



BHC Meeting

March 10, 2022, 3pm

The BHC is funded by HRSA's RCORP-Implementation Grant
through August 2023

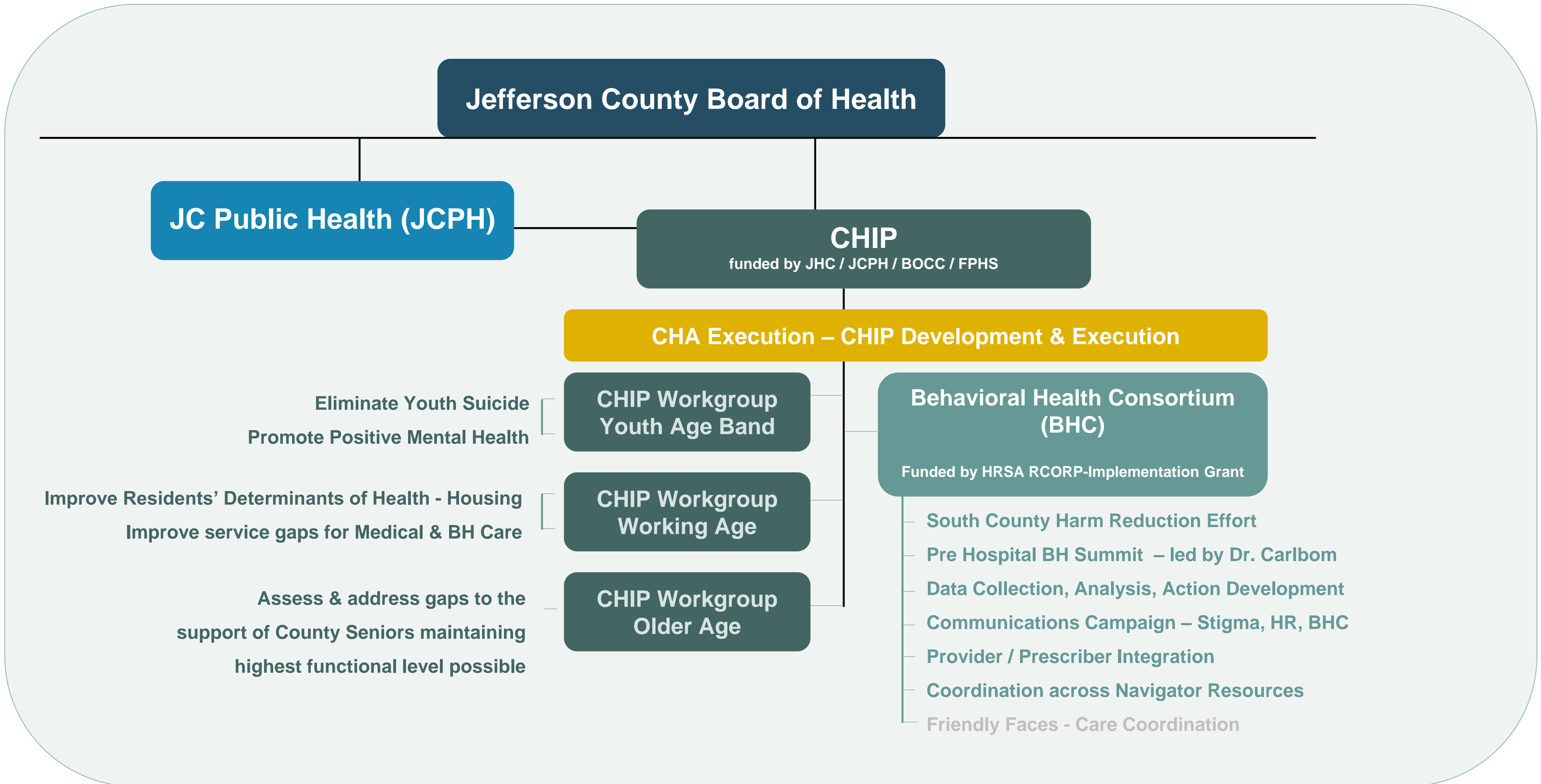


Agenda – 03/10/22 BHC Meeting

- **Introductions & Updates - 15 Minutes**
- **CHIP Governance Structure Update - 5 Minutes**
 - Lori Fleming
- **HRSA-22-061 Grant Application Overview - 15 Minutes**
 - Lori Fleming
- **South County Harm Reduction Update - 5 Minutes**
 - Lori Fleming
- **Update: Harm Reduction - Communications Action Plan (CAP) - 10 minutes**
 - Anya Callahan
- **Next Meeting: April 14, 3pm - Zoom**
 - Data Subgroup Update; HRSA Data Update
 - HRSA-22-061 Grant Update

