

ATTENDEES

Cherish Cronmiller, OlyCAP; Denise Banker, JCPH; Chief McKern, Quilcene Fire; Jim Novelli, DBH; Leanne Peterson, DBH; Sheriff Nole, JCSO; Jud Haynes, PTPD; Kelli Parcher, Pfeiffer House; Brian Richardson, Recovery Café; David Fortino, Jail Superintendent; Dr. Carlbom, JeffCo EMS; Lisa Rey Thomas, ADAI; Commissioner Brotherton, JeffCo; James Kennedy, Prosecuting Attorney; Anne Dean, Family Therapeutic Court; Chief Black, EJFR; Richard Davies, Defense Attorney; Matt Ready, Hospital Commissioner; Jolene Kron, SBH-ASO; Anya Callahan, Community Member; Lisa Grundl and Aimee Dubbs, HFPD; Lori Fleming, CHIP/BHC.



MEETING MATERIALS

[Meeting slides](#) and [video](#) are can be accessed from the [BHC's webpage](#).

1/13 MEETING HIGHLIGHTS AND NEXT STEPS

- [BHC Members approved](#) \$47,000 in RCORP-I funding to be allocated to OWL 360's Pfeiffer House Sustainable Living Project as outlined in [Kelli Parcher's proposal](#). This funding will begin as soon a grant budget amendment is approved and the contract approved by the BOCC, and go through August 2023.
- The [BHC Members listened to a reflection of, then participated in a collective debrief](#) around a situation experienced by Anya Callahan and Jefferson County Public Health as one sought Naloxone from the other. Insights included:
 - Attentive, courageous communication on both sides of this exchange afforded everyone a true opportunity to learn from the situation.
 - Recognition of JCPH's opportunity to explore policies around NarCan distribution, particularly in the face of the opioid epidemic we are experiencing; explore making Naloxone more widely available by offering NarCan beyond the syringe exchange program hours, to train more staff to be able to train clients on NarCan and distribute it, etc.
 - The group had an opportunity hear and understand the sense of stigma and distress a community member experienced as she advocated for a loved one who has experience with drug use.
 - An opportunity to improve messaging around NarCan, where it is available and/or distributed, how to access it, etc. Key to include: Social Media aimed at people who use drugs by BHC member organizations that highlights SEP, Naloxone access.

- VA has a national campaign to have naloxone in every AED – could implement at public schools, buildings, public restrooms, county and state parks – train people who clean those bathrooms.
- Publicly message Harm Reduction in Jefferson County. Have larger community conversations on zoom to teach people about Narcan, at Farmer’s market – or any large gatherings, where JCPH could talk, train and distribute Narcan.
- Take this opportunity to engage Anya, to help the BHC raise the profile of harm reduction in Jefferson County.
- Lisa Rey Thomas offered to connect this group with ADAI’s Allison Newman, who heads up the stopoverdose.org effort, would be available to help strategize how to raise the profile of these resources in our community. Lori to follow-up to create messaging that would work for various BHC member organizations.
- James Kennedy, County Coroner who sees the overdose death stats for 2021, is heartened to see the opioid epidemic at the center of our focus.
- We have an opportunity to prioritize getting supply of non-expired naloxone out into places like OlyCAP sites, etc.
- Jim Novelli noted the BHC has an opportunity as the foremost group that considers Harm Reduction as a collective and can have the most impact to improve, *if we do the work*. He committed to taking the lead on exploring NarCan vending machine(s) for Jefferson County.
- Will report back to the group at our next meeting on actions and information that have come about as a result of this discussion.
- Aimee Dubbs shared a Seattle Times article related to this conversation called “[Deaths of Despair in 2020](#)” highlighting the challenge in WA state.
- [HFPD’s Aimee Dubbs and Lisa Grundl](#) presented an update to the Mar ’21 through Aug ’21 behavioral health data collected. Back in October, when HFPD presented their data analysis results in October, we asked them to help us with context around behavioral Health calls and the burden they represent to the various agencies providing data. The agencies all provided “total calls” for the given timeframe, and HFPD updated. Data was also included from Believe in Recovery that was inadvertently omitted in the October presentation.
 - Lisa Grundl noted this data, as it is, shows low burden on agencies across the board – which seems counterintuitive to some. While we know Law Enforcement’s BH calls are more resource intensive, this latest data might give a better sense of the agency burden if we took a cut that looked at Law enforcement’s non-traffic incidents.

Data from the ED gave us an opportunity to reconsider an assumption we've been working on that the clients we are encountering in the field are the same clients that are showing up in the ER data. Today's data showed we have a realm of BH clients coming to the ER outside of Law and EMS pathways.

There is an opportunity to get the Data subgroup together to look at how we are coding interactions across agencies, addressing co-occurring issues, etc.

- Dr. Carlbom noted it would be worth looking at how we are coding the data using primary and secondary impressions, and to provide better guidelines for providers in the field or in the ED or in the streets. We may be under-capturing specifics with our current approach.
- Lori will set up a Data Subgroup meeting to sort through the notes above and come back to the group with the outcome of that discussion.

