

**Attendees by ZOOM:** Anna McEnery, JCPH (for Vicki Fitzpatrick); Apple Martine, JCPH; Brian Richardson, Recovery Café/Dove House; Dave Fortino, County Jail; Gabbie Caudill, Believe in Recovery; Greg Brotherton, County Commissioner; Jim Novelli, DBH; Jim Walkowski, EJFR; Joe Nole, County Sheriff; Jolene Kron, BH-ASO; Jud Haynes, Navigator; Lisa Grundl, Health Facilities Planning & Development; Lisa Rey Thomas, Regional Representative; Matt Ready, JHC; Ben Cassard, Recovery Community; Patrick Johnson, NAMI; Troy Surber, PTPD; John Nowak, Lori Fleming, and Bernadette Smyth, Grant Team

**Not in Attendance:** Annie Failoni, OPHS (apologies); Darcy Fogarty, Recovery Community; Ford Kessler, Safe Harbor; Jenn Wharton, JHC; James Kennedy, County Prosecutor’s office

**Access Meeting Documents:** [here](#)

### Introduction & Agenda

This was the first BHC meeting run on a ZOOM platform. Lori outlined the Agenda for the meeting, including updates on HRSA Grant Application progress, the Workforce Plan, and COVID-19 impacts. She also requested that all Consortium members – particularly the voting members – remember to provide their **EIN** and **DUNS** numbers to Berni.

**BHC Meeting Agenda – April 9 - 3pm**

- Introductions
- Update on RCORP-Implementation Grant App - due 5/26 - LF
- Workforce Plan Update - LF
- Going forward - JN/LF



Arena	Funding Focus	Benefit
PREVENTION	Support and enhance the prevention capacity of the newly established local Recovery Café.	Responds to Needs Assessment data that identifies prevention challenges of social isolation, access to services, and low income. This Advocate position will provide a foundation for relapse prevention by providing community and connections to social, medical, housing and behavioral health service to the most vulnerable members of our community.
TREATMENT	Bring Syringe Exchange Program and Wraparound Services to South Jefferson County	Addresses Needs Assessment data that identified lack of transportation from far reaches of county as a major barrier for some county residents to connect with SUD/ODU related services. Intend this SEP as a new intercept point to connect people to services.
RECOVERY	Support Advocate position at the newly established local Recovery Café	Provides start-up sustainability for the Recovery Café that is opening in 2020. This Advocate position will anchor a nexus point for recovery-community, and social, medical and behavioral health service connections for our recovery community members.
COMMUNICATION, EDUCATION & INTEGRATION	Engage topical expert(s) in the development of a master communications, education and integration plan to address stigma associated with addiction and mental illness for Grant Team and BHC Members to execute.	Addresses the intersection of prevention, treatment and recovery, where palpable prejudice and discrimination at various community levels leads to feelings of hopelessness and shame in those struggling to cope, creating a barrier to service expansion, diagnosis and treatment.
FACILITY FEASIBILITY & POTENTIAL IMPLEMENTATION	Retain HFPD Consultants for services to determine feasibility, and if feasible, assist in the development, of a local Crisis Stabilization or Evaluation and Treatment Facility in Jefferson County.	Supports an ongoing effort to consistently provide enhanced, local services, rather than jail or ED, for those in crisis in our county by studying the feasibility of a "placed-based" inpatient resource for crisis stabilization, such as a Crisis Stabilization Center (or equivalent solution) in Jefferson County.

### HRSA/RCORP Implementation Grant Application Update

The HRSA/RCORP grant is for \$1 million over three years, beginning September 2020, and will be used to implement the Strategic Plan that’s been developed by the Consortium. The grant application due date has been delayed to 5/26/2020 because of COVID-19.