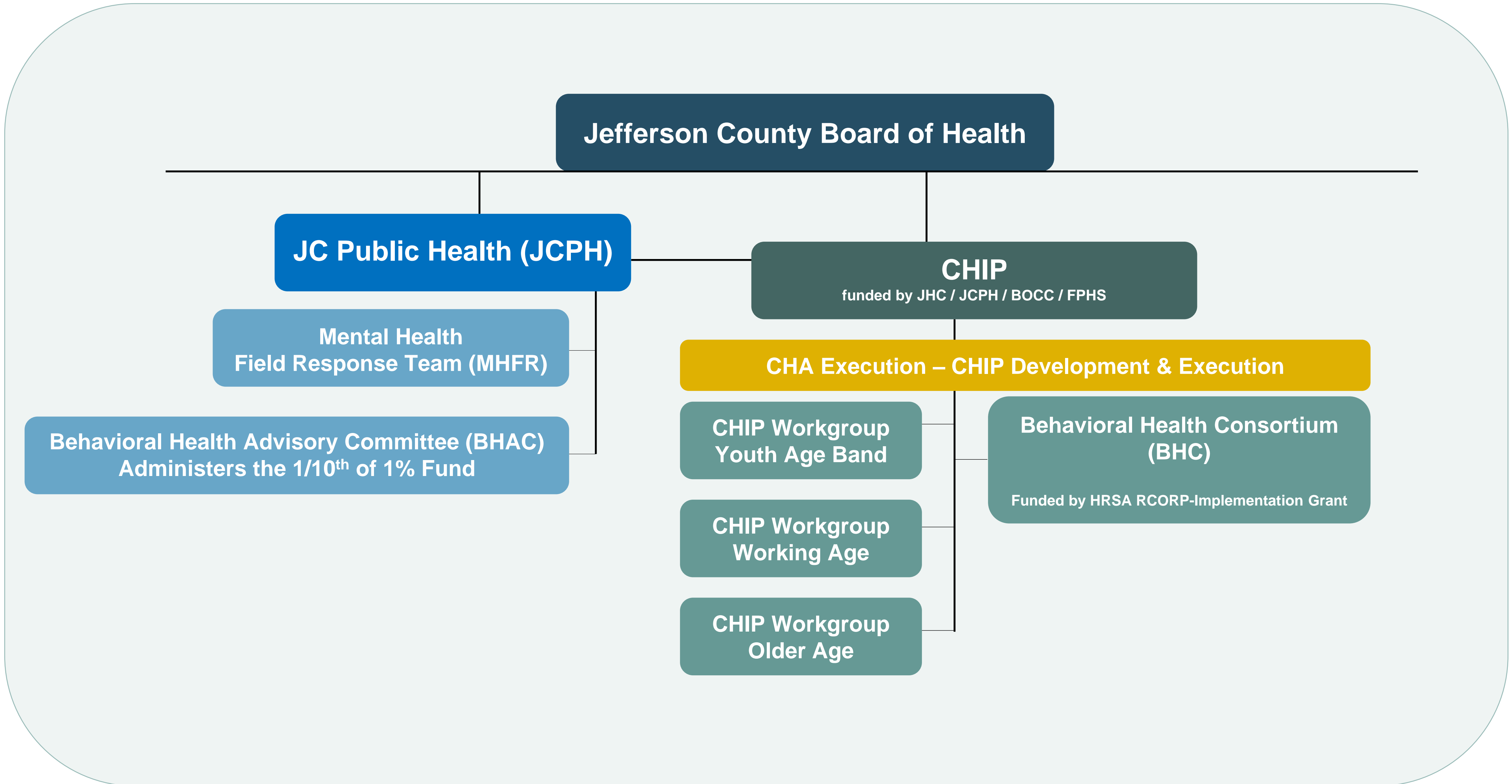


Reporting Overview as of February 2022





CHIP Overview as of February 2022





CHIP Youth Age Band: BHC Application for \$2M RCORP Funding

Performance Period:

9/2022 through 8/2026

Application due 4/19/2022

Funding:

\$500k/year - \$2M Total

Proposed funding overlaps one year with the BHC's current RCORP-Implementation grant.

Purpose:

Supports CHIP and BHC Youth Age Band objectives developed in response to 2019 CHA.

[HRSA-22-061-](#)

[RCORP-Behavioral Health Care Support NOFO.](#)

[Grant Pursuit Webpage](#)

[DRAFT/Sketch Work Plan](#)

Work Plan Components

- **Address 2019 CHA data indicating declining Youth BH Indicators**
 - Provide JCEP (4 School Districts) with funding:
 - behavioral health services audit across all 4 districts
 - develop and execute an action plan based on audit results
 - hire School Liaison Interventionist resources.
- **Address Unstable Housing Impacts in County's Behavioral Health System**
 - Collaborate with OlyCAP to assess what data is available and how to integrate useful aspects into BHC's current data efforts.
 - Develop an analysis plan to address unstable housing throughout the county and implement as appropriate.
- **Address Equitable Access to BH supports, Youth Extracurricular Activities and School Functions**
 - Create a nexus between our rural transportation agencies – school districts and Jefferson Transit to assess, prioritize, strategize and support/execute actions to address equitable access.
- **Expand EMS Data Collection**
 - Add the EMS Council as BHC Member and contributor to the BHC Data Subgroup to support improved approach and coherence for BHC's data collection, insight generation and action development and execution.



CHIP Youth Age Band: BHC Application for \$2M RCORP Funding

Performance Period:

9/2022 through 8/2026

Application due 4/19/2022

Funding:

\$500k/year - \$2M Total

Proposed funding overlaps one year with the BHC's current RCORP-Implementation grant.

Purpose:

Supports CHIP and BHC Youth Age Band objectives developed in response to 2019 CHA.

Over the course of a four year period of performance, RCORP-BHS award recipients will implement activities that are aligned with the following overarching program goals:

- 1) Address structural- and systems-level barriers to improve rural residents' access to quality, integrated SUD and other behavioral health care services.
- 2) Improve the quality and sustainability of rural behavioral health care services through supporting rural health care providers to offer coordinated, evidence-based, trauma-informed SUD and other behavioral health care services.
- 3) Improve the capacity of the behavioral health care system to address rural community risk factors and social determinants of health that affect the behavioral health of rural residents.

The target population for RCORP-BHS includes:

- 1) Individuals at risk for SUD/ODD and/or co-occurring mental disorders;
- 2) Individuals diagnosed with SUD/ODD and/or co-occurring mental disorders;
- 3) Individuals in treatment and/or recovery for SUD/ODD and/or other co-occurring mental disorders;
- 4) Their families and/or caregivers; and
- 5) Impacted community members¹ who reside in the rural target service area as defined by the [Rural Health Grants Eligibility Analyzer](#).



SC Harm Reduction Vending Machine Project

Effort underway
to locate a
Harm Reduction
vending machine
at Brinnon's
Community Center.

Next Steps

Explore Funding Options with MCOs – Jim Novelli

- Approaching Molina and AmeriGroup

Research Machine Specs appropriate for South County – Jim Novelli

- Attending meeting with group that has installed one for insight/best practices.

Explore Funding Options for Narcan Supply – Dr. David Carlbom

- Called Sean Hemmerle who will likely have funding for Narcan Supplies
- Sean referred Dr. Carlbom to Thea Oliphant-Wells, who was involved in the design/implementation of vending machine effort with Public Health and King County.

Develop 2 One-page Funding Request proposals – Lori Fleming

- Proposal for an “inside” Harm Reduction vending machine @ \$20k
- Proposal for “external” Harm Reduction vending Machine @ \$40k

Develop Request for Brinnon's BOCC Board – Fire Chief Tim Manly, Brinnon

- Also explore possibility of Chief Manly's team handling local restocking, etc.

