MINUTES

Behavioral Health Advisory Board
Clallam County Courthouse
July 12, 2022
3:00 pm-5:00 pm

Voting Members Present: Kristina Bullington, Christina Miko, John DeBoer, Tom Stokes, Helen Kenoyer, Kristine Johnson, Wendy Sisk,

Non-voting members present: Jenny Oppelt

Absent: Bruce Fernie, Amy Bundy, Don Lawley, Stephanie Lewis, Tayler McCrorie, Kirsten Poole, Jody Jacobsen

General Attendance: Christine Dunn, Molly Martin, Anne Grover, Dr. Allison Berry, Mondana (Moni) Madjdi, Lois Blank

1. **Welcome and Introductions** – The meeting was called to order at 3:03 p.m.

2. **Agenda –** Majority approved the agenda.

3. **Minutes** – Majority approved the minutes with one change, to verbiage in the announcements section. Jody Jacobsen's announcement corrected to: Healthy Youth Coalition is expanding the nurse-family partnership program. Nurse-Family Partnership is offered in partnership with First Step Family Support Center, Jefferson County Public Health, and the Port Angeles Healthy Youth Coalition.

4. **Old Business**
   - Position Vacancies: Tribal Representative, Services for the Homeless, Private Provider of Mental Health Services not contracting for funding and Consumer/past consumer Mental Health Services. If anyone is interested in joining the board, contact Christine Dunn or Jenny Oppelt.

5. **New Business**
   - Presentations: Jamestown Healing Clinic – by Molly Martin – * See attached for presentation materials.
     - Discussion followed the presentation. Helen Kenoyer asked if the Healing Clinic will offer the medication Sublocade Molly stated yes, this will be offered, and the following is typical protocol for Sublocade. The patient would need to come in to get stabilized on the oral medication for a week, sublocade is ordered through their

Medicaid, delivered to the office and then the individual would get the first dose. Helen mentioned that the onsite childcare is an amazing service that decreases barriers. Molly reported when dropping off children there is a separate entrance and parents are given a buzzer similar to a restaurant buzzer in case there is any issue with their child. They provide snacks and toys. One of the child watch attendees has a master's degree in early childhood education and the other has 10 years' experience as a preschool teacher.

- Kristina Bullington inquired about if an individual could receive medication services from the Healing Clinic and MOUD services from another clinic. Molly stated no, it is a DEA requirement that the participant must receive it all in one facility. So, their counselor must be associated and employed by the opiate treatment program. Kristina also asked what severity of OUD qualifies for the program. Molly responded with generally moderate to severe, with starting on suboxone then a lower dose of methadone to see how a patient stabilizes.

- John asked if there was any access to dental or general practitioner or dermatologist, etc. Molly stated that they have a family practice provider who is experienced in handling infectious diseases or other types of issues. Presently the Healing Clinic is staffed to care for 300 patients. If the need arose, the healing clinic would expand hours and hire more staff to accommodate, with the goal of never turn people away.

- Overdose Trends in Clallam County 2021/22 – By Dr. Allison Berry and Mondana (Moni) Madjdi – * See attached for presentation materials.
  - After the presentation discussion followed. John reported syringes are being found in public areas and questioned if the Health Department keeps any type of record of syringes handed out and returned? Dr. Berry responded that it is important to acknowledge that the Health Department is not the only ones giving out syringes in our community. The data is very, very clear that have found syringes are less likely because there is a place and impetus to bring them back. The syringe services program is operated as a one for one exchange and it is known that there are better returns on investment for improving access to services if it is not a one for one exchange, but it operates this way to help prevent found syringes in the community. It is important to note that found needles are not a public health threat. There is a vanishingly small chance of contracting an infectious disease from found needles. HIV and Hepatitis C do not survive being exposed to air. Community members do not need to be a client of the syringe services program to bring syringes to the health department for disposal. Found syringes are always accepted.

  - Wendy Sisk reported first responder partners are needing to use multiple doses of naloxone to reverse a fentanyl overdose. Wendy inquired about how the community can be better prepared in the event of assisting someone who is experiencing an overdose. Dr. Berry stated that it is very common for someone to need more than one dose of naloxone as most of the overdoses now involve fentanyl. Naloxone is being distributed in two packs for that reason. There must be clear protocols; where is the naloxone located, who to call, be prepared to give a second dose after two minutes if

they have not responded. Start with calling their name and shaking them, if no response, rub their sternum. If they do not respond, they are probably experiencing an overdose. They might have gunk around their mouth and nose. Wipe this away before administering Naloxone. Naloxone is not dangerous, even for someone not experiencing an overdose. Due to stigma related to SUD, many people are afraid to call for help. It is helpful to remind people of the Good Samaritan Law provides immunity from drug possession charges to people who seek medical assistance in overdose situations. Naloxone is available to the public. Also of note, it is not possible to overdose from touching fentanyl.

- Jenny Oppelt mentioned that agencies wanting to be trained in overdose response can connect with herself or Dr. Berry as the department has this resource.

- Helen stated that providing safer smoking supplies would be helpful. While working for the county she experienced losing many participants in the syringe services program because those supplies were not available. Helen also mentioned the benefit of expanding the hours of operation for the syringe services program. Dr. Berry responded the program recently expanded to Forks, but there is still room to grow. Regarding safer smoking supplies, there are people who use methamphetamine exclusively and there is good data that if people are injecting methamphetamine and have access to safe smoking supplies, they are more likely to transition to smoking methamphetamine then injecting it. Which of course is not all the way to sobriety, but that transition to a lower risk intervention is highly impactful. Violence and the acting out when interacting with law enforcement is related to injecting and that level of behavior decreases when people move to smoking. Which reduces interactions with law enforcement and reduces the general social challenges that are often associate with methamphetamine.

- Syringe service program also offers participants referrals to treatment, primary care, support for HIV, Hepatitis C testing and vaccinations and other services. It is always a goal to assist participants on their journey to sobriety.

- Kristina Bullington stated that over the last six to twelve months they are seeing a lot of clients using methamphetamine and reporting it is laced with Fentanyl. These folks do not know how to react to opiates, and report increases of overdoses. Dr. Berry stated that many opiate users have intentionally transitioned to fentanyl in the last couple of years, but methamphetamine users did not. They do not expect to overdose, and they need help to understand why they need to carry naloxone.

- Dr. Berry also reported that for treatment people need to be engaged quickly, and one of the barriers to this is transportation. The Real Teams are helping to bridge that challenge. When the syringe services program interacts with someone that is ready to go to treatment, but have no transportation, having someone to bridge those gaps makes a significant difference. Another area of need is improving the referral structure from the ER to treatment, especially around weekends and holidays. Another issue is the jail to recovery pathway. When people get released from jail,

often they kind of out in the world, so how is it ensured that they could get smoothly into all the services they need to succeed. Helen stated the Rediscovery team's MOUD jail program got 10 people directly into inpatient treatment in the last few months. The grant is for the next eight years and anticipate increased numbers.

- Wendy stated that in the last couple of years fewer referrals into drug court have been seen because simple possession charges have not lead people down that pathway into the court system. Is the Blake decision causing this reduction? Historically that has been a primary pathway for people into SUD treatment.

- Dr. Berry responded stating that it is hard to separate the causes because so much happened at the same time. It seems the interpretation of the Blake decision is a more hands off approach from law enforcement and that they feel like they cannot engage with these individuals. Dr Berry's interpretation of the law is that those individuals could not go through the prison program but should have other referrals. It is possible the Real Teams could fill that gap.

- Kristina added drug court numbers are down. The caseload across the board for SUD providers are low, so we have all had to get creative as to how we can find our clients.

- Dr. Berry stated it is also important to acknowledge that a backlog has been seen in the courts unrelated to the Blake decision and because of the pandemic they stopped trying cases, so there is this backlog in court work for people who have charges, and they are moving through the backlog now. Wendy stated they saw about two-thirds of drug court cases discharged post Blake decision.

- John expressed concerns around diversion. Dr. Berry responded that the predominate way that people move into opiate use and misuse is through prescribed medication, someone else's prescription or found pills, which is a concern when it comes to fentanyl pills. Which are the most common ways kids get into opiates in a household and the consequences can be disastrous. There is currently no evidence that suboxone is a gateway drug. As far as overdoses, individuals in the syringe services program report that overdose is their biggest fear, not HIV or Hepatitis C. Addiction hijacks your brain and people make terrible choices, not because they want to, but because their brains are just not doing what they need them to. Screening for behavioral health issues and suicidality are also important. Helping people with the underlying addiction that is driving that behavior and preventing overdoses are important. Most people are receptive to overdose prevention, but use in ways that are unsafe, using alone, hiding in the woods, so if we can help them use more safely and encourage them into treatment benefits are experienced all around.

- New Member Vote – Rebecca Larsen - The interview panel interviewed Rebecca Larsen from the Port Angeles School District. It is their recommendation that she be approved for either the Consumer/past consumer of SUD/Mental Health Services or Services for the Homeless. Rebecca has professional experience working with homeless youth in the

School District. Majority approved to accept Rebecca Larsen as the Services for the Homeless position.

- Standing Interview Committee – Jenny and Christine spoke about having a standing group of people for an interview panel for new members. This would help alleviate some of the time it takes to interview applicants. A pool of four people and have a minimum of two, to be able to participate would be appropriate. Christine commented that she would hope that people would volunteer that cannot do the RFP review process as to spread responsibilities throughout the whole board. John DeBoer, Christina Miko, Kristina Bullington and Wendy Sisk volunteered to be on the interview panel.

6. Future Meeting Agendas

- September 13th, Meeting
  - Future funding mechanisms
  - New member vote – Anne Grover

7. Public Comment

- None

8. Announcements

- Wendy Sisk spoke for Kirsten Poole as she could not be here today. The therapeutic court is putting together a family reunification day celebrating families coming together and reuniting. This Saturday in Port Angeles at Lincoln Park, from 12 to 2 p.m. It is for everyone that has successfully completed services and have reunited and participated and for anyone in the community who wants to support and honor their success. There will be family fun, inspirational presenters, family photographer, prizes, food, and beverages will be provided.
- Christine Miko spoke about the resiliency project upcoming meeting. August 2nd Mental Health court is presenting, Tuesday at 10:00 a.m.
- Kristina Bullington reported that Olympic Personal Growth has expanded access to services. They are now working with a prescriber virtually to prescribe psych meds and medication assisted treatment like suboxone and sublocade. They also expanded access to social supports. They anow have the resource to provide up to a year of rental assistance for those who qualify.
- Wendy Sisk shared PBH moved the Sