



BHC Meeting

March 11, 2021, 3pm

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



BHC's Mission

**Strengthen and expand the County's
SUD/ODU/behavioral health system
to provide prevention, treatment and recovery services
that enhance our residents' ability to access in-county
treatment and move forward to recovery and wellness.**



Introductions

**What motivates you to
contribute your talent, expertise, and
time in our County's
behavioral health arena?**



Agenda – 3/11 BHC Meeting

- Introductions/Updates (Grants, Services, Collaborations) – All
- State v. Blake
 - What is it? James Kennedy, County Prosecutor
 - Brainstorm: How BHC Members individually and collectively evolve our approach to OUD/SUD/BH service connection in this new landscape?
- Upcoming **Data Due** for next HRSA Quarterly Report – Lori Fleming
- Takeaways from RCORP-I's Grantee Conference – Lori Fleming
- HRSA RCORP-I – Project Updates, Deliverables – Lori Fleming
- Next Meeting – April 8, 2021, 3pm Zoom Call



BH Landscape Changes

State v. Blake



Prior to State v. Blake

The 1970 Controlled Substances Act (CSA), made it a felony to possess illegal drugs, even when the person in possession was unaware they had them. The charge for being in possession of a controlled substance was Class C Felony, punishable by up to five years in prison and a \$10,000 fine*





State v. Blake

The February 2021 ruling on controlled substances **ruled WA state's felony drug possession law unconstitutional**, ultimately deciding the law violated both federal and state constitutions because it doesn't require prosecutors to prove someone knowingly or intentionally possessed the drugs.





State v. Blake – Immediate Impacts

WA law enforcement officers
are no longer authorized to:

- Conduct a criminal investigation predicated on possession of a controlled substance
- Use probable cause predicated on possession of a controlled substance to effectuate and arrest or seek a search warrant
- Take any other law enforcement action for simple possession of controlled substances





State v. Blake – Immediate Impacts

Prosecutors will now:

- Arrange for the immediate release of all pre-trial detainees whose only charged offenses are simple possessions
- Dismiss all pending simple possession cases, which will also terminate any active warrants
- Prepare to deal with motions to vacate judgments by people in prison on simple possession of controlled substances
- Prepare to resentence people who are serving time in prison where a simple possession charge factors into their offender score
- Work towards vacating all prior convictions for Possession of a Controlled Substance going to the 1970s



State v. Blake – Immediate Impacts

Prosecutors will now:

- Address Drug Court participants whose only underlying charge is simple possession of drugs, who now have the right to withdraw from drug court and have their charges dismissed.
- Cease including simple possession convictions in offender scores
- Stop collecting any Legal Financial Obligations in cases in which the only crimes of conviction were simple possession of drugs.
- Prepare to deal with motions to vacate judgments by people in prison on either simple possession charge, or who had one or more simple possession convictions included in the calculation of their offender score.



BH Landscape Changes

A Conversation

Feedback From the Individual/Org Perspective

**For those who are impacted,
summarize in FOUR sentences or less
how this change impacts you, your
organization, and the specific interest
you represent here at the BHC.**



More Feedback From You?

**What questions are you and
your organization asking
yourselves as a result of
State v. Blake?**



Now, putting on the “Consortium” Glasses

Brainstorming Question

As a collective
committed to the
stewardship of our
county’s Behavioral
Health System...

**Outside the criminal justice
system - how do we get
people into behavioral
health treatment?**



What questions come to mind?

- Currently, how many people come into treatment absent a court order?
- How did they get there?
- What, besides criminal justice, motivates PWUD to seek services? What services might people who use drugs be interested in, beyond treatment services?



Data Needed by March 15th, 2021

Thanks for your continued data contributions!

- Raw Monthly Data for **09/01/2020 - 02/28/2021**
(includes EJFR, JSCO, Jail, DBH, BiR, PTPD, and JH data)
- Grant Team/HFPD will total, build charts, drill down, etc., then present and input to HRSA Quarterly Reports