Identify who will own the system/technological aspect –

- Also explore possibility of Chief Manly's team handling local restocking, etc.

Develop Brinnon Community Engagement / Communication Plan – Anya Callahan

- Community outreach and education to develop relationships and culture with local community; conversations about Narcan; training; focus on keeping loved ones safe.



Harm Reduction Update

Communications Action Plan (CAP) Development

Anya Callahan



Harm Reduction – Initial Assessment

Naloxone Availability in Jefferson County

- **8 sites identified**

- 7 pharmacies indicated available naloxone, dispensed without a prescription.
QFC Hadlock, QFC Port Townsend, Jefferson Family Pharmacy, Safeway, Don's Pharmacy, Tri-Area Pharmacy, Jefferson Healthcare Pharmacy Ludlow
- The SEP clinic at Jefferson County Public Health

- **Findings**

The County's southernmost community distribution point for Naloxone is in Port Ludlow and Port Hadlock. No known community distribution sites in South County, including Quilcene, or Brinnon.



Harm Reduction – Opportunities

Goal: Expand South County harm reduction distribution and education

- Overdose prevention & opioid safety education, including drug testing
- Naloxone distribution events and online training
- Increased public coordinated communication about available services
- Brinnon harm reduction vending machine



Harm Reduction – Discussion

Looking at Jefferson County

- Where is opportunity for more outreach and increased access?
- How can we reach those most likely to witness overdose?
- What other opportunities do you see?



Fentanyl – ADAI News and Data

NEWS RELEASE



March 8, 2022 For immediate release

Syringe program user survey shows 'stunning' fentanyl surge

Use of the illicitly produced opioid fentanyl has surged by a "stunning" extent in Washington, said the lead researcher involved in a survey of nearly 1,000 people who use syringe-service program sites across the state.

According to the newly published [survey findings](#), 42% of the respondents said they had used fentanyl in the previous three months, up from 18% in 2019.

"I've been doing drug-trends research for 20 years, and fentanyl's growth is the biggest, fastest shift we've ever seen—and also the most lethal," said Caleb Banta-Green. He is principal research scientist at the Addictions, Drug & Alcohol Institute (ADAI) in the University of Washington School of Medicine.

The biennial [Syringe Service Programs](#) health survey is Washington state's primary source for understanding substance-use patterns, health behaviors and needs of people who use syringe-service programs. This report's detailed data, collected in fall 2021, reflects the habits and lives of 955 respondents whom Banta-Green describes as "a diverse group of people who use drugs for an array of reasons, with a range of severity."

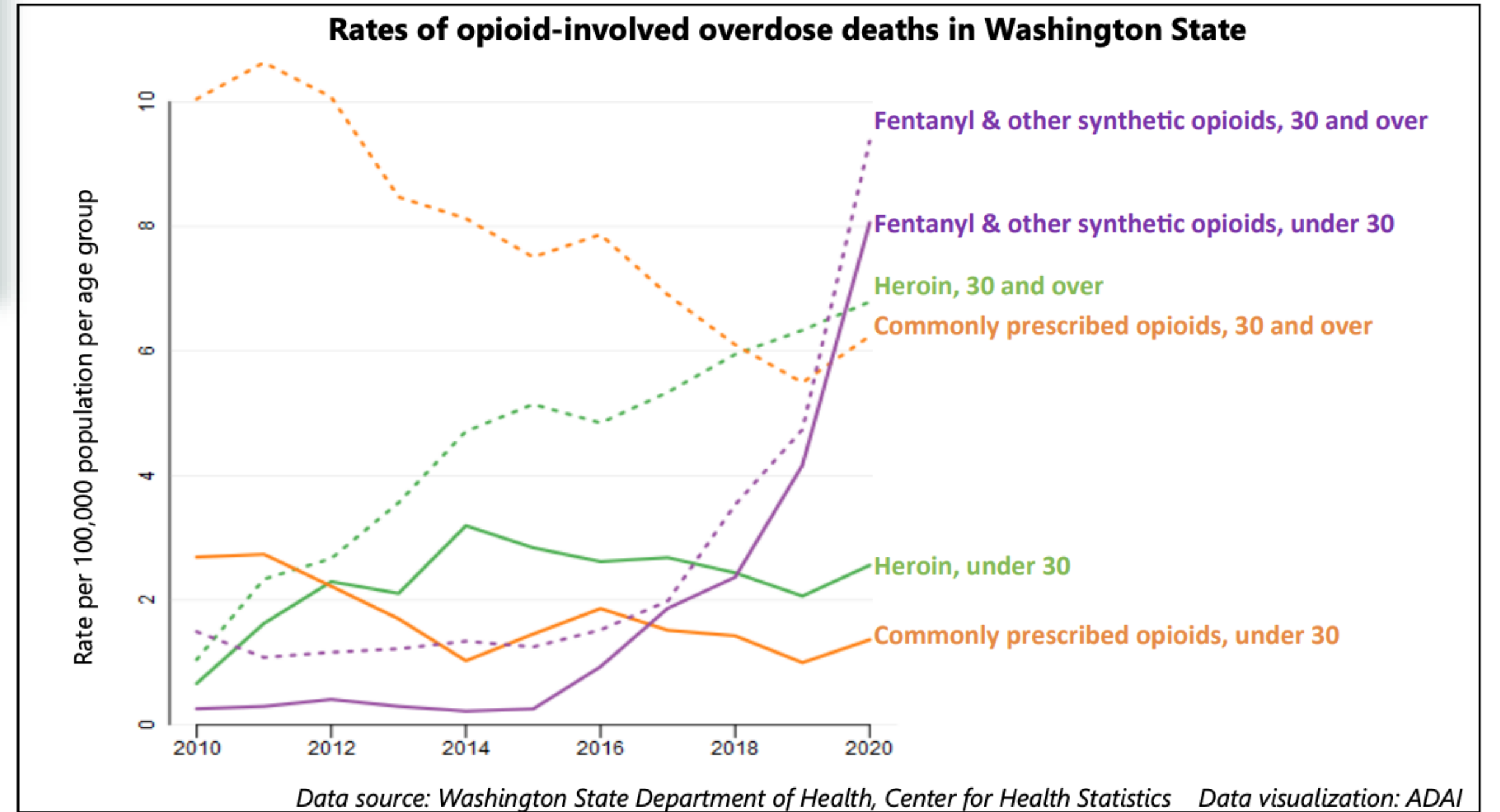
Illegally manufactured fentanyl is often counterfeited to resemble oxycodone pills. It is fast-acting and dangerously potent: 50 to 100 times stronger than morphine. In 2020, fentanyl overtook methamphetamine as the drug most involved in overdoses in Washington state.