The grant covers three main areas: **Prevention**, **Treatment** and **Recovery**. Recognizing that the Recovery Café Advocate position will serve the community in both the **Prevention** and **Recovery** areas, that funding may become difficult for them to obtain, and that we didn’t want to cross over into the 1/10<sup>th</sup> of 1% funding focus areas, we put the Recovery Café position into both categories. Under **Treatment**, we have the syringe exchange program

and wraparound services in South County. At the intersection of all of these is to collaborate with the Jamestown S’Klallam Tribe in Clallam to engage topical expert(s) to develop and assist in execution of a master communications, education and integration plan. One goal is to raise profile of prevention, treatment and recovery efforts, and the second is to address stigma associated with addiction and mental illness in both Jefferson and Clallam county. The last category is to continue with HFPD consultants to determine the [feasibility of a crisis stabilization or evaluation and treatment facility](#) in Jefferson County.

**RCORP-I Internal Funding**

- JCPH – Grant Administrator
- Grant Project Director
- Data/Admin Coordinator

Grant funds will also be used for the roles of Grant Administrator (Veronica Shaw at Jefferson County Public Health), Grant Project Director, and the Data/Admin Coordinator roles. Lori noted the HRSA federal grant cannot be used for bricks and mortar projects, or for advocating at the State level.

The grant has a required set of activities under each of the sections. Because the BHC did not do any strategic planning under Prevention, we have taken things already in the county that we can weave in and have created a list of what we propose to do that addresses HRSA requirements (listed on the right of this slide). We also propose to add Denise Banker to represent the JCPH

**RCORP-I Grant Application – Due 5/26/2020**

PREVENTION	
1. Provide culturally and linguistically appropriate education to improve family members', caregivers', and the public's understanding of evidence-based prevention, treatment, and recovery strategies for SUD/OUD, and to reduce stigma associated with the disease.	<ul style="list-style-type: none"> <li>• Integrate Starts with One Campaign, Drug Take-Back into BHC Communication Action Plan</li> <li>• Enlist Lisa Rey Thomas to help BHC make culturally/linguistically relevant upgrades to BHC's discussions, communication and work products</li> <li>• Support JCPH Prevention Team to bring the PAX Good Behavior game into Chimacum School District</li> <li>• Initiate SEP &amp; Wraparound service connection in South County &amp;</li> <li>• Contribute funding Recovery Advocate</li> <li>• Items outlined in BHC Strategic Plan</li> </ul>
2. Increase access to naloxone within the rural service area and provide training on overdose prevention and naloxone administration to ensure that individuals likely to respond to an overdose can take the appropriate steps to reverse an overdose.	
3. Implement year-round drug take-back programs.	
4. Increase and support the use of school- and community-based prevention programs that are evidence-based to prevent misuse of opioids and other substances.	
5. Identify and screen individuals at risk for SUD/OUD and provide or make referrals to prevention, harm reduction, early intervention, treatment, and other support services to minimize the potential for the development of SUD/OUD.	

Prevention team, and a representative from OlyCAP. The Treatment and Recovery proposals are drawn from the strategic plan we have been brainstorming for the last few months, and are included in the PDF document provided to members for this meeting. That information has been drafted up in the grant application (draft also included with documents sent out for this meeting), and if you have comments, we would welcome them. Because we don't know the changes that might unfold due to COVID-19, we will state in our Grant Introduction that we recognize that the landscape has changed a lot and, if awarded these funds, one of our first activities will be to look at the plan and the reality of the landscape, revise as necessary, and submit for approval.

**RCORP-I Grant – Commitment Letter**

Identifies roles and responsibilities/activities on project

Secures commitment to all three years of the implementation project

States funds are used exclusively for target area

Commits Members to share aggregate performance data and information to fulfill HRSA reporting requirements

*(Note: This block contains detailed HRSA reporting requirements and other legal text.)*

A commitment letter, which contains very specific things that HRSA requires, has been drafted up and that will be sent out to BHC members. This requires an actual signature, so Berni will go around to people (in a mask!) to have them sign it.

Going forward, this is an overview of everything that's required on the grant and where we are. If any of you have funding from a grant Lori doesn't know about, please let her know. What she does know is that we have a Hub and Spoke with OPHS and we have the MAT treatment grant in the jail. If you know of any others, please let Lori know.

