quilcene Clinic for disposal. How can we piggy back this with an April 27th Drug Takeback event?
- Building relationships with people who use drugs.

Dr. Carlbom suggests once we have supply in place, to train EMTs/Paramedics on the pre-hospital call-subject to use resource card, etc. to field to scenarios

McKern - Social media outreach will be key - it was where he was previously in Mason County. Trish and I are well set up with social media channels.

Chief McKern - Weave Naloxone training into the training we do in the community. This will give them hands on experience. Also consider using them a coupon to get away from the stigma reduction/no-shame approach of the community center. Think of having naloxone in the community - a tool to perform first aid in our community. "What easy access place do you keep it?"

youtube videos under 6 minutes that could be vetted and distributed to ubiquitous locations (Think libraries, post office, etc.) Think of having naloxone in the community - a tool to perform first aid in our community. "What easy access place do you keep it?"

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# Insights and Feedback Since the Last Meeting

- **Jefferson Healthcare**
- **Quilcene School District**
- **Responses submitted to the BHC's State v. Blake survey**
- **Discussion with local community faith-based representative**
- **Others?**



# Jefferson Healthcare Feedback

- **Insight from Laurie Tinker, JHC's Emergency Department**
- **Feedback to possible receipt and storage of Naloxone at Quilcene Clinic?**



# Quilcene School District Discussion

## SUGGESTED PRIORITIES AND NEXT STEPS

- Focus the stigma campaign development and subsequent effort OCH/CHIP are initiating in May at the Behavioral Health Consortium to support our goal of having students integrate and normalize the idea that health is normal and seeking health (physical and mental) is normal.
- Develop situation, background, assessment, and recommendation outline as a way to introduce the harm-reduction and health emphasis around opioid use to the School Board for their exploration and feedback to the idea. Then follow the School Board's lead as to whether or not they believe it's something to be working towards in their School District.
- Brainstorm what the structure might look like to have Naloxone on campus and ultimately to offer on-campus naloxone use training for students because we view them as future leaders of the community whom we want to fully support.
- Explore having Naloxone held at the SBHC and trouble-shoot any technical problems around storage, security, etc.





# Focus the Development of the Regional Stigma Campaign

OCH recently received funding to design and implement interventions and strategies to reduce stigma around addiction in the Olympic region.

OCH is inviting all interested partners, organizations, and tribes to a focus group to hear from you your insights, perceptions, and ideas to address this important topic.

**Focus groups are open to anyone who lives, learns, works, or plays in the Olympic Region (Clallam, Kitsap, Jefferson counties).**

**There are three available dates, choose the event that works best with your schedule.**



[Click to learn more and register here](#)

**When:** 3 options, choose the event that works best with your schedule

Option 1: Thursday, May 13, 9-10:30

Option 2: Friday, May 14, 9-10:30

Option 3: Wednesday, May 26, 9-10:30



# Survey Feedback Soliciting Input on State v. Blake

- **What impact do you see?**

Will just need to add more education out there and expand our South End Harm reduction program and move it along quicker

- **Questions that need answers?**

Why and how to move our Harm reduction program along quicker and adjust our mission and vision for this program.

- **How to connect people to services in the face of State v. Blake limiting interception opportunities?**

Advanced Outreach program. FYI the South End Food Bank has had 170 cars every wed. This is down from 300 last year this time. Enhanced outreach program is important at this point. Question about funding for this program to include supplies to hand out. Also how does the law effect the new Sheriff Navigator program.



# Local Faith-based Community Member Suggestions

## SUGGESTED

- Consider setting up a number that people can call, so they don't have to get to a specific place to talk to someone about their service needs.
- Set up a consistent presence, even if it is 4 hours every other week, where people can be helped to connect to services. The Food Bank is a very busy spot, but you could start by going there and passing out information to the folks in cars about when and where they can talk to this service connector. Maybe the consistent base is set at the Community Center? Or the Fire Department?
- Post the information everywhere and send the information out to churches and organizations so anyone can refer others to this one spot/phone number to get connected to whatever help they need.



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# Engaging Others



# Develop Contribution Requests

- Jefferson Transportation Authority
- Sheriff's Office
- JHC's Wound Care Specialist

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

- **Dive into the discussion around Syringe Exchange at a future 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?
  - 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.**
- **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.
- **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/OD/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?



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## Next Steps?

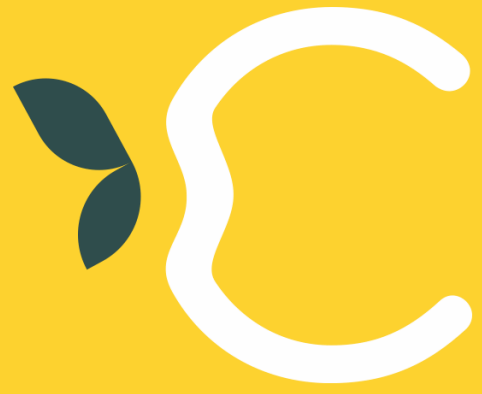
We will...



# Next Meeting

Tuesday, May 18 @ 1pm





Thank you for your active support of our work

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







Thank You



# Acronym Sheet

**BH** – Behavioral Health

**BHC** – Behavioral Health Consortium

**CHIP** – Community Health Improvement Plan

**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

**MAT** – Medically Assisted Treatment

**MH** – Mental Health

**ODU** – Opioid Use Disorder

**PTPD** – Port Townsend Police Department

**RHNDP-P** – Rural Health Network Development  
Program – Planning

**RCORP-P** – Rural Community Opioid Response  
Program – Planning

**RCORP-I** – Rural Community Opioid Response  
Program – Implementation

**SUD** – Substance Use Disorder

**TBH** – To Be Hired

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

**Vol** - Voluntary

**Invol** – Involuntary