According to the new survey results, among the respondents who reported using fentanyl in the three months prior, two-thirds said they had used it knowingly. This is a significant change from several years ago, when most fentanyl use was unintentional, Banta-Green said.

Another important part of this shift is that the majority of people who use fentanyl today smoke it. This aligns with respondents' reported high rate of smoking drugs broadly: 81% of respondents said they had smoked a drug (excluding tobacco and cannabis) in the previous three months.

"This matters because the majority of people dying now from overdoses are smoking drugs. Yet almost all of our harm-reduction services have been aimed at people who inject drugs. So we need to figure out how to recast harm-reduction programs to engage with people who smoke drugs," Banta-Green said.

[News Release](#)



The total number of opioid-involved overdose deaths during this period was 8,362. The graph below shows the rate of opioid-involved overdose deaths per 100,000 population for those under age 30 compared to those 30 and older. Some people had more than one opioid type present at the time of death. Each opioid type is shown in a different color. Solid lines represent those under 30 and dashed lines are those 30 or older.

[ADAI – Fentanyl among young people in WA State](#)



Fentanyl Testing and Education

- Test strips are a useful engagement tool to foster discussion with people who use drugs (PWUD) around practicing universal precautions and anticipating the presence of fentanyl in their drug supply.
- Test strips are easy for PWUD to use with minimal instruction, and the response from PWUD about their availability has been extremely positive.
- Test strips are detecting positives in various drug supplies and indicate that we have an increasingly frequent presence of fentanyl.
- Test strips allow PWUD to be more informed about the drugs they are buying and using, leading to behavior change and the adoption of increased harm reduction measures, including sharing information among peers.
- Test strips allow providers to better engage with non-injectors and non-opioid users around overdose prevention and resulted in an increase in naloxone trainings with non-opioid users.
- PWUD demonstrate a high likelihood of implementing one or more harm reduction strategies when learning that their drugs are positive for fentanyl.
- Test strip use has increased general awareness and understanding of fentanyl among PWUD and providers at SAC sites.



Relevant Information and Articles



Regional Collaboratives

OCH is casting a wide net to support their Strategic Goal of jumpstarting regional collaboratives.

Description:

With the first wave of the Medicaid Transformation Project coming to an end, OCH adopted a new strategic plan with the following focus areas:

- Together, recovery is possible (substance use disorder)
- Individual needs are met timely, easily, and compassionately
- Everyone has access to the full spectrum
- Everyone housed

The purpose of each action collaborative is to complete a 4-year action plan (2023-2026) with organizational, Tribal, community, and regional priorities to advance the focus areas on a regional level. Each group will consider:

- current data
- best practices
- cross-partner strengths
- measurable metrics
- Ultimately leading to opportunities for shared action.

This event is free and open to the public.

Who should get involved?

OCH is looking to build strong collaboratives among individuals who live and/or work in the Olympic region. Participation is encouraged for partners new and old with varying experience, perspective, and expertise (lived experience, front-line work, project management, etc).

Join us for the Olympic Action Collaboratives Kick-off

Mar 30, 1-3pm

The Olympic Action Collaboratives Kick-off event is a great opportunity to learn about neighboring communities across the region and learn how to get involved in an action collaborative. With the first wave of the Medicaid Transformation Project coming to an end, OCH adopted a new strategic plan with the following focus areas:

- Together, recovery is possible (substance use disorder)
- Individual needs are met timely, easily, and compassionately
- Everyone has access to the full spectrum of care
- Everyone housed

The purpose of each action collaborative is to complete a 4-year action plan (2023-2026) with organizational, Tribal, community, and regional priorities to advance the focus areas on a regional level. [Learn more and register here](#). Email och@olympicch.org with any questions.

[Register here](#)



PNW / WASHINGTON STATE NEWS

- [Seattle police and federal agents seize thousands of fentanyl pills, guns in ongoing operation](#)—Seattle Times
- [Fentanyl overdose deaths put community on edge \(Kittitas County\)](#) - Daily Record
- [To fight opioid crisis, UW researchers take new shot at developing vaccine against addictive drugs](#) - Seattle Times



Ending Overdose is a National Priority

- In last week's State of the Union address, Biden became the first president to mention harm reduction and millions of people heard the phrase for the first time.
- The White House issued a [follow-up fact sheet about MOUD/MAT](#) outlining priorities to reach universal access to methadone and buprenorphine by 2025, to remove unnecessary barriers, to extend COVID-related SAMHSA regulations (including telehealth and take-home), to support mobile MOUD, and to expand access to medication in federal prisons.
- “People who use heroin and others who inject drugs who regularly utilize a Syringe Services Program (SSP) are five times more likely to initiate substance use disorder treatment, compared with those who have never used an SSP.” - White House follow-up fact sheet



National Information

- [A brain circuit linking pain and breathing may offer a path to prevent opioid deaths](#), NPR
- [Harm reduction' for drug use is here, but where do we draw the line?](#) - The Hill
- [The Opioid Crisis in 2021: Benchmark Legal Decisions and Deaths](#)—Frontline
- [2022 a critical year to address worsening drug-overdose crisis](#)—AMA
- [Older adult opioid overdose death rates on the rise](#)—Science Daily
- [Drug Overdose Mortality Among People Experiencing Homelessness, 2003 to 2018](#)—JAMA Network
- [Overdose deaths hit a historic high in 2020. Frustrated experts say these strategies could save lives](#)—PBS NewsHour
- [Executive Order on Imposing Sanctions on Foreign Persons Involved in the Global Illicit Drug Trade](#)—The White House
- [Disparities by Sex and Race and Ethnicity in Death Rates Due to Opioid Overdose Among Adults 55 Years or Older, 1999 to 2019](#)—JAMA Network
- [Black men hit hardest by drug overdose deaths in recent years](#)—Pew Research Center



YEAR IN REVIEW 2021



Purpose: This report provides cumulative and updated statistics about the emergence and landscape of novel psychoactive substances (NPS) in the United States based on data developed by NPS Discovery at the CFSRE — a premier open-access drug early warning system utilizing an evidence-based approach to disseminate information for real-time public health and safety actions.

Since 2018, NPS Discovery has reported **116** newly discovered NPS in the United States (Figure 1). **NPS opioids** remain the largest subclass (Figure 2). In 2021, NPS Discovery reported the discovery of **27** NPS for the first time.

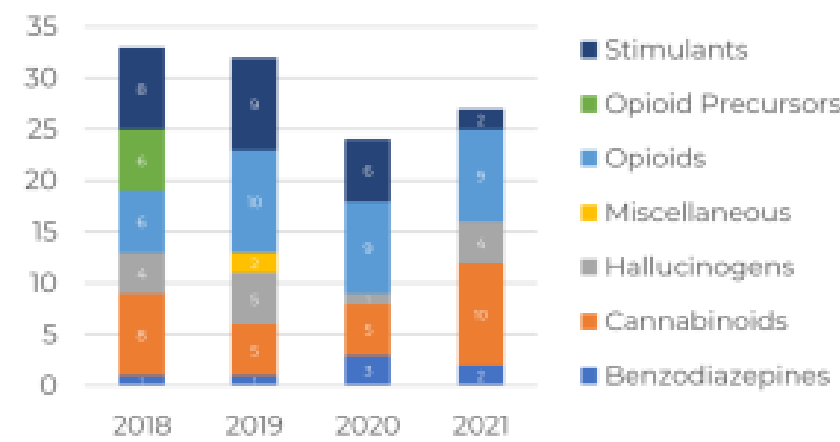


Figure 1: Newly discovered NPS reported for the first time since 2018.

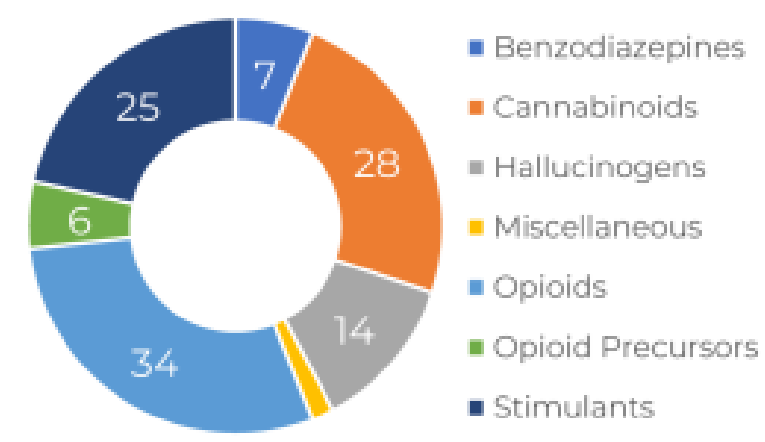


Figure 2: Breakdown by subclass of newly discovered NPS, 2018-2021.

Since 2018, NPS Discovery has identified **197** NPS in forensic samples (Figure 3). **NPS opioids, stimulants, and cannabinoids** represent the largest subclasses observed. In 2021, **97** total NPS were detected (Figure 4).

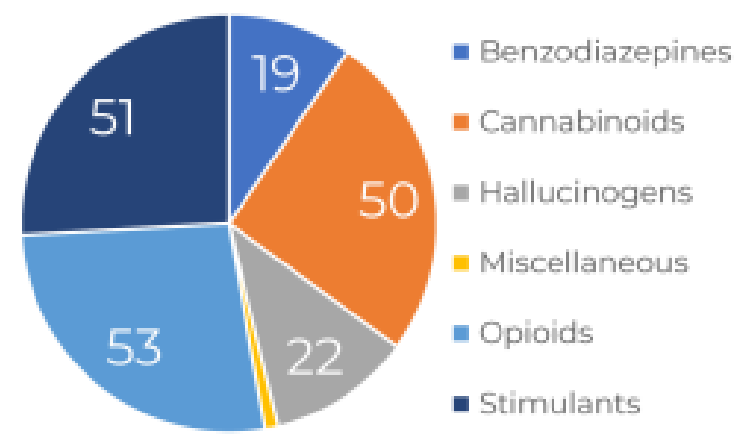


Figure 3: Breakdown by subclass of individual NPS detected, 2018-2021.

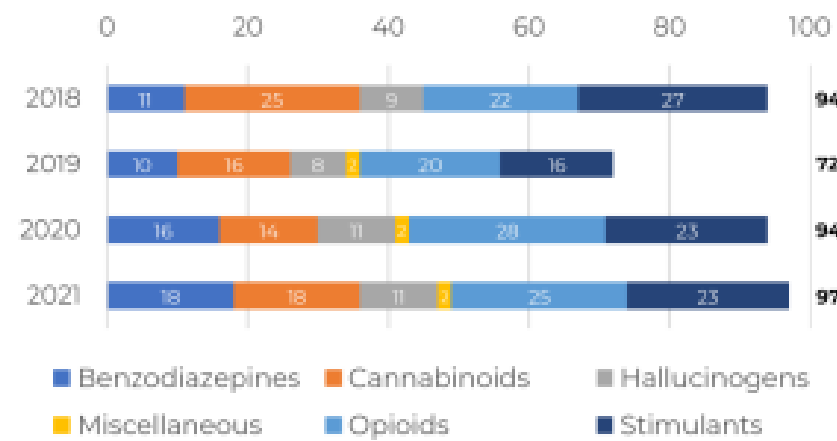


Figure 4: Individual NPS detected each year, cumulative since 2018.

In 2021, NPS Discovery observed more than **2700** total NPS detections within examined sample populations (Table 5), a portion of more than **8100** total NPS detections since our program launched in 2018 (Figure 6).

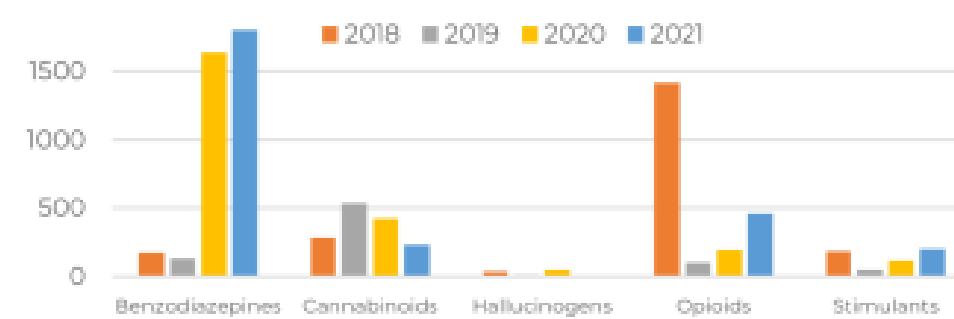


Figure 5: Total number of NPS detections among all samples analyzed since 2018.

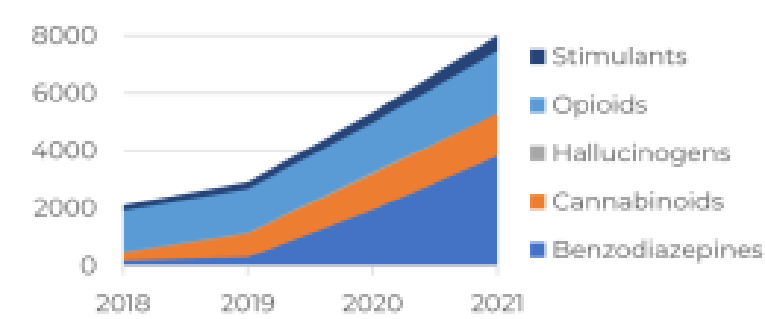


Figure 6: Cumulative number of NPS detections since 2018.

NPS Discovery's Year in Review 2021



Purpose: This report provides new information regarding comprehensive drug testing of clinical biological specimens collected after suspected opioid overdoses in various cities across the United States.

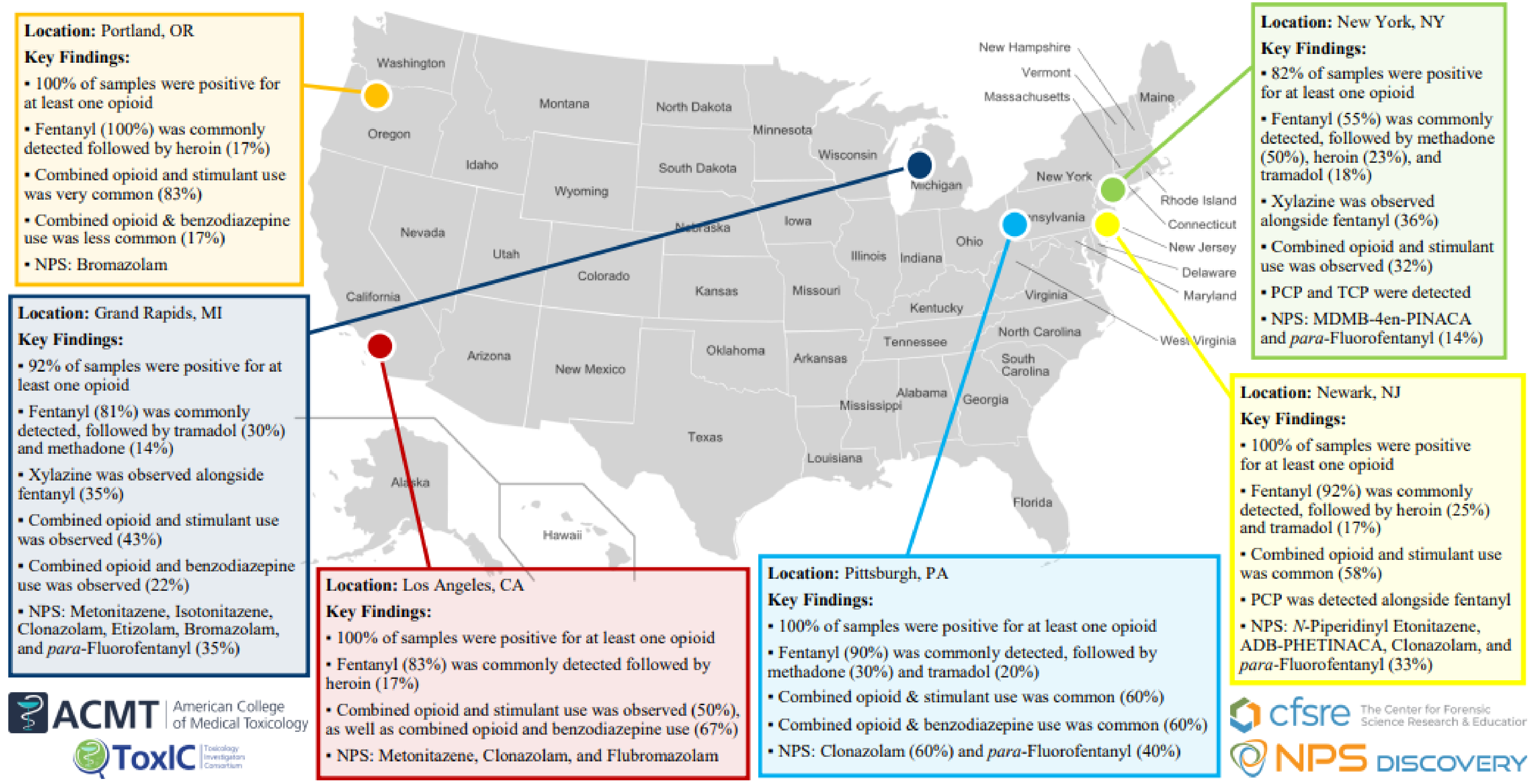
Overview: Drug use can lead to adverse events and overdose scenarios where individuals present to emergency departments for clinical evaluation and/or treatment. The culprit can be traditional drugs (e.g., heroin, fentanyl, cocaine, methamphetamine) or novel psychoactive substances (NPS); however, proper drug testing methodologies must be employed for accurate identification and characterization. Street-level drug preparations can contain undeclared or unwanted substances, such as toxic adulterants or NPS, which can potentiate effects or lead to adverse reactions. Understanding emerging drug trends and drug testing results can help direct new or revised approaches to clinical treatment and harm reduction efforts.

