



BHC's Harm Reduction Meeting

January 19, 2021, 1-2pm

**Exploration of Naloxone Distribution
to support South Jefferson County's
Harm Reduction Program**



Agenda – 1/19/21 - South County Harm Reduction

- Introductions
- Recap and Updates
 - Where to find Harm Reduction Meeting-related materials - [Lori Fleming](#)
 - Update on Resource Guide - [John Nowak](#)
- Naloxone Education and Distribution?
 - Potential Naloxone Supply - [Apple Martine, Community Health Director, JCPH](#)
 - Group Discussion
- Review Action taken on Priorities From Last Meeting
- Brainstorm and Establish Next Steps
- Set Time for Next Meeting



Recap and Updates



Recap of 12/7 Meeting

Relevant Links

- [BehealthyJefferson website](#)
- [BHC-related Meeting Materials](#)
- Links to [12/7/20 meeting video](#), [slides](#) and [summary notes](#)

PRIORITIES AND NEXT STEPS

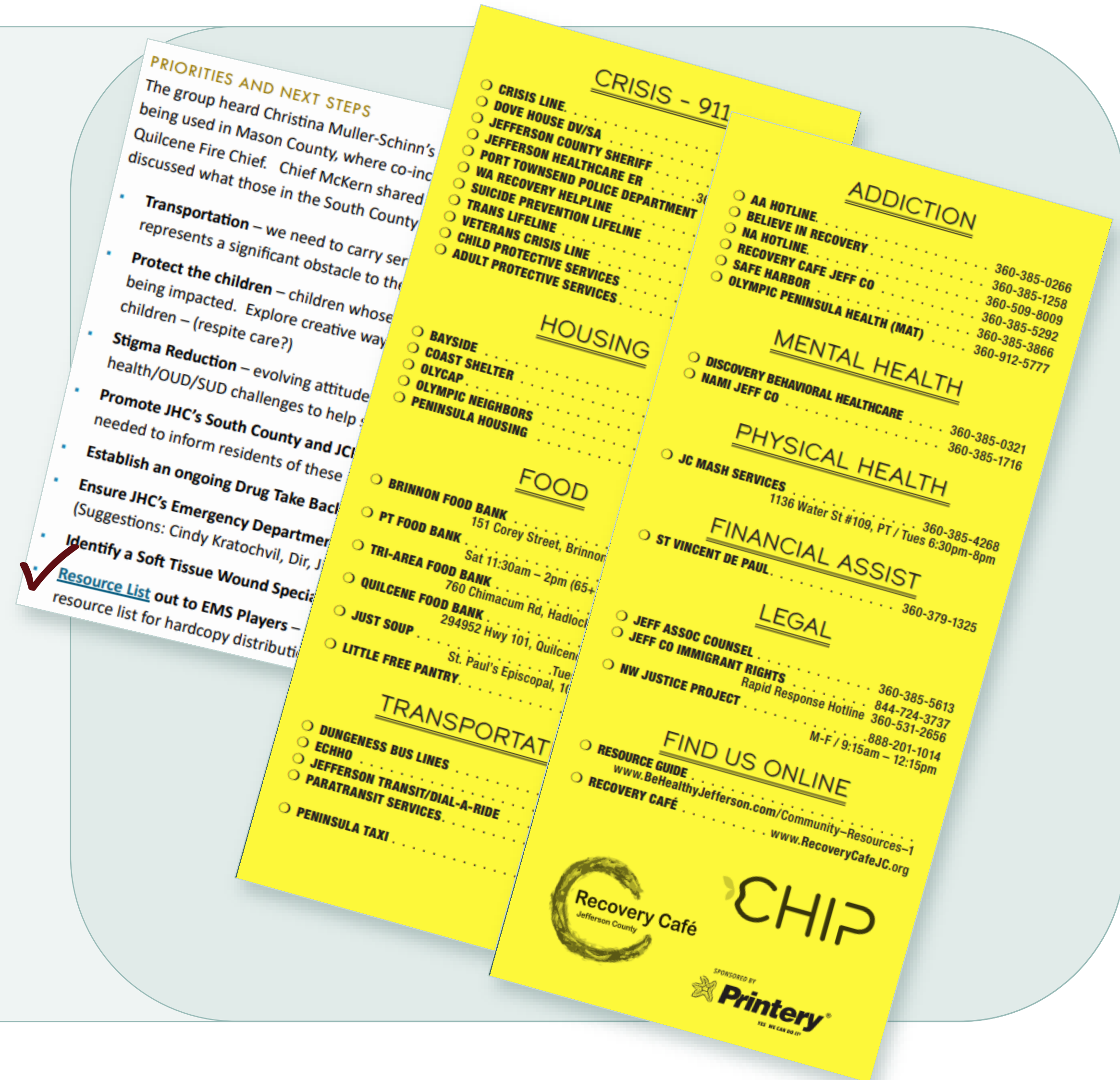
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- **Transportation** – we need to carry services out to people, because transportation represents a significant obstacle to them connecting with services.
- **Protect the children** – children whose caretakers are struggling with addiction are always 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.**



