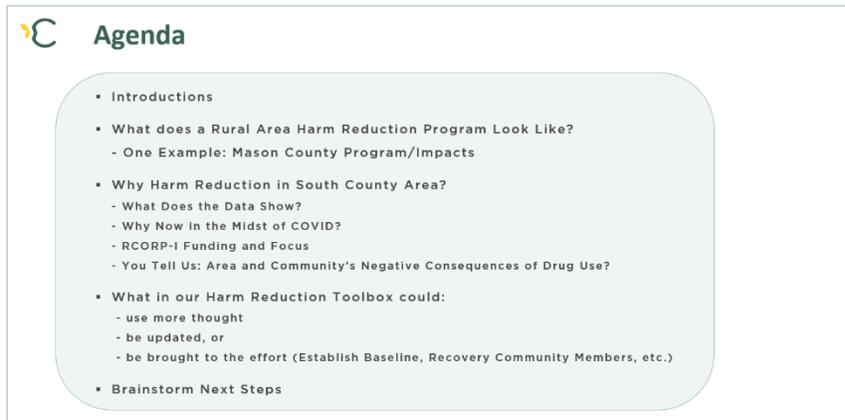


ATTENDEES

Fire Chief **Tim McKern**, Quilcene Fire Department; **Patricia Beathard**, Brinnon School District Superintendent; **Frank Redmon**, Quilcene School District Superintendent; **Fire Chief Tim Manly**, Brinnon Fire Department; **Apple Martine**, Jefferson County Public Health – Community Health Director; **Margie Boyd**, JCPH, Public Health Nurse, SEP Program; **Ford Kessler**, Recovery Community Member, Fire Commissioner & Volunteer, District 5, Therapeutic Drug Court Administrator; **David Carlbom**, M.D., Medical Program Director, Jefferson County EMS; **Christina Muller-Shinn**, Opioid/Substance Use Response, Mason County Community Services-Public Health (a HRSA-recommended resource); **Lindsay Dykes**, Jefferson Healthcare, South County Clinic Manager; **John Nowak/Lori Fleming** – Jefferson County CHIP/BHC.

Not Present: **Dunia Faulx**, JHC, Population Health

MEETING OVERVIEW



Agenda

- Introductions
- What does a Rural Area Harm Reduction Program Look Like?
 - One Example: Mason County Program/Impacts
- Why Harm Reduction in South County Area?
 - What Does the Data Show?
 - Why Now in the Midst of COVID?
 - RCORP-I Funding and Focus
 - You Tell Us: Area and Community's Negative Consequences of Drug Use?
- What in our Harm Reduction Toolbox could:
 - use more thought
 - be updated, or
 - be brought to the effort (Establish Baseline, Recovery Community Members, etc.)
- Brainstorm Next Steps

Lori and John, Co-CEO's of Jefferson County's Community Health Improvement and Plan (CHIP), hosted this first group meeting with the recognition of an "environment of opportunity" to provide better behavioral health,

medical and social service connection to the southern reaches of our County. Some key South County (Brinnon and Quilcene area) stakeholders. Some of our attendees are community leaders and possess the expert insight and perspective about the impact of drug use in the South County area. These individuals will be critical stakeholders in the success of any potential harm reduction program. We also had folks from Jefferson Healthcare and Jefferson County Public Health - who bring experience with Naloxone distribution, etc. and other harm reduction pathways attend, so they could hear directly from South County's stakeholders about the current landscape. The meeting's goal is to calibrate around if there is a need for a harm reduction program, what it could look like, and what the next, best steps are to take.

Our willingness to jumpstart this process, even as so much of our collective bandwidth is focused on COVID, is powered by a pronounced need. Now more than ever people need to be connected to all



What Is Harm Reduction?

Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.

kinds of services. We are confident some type of harm reduction program can support multiple pathways to establish service connection for people whose need is truly exacerbated by the pandemic's impact on their lives.

PRIORITIES AND NEXT STEPS

The group heard Christina Muller-Schinn's overview of a variety of harm reduction approaches being used in Mason County, where co-incidentally Chief McKern was before becoming the Quilcene Fire Chief. Chief McKern shared his perspective on the Mason County effort, then we discussed what those in the South County area are seeing and consider a priority to address:

- **Transportation** – we need to carry services out to people, because transportation represents a significant obstacle to them connecting with services.
- **Protect the children** – children whose caretakers are struggling with addiction are always being impacted. Explore creative ways we could help mitigate without removing the children – (respite care?)
- **Stigma Reduction** – evolving attitudes in relation to those dealing with mental health/ODU/SUD challenges to help set an environment conducive to seeking treatment.
- **Promote JHC's South County and JCPH's School Based Health Clinics** – higher profile is needed to inform residents of these avenues of service.
- **Establish an ongoing Drug Take Back location** -possibly at JHC Clinic.
- **Ensure JHC's Emergency Department is at the table as a consistent, engaged player** – (Suggestions: Cindy Kratochvil, Dir, JHC ED, and Robin Runyan (JHC's ED Social Worker).
- **Identify a Soft Tissue Wound Specialist** – might also be helpful around stigma reduction.
- **Resource List out to EMS Players** – LF/JN to compare Mason County's, prep JeffCo's resource list for hardcopy distribution to EMS, etc. (also highlight [where it resides online.](#))
- **Connect RCORP Grant funding to "on the ground" effort** – through continued action setting and execution.
- **Be Intentional about the identification of program funding beyond the RCORP grant's \$48k.** – how much will we need when, and when does that mean we need to take action to generate those funds.
- **Follow through is key** – Chief McKern highlighted how critical it is to make this plan, and follow-through with concrete action to get this program up and running.
- **Attendees are asked to come to the next meeting prepared to discuss what next steps they see as necessary to initiate Naloxone education and distribution.**

Lori to send out doodle poll to set next meeting for a post-holiday date.