Objective: A partnership between the American College of Medical Toxicology (ACMT) and the Center for Forensic Science Research and Education (CFSRE) was established to comprehensively assess the role and prevalence of synthetic opioids and other drugs among suspected overdose events in the United States.

Sample Source: Patients presented to emergency departments within ACMT's Toxicology Investigators Consortium (Toxic) experiencing a suspected opioid overdose. Residual, discarded biological samples were obtained for testing against an expansive library of drugs and other substances. Our findings provide a near real-time assessment of the drug market and allude to resulting implications on clinical institutions.

Testing: Analysis was performed via liquid chromatography quadrupole time-of-flight mass spectrometry (LC-QTOF-MS). The scope of testing targeted more than 900 drugs, including a vast majority of NPS and metabolites. Drug classes included opioids, stimulants, cannabinoids, and benzodiazepines, among others.

Acknowledgements: This report was prepared by Alex Manini, MD; Alex J. Krotulski, PhD; Sara E. Walton, MS; Paul Wax, MD; Jeffery Brent, MD, PhD; Kim Aldy, DO; Alexandra Amaducci, DO; Diane Calello, MD; Adrienne Hughes, MD; Anthony Pizon, MD; Michael Levine, MD; and Barry K. Logan, PhD, F-ABFT. The authors acknowledge ACMT personnel, Toxic investigators, and CFSRE staff for their contributions. Funding was received from the National Institute on Drug Abuse (NIDA) from the National Institutes of Health (NIH), Award Number: R01DA048009. The opinions, findings, conclusions and/or recommendations expressed in this publication are those of the authors and do not necessarily reflect those of NIDA, NIH, or other agencies. For more information about NPS Discovery, contact npsdiscovery@cfsre.org or visit www.npsdiscovery.org.



Opioid Overdoses from the Toxicology Investigators Consortium (Toxic) Fentanyl Study Group Q4 2021



Webinar

Current Trends in Counterfeit Pills —MX908 Webinar

Speaker



David Godin
Director of Field Forensic
Applications

Webinar On Demand

Current Trends in Counterfeit Pills

Join us as we discuss the importance of identifying controlled substances in the field due to the rise of high potency counterfeit pills.

By watching this webinar, you will learn about:

- The unique detection challenges synthetic designer drugs pose to law enforcement
- The increased availability of controlled substances with the Dark Web
- How MX908 excels at identifying street drugs at low concentration, but high potency narcotic mixtures
- Current trends in synthetic designer drugs in pill form
- Case studies where trace detection with the MX908 led to seizures, arrests, and intelligence gathering

Due to the nature of the webinar content, attendance is limited to government, military, and law enforcement organizations. Therefore, we request that you use your government email address when registering.

For questions or to request an exception, please contact marketing@908devices.com.



R.E.A.L Program – New RFP Due 4/14/2022

**SALISH BEHAVIORAL HEALTH ADMINISTRATIVE
SERVICES ORGANIZATION**

**REQUEST FOR PROPOSAL
2022-113**

R.E.A.L. PROGRAM

**Submission Deadline:
April 14, 2022**



Legislative Tracking

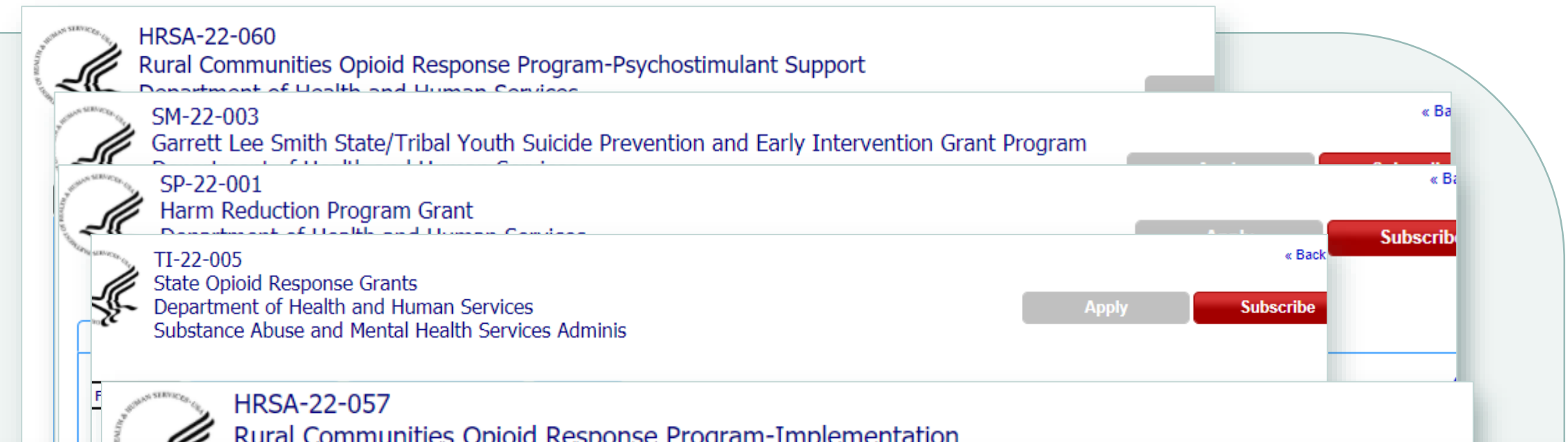
WA State Bills related to LE's physical use of force, Harm Reduction and Behavioral Health

