

Two funding proposals were tendered at the 12/08/2022 BHC Meeting and a [subsequent survey](#) sent to those on the BHC’s MOU. (Meeting [slides/notes](#)/video.)

- Education and Engagement – Anya Callahan, \$25k

Funding Request: Education & Engagement

Engage Anya Callahan of USAWA to:

- Build foundational understanding of prevention strategies and work with the community to bring a Harm Reduction Vending Machine to the Brinnon Community Center.
- Expand access to overdose prevention education, reduce stigma related to substance use, increase naloxone access and training, and grow understanding of related community needs in South County.
- Add 4 more Community Training/Education events to those already scheduled
- Collaborate with JCPH to execute zoom trainings. Develop a co-hosted set of videos on services available; how to use Narcan; articulate FAQs
- Execute direct outreach to the insecurely-housed
- Addresses core activities P1, 2, 4, 5; T4,5,7; P2, P3

Required Core Grant Activities

Prevention	Treatment	Recovery
<ul style="list-style-type: none"> 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/OUD; provide referrals to providers, harm reduction, early intervention, treatment, and support 	<ul style="list-style-type: none"> T.1 Screen/Provide/Refer Patients with infectious implications T.2 Recruit/Train/Mentor interdisciplinary teams of SUD/OUD Clinical and Service Providers T.3 Increase # of providers and social service professionals who treat/identify SUD/OUD through professional development and recruiting incentives T.4 Reduce Treatment Barriers T.5 Improve ID/Screening for SUD/OUD; 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/OUD as well as home and community-based services and social supports 	<ul style="list-style-type: none"> 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/OUD 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 Service	\$ 25,000

[Feedback / Questions Link](#)

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- EJFR CARES Program – Chief Brett Black and Gabbie Caudill, Believe in Recovery, \$46k

Funding Request: EJFR CARES Program

- Funding request to underwrite 2 months of CARES Program prior to 8/2023.
- Addresses Grant’s Core Activities P2, 5; T1,5,7; P3

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

[Feedback / Questions Link](#)

Required Core Grant Activities

Prevention	Treatment	Recovery
<ul style="list-style-type: none"> 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/OUD; provide referrals to providers, harm reduction, early intervention, treatment, and support 	<ul style="list-style-type: none"> T.1 Screen/Provide/Refer Patients with infectious implications T.2 Recruit/Train/Mentor interdisciplinary teams of SUD/OUD Clinical and Service Providers T.3 Increase # of providers and social service professionals who treat/identify SUD/OUD through professional development and recruiting incentives T.4 Reduce Treatment Barriers T.5 Improve ID/Screening for SUD/OUD; 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/OUD as well as home and community-based services and social supports 	<ul style="list-style-type: none"> 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/OUD 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

[Feedback / Questions Link](#)

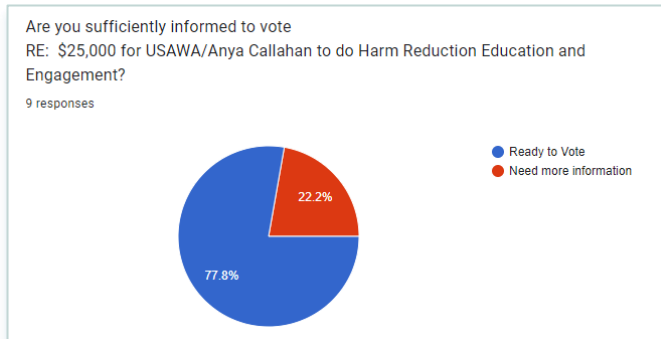
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SURVEY RESULTS

The survey received 9 responses, yielded the following insights and questions that will be discussed at the Thursday, 01/08 @3pm BHC Meeting. Survey response rate was ~81% of our MOU Members.

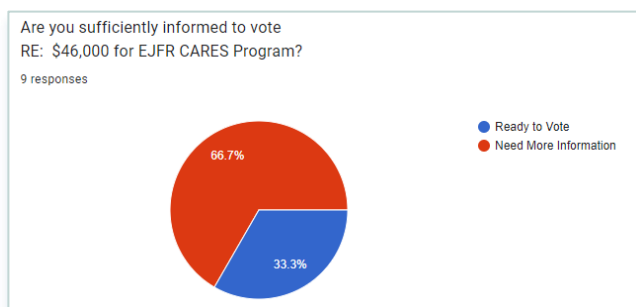
RE: \$25k for Harm Reduction Education and Engagement



ADDITIONAL INFORMATION REQUESTED REGARDING THE HARM REDUCTION \$25K FUNDING REQUEST:

- What is this for, what is it being used to purchase, what are the competing needs?
- I only heard general ideas about what they want to do. I didn't see or hear about a budget to get all those things done. Still not sure how the money would be spent or what data will be used to determine if the \$25,000 actually reduces harm.

RE: \$46k for EJFR CARES program



ADDITIONAL INFO REQUESTED RE: THE EJFR CARES PROGRAM \$46K FUNDING REQUEST:

- Why does this request require the hiring of an additional firefighter/EMT?
- Would that firefighter/EMT be required to work 40 hours per week solely with the CARES navigator?
- Who will provide professional oversight for the CARES navigator and how will that be determined?

ADDITIONAL INFO REQUESTED RE: THE EJFR CARES PROGRAM \$46K FUNDING REQUEST – CONT'D

- CARES will be providing case management. Is BiR certified by the Dept. of Health to provide mental health counseling or case management?
- What certification does the BiR responder carry?
- Is there a certified and WA state Approved Supervisor Licensed Mental Health Counselor for the EJFR CARES program?
- How will this fit in with the navigator-type services already in place? Shouldn't we all be working together to make this happen and incorporate it into what we are already doing in order to get the most bang for the buck with the limited financial resources we have?
- Where does Discovery Behavioral Healthcare fit in?
- With so much money already secured for this project is the \$46K from the BHC grant a reasonable request?
- It appears there are internal questions EJFR needs to answer, and that there are external questions related to how the CARES program will interface with key community stakeholders/service providers.
- Would like more info on policies that drive the CARES program and maintain safety for staff and clients. Also would like detail on communication strategies deployed to keep partners and others similarly responding to behavioral health calls abreast of actions to avoid duplication.

These questions were submitted to the padlet during our 12/8 meeting, but we didn't have time to address:

- Why are all contract(s) for MHP, suboxone, etc all going outside of our system already in place?
- But what would that firefighter actually do regarding CARES?
- What was process to design & vet program w/ the EMTs who do the work in the streets?
- City of Tacoma program is the lead innovator in CARES program, have you met with them?
- Will MHP be trained in EJFR policy & safety if they are the partner to the firefighter EMT?
- Poulsbo Cares uses their Medical Supervising Officer as the partner/lead, why is EJFR using Battalion Chiefs (potentially 6 different humans, rotating daily)?
- How does this program focus on needs of community rather than just a feather in cap of EJFR?
- What was the process for selecting BiR as a partner/vendor? Was there a process to look at equity or diversity?

