CHIP

Be Healthy Jefferson

BHC Meeting

June 9, 2022, 3pm

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

Agenda – 06/09/22 BHC Meeting

- Introductions & Updates – 15 Minutes
- Jamestown Healing Clinic Update – 25 minutes
  - Molly Martin
- Harm Reduction: Gun Violence Prevention– 10 minutes
  - Lori Fleming
- Next Meeting: July 14, 3pm – Zoom
  - Milestone Data Review for September 2021 through February 2022
  - August Mtg: 1115 Next Waiver Overview and impacts to Community Based Organizations (CBO) - Siobhan Brown

Jamestown Healing Clinic Update

Intro

- Outpatient Opiate Treatment Program with “wrap around services” to support recovery
- Owned by the Jamestown S’Klallam Tribe to serve native and non-native residents of Clallam and Jefferson Counties
- Location: 526 S. 9th Ave, Sequim
- Opening Date: TBD (pending final DEA approval)
  - We are not open yet and cannot accept referrals at this time
- Tentative Hours: 6am-2pm M-F; 6-10am Sat (dispensing only)
  - Intake hours to be announced (likely M-W 6am-9am)
  - Dispensing hours 6am-12pm M-F; 6am-10am Sat
- Sign-up for updates at www.jamestownhealingclinic.org

Opiate Treatment Program (OTP)

- **Outpatient program to treat patients with opiate use disorders**
- **We will provide:**
  - Comprehensive care related to treatment opiate use disorders using a harm reduction model
  - Substance Use Disorder (SUD) Assessments
  - Medical care related to SUDs including daily dose of methadone or Suboxone
  - Individual and Group SUD counseling
  - Naloxone distribution for patients
  - Variety of wrap around services to support sobriety
- To join the OTP patients must have comprehensive SUD assessment, medical eval, observed urine drug test, and blood work—intake takes ~4 hours before they get their first dose of medication
- We are not able to see patients who do not have an opiate use disorder
- We also are not an inpatient treatment center or detox center

What Really is Daily Dosing?

- Patients are seen 6 days per week for dosing of methadone or Suboxone
- Methadone is dispensed as a *liquid* that patient drinks in front of a nurse
- Suboxone is a film that patient takes in front of the nurse
- Most patients qualify for a Sunday “take home” aka “carry” dose when clinic is not open
  - We must have reason to believe that benefit of take home dose outweighs risk of diversion or overdose
- We follow the federal regulations for earning addition take-home doses “8 Point Criteria”
  - All take home doses must be approved through SAMHSA

Criteria for Take-Home Eligibility

The following table shows the allowable schedule defined in 42 CFR 8 for the provision of take-home medications. To be eligible a patient must:

- Exhibit no recent illicit drug use.
- Attend clinic regularly.
- Exhibit no serious behavioral problems.
- Engage in no criminal activity.
- Demonstrate a stable home environment and good social relationships.
- Meet length of time in treatment requirements (outlined in Table)
- Provide assurance that take-home medication will be safely stored.
- Show that the rehabilitative benefit outweighs the risk of diversion.
- To advance to a level of twice-per-week dosing, verification of the individual's participation in verifiable "structured activities" such as work, school, volunteering, childcare, etc.

Table: Schedule of Maximal Take-Home Medications per 42 CFR 8.12

Client Time in Treatment	Maximum Take-Home Medication Permissible (not automatic)
1 to 90 days (Phase 1)	6 days per week/1 carry
91 to 180 days (Phase 2)	5 days per week/2 carries
181 to 270 days (Phase 3)	3 days per week/4 carries
271 to 365 days (Phase 4)	2 days per week/5 carries
After 1 year (Phase 5)	1 day per week/6 carries
After 2 years (Phase 6)	1 day every 14 days/13 carries

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Wrap Around Services

- **Primary Care**
  - Treatment of acute and chronic conditions
  - Preventative Care
  - Hepatitis C treatment program w/ daily medication given at dosing window
- **Behavioral Health**
  - In person individual and group BH counseling
  - Psychiatry 1 day/week for medication evals and management of serious mental illnesses
  - We do not have inpatient psych services, DCRs/crisis interventions, or afterhours psych services
- **Naloxone Distribution**
- **Nurse Medical Case Manager**
- **Dental Care**
- **Transportation to and from treatment**
- **Child Watch**
- **Connection to community resources**