Print / Online Resource Directory

- Successful Collaboration!
Recovery Café / Printery /CHIP
- Next phase: **Distribution**
- Maintain/Update at regular intervals
- 12/8/2020 - sent online resource link to South County Harm Reduction Group Members





Naloxone Discussion

Education and Distribution



Naloxone Discussion

- **Naloxone Supply Possibilities - Apple Martine**
- **Group Discussion**
 - Next steps to confirm Naloxone supply?
 - Education Effort - what could that look like?
 - Where will Naloxone be distributed from?
 - Cadence of service offering?
 - Targeted Start Date for Education and Distribution?

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Priorities and Next Steps



Priorities/Next Steps Discussion

▪ Update on JHC's Engagement – J. Nowak

Cindy Kratochvil will be leaving her position as Director of Emergency and Express Clinic on January 29th.

Catalina Musso has agreed to serve as Interim Manager of ED and Express Clinic during this time. Catalina has been a nurse for nearly 20 years – with almost all that experience in emergency nursing.

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▪ **Wound Care Specialist – J. Nowak**

JHC's Mary A Allen, ARNP can give the overview of wound protocols and patient care/needs met for this vulnerable community. JHC sends patient home with enough wound care supplies to continue their own care in case he/she does not come to Wound Clinic for follow-up appointment.

Context:

Typical patient presents at ED with an abscess requiring I&D by a surgeon, often in surgery. Resulting wounds are large.

Patients seen at the Wound Clinic are those who have been admitted for infection and post-op care. Negative pressure wound therapy is often required, and can only be done during hospital stay due to expensive units and patient instability due to drug use. Appointments made with Wound Care for follow-up packing/dressing changes are often no shows at the clinic.

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Priorities/Next Steps Discussion

Regional Level Funding around stigma

- brainstorm “What Communications efforts would be useful for South County Harm Reduction Program?”

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Regional: OCH Receives \$245K Funding to Reduce Stigma in Region

S.B.A.R. Cambia Behavioral Health Donation

Situation

Cambia Health Solutions is interested in making a \$245,000 donation to Olympic Community of Health to address the mental health and wellbeing of people and families in rural communities impacted by the COVID-19 pandemic and to advance work to break down the stigma surrounding mental health and improve equitable access to behavioral health support services.

Action

Staff propose utilizing the funds to support a multi-pronged approach to reduce stigma across the region, especially related to substance use disorder. Staff will conduct focus groups and/or interviews with partners and community members to understand concerns, challenges, and current approaches better and more fully. Based on this input process, staff will launch a series of activities that **could** include:

- Training and learning opportunities for providers, decision makers, and the community at-large including learning and alignment around 42 CFR Part 2;
- Communications and marketing materials based on the latest science, and communications best practices to move the social norm;
- Partner convenings to discuss challenges and successes around stigma; and
- As needed telehealth support including client/patient devices and other technology as HCA begins to wind down their support in this area.