- [HB 5675](#) - Concerning permissible use of force.
- [HB 1726](#) - Modifying the standard for use of physical force by peace officers.
- [HB 1589](#) - Concerning the authority of peace officers to use physical force.
- [HB 1737](#) - Use for Court Orders or Joel's Law, improving public safety.
- [SB 5919](#) - Concerning the standard for law enforcement authority to detain or pursue persons (Similar to HB 1737) Concerning the standard for law enforcement authority to detain or pursue persons. Will be discussed/reviewed tomorrow (2/3/2022). Discussion that WASPC is supporting and pushing forward HB 5919.
- [SHB 1735](#) - Modifying the standard for use of force by peace officers. Custody under 71.05 and 71.34 ITA Laws and makes a declaration of necessity for officers to respond. Passed on January 28th and read into the senate.
- [HB 2037](#) - Modifying the standard for use of force by peace officers.
- [SB 5509](#) – Exempting fentanyl testing equipment from the definition of drug paraphernalia..
- [SB 5954](#) – Reducing the impacts and incidences of chronic and unsheltered homelessness.had a hearing on 2/3 – result?
- [HB 1761](#) – Allowing nurses to dispense opioid overdose reversal medication in the ED.
- [SB 5524](#) – Is dead. Was focused on imposing a sentence of life in prison for controlled substances homicide for fentanyl-laced drugs.



Potential Funding Opportunities

- **HRSA 22-061 - RCORP OU/MH/BH - \$2M**
Post: 01/18/22, Due: 4/19/22, Start 9/1/2022
- **SAMHSA SP-22-001 - Harm Reduct Program Suicide/Early Prevention; \$400,000.**
Post 12/8; Due: 2/07/22; Start: Unknown
- **HRSA 22-060 - RCORP-PsychoStim - \$520k**
Post 1/12/22, Due: 4/13/22, Start: 9/1/22
- **SAHMSA SM-22-003 - Youth Suicide/Early Prevention; \$733,333.33** Post 12/30/21; due: Unknown; Start: Unknown
- **SAMHSA TI-22-005 - State Opioid Response-Regional; ?\$23,666,666?** Post 2/15/22; due: Unknown; Start: Unknown.
- **HRSA-23-057 - RCORP-I \$714,285.00**
Post: 11/18/22, Due: 2/16/23, Start: 9/1/23



HRSA-22-061
Rural Communities Opioid Response Program – Behavioral Health Care Support
Department of Health and Human Services
Health Resources and Services Administration

Apply Subscribe

SYNOPSIS VERSION HISTORY RELATED DOCUMENTS PACKAGE

[Print Synopsis Details](#)

General Information

| | |
|---|--|
| Document Type: Grants Notice | Version: Synopsis 1 |
| Funding Opportunity Number: HRSA-22-061 | Posted Date: Jan 18, 2022 |
| Funding Opportunity Title: Rural Communities Opioid Response Program – Behavioral Health Care Support | Last Updated Date: Jan 18, 2022 |
| Opportunity Category: Discretionary | Original Closing Date for Applications: Apr 19, 2022 |
| Opportunity Category Explanation: | Current Closing Date for Applications: Apr 19, 2022 |
| Funding Instrument Type: Grant | Archive Date: |
| Category of Funding Activity: Health | Estimated Total Program Funding: \$13,000,000 |
| Category Explanation: https://grants.hrsa.gov/2010/Web2External/Interface/FundingCycle/ExternalView.aspx?fCycleID=7a415f38-fbec-430e-9bcd-6a894e98dd3e | Award Ceiling: \$500,000 |
| Expected Number of Awards: 26 | Award Floor: \$0 |
| CFDA Number(s): 93.912 -- Rural Health Care Services Outreach, Rural Health Network Development and Small Health Care Provider Quality Improvement | |
| Cost Sharing or Matching Requirement: No | |



Upcoming Meetings

- Weekly Tuesdays and Thursdays - BH Therapeutic Court and Therapeutic Drug Court respectively
- 3/10 - SSP Survey Results Meeting
- 3/10 - BIR / G2F Data Mindmeld
- 3/11 - Olympic Ambulance/MetroWest Data Explore
- 3/11 - JCPH / LF Monthly Meeting
- 3/11 - Benji Project Discussion
- 3/11 - Recovery Café Data Mindmeld
- 3/14 - ADAI/DOH - Harm Reduction Messaging
- 3/14 - OCH Board Meeting
- 3/15 - Rural Urban Differences in Youth ACES
- 3/15 - R.E.A.L. Program Policy Coordination Mtg
- 3/15 - PIMS: Improving Data Quality, Increasing Data Utilization
- 3/15 - BHAC Mtg
- 3/16 - Grant Prep - JCEP
- 3/17 - White House Rural Stakeholders Mtg
- 3/17 - Board of Health
- 3/18 - SBH-ASO Board meeting
- 3/22 - EDC-ASAP Meeting
- 3/23 - HRSA Using Data to Enhance - Webinar
- 3/30 - ?OCH Collaboratives?
- 3/31 - JCPH's Mental Health Field Response Mtg
- 4/5-7 - 3 day reverse site visit
- 4/11 - OCH Board Meeting
- 4/12 - 3/11 - JCPH / LF Monthly Meeting
- 4/14 - White House Rural Stakeholders Mtg
- 4/14 - BHC Meeting



Next BHC Meeting

Thursday, April 14th , 2022

@3pm





Acronym Sheet

BH – Behavioral Health

BHC – Behavioral Health Consortium

CAP – Communication Action Plan

CHA – Community Health Assessment

CHIP – Community Health Improvement Plan

DCR – Designated Crisis Responder

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 & Development Consultants

HRSA – Health Resources and Services Administration

ITA – Involuntary Treatment Assessment

MAT – Medically Assisted Treatment

MH – Mental Health

MOUD – Medications for Opioid Use Disorder

OUD – Opioid Use Disorder

PTPD – Port Townsend Police Department

PWUD – People Who Use Drugs

RHNDP-P – Rural Health Network Development Program – Planning (HRSA Grant Awarded 2018-2019)

RCORP-P – Rural Community Opioid Response Program – Planning (HRSA Grant Awarded 2019-2020)

RCORP-I – Rural Community Opioid Response Program – Implementation (HRSA Grant Awarded 2020-2023)

R.E.A.L. – Recovery, Empowerment, Advocacy, Linkage

SUD – Substance Use Disorder

TBH – To Be Hired

VOA – Volunteers of America – Crisis Line

Vol - Voluntary

Invol – Involuntary