JCSO STATS - 10/1/19 - 2/29/20

153	Reported Mental Health Issue
88	Drugs/Narcotics Involved
85	Alcohol Involved

EJFR - BEHAVIORAL HEALTH RESPONSES

Year	Responses
2017	151
2018	153
2019	144
2020 (Through 2/5/2020)	8

JAIL - 2019 STATS

550	Reported
188	Reported
24	Evalu
24	Report
65	Book
13	MAT
37	Total

JAIL - 2020 STATS

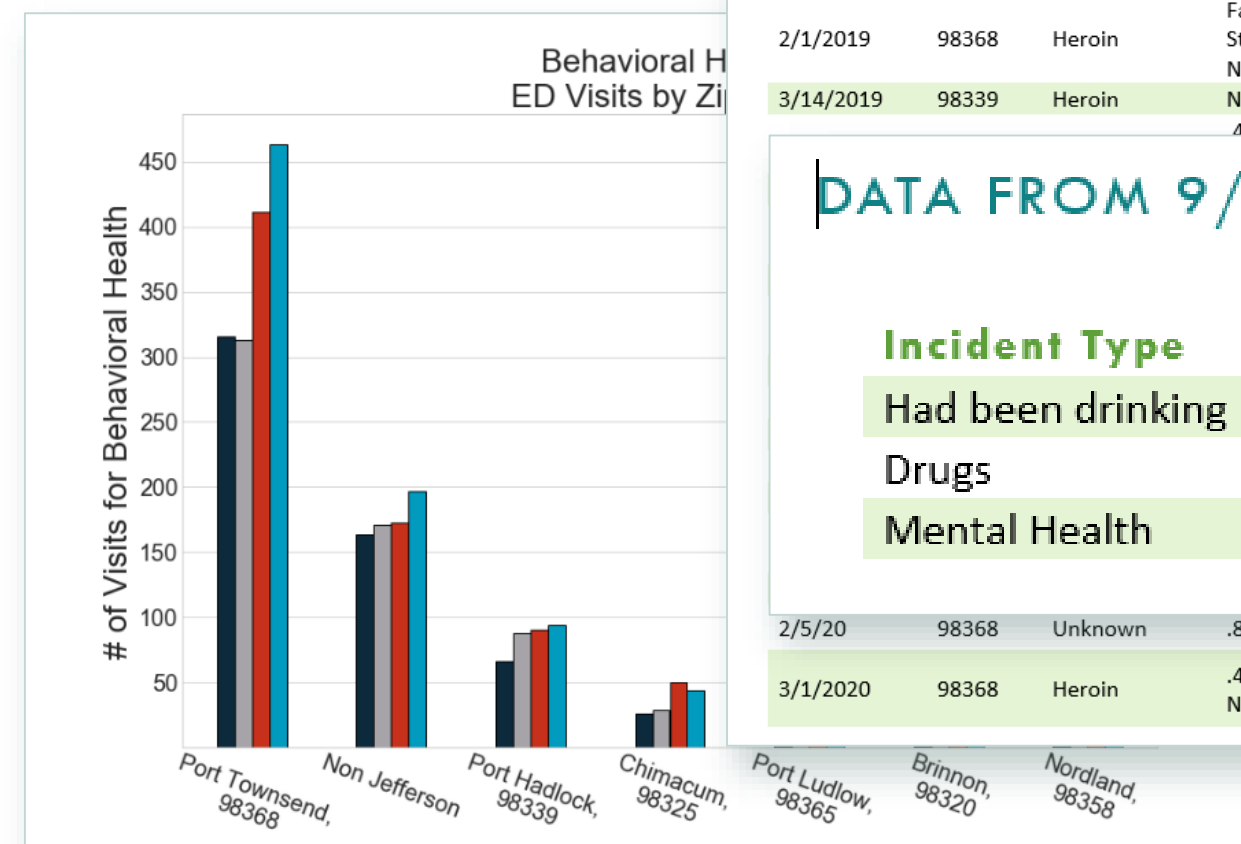
6	Evaluated by DCR
88	Booked on drug and alcohol charges
42	Interested in MAT (AT BOOKING)
3	Reported Suicidal Ideation (AT BOOKING)
27	Reported Prior Suicide Attempts (AT BOOKING)
50	Reported Behavior health Problem (AT BOOKING)
9	Reported Developmental Disability (AT BOOKING)
127	Reported Drug or Alcohol Use in last week (AT BOOKING)
65	Reported Drug Problem (AT BOOKING)
13	Reported Alcohol Problem (AT BOOKING)
19	Reported Both Drug and Alcohol Problem (AT BOOKING)- 19
68	Currently Under the influence of Drugs or Alcohol - UA or Admission (AT BOOKING)
31	Opiates or Suboxone
37	None or none opiates
28	Reported TBI (AT BOOKING) - 28
15	Reported having Hepatitis (AT BOOKING)
16	MAT Inductions
246	Total bookings YTD

EJFR - OPIOID & BEHAVIORAL HEALTH OCCURENCES

Date	Zip Code	Incident Type	# Narcan Administered	Patient Outcome
1/2/2019	98368	Unknown, Oxycodone	2 doses narcan from friend	Tx to JGH
2/1/2019	98368	Heroin	Family gave x3 Narcan, State Patrol - 2 nasal Narcan	Tx to Harrison
3/14/2019	98339	Heroin	Nasal Narcan by family 4m narcan by law	Airlift to HMC
2/5/20	98368	Unknown	.8mg narcan	Tx to Harrison
3/1/2020	98368	Heroin	.4 Narcan by JCSO / .4 Narcan by EMS	Tx to JGH

DATA FROM 9/2019 - 2/29/2020

Incident Type	# of Incidents
Had been drinking	219
Drugs	110
Mental Health	628





RCORP-I Grantee Conference

Quick Highlights



RCORP-I Grantee Conference – Highlights

- Conversation around **Contingency Management**
- Following up with Lucia Possehl @ Center of Rural Addiction U of V.