Referring a Patient

- **Patients must have OUD and be willing to join JHC voluntarily**
- **Once open, we encourage patients to call us themselves during business hours to schedule an intake or to find out about our current walk-in hours.**
- **If you have an urgent referral, such as a pregnant patient or someone being released from jail or the hospital, have them sign the ROI document on our website, fax it to us, and then call our office to arrange referral.**
- **We would like the patient be present with you when you make the call so that we may speak with them directly to confirm that they wish to seek care from our clinic and give them intake assessment instructions.**

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Opening

- **Goal to open ASAP—hopefully June!**
- **We will alert the local community w/ a press release, on our website, and will drop off flyers and referral cards to community partners**

Questions?

Harm Reduction

Gun Violence Prevention

in Jefferson County

Presented to:

Behavioral Health Consortium, June 9, 2022

By:

Sheriff Joe Nole

Gun Violence Prevention Discussion

- What purchaser licensing is required in our state/county?
- What gun removal laws/permits and bans exist in our state / county?
- What do we do in this county to support safe and secure gun storage?
- How is Jefferson County prepared for a possible shooting event?

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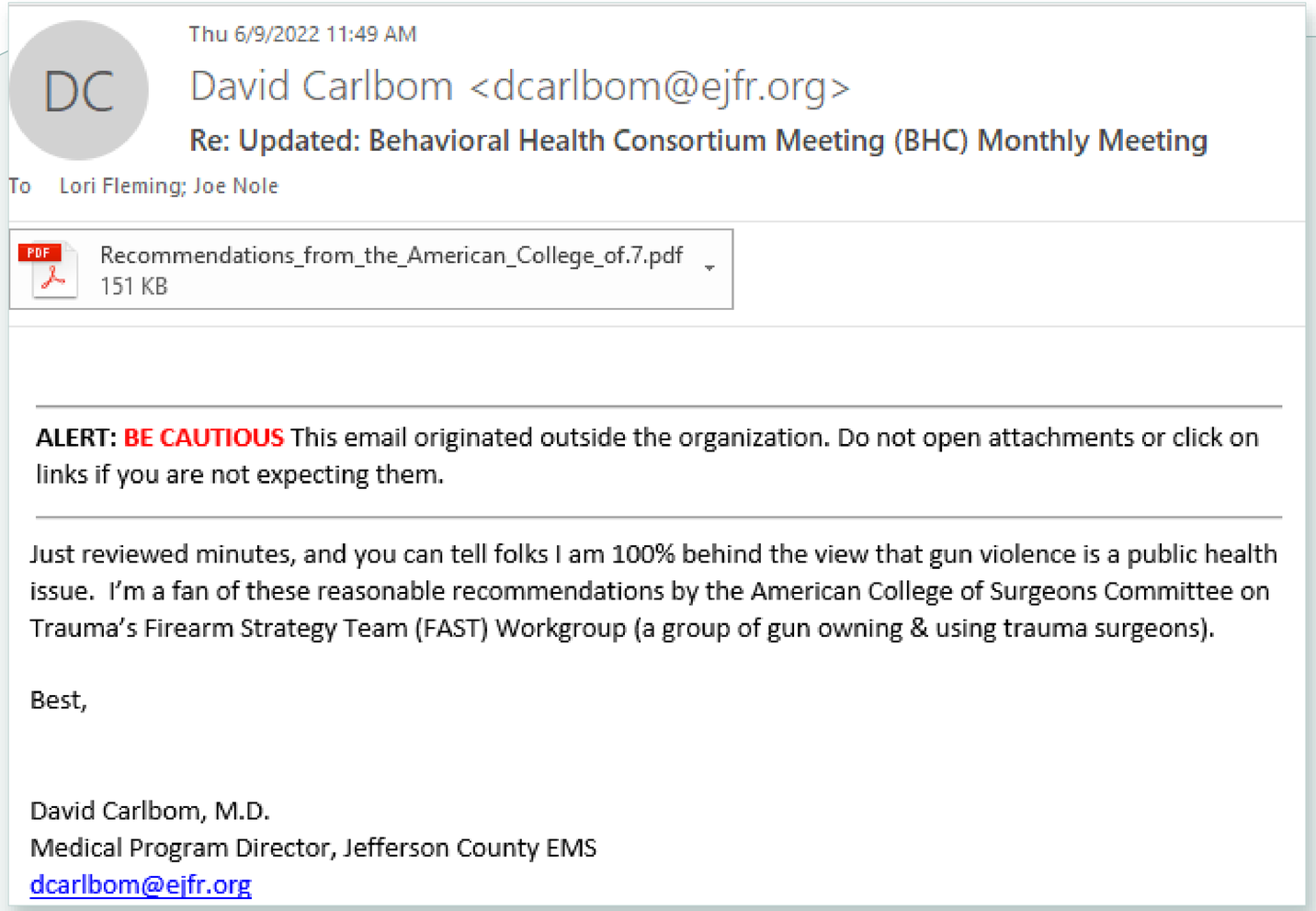
Disarm Domestic Violence - Information

Website Link

Recommendations from ACS - FAST



Thu 6/9/2022 11:49 AM

DC

David Carlbom <dcarlbom@ejfr.org>

Re: Updated: Behavioral Health Consortium Meeting (BHC) Monthly Meeting

To Lori Fleming; Joe Nole

Recommendations_from_the_American_College_of.7.pdf
151 KB

ALERT: BE CAUTIOUS This email originated outside the organization. Do not open attachments or click on links if you are not expecting them.

Just reviewed minutes, and you can tell folks I am 100% behind the view that gun violence is a public health issue. I'm a fan of these reasonable recommendations by the American College of Surgeons Committee on Trauma's Firearm Strategy Team (FAST) Workgroup (a group of gun owning & using trauma surgeons).

Best,

David Carlbom, M.D.
Medical Program Director, Jefferson County EMS
dcarlbom@ejfr.org

Link to Article

Next BHC Meeting

Thursday, July 14, 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

Upcoming Meetings

- Weekly Tuesdays and Thursdays – BH Therapeutic Court and Therapeutic Drug Court respectively

- 6/10 – BIR/JCPH Harm Reduction Discussion
- 6/10 – ADAI – Q&A - Psilocybin for OUD
- 6/13 – OCH Board Meeting
- 6/14 – JeffCo Human Service Collaborators
- 6/14 - Regional SSP Meeting
- 6/14 - New Strategies to Help Unhoused Persons
- 6/14 – Apple Martine
- 6/15 – Climate Change & BH Impacts – JCH/JCPH/LF
- 6/15 – EJFR Board of Fire Commissioners
- 6/16 – CHIP's - Youth Age Band
- 6/16 – Board of Health
- 6/21 – SC Harm Reduction
- 6/21 – Jeff CO R.E.A.L. Policy Coordination
- 6/22 – LHJ Overdose Prevention
- Lori on Vacation 6/27 - 6/30
- 7/01 – Jeff Co Foundation Funding Board Mtg
- 7/05 – BH Advisory – 1/10th of 1%
- 7/07 – RCORP-I Coaching Session
- 7/07 – White House Rural Stakeholders
- 7/11 – OCH Board Meeting
- 7/12 - Regional SSP Meeting
- 7/12 – Apple Martine
- 7/13 – City of PT
- 7/14 - White House Rural Stakeholders
- 7/14 – BHC Meeting – 2/2021 – 8/2022 Data Review

Stewardship of an Eternal Flame | **Marlowe Moser**

We need COMPASSION to solve the OPIOID CRISIS

by Lily Haight

I haven't been to church in a long time, but there's something about the smell of churches that brings me back to my childhood. When I walked into the New Life Church in Port Townsend on a Friday morning in early March, I felt like I had been there before. There was the classic brown carpet, the plastic folding tables, light filtering across the high ceilings, and the chatter of church ladies cooking in the kitchen.

What cut through the familiarity was the sight of a folding table covered in boxes of sterile needles and small tubes of a clear medication. My friend Michael McCutcheon was there stuffing these items into plastic baggies. Michael was his usual self: his hands were already fast at work as he welcomed me in with a friendly smile.

"The state just sent me 100 doses of naloxone," he said in explanation, holding up a little glass vial for me to look at.

I was at the church to interview Michael about his work in the recovery community, but at that moment I realized there were a lot of kits needing to be made – so I put my notebook down and started bagging up the little bottles with him. In each bag, we stuffed two vials of naloxone, two sterile needles, one instruction sheet, and an information card about Olympic Peninsula Health Services.