#### RCORP-I Grant – App Progress Status

- Abstract –will get written last
- Intro – figure that will get written next to last
- Needs Assessment Narrative – JN developing
- Methodology – 1<sup>st</sup> draft complete, now honing
- Work Plan (Excel Sheet) – 1<sup>st</sup> draft underway
- Resolution of Challenges – LF to write narrative
- Evaluation and Tech Support Capacity – LF to write narrative
- Organizational Information – LF generate resumes, biosketches, org chart
- Jamestown Letter of Support – JN Drafting – 7may or may not include?
- Consortium Commitment Letter – Draft complete, Berni to move through signature loop
- Budget and Budget Narrative – JN/LF Developing, then JCPH to review
- Indirect Costs Justification – Berni to develop with Veronica Shaw
- Consortium Membership Chart – Berni to develop
- Staffing Plan – LF writing narrative
- Table showing Other RCORP Awards – Berni to develop

## Current Grant Update

The Workforce plan is drafted and will be submitted late April. The Sustainability Plan will be the next thing due, and then the Final Report. [The due dates of grant deliverables have been extended by HRSA by up to six months because of COVID-19.](#) As of now, we hope to avoid going beyond the original grant end date to ensure we have cleared the decks if we are awarded RCORP-I funds in September.

## COVID-19 Impacts

John talked about the potential impacts of the COVID-19 virus and how it might change or affect the work that the Consortium is doing. The main thing we're trying to do is move forward the best we can within our current environment. HRSA still plans to award new funding in September, and we don't envision that changing, even though the grant application date has been extended to May 26<sup>th</sup>. For now, we will prioritize monitoring how the landscape is changing over the next few months be prepared to make adjustments to our Strategic Plan's focus and activities, whether or not we receive RCORP-I funding.

In the MHFR meeting held just before this one (and with many of the same people attending) it was reported that there's been an increase in the number of EMS calls, and Brian Richardson mentioned that Dove House has had an increase in activity. Troy Surber of PTPD also confirmed that there has been a bit of an uptick in activity, although he was expecting more. Joe Nole confirmed that the Sheriff's Office has received more domestic violence calls, more suicide ideation calls, and more mental health issues.

Both law enforcement entities are interested in more extensively examining the numbers to see where the trends really lie. Lisa Rey Thomas pointed out that all this is happening at the same time as the region is adjusting to Integrated Managed Care, so providers and clients are already stressed out, which is added to by having to provide services via Telehealth. Lisa said that, while there doesn't seem to be an impact on access to care yet, providers are struggling because they're not getting paid in a timely way.

#### What HAS COVID-19 Changed?

- Listening for and quantifying how the combination of IMC and COVID-19 impacts those who deliver Behavioral Health Services
- Watching for how COVID-19 affected clients seeking Behavioral Health Services?
- The need to monitor funding streams appearing or disappearing, and the impact
- The need to closely review Work Plan if RCORP-Implementation funds are awarded in September 2020
- Anyone else we should have at the table?
- Thoughts you're having?

John Nowak said that all of this underscores the need for the work that the Consortium is doing, but he was also interested in hearing what members think other potential impacts might be and what adjustments might need to be made to facilitate these.

Patrick Johnson pointed out the importance of highlighting the ongoing Pandemic situation in the grant application, and the need to nimbly adjust in the implementation of the grant once more is known about the impacts, including those mentioned above. Others commented that the Pandemic is already highlighting the discrepancies that we have in access to services in rural communities, which is an added argument for the work of the Consortium—we are a vulnerable community, generally speaking, and here’s how that played out and highlighted need when the Pandemic hit. In response to the question, “Anyone else we should have at the table?” Patrick suggested OlyCAP—he said there have been developments with respect to relocating the residents of the Port Townsend shelter to other housing units, which is good, and that they have full-time paid staff there now. John agreed and said they would be approached about joining the group.

When discussing what funding streams are naturally or unnaturally appearing or disappearing, Anna pointed out that there is less sales tax coming in, and that will likely affect the funding of 1/10<sup>th</sup> of 1% over the remainder of the year for both current and new vendor contracts.