**Center on
Rural Addiction**
UNIVERSITY OF VERMONT

OUR MISSION

We seek to expand addiction-treatment capacity in rural communities by providing consultation, resources, training, and evidence-based technical assistance to healthcare providers and other staff

Center Objectives

Leverage expertise in evidence-based practices for treating OUD and other SUDs to:

-  **IDENTIFY** real-time needs of rural communities and science-supported methods for effectively addressing current and future addiction treatment needs.
-  **DELIVER** ongoing technical assistance and workforce training to support the effective use of best practices for assessing and treating rural patients.
-  **DISSEMINATE** education and resources on evidence-based treatment and prevention to rural providers and policymakers.

Contact us: CORA@uvm.edu | Learn more: UVMCORA.org



RCORP-I Grantee Conference – Highlights

- The [Rural Toolbox](#)
 - [faith-based education](#) might be interesting to dig into?

The screenshot shows the header of the Rural Community Toolbox website. On the left is a red toolbox icon. To its right is the text "Rural Community Toolbox: FUNDING & TOOLS TO BUILD HEALTHY DRUG-FREE RURAL COMMUNITIES". On the right side of the header is a search bar with the text "Search" and a magnifying glass icon, and a link for "ABOUT THIS SITE | CONTACT". Below the header is a dark blue navigation bar with white text for "STARTING POINTS", "FUNDING", "TREATMENT & SERVICES", "INFORMATION RESOURCES", "EXPERT HELP & TRAINING", "COMMUNITY ASSESSMENT", and "RURAL COMMUNITY ACTION GUIDE". Below the navigation bar is a light gray bar with the text "HOME".



RCORP-I Grantee Conference – Highlights

- Highlighted [deaths associated with meth](#)
- See new resources around methamphetamines - sent to us by ADAI:
 - [This PDF](#) contains relevant links and a pathway to order flyers from ADAI on when/how to get help for meth overdose

Meth Overdose: Know When to Get Help

Meth deaths have **increased 600%** in the last decade in WA State.

Learn more at stopoverdose.org

Watch for these danger signs:

- Super fast heart rate (2-3x faster than normal)
- High body temperature (sweating or hot, dry skin)
- Really painful headache
- Chest pain or tightness
- Can't walk or move
- Won't wake up
- Can't feel arms or legs
- Seizure or shaking you can't control

Call 911:

If you see these signs, **call 911** or get medical help right away!

The **Good Samaritan Overdose Law** protects you and the victim from prosecution for drug possession.

Washington Recovery Help Line
1.866.789.1511

Want help to cut down your meth use?
Call the Washington Recovery Help Line at 1.866.789.1511