Eight of the nine ACHs in Washington are receiving the same donation, with King County receiving a smaller donation as they do not have as many rural areas compared with the other ACHs.

If OCH accepts these funds, we are to submit a simple project proposal and budget in alignment with the contract. Cambia is offering a lot of flexibility in timing and use of the funds.

Draft Budget for Board Discussion. Note that the budget is subject to change based on results of community and partner input:

OCH Cambia Health Solutions - BH Donation	
Total Available:	\$245,000
OCH Staff Time:	\$40,000
Focus group and interview incentives:	\$15,000
PR Firm (campaign development and implementation):	\$140,000
Telehealth technology:	\$15,000
Learnings & Convenings (includes speaker fees, etc.):	\$25,000
Other miscellaneous:	\$10,000



Priorities/Next Steps Discussion

Harm Reduction Budget Considerations

South County Harm Reduction Program Budget and Budget Narrative Sketch							
Personnel	Annual	FTE	Year 1	Year 2	Year 3	Total	Budget Narrative
Position 1		0.00				\$0.00	Personnel: Field (Peer Network) / Public Health Nurse / Clinic Nurse / Wound Care Specialist? Educator?
Position 2		0.00				\$0.00	
Position 3		0.00				\$0.00	
Total Personnel	0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Travel	Location	Cost	Year 1	Year 2	Year 3	Total	
?Mileage if a program is based on field-Model?	TBD						Mileage reimbursement if a program is based on field-Model
Total Travel	0	5494	\$0.00	\$0.00	\$0.00	\$0.00	
Equipment	Rate Each	QTY	Year 1	Year 2	Year 3	Total	
??	0	1	0	0	0	\$0.00	What equipment will be needed?
Total Equipment		1.00	#REF!	#REF!	#REF!	#REF!	
Supplies	Rate Each	QTY	Year 1	Year 2	Year 3	Total	
Naloxone		1	\$0.00			\$0.00	Qty? Cost? Possibly supplied through JCPH?
Educational Materials		1	\$0.00			\$0.00	For Naloxone Education effort
Syringes		1	\$0.00			\$0.00	\$40/500 Syringes
Sharps Containers		1	\$0.00			\$0.00	\$80/20 small containers, \$20/ea for large
Alcohol Pads		1	\$0.00			\$0.00	
Sterile Water		1	\$0.00			\$0.00	(Maybe this gets dropped off the list...but for now)
		1	\$0.00			\$0.00	General office supplies
Total Supplies		1.00	\$0.00	\$0.00	\$0.00	\$0.00	
Contractual	Rate	QTY	Year 1	Year 2	Year 3	Total	
Sharps Disposal?		1				\$0.00	Maybe we have an option, or we look at developing an agreement with Waste Management like Mason and Thurston have set up.
Communication/Profile Raising Effort		1.00				\$0.00	Fund communications/education/integration plan development and execution to raise awareness of Harm Reduction services and reduce stigma around
JHC		1.00				\$0.00	Data tracking?
JCPH		1.00				\$0.00	Data tracking?
Total Contractual	0.00	1.00	\$0.00	\$0.00	\$0.00	\$0.00	
Other	Rate	Annual Grant	Year 1	Year 2	Year 3	Total	Other Costs?

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Budget and Budget Narrative Sketch**

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Other								
Rate	Annual Grant	Year 1	Year 2	Year 3	Total	Other Costs?		



Of Note...