OVERVIEW OF SBH-ASO'S UPCOMING PROGRAMS

We did not have time to address this agenda item this information supports.

| Program | Initiation Date | Funding | Of Note |
|---|---|--|---|
| <p>Mobile Crisis Team Expansion - Youth</p> <p><i>Add CHILD-focused Crisis Providers to the existing DBH Mobile Crisis Outreach team</i></p> | <p>SBH-ASO goal is to have contract completed by May 1st, with functionality in place by June or July 1st, 2022</p> | <p>Senate Bill 5092 allocated \$372k for Clallam and Jefferson to split.</p> <p>HB 5073 treatment-focused funds that have been newly added, and must be awarded to BHA certified agency.</p> | <p>Hours are determined by Jefferson's need. (A review of how many children would be served by Crisis Team Contact had low numbers. Also, note that Jefferson also has WYSE team working with youth.)</p> <p>Encounter and supplemental data will be collected for this program</p> <p>This resource will support the DBH Crisis Team members, provide additional consult, direct services, and ideally outreach to schools.</p> |
| <p>Mobile Crisis Team expansion - Certified Peer Counselor</p> <p><i>Add ~.5 FTE Certified Peer Counselor (CPC) to the existing DBH Mobile Crisis Outreach team</i></p> | <p>Funding will be added to contracts effective 1/1/2022.</p> | <p>Enough \$\$ to support ~.5 FTE CPC resource</p> <p>These are HB 5073 treatment-focused funds that have been newly added, and must be awarded to BHA certified agency.</p> | <p>CPC will be required to participate in crisis-specific peer training being developed by DBHR.</p> <p>A CPC may not provide independent initial crisis response independently. This position may provide co-response with another crisis staff and/or peer services following up on a crisis event.</p> <p>SBH-ASO did a CPC training in October for 14 people, another training is scheduled for 4/25/2022. Jefferson candidates have completed the training and are prioritized if they will be filling in this program.</p> |
| <p>Pilot - Peer Pathfinder Transition from Incarceration</p> <p><i>Add ~.5 FTE Certified Peer Counselor (CPC) to the existing DBH Jail Transitions Program</i></p> | <p>Funding to be added to existing DBH Jail Transitions Program from 01/01/2022 through 2023</p> | <p>Pilot program Funded through 2023 – and expect to extend beyond that with State Level ARPA funding.</p> | <p>Jail Transition Program (transition and engagement in services) Certified Peer Counselor services will be available to individuals who are exiting incarceration and up to 120 days post release.</p> <p>Jail Transition Certified Peer Counselor would be connected to the individual pre-release or at release to provide continuity of care through the return to community. The goal is to help individuals back to independence - assist with transitions back to community and decrease recidivism – socially, grocery not near dealer, etc.</p> |

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| <p>Co-Responder Program</p> <p><i>? ~.5? FTE for a credentialed Co-Responder to join a First Responder team.</i></p> | <p>RFP will likely go out in March 2022.</p> | <p>HCA to fund \$90k – and only ONE award is available across all three counties – and ideally will address an area not already served.</p> | <p>Originally SBH-ASO intended to contract with credentialed agencies in partnership with an EMS or law enforcement entity. However, HCA mandated at the last minute that the funds should be given directly to law enforcement agencies.</p> <p>Hence, the individual hired to fulfill this contract would have to be licensed independently, or the law enforcement/EMS agency could contract with an agency SBH-ASO already has credentialed.</p> <p>Currently we have DBH overseeing Sheriff Co-Responder and MCS oversees an independently licensed PTPD Co-Responder.</p> |
| <p>REAL Service Led by DBH)</p> <p><i>Stands up a REAL Program team for Jefferson County including one Project Manager, one Care Manager, and two Recovery Coaches.</i></p> | <p>Year 1 Underway. Expect to release an RFP in Mar 2022 for funding post July 1st, 2022</p> | <p>\$247,000 for 9 mos SB5476, which is the legislative response to State v. Blake decision, requires BH-ASOs to establish a Regional Recovery Navigator Program -</p> <p><i>(Changed name to - Recovery, Empowerment, Advocacy and Linkage - REAL)</i></p> | <p>Each R.E.A.L. Program provides a Project Manager, Care Manager, and 2 Recovery Coaches.</p> <p>Program requires both a Policy and an Operational Workgroup be stood up. BHC may be an anchor point for the Policy workgroup to address items such as what is/is not working in the referral process, etc. It is driven by harm-reduction, trauma informed, culturally inclusive principles and is intended to be staffed by individuals with lived experience.</p> <p>The R.E.A.L. Program teams provide community-based services to individuals in need. Priority Populations:</p> <ul style="list-style-type: none"> ▪ Individuals with substance use or co-occurring needs ▪ Individuals with frequent contact with law enforcement or first responders ▪ Individuals who have had challenges accessing services under the traditional service model <p>Referral sources:</p> <ul style="list-style-type: none"> ▪ Prioritize law enforcement referrals ▪ May take community referrals for the priority populations |