ADAI UNIVERSITY of WASHINGTON



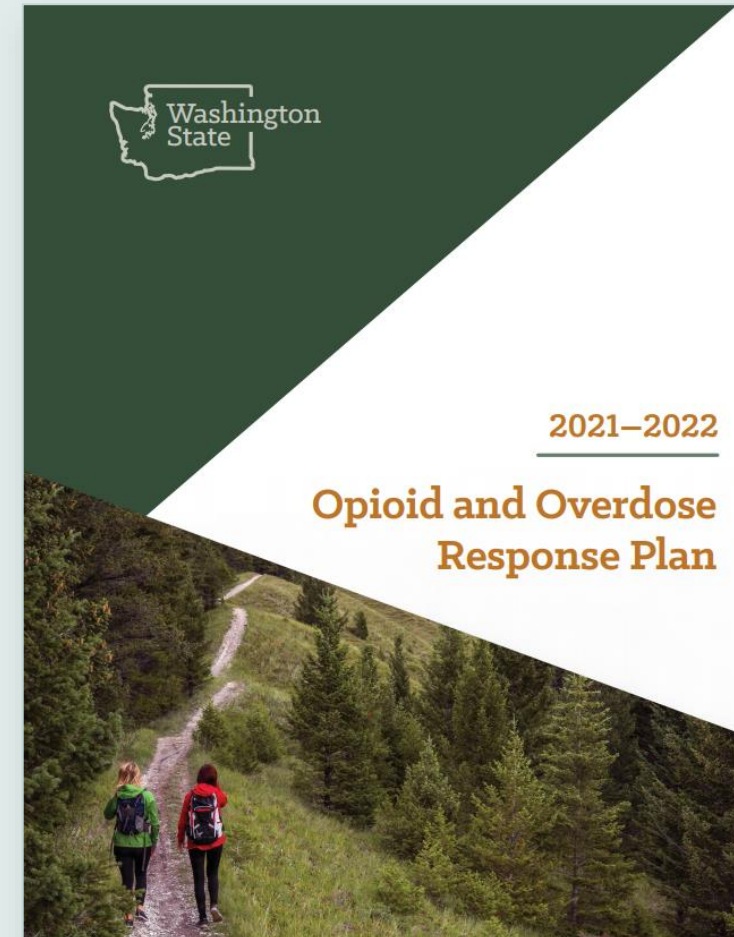
Regional Landscape

Items of Note



Relevant New Publications

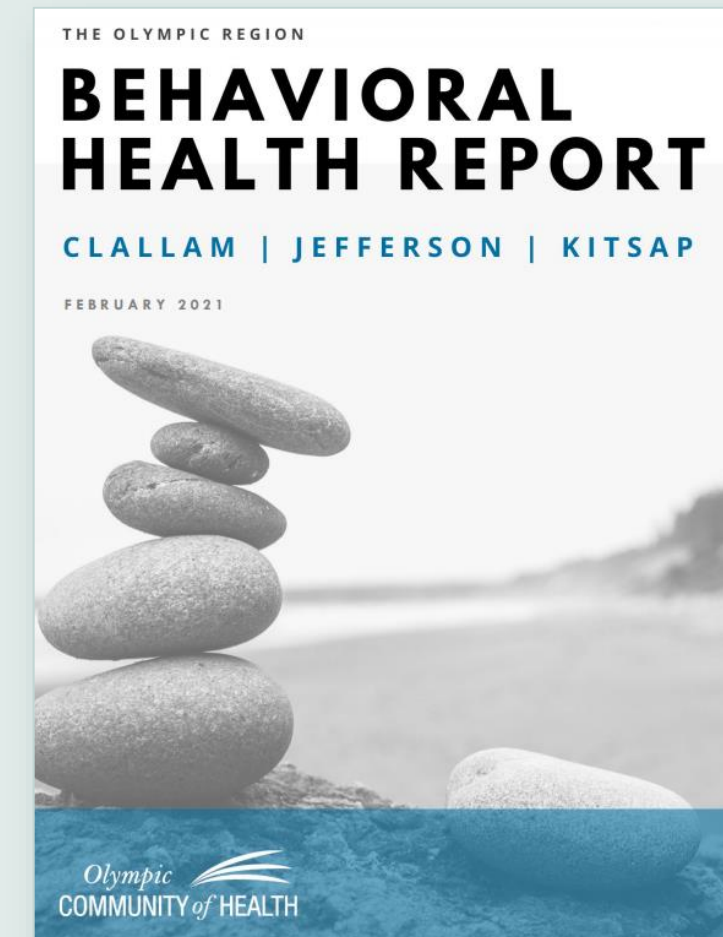
[WA State's Opioid Overdose Response Plan](#)



Includes goals and strategies to reduce State overdose deaths, including:

1. Prevent opioid misuse
2. Identify and treat substance use disorder
3. Ensure and improve the health and wellness of individuals who use drugs
4. Use data and surveillance to detect drug use trends, monitor the health and wellness of individuals who use drugs, and evaluate interventions

If you have questions about the plan, please contact State Opioid Response Coordinator, Kris Shera, kris.shera@hca.wa.gov.



[OCH's Olympic Region Behavioral Health Report](#)

See pages 23 and 24 for the OCH Regional Partner recommended regional behavioral health priorities for legislators, policy makers, health care providers, community-based organizations, social service agencies, Tribal health centers, and communities.



RCORP-1 Grant

Deliverables and Project Updates



RCORP-I Grant – Overview of BHC Strategic Actions

1. Provider/Prescriber Integration
2. Develop Crisis Stabilization Center Feasibility and, if appropriate, Implementation Plan
3. ~~Develop~~ and Maintain Online/Printed Resource Directory
4. Improve Jail-to-Community Service Connection
5. Support Recovery Café for Peer Network Development and recovery/prevention environment to support prevention and recovery for those on their recovery journey
6. Initiate a Harm Reduction Program in South County, coordinate with Mason County
7. Communication/Education/Integration to address stigma on both sides of county line
8. Coordinate and optimize/add Navigator and Care Coordination Services
9. Initiate Friendly Face Program for collective case management for high utilizers of Law Enforcement, Emergency Responder, Emergency Department and Jail services



LowCap Proj # 1: Provider/Prescriber Integration

- Jake Davidson, JHC - Presented an overview of the hospital's OUD/SUD/BH program at December's BHC Mtg 12/10, 3pm. LE/... next steps to increase patient volume for waived... completion rate for prescriber/SUD counseling... through
- Safe Harbor / DBH - ... Will have them give the
- Will be interested... on the regional level after Jim/Ford/Lori... at September's 3CCORP Treatment workgroup (and... "award" to Ford/Jim at OCH's Jefferson NCC Convening).