As we prepared the naloxone kits, Michael explained why we were including two needles and two vials in each kit. When someone overdoses, sometimes it takes more than one shot of Naloxone to revive them.

"You see police sometimes checking someone's pulse when they're overdosing," Michael said, shaking his head. Having an overdose isn't like having a heart attack, he explained. Opioid overdoses slow your breathing, and can stop it altogether.

If you're alone, you likely won't live through an overdose. And if you do, lack of oxygen can cause major brain damage. But if you're around someone who knows how to use naloxone, the odds of survival go way up. A dose of naloxone, which blocks the effects of opioids, can completely reverse an overdose, or at least get someone breathing long enough so they don't die before EMTs can get there.

All EMTs working in Jefferson County carry naloxone in their vehicles. But other than that, Michael is one of a handful of people in our area who gets shipments of the medicine from the state to distribute it on the street to anyone who needs it. He doesn't get paid to do this: helping people who struggle with addiction is part of his own path of recovery. He jokes that he has nearly 40 years of experience in studying addiction – not from a university, but from being addicted to drugs from a young age.

At the church that day, we were packing up doses of intramuscular naloxone – the kind of naloxone that has to be injected into the muscle of the person experiencing the overdose. Michael prefers to hand out nasal spray naloxone – branded as "Narcan" – which is much easier to use in a moment of panic, especially for people who are uncomfortable with needles (and not every opioid addict uses needles).

Saving lives through naloxone is the simplest, and also one of the most effective forms of harm reduction, which is a public health strategy that prioritizes treating people who use both licit and illicit drugs with dignity, to minimize the negative health, social, and legal impacts of using drugs.

I could tell Michael would have preferred to get a shipment of the nasal spray instead, but it certainly won't stop him from distributing all of the 100 kits we were making. He has witnessed first-hand the life-saving power of those little vials of medicine. And that's his goal: to save lives.

DO WE HAVE A PROBLEM?

In the seemingly idyllic streets of Port Townsend, it's hard to see the magnitude of the opioid epidemic. Especially now that we've forced the people who were living at the fairgrounds to move to a more concealed location by the paper mill.

"People tend to think it's more of a Tri-Area problem," said Pastor Melannie Jackson, who joined Michael and I at the church that morning, with a host of New Life volunteers who were preparing meals for Michael to bring out to the homeless encampment on Mill Road.

"We have a real problem here," Melanie said. "I've attended more funerals for people who are in my children's age group than I have for the elderly who live here. It's been a horrific four to five years."

When I looked up the statistics from the county coroner's office, I found Melanie was right. So far this year, two people in Jefferson County have died of an overdose. One of them was 24 years old. In 2021 and 2020 collectively, 17 people overdosed and died in Jefferson County. More than half of those who died were under the age of 50.

In the last two years, 54 people died from overdoses in Clallam County, driving up the number of deaths in the Olympic Peninsula region. Comparing data from 2002 to 2004 to 2018 to 2020 shows overdose deaths have increased by 105 percent on the Olympic Peninsula since the early 2000s.

Not all are opioid related. According to a presentation compiled by the Olympic Community of Health, the Olympic region had the third-highest methamphetamine death rate in Washington from 2019 to 2020. Most of the overdose deaths in Jefferson County are from a combination of drugs.

Research also shows substance use disorder disproportionately affects Indigenous people. One in four American Indian/Alaska Native adults in the Olympic Region need treatment for substance use disorder, according to the Olympic Community of Health.

In January, Seattle Times columnist Gene Balk wrote an article on "deaths of despair," citing research in 2015 by economists Angus Deaton and Anne Case, and alerting us that, in 2020, the number of deaths from drug overdoses, alcohol use, and suicide exceeded the number of deaths from COVID-19. The same is true in Jefferson County – we had no COVID deaths in 2020, but we did have 10 deaths due to overdose.

When the first COVID cases hit Jefferson County, I was working at the Leader, and helping splash the case numbers across the front page week after week. It was my duty, I felt, to keep our community informed about how the pandemic was spreading in our area. Now I look back and wonder why I ignored the opioid epidemic that, at the time, was killing more people than COVID.

STIGMA KILLS

"Who's got the Narcan?"

A few days after I met with Michael at the church, I sat down to listen to a recording he sent me. His voice rang clearly through my headphones, with the ragged sounds of someone trying to breathe in the background.

"Take deep breaths," Michael says in the recording. "Look at me. Look at me. Can someone get another Narcan kit?"

Michael was being interviewed by filmmaker Gabe Van Lelyveld at the Jefferson County Fairgrounds when someone alerted him that an overdose was taking place. He didn't have time to take his mic off – in the recording you can hear the beeping of the car door he left open and the sound of his feet rushing across the grassy field.

"Did you guys call 911?" he asks. The response from the crowd around him is, "No." A voice farther back says, "Don't call 911!"

This is a morbid reminder of the stigma, and resulting legal risks, that prevents people from reaching out for help when they need it. Even though drug possession is no longer a felony in Washington state, and the Good Samaritan Law legally protects anyone trying to help someone who is overdosing, people who use drugs still hesitate to call 911 when it occurs.

"The police will always show up," Michael said. "People are afraid of getting in trouble, especially if they're the one who gave the person the drugs."

Later in the recording, I could hear Michael conversing with the 911 dispatcher. He tells her there's been an overdose, he administered Narcan, and the person is breathing. But then the dispatcher asks a question that stumps him for a minute.

"Was it intentional?"

Michael pauses. "Intentional?"

"Was it an intentional overdose?" the dispatcher repeats.

"No. Nobody intentionally overdoses," Michael says. I can hear a twinge of anger in his voice.

Michael suggests people report someone is unconscious or not breathing before using the word "overdose" while on the phone with 911. In his experience, that helps ensure EMTs get there before police do – although police will almost always still arrive, especially in Jefferson County, he said.

This is one of many workarounds Michael has come up with to deal with the stigma that comes from being in recovery from his own past heroin use, and from being around people currently using drugs and needing support, not judgment.

"When I was younger, it seemed like only poor people and Black people had Opioid Use Disorder," Michael said. "And it wasn't called Opioid Use Disorder back then. You were a junkie; you were a hype. And you were trash."

In 2021, the Olympic Community of Health launched a research project in which they surveyed 200 individuals and held 10 focus groups to determine how stigma presents itself in our communities on the Olympic Peninsula. They investigated all the different kinds of stigma that surround substance use disorders, whether interpersonal, internal or societal."

"I remember hearing a story of someone who was describing an interaction with a provider where they expressed wanting a certain type of treatment, and the provider said, 'You're just gonna use again anyway, so why would we go through with this,'" said Amy Brandt, the communications and special project coordinator for OCH.

Internalized stigma can sometimes prevent someone from seeking treatment or healthcare. Then, when they actually reach out for help, that sense of shame is confirmed if they are treated with suspicion and judgment by healthcare providers, or worse, denied care.

"We see the judgment of 'This is a choice, and you're going to continue choosing it,'" Brandt said. "As opposed to seeing it as a disease, that has cycles."

HIGHLIGHTING HARM REDUCTION

The societal stigma toward drug use is a major challenge for the harm reduction movement, Brandt said.

Harm reduction is similar to the housing first movement in that it prioritizes the health, safety, and well-being of people as a necessity for healing or recovery to take place. Harm reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs. Most importantly, those who practice harm reduction know that expecting people to be sober in order to receive aid or treatment is a barrier that prevents people from seeking help.

There are many ways to implement harm reduction strategies. Distributing naloxone is one basic, immediately life-saving method. Others include Medically Assisted Treatment (MAT), which involves use of medications like Suboxone and methadone in combination with counseling and behavioral therapies. And some cities are going further in their attempts to save lives. In 2021, New York started the nation's first Safe Injection Site – a place where people can use drugs in a supervised clinic so if they start to overdose they can immediately receive medical help.

"The acceptance of harm reduction is different in each community," Brandt said. "For example, there's a ton of information out there about the MAT clinic in Jamestown and the

resistance there was to that. But there's also a MAT clinic in Port Angeles just a few minutes away that didn't have that kind of resistance."

It is only recently that drug treatment centers in Port Townsend have begun to come around to the idea that a sobriety-only approach to recovery doesn't work for everyone. This is one reason drug courts are criticized by harm reduction advocates: it forces people suffering with a mental health disorder to choose between sobriety or jail without taking into account the pain that opioid withdrawal causes, or the way substance use disorder rewires people's brains.

"Sometimes I'll dream about using," Michael said, describing to me the way it feels to wake up from a dream about using heroin and the self-loathing that he then has to work through, even though his dreams are out of his control.