- [NPR Highlights Study published in the New England Journal of Medicine](#) focused on **Medical Treatment for Meth addiction.**

RESULTS A total of 403 participants were enrolled in stage 1, and 225 in stage 2. In the first stage, 18 of 109 participants (16.5%) in the naltrexone–bupropion group and 10 of 294 (3.4%) in the placebo group had a response. In the second stage, 13 of 114 (11.4%) in the naltrexone–bupropion group and 2 of 111 (1.8%) in the placebo group had a response. The weighted average response across the two stages was 13.6% with naltrexone–bupropion and 2.5% with placebo, for an overall treatment effect of 11.1 percentage points (Wald z-test statistic, 4.53; $P < 0.001$). Adverse events with naltrexone–bupropion included gastrointestinal disorders, tremor, malaise, hyperhidrosis, and anorexia. Serious adverse events occurred in 8 of 223 participants (3.6%) who received naltrexone–bupropion during the trial.

CONCLUSIONS Among adults with methamphetamine use disorder, the response over a period of 12 weeks among participants who received extended-release injectable naltrexone plus oral extended-release bupropion was low but was higher than that among participants who received placebo. (Funded by the National Institute on Drug Abuse and others; ADAPT-2 ClinicalTrials.gov number, [NCT03078075](#).)

TREATMENTS

A Medical Treatment For Meth Addiction Proves Effective In New Study

January 14, 2021 · 6:11 PM ET

BRIAN MANN



For the first time, a medication regime has been found effective for some patients with meth addiction in a large, placebo-controlled trial.

It's welcome news for those working with the growing number of people struggling with meth addiction.

"It's progress and it's quite significant," says [Dr. Nora Volkow](#), director of the National Institute on Drug Addiction, which funded the two-year clinical trial involving roughly 400 patients.

The study was published Wednesday in *The New England Journal of Medicine*.

Unlike opioid addiction, for which medication-assisted treatment is the standard of care, no medication has been approved by the Food and Drug Administration for use with meth.

In the research trial, patients in clinics around the U.S. suffering from methamphetamine use disorder were treated for 12 weeks with a combination of medications — [naltrexone](#) and [bupropion](#) — or placebo. The treatment helped 13.4% of patients with their addiction, compared with 2.5% of the placebo group.

While a success rate of just over 11% may not sound like a home run, Volkow noted that other medications used to treat brain disorders, including mental illness and addiction, often have similar response rates in patients. This medication therapy provides another tool for doctors to try with patients.



Next Steps?

We will...



Next Steps

- Items in blue have not yet been discussed.
Is there any next step between now and next meeting to be taken to create a solid platform for relevant discussion?

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Next Steps – Upcoming Syringe Exchange Discussion

- Soliciting relevant topics for discussion from this meeting's participants
- Syringe Exchange Models (or model combination) for consideration – which would have the best chance of success in South County?
 - **Clinic-based** - Use Quilcene Clinic -
 - **Fixed Mobile** - uses vehicle/pop-up tent, designated time and low-profile location for at least two hours. Partner with Peer Network Programs of Recovery Café and possibly other treatment providers' Peer Network individuals to staff two people in the field together
 - **Roaming Mobile/Delivery Model** - Appointment-based - we go to people for exchange.
- What information can we be noting at the Port Townsend SSP that will help establish network of need in South County? (Zip Code indicating South County location, etc.)

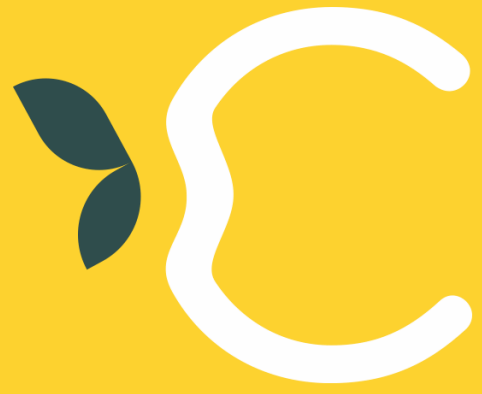


Next Meeting – Time Options for Consideration

Monday, February 15 @ 11am, or Tuesday, February 16 @

1pm





Thank you for your active support of our work

John and Lori look forward to 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