3/11/21 – Ongoing
Update from
DBH/SH in April



LowCap Proj # 2: Data Collection for Grant and BHC Priorities

Data Standardization- Priorities/Next Steps:

- Attendees agreed it is worthwhile to pursue a path to better standardize the approach to coding.
- Chief Black noted it will be useful to identify someone fluent with EMS billing in this discussion to avoid auxiliary codes. Lori to track down.

Adam York noted it would be worth having the various agencies give their definitions of the data points they code to (ex: Me etc.), then rate them on a scale of one to five on how closely these definitions align. This could help us collectively code mor

We are looking to understand the extent of substance abuse in this County , the populations affected in terms of income and housing. Important data points. Neither the legal system or provider systems will capture the full extent of folks in this situation. Many people are never touched by either. The health system is, however, another point of contact that will fill out the picture.

Discharge/Disposition/Referral- Data Priorities- Next Steps:

- Fire Dept. and JHC players to meet to identify best approach to procure discharge/disposition/referral data. (P if it would be better for the group to begin exploring Disposition/Discharge/Referral data with the EM with JHC. Lori/John will open discussion on that question with Dr. Carlbom.)
- Work with OlyCAP to identify what information they have; outline what information they can efficiently collect that data through OlyCAP. - Peggy Webster/Cherish Cro
- Explore health information exchange (CFR 42 Part Two) and some gleaned. - Lori Fleming/John Nowak

Establish Baseline Metrics for RCORP-I Grant

- Create an inventory list of relevant data being collected; identify gaps and where efficiencies can be realized. - Grant
- Put together

Data for

- Peggy, Ch those v
- Explore v fund h

3/11/21 – Ongoing
Data Due March 15th

Behavioral Health Metric/Metric Data Source for Jefferson County

Criteria	Activity Metric	Metric Source
Prevention		
1 Linguistic/Cultural effort to reduce stigma		
2 Increase naloxone access and training		

...recovery housing have an ... data to support the need for the housing in the ... the following is required in whole or part:

... (determines number of bedrooms needed) ... which is critical for certain sources of funding

To: kingst1@uw.edu; John Nowak <inowak@jeffersonhealthcare.org>; HealthFac <HealthFac@healthfacilitiesplanning.com>; Fleming, Calendar

Subject: Explore ADAI Presentation with Dr. Susan Kingston

Location: https://zoom.us/j/91589235727?pwd=K0hYZgrUWh3U0ovVWFaMGxmS

Start time: Fri 12/4/2020 10:30 AM

End time: Fri 12/4/2020 11:30 AM

Lori Fleming is inviting you to a scheduled Zoom meeting.

Purpose: Review with Dr. Susan Kingston the data shown in the ADAI presentation she made to the SSP workgroup and explore how this could inform the BHC's path around data collection, focus, etc.

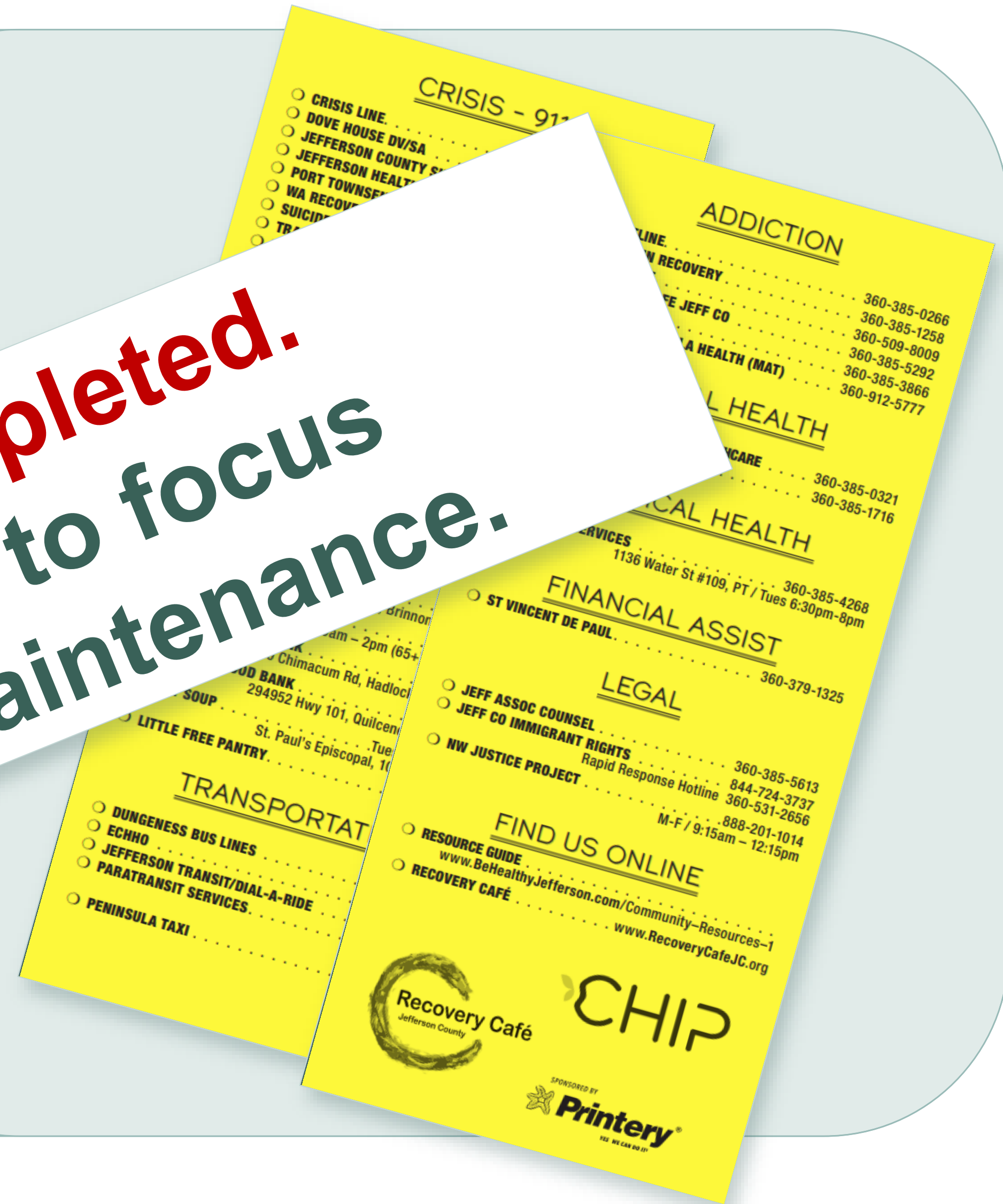
Check out link to the BHC's Data Subgroup [meeting videos, notes and resource materials](#)



LowCap Proj # 3: **Print / Online Resource Directory**

- **Successful Collaboration!**
Recovery Café / Printery /CHIP
- **Distribution Underway**
- **Next phase: Enact plan to maintain/update at regular intervals**
- 12/8/2020 - sent online resource directory to County Harm Reduction Group Meeting
- [Click for PDF of this Rack Card](#)
- [Click for access to full/deep community resource lists](#)

Completed.
Now to focus on maintenance.





LowCap Proj # 4: Jail to Community Transitions

- How does the RSAT effort fits/support the BH system we're building? How can BHC can...
- How can we build infrastructure aftercare once we're less of a factor in the Jail population?
- Get Naloxone into hands as they leave

3/11/21 – Ongoing
BHC to consider how this work integrates with our county-wide system? (10 participants currently)

The background features a collage of project-related documents. At the top, a document titled 'LowCap Proj # 4: Jail to Community Transitions' is visible. Below it, a document from the Sheriff of Jefferson County, WA, is titled 'MAT Services' and mentions an 'RSAT Grant Award – September 2020 – September 2021'. Another document below that also mentions the grant award period. A third document, partially obscured, describes an 'Opioid Treatment Network with Jail and community provider to provide MAT services to the inmates of Jefferson County Jail'. It notes that the program will assist with jail medical costs for the identification, assessment, and treatment of individuals with opioid use disorders. A small box on the right of this document states it was 'Awarded by Washington State Health Care Authority (HCA)'. The documents are layered and slightly offset, creating a sense of depth.



LowCap Proj # 5: Peer Network Development – Recovery Café

- Recovery Café has hired 2 part time people (1 FTE total) with the grant funding
- Empowering long-standing Members into leadership positions including:
 - Facilitating Recovery Café
- Agreed to grow Recovery Café relationships and Fairground's host talk about next steps Development in the June '21 timeframe.

3/11/21 – Ongoing
Current Focus on
Fairgrounds Service
Wraparound

Dove House, a contracted provider, agrees to the following:

Task: The work that will need to be done with this project

Capacity of staff to provide direct recovery support services: Recovery Advocate position. Tasks to do so include: Put job description, promote position, interview, hire, conduct new hire orientation and onboarding

Recovery support service provision. Services include: Direct services (either in-person or remotely via Zoom) such as Recovery Action Planning, check-ins, referrals; Support group called Recovery Circles (either in-person or via Zoom)

Location <https://zoom.us/j/96439017823?pwd=dGFibWdUemRiU2xJME9Ub0tRNWNodz09>

Meeting ID: 964 3901 7823

Join Zoom Meeting <https://zoom.us/j/96439017823?pwd=dGFibWdUemRiU2xJME9Ub0tRNWNodz09>

Some preliminary sketch lines around the work we'll be doing together to support the grant.

...recorded on a form created or approved



LowCap Proj # 6: Harm Reduction – South County

- 01/19/2021 Meeting
 - Discussed broad brush strokes and timeline of Naloxone Education and Distribution effort
- Next meeting:
 - Tuesday, 2/1
- [Link here for notes, slides, notes and Education resources](#)

3/11/21 – Ongoing
Next Meeting 3/16
Naloxone Supply In Sights
- working on logistics



University of WA is our primary source for Naloxone kits. Susan Kingston has been our contact there since 2018; she is with the Center for Opioid Safety Education in the UW Alcohol & Drug Abuse Institute. She can be reached via email at kingst1@u.washington.edu or by phone at 206-221-4041. If she is not available, our other contact at UW is Alison Newman and her email is alison26@w.washington.edu.

In the past, Susan at UW worked with us on a short term project entitled Fleming. Our SEP staff are working on their own for this.

UW Alison with

For people in South County, please exercise caution when clicking links, especially from unknown senders. The South County Health and Community Services (SCHCS) SEP in a

here can be

Lori and John- Thanks for expressing interest in providing naloxone to your community. We are always interested in finding new entities to partner with. Provided you meet our criteria for participation (primarily, do you serve people who use drugs and/or their friends and family?) and are willing to distribute injectable naloxone, we might be able to assist. I've attached our request form- please complete it and return it to me at your convenience. If you have any questions, please let me know.

Best,
Sean

Sean Hemmerle
 Gender Pronouns: he/him
 Overdose Education and Naloxone Distribution Consultant
 Office of Infectious Disease
 Division of Disease Control and Health Statistics
 Washington State Department of Health



LowCap Proj # 7: Communication Action Plan (CAP)

- Production Alliance's proposal is not a viable option. LF/JN/DB - will regroup.
- Will explore how we can collaborate with OCH and their funding to address stigma from regional standpoint.

3/11/21 – Maintaining / Exploring

Agenda

To... Danny Milholland <info@th...>
Nowak, John <JNOWAK@jeff...>

Subject: BHC/ETC: CommActionPlan w...

Location: https://zoom.us/j/964484472...

Start time: Tue 1/12/2021

End time: Tue 1/12/2021

Attached: PDF

CHIP HRSA-20-031 RCORP-Implementation Project Narrative > Resolution of Challenges

The BHC recognizes the criticality of generating support and engagement from a range of audiences, including those vulnerable and recovering from SUD/OD. We propose to engage topical expert(s) in the development of a master communications, education, and integration plan at the outset of the grant. The Grant Team and BHC Members will execute. This Plan will address various... messaging. The Communications Plan and its individual components... distinct project-phase-related communications, as well as... help address stigma associated with addiction and mental... This work is critical to address the intersection of... palpable prejudice and discrimination at various... hopelessness and shame in those struggling to cope, creating... diagnosis, and treatment. The intent of the full effort is to facilitate... communication and motivate inspired contribution of understanding, insight, and... to the BHC's work.

Community Engagement & Education Campaign

Community Partnerships Supporting Healthy Lifestyles & Informed Decision Making

The Production Alliance ("TPA") proposes use of \$600,000 from the Rural Communities Opioid Response Program Implementation Grant to support Jefferson County's Community Health Improvement Plan (CHIP) in the strategic development and management of a 3-Year *Community Engagement & Education Campaign* intended to increase awareness of and engagement in regional substance use and abuse prevention, treatment and recovery resources by youth and adults.

to a scheduled Zoom meeting.

steps to develop a BHC Comm Action Plan (see attached narrative on this topic... ion)

Daniel Milholland



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 services.

Action

Staff propose utilizing the funds to support a multi-year initiative in the region, especially related to substance use. Staff conducted interviews with partners and community members to assess how current approaches better and more fully address the needs of activities that **could** include:

- Training and learning opportunities including learning and alignment at-large including learning and alignment
- Communications and marketing materials including communications best practices to move forward
- Partner convenings to discuss challenges and stigma; and
- As needed telehealth support including client devices and other technology as HCA begins to wind down their support in this area.

OCH will reach out as they get the grant in the door and begin strategizing next steps - March/April '21

...me donation, with King County rural areas compared with the other proposal and budget in alignment and use of the funds.