Trent Diamanti, who struggled with addiction to heroin in his 20s, and is now an outspoken advocate for medically assisted treatment on the Olympic Peninsula, said he will sometimes go for a week or two without thinking about opioids, but the cravings never completely go away.

And for those who are newly trying to get off of heroin, the withdrawals cause such immense pain that quitting cold turkey seems like an impossible hurdle.

"I think viewing MAT as not 'real recovery' and overemphasizing total sobriety is a real problem in the recovery community," Trent said. "Full cessation from a thrice-daily heroin habit was simply not something I could contemplate. It cannot be overemphasized how excruciating opioid withdrawals are."

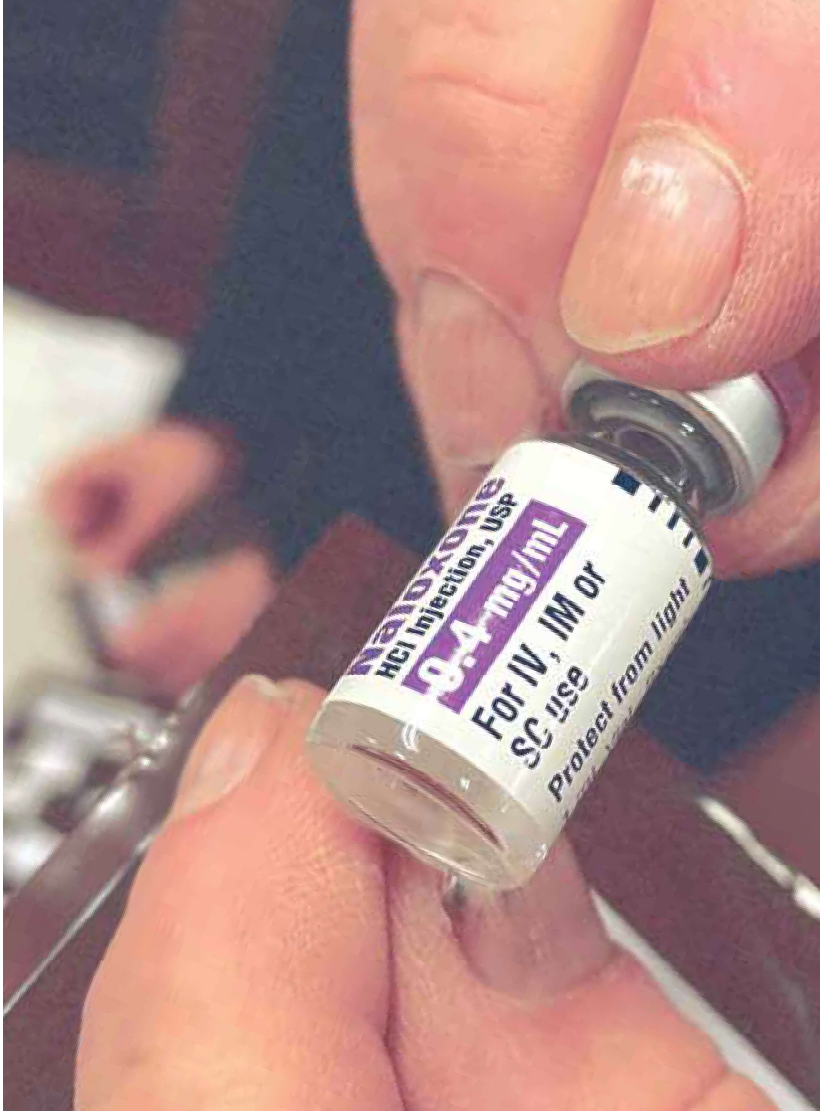
Suboxone takes away your withdrawal symptoms, and it limits your opioid receptors, so even if you do use again, it doesn't have the same euphoric effect.

"An overemphasis on abstinence costs lives," Trent said.

Numerous studies have shown that MAT with buprenorphine preparations like Suboxone is more effective than abstinence treatment for reducing both illicit use of opioids and patient mortality. A growing chorus of medical professionals have even begun arguing for Suboxone to be available without a prescription, most notably in an editorial in the Journal of the American Medical Association in 2019.