Dave Fortino said that the jail was having fewer bookings and fewer MAT inductions, with the average daily populations ranging between 16 and 20. Dave has received notice from the State that they are looking at modifying the current grant and coming up with a different way of dispersing funds to be potentially better, but he’s not certain what that means or what changes will take place. It may change how this grant is administered during the COVID-19 outbreak—the current grant is dependent on the number of inductions, and they may be looking at ways to continue funding nevertheless. Currently, the jail is still doing inductions via telemedicine, and the navigator is able to visit clients in jail via telemedicine. The current grant contract expires on September 30<sup>th</sup>.

Apple confirmed that any Hub and Spoke funding going to the Syringe Exchange Program is due to expire at the end of June of this year, and they have not been notified of any change in that. Services are limited at the moment, but they are still seeing community members who use the program.

Jim was concerned that if there are any reductions in property tax, that will impact the services funded by property taxes, like EJFR and others.

Greg Brotherton reiterated the impact on rural areas highlighted by COVID-19, and that being able to provide technological solutions to face-to-face problems is something important to consider, particularly given the sporadic service across the county. He suggested that now is the time to do a comparative analysis of how effective these new technologies are, particularly in comparison to what was being done before, in the last few months. John agreed that one lasting impact of COVID-19 is the need to be reliant on technology into the future, a trend that will continue and that should be incorporated into the grant.

Lisa Rey mentioned Workforce as an issue—the region was already struggling, and agencies are in danger of letting people go, if they haven’t already. She also pointed out that there are innovative things that are happening, and that people are bringing resilience and grit to this effort, which is really impressive and is a ray of hope. She staffs a treatment research workgroup partnership between University of Washington

Alcohol and Drug abuse Institute and Washington State University. At their upcoming quarterly meeting, the main focus will be on how outcomes improve or don't improve in this changing world. People are hoping they are improving because regulations are being relaxed, and that there are now more ways of accessing services rather than fewer.

John Nowak then outlined what COVID-19 has NOT changed, including a critical need for behavioral health service access in the county—in fact, we may actually need this more right now. John also said that it was important for the BHC group to continue to meet on a regular basis, and that Zoom is proving to be an adequate medium for meeting and sharing ideas, so we will continue to use it for the foreseeable future.

The group will move ahead in pursuing the RCORP-Implementation grant. John invited comments on the commitment of BHC Consortium members to this work. Patrick Johnson referred to where we are now as the “new normal” and that we will have to be more nimble, more innovative, which will likely generate new ideas and is not a bad thing. He *is* concerned about the lessening of regulations, which can be good, but can also have negative impacts and is something we should take into consideration around whether it will improve the outcomes for the population we are focused on, or not. Lori added that the group already has a foundation of collective thinking, which is necessary for whatever comes next, which puts us ahead of other counties who have not managed to get the needed people at one table. Sheriff Nole reminded the group that the Pandemic is not going to last forever.

#### What Has COVID-19 NOT Changed?

- Behavioral Health service access is still a critical priority
- The value of this group convening monthly
- Pursuit of the RCORP-Implementation grant
- The Grant Team's commitment to facilitate the BHC's collective insight and effort toward improving the lives of Jefferson County residents

Although John and Lori felt it important to keep moving forward, John asked if anybody felt like the group should slow down a little. Sheriff Nole said that his instinct was to slow down a little, but he wasn't sure that was necessary, and that it's probably better to move forward, as things are changing, regardless of what we do. Patrick Johnson agreed and felt it made us more responsive to the impact of the virus, and that if we lessen our pace we might end up behind the curve of this work. He would prefer the group be in a leadership position than to quiet things down and wait to see what happens.

Lisa Rey put some resources in the Zoom chat box, as follows:

- Tribal opioid solutions media campaign <https://watribalopioidsolutions.com/>
- Two H&S/opioid treatment networks in the region <https://www.hca.wa.gov/assets/program/hub-and-spoke-directory.pdf>

## Future Meetings

Our next meeting is scheduled for **May 14th at 3:00 pm via ZOOM**. Until further notice, all future meetings will be held via ZOOM.

**Next Meeting, via ZOOM**  
**Thursday, May 14<sup>th</sup>, 2020. 3:00pm-4:00pm**