



BHC's Harm Reduction Meeting

February 16, 2021, 1-2pm

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



Agenda – 2/16/21 - South County Harm Reduction

- Introductions (if new players are present)
- Naloxone Procurement, Distribution and related Data Tracking
 - Review [Naloxone Request Form](#) - Calibrate on response/info to be provided
 - Next Steps in Community?
- Generate our asks for future meeting participants from
 - JHC's Wound Care and Emergency Department, Jefferson Transit, ?Sheriff's office?
- Funding Possibilities
 - Consider [SAMHSA's Rural Emergency Med Svcs Training Grant](#), Due 3/18/21
- Review/Update Next Steps
- Set Time for Next Meeting (March 16th, 1pm?)



Recap of 01/19 Meeting

Relevant Links

- [BehealthyJefferson website](#)
- [BHC-related Meeting Materials](#)
- Links to [01/19/21 meeting video](#), [slides](#) and [summary notes](#)

PRIORITIES AND NEXT STEPS – ADDITIONS AND UPDATES AS OF 1/19/2021

Discussion / Next Steps:

- **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 team to provide naloxone, training on how to use, resource card, etc. to call-subjects.** This would be appropriate when the EMT has administered Naloxone in the field to revive an individual, yet the call-subject-resists transportation (a common scenario).
 - Chief McKern – **Social media outreach** will be key – it was a major element of the success realized where he was previously in Mason County. Trish Beathard noted Brinnon and Quilcene are well set up with Social Media channels.
 - Apple noted the stigma reduction/no-shame approach of our effort will be key. How can we **train and distribute to ubiquitous locations** (Think librarians, shop owners, Community Center, Post Office.) Think of having naloxone the way you'd have a fire extinguisher present – a tool to perform first aid in our community, and available everywhere. "What easy access place do you keep it?"
 - There are youtube videos under 6 minutes that could be vetted for use in Naloxone administration training. Could be deployed through social media, etc.
 - Dr. Carlbom – Weave Naloxone training into the training we do with kids around CPR, AEDs, Tourniquet application, etc. This will give them hands on practice, stimulate conversation etc. Also consider giving them a coupon to get a kit. **Lori to check in with Sheriff/Police** - could use this education as an opportunity to connect with kids, create positive relationships, positive optics, etc.
 - Upstream storage area for Naloxone supply: Schools, Medical clinic, and the Fire Hall.
 - The group set an initial schedule to be education effort with a goal of connecting school kids with training before end of this school year (mid-June):
 - April 2021: Plan the social media campaign specifics
 - May 2021: Plan trainings in schools and any appropriate/agreeable local spots
 - Initiate Social Media campaign around Naloxone and imminent trainings
 - June 2021: Education to be executed in Schools and other locations identified



Naloxone Discussion



Naloxone Supply

- [Review Naloxone Supply Request Form](#)
- Discuss specific information required

PRIORITIES AND NEXT STEPS – ADDITIONS AND UPDATES AS OF 1/19/2021

- Naloxone Training and Distribution. Discussion / Next Steps:
 - Vori and Apple will connect before 2/16 meeting to identify next steps to answer where

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 pr
- Diversion p
- Drug treatr treatment pro
- Opioid trea
- Hospital en
- Supportive
- Abstinence
- Other (plea

Name and title of person responsible for naloxone for

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):

Does your organization need assistance with training your staff or volunteers on overdose response, materials to hand out program participants, or help with creating policy and procedure for a naloxone distribution program? If yes, please describe your needs:

How many naloxone kits would your organization be able to distribute per month? Would you be able to distribute injection kits, nasal kits, or both?

We require monthly reporting on the number of naloxone kits your organization distributes and the number of people you train on overdose response; additionally, we will have you ask the person receiving a naloxone kit a yes/no question regarding their previous kit (if applicable), and report on their responses. If you have any concerns about your ability to meet these reporting requirements, please state so here:

In order for your organization to receive naloxone from our purveyor, you will need to complete and submit the SHIPPING ADDRESS VERIFICATION form along with this request. Please include a copy of their credentials. If you do not have a medical provider who can authorize these shipments, you can use the [Statewide Standing Order](#) to authorize your receiving and distribution of the naloxone. If you would like to use the Standing Order, please state so here:

Everything we provide, including naloxone kits, is free of charge. We aim to respond to completed requests within 5 business days. **Please note that a submitted request is not a guarantee of approval.** If you do not hear from us within 5 business days, please email www.naloxoneprogram@doh.wa.gov to let us know you have submitted a request.

W W W . S O U T H J E F F E R S O N . C O M



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.**



Engaging Others



Develop Contribution Requests

- Jefferson Transportation Authority
- JHC Emergency Room Representative
- JHC Wound Care Representative
- Sheriff's Office

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?
- **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.
 - **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.**
- **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?.



Funding Possibilities

Potential Grant for Consideration



Training Grant Possibility

- [Link to SAMHSA Rural Emergency Services Training Grant](#)
- Does this grant fit our needs?
- What Agency would hold the grant?
- Who would write the Grant's Workplan?

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Rural Emergency Medical Services Training Grant

Short Title: EMS Training
Modified Announcement

Funding amount and number of awards revised
Application due date has been extended to March 18, 2021.

Funding Opportunity Announcement (FOA) Information

FOA Number: TI-21-005
Posted on Grants.gov: Friday, December 18, 2020
Application Due Date: Thursday, March 18, 2021
Catalog of Federal Domestic Assistance (CFDA) Number: 93.243

Intergovernmental Review (E.O. 12372): Applicants must comply with E.O. 12372 if their state(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.

Public Health System Impact Statement (PHSIS) / Single State Agency Coordination: Applicants must send the PHSIS to appropriate State and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.

Description

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment, is accepting applications for fiscal year (FY) 2021 Rural Emergency Medical Services Training grants (Short Title: EMS Training). The purpose of this program is to recruit and train emergency medical services (EMS) personnel in rural areas. SAMHSA recognizes the great need for emergency services in rural areas and the critical role EMS personnel serve across the country.

Eligibility

Eligible applicants are rural emergency medical service agencies operated by a local or tribal government (fire-based and non-fire based) and non-profit emergency medical service agencies.
Emergency medical services are resources used by a public or private non-profit licensed entity to deliver medical



Next Steps?

We will...



**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
		1	\$0.00			\$0.00	
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		
						\$0.00	Other Costs?



Next Steps

- **Actions will we take
before our next meeting
as a result of today's discussion?**



Next Steps – Upcoming Syringe Exchange Discussion

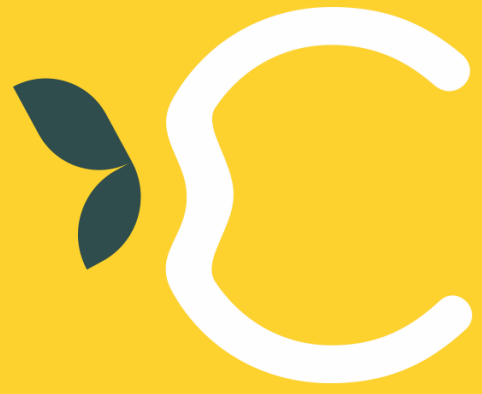
- Soliciting relevant topics for discussion from this meeting's participants
- Syringe Exchange Models (or model combination) for consideration – which would have the best chance of success in South County?
 - **Clinic-based** - Use Quilcene Clinic -
 - **Fixed Mobile** - uses vehicle/pop-up tent, designated 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

Tuesday, March 16 @ 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