COMMUNITY CHANGE

Just this January, Jefferson County Public Health had a moment of reckoning regarding some self-created barriers to harm reduction services, when an individual who was at a healthcare appointment at JCPH's clinic at Castle Hill asked for naloxone to take home and was told to come back later during the clinic's Syringe Exchange Program hours, which had been shortened to one day a week due to the COVID-19 pandemic.



"What's interesting to me about that policy we had of handing out naloxone only during our syringe exchange program hours, is that its unintended consequence was sending away someone without naloxone and potentially causing the person to feel stigmatized for asking for it," said Denise Banker, Community Health Director with JCPH. "The whole policy came about around a grant we had received and around the reporting tasks that were associated with that grant. And so interestingly, the reporting mechanism was what caused us to create the policy, which then inadvertently stigmatized someone."

When this issue was brought to Banker's attention, she moved quickly to find solutions. She and Lori Fleming, who is the director of Jefferson County's Community Health Improvement Plan, brought the issue to the Behavioral Health Consortium, which is a group of health care providers, county employees, law enforcement and EMS officials, and treat-

Need naloxone?

Visit Jefferson County Public Health, open 9 a.m. to 4:30 p.m. Monday through Friday at 615 Sheridan St. in Port Townsend. A worker will provide you with a dose of naloxone, and instructions on how to use it.

Need Suboxone?

Visit the Olympic Peninsula Health Services Suboxone clinic, at 661 Ness Corner Road in Port Hadlock. Call for an appointment: (360) 912-5777.

Need support?

Find community at the Recovery Cafe, open Wednesdays and Thursdays from 12 p.m. to 4 p.m. and Fridays from 10 a.m. to 1 p.m. located at 939 Kearney Street in Port Townsend.

Always call 911

If someone near you is experiencing an overdose, call 911 immediately. In Washington, anyone trying to help in a medical emergency is generally protected from civil liabilities. Washington's 911 Good Samaritan Overdose Law (RCW 69.50.315) gives additional, specific protections against drug possession charges.

ment providers. At that table (or rather, Zoom call), they got the chance to address their own biases, and how bureaucratic systems prevent people from seeking help.

"We had a real boots-on-the-ground exploration of our own stigma," Fleming said.

The health department has since changed its policies so all its providers and front desk staff are now trained to distribute naloxone and explain how to use it. Anyone who wants it can stop by the health department during their open hours and get naloxone. Additionally, the South County Harm Reduction team is working to install a vending machine that distributes naloxone in Brinnon.

But there's still a lot more our community could be doing to prevent unnecessary overdose deaths. Across the border in Canada, harm reduction includes Supervised Injection Sites – clinics where people can use drugs safely, and are provided with clean needles, antibacterial wipes, and a doctor nearby who can react quickly if an overdose starts to occur. While a few of these sites have sprung up in New York, a court struck down a plan to open a Supervised Injection Site in Seattle in 2021.

For Michael, it's sometimes difficult to wait for health departments and organizations to change their ways. At the end of our day together, as we clambered into his car to escape the cold wind that had sprung up at the homeless encampment on Mill Road, I asked him if he thinks we'll ever have a Supervised Injection Site here in Jefferson County. He shook his head.

"Now you can buy a little blue fentanyl pill for $2.50," he said, reminding me that our area's – and our entire country's – problems with substance use are always evolving, making it a difficult beast to get under control.

About a month after I met with Michael at the New Life Church, I went to the public health department to ask for naloxone. I wanted some to carry with me, not just for the work I do at my day job at the public defender's office, but also because I realized through the course of writing this article that I may not know who in my life or in my community might one day need a dose to stay alive.

The nurse working that afternoon, Ocean, met with me in a private room and walked me through how to use the nasal spray. At the end, Ocean asked me if I felt confident I'd be able to recognize the signs of an overdose and administer the naloxone.

I felt confident, I said, thinking back to that moment Michael had shared with me, when he stayed calm while helping someone breathe again.

"You're alright. You came back, that was it," Michael's steady voice can be heard on the recording. He's quiet in comparison to the person's breathing, which at first comes out in gasps, and then starts to even out. Michael's voice only quivers a moment as he says, "Man, that scared the shit out of me."

Listening to Michael console the person to whom he's just given naloxone, I learned that harm reduction should go beyond what our health departments, hospitals, and medical first responders should be doing: it's an embodiment of the care I should be showing to the people who live in this community with me.

I hope I never have to use the naloxone I received before it expires in a year's time. But I want to be ready, if anyone needs it.