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



LowCap Proj # 8: Navigator / Care Coordination

Moved this Project from MHFR Lead to LF/JN, and pushing timeline out to late Spring when:

- JN/LF will explore HIPAA/CFR 42 Part 2 strategies used by Clallam and Kittitas for what we might employ

JN has reached out to Lucky/Kittitas

HRSA

- JN to article county

3/11/21 - In First Second Gear - Spring '21
Wes Lucky from the Greater Columbia Accountable Community of Health (Kittitas)
OCH, Sally Sundar - Unite Us & WELLD and our HRSA Coach

... (1) Navigating access, housing, resilience; (3) Childcare; (4) after-school programs); and (5) ...
 ... Potential Family Resource Navigator services would be in your community? Responses, in order of greatest frequency: (1) Connecting families with health services (mental health and/or physical health); (2) Assistance for families in accessing support services; (3) Outreach to families in need who are not currently connected with other social services; (4) Closing the communication gaps among family-serving agencies/organizations/individuals; and (5) Website to connect families and community supports.

CHIP BHConsortium

TRACK 1 / PRIORITY #1: ENHANCE BEHAVIORAL HEALTH SERVICES

25RH32956 - Strategic Plan

NAVIGATION AND

... TOWNSEND — The Board of Jefferson County Commissioners approved the acceptance of a grant to fund a mental health navigator position within the county Sheriff's Office.

The six-month grant for \$63,209 is from the Washington Association of Sheriffs & Police Chiefs (WASPC).

The navigator will be a mental health professional who will work within the Sheriff's Office to respond to mental health and/or substance abuse calls to law enforcement, Sheriff Joe Nole said.

... and resources.

3. Develop consensus with relevant players around plan components, players and process.	Q3 2020	Q4 2020		
4. Establish a Coordination staffing plan and procure funding	Q4 2020	Q2 2021	Staffing Plan developed and funding in place	Staffing Plan for funding Coordination plan is in place.

20200207F_G25RH32956_StrategicPlan 2/13/2020 10:44:19 AM 15 of 43



LowCap Proj # 9: Friendly Faces/Collective Case Management

Currently:

- JN/LF exploring HIPAA and CFR42 Part 2 strategies with HRSA Tas that could help relieve inherent obstacles

wide coordination case management system.

Develop an integrated approach for various behavioral health service access enhancement to provide a cohesive safety net for targeted populations. Develop a community-wide care plan for those who are ill-served by County's Law, EMS, and other services.

In First Gear Until Summer 2021



Relevant Efforts: SDOH / Housing

- LF on AHT and liaisons/represents CHIP/BHC Priorities
- Meets weekly (with folks, 2 of whom happen to be a subgroup to AHT) to strategize, prepare the group for action, and implementation for projects such as Cherry Street.

Portions of this work may get folded into CHIP's Working Age Strategic Plan

RFP Submittals and Score A

Submitting Entity	Amount	Details
	\$59,500	
	\$200,000	repairs
	\$16,000	new water heater and parking lot

Transitional Housing – Operating Costs

Application Date	Gender	Age at Date of application	Veteran	Vehicle	Reason for BHS need
1/3/2020	f	46	no	none	Domestic Viol
9/1/2020	m	36	no	none	Imminent Evic
5/12/2020	m	35	no	none	Eviction from House
1/23/2020	m	33		none	Homeless
10/14/2020	f	18	no	none	Homeless with
11/21/2020	f	37	no	none	Safety for chil
12/27/2018	f	39	no	none	Homeless
10/15/2019	f	50		none	

----- Forwarded message -----
 From: Galow, Jon (COM) <jon.galow@commerce.wa.gov>
 Date: Wed, Jan 20, 2021 at 9:43 AM
 Subject: Only grants
 To: mstott@fletchergroup.org

mond Willapa Center_2019 CDBG application.pdf

This email originated from outside your organization. Exercise caution when opening clicking links, especially from unknown senders.

----- Forwarded message -----
 From: Galow, Jon (COM) <jon.galow@commerce.wa.gov>
 Date: Wed, Jan 19, 2021 at 11:49 AM
 Subject: RE: Sample CDBG applications - email 2
 To: Milena Stott <mstott@fletchergroup.org>

Here another sample application using our older 2019 paper application format. This application is a community facility that included non-CDBG funding for new housing, which CDBG does not fund.

Subject: Fwd: HD 811 Program

Jon

Hello, I began my research. While I have not explored Nick's link, here is what I can pass along to you now....

Applications for the 2021 fund will open in the 2nd or 3rd quarter after the state recovers from the impact of eviction moratoriums. The last round of applications was in 2013 and they are revamping entirely. I will work on developing a relationship with Nick who was very kind on the phone.

Thanks, Milena

----- Forwarded message -----
 From: Yuva, Nicholas (COM) <nicholas.yuva@commerce.wa.gov>
 Date: Mon, Dec 21, 2020 at 3:41 PM
 Subject: HD 811 Program
 To: mstott@fletchergroup.org <mstott@fletchergroup.org>

Hello,

Here is the link for the HUD 811 program:



See you next...

Thursday, April 8, 2021, 3pm
Zoom Conference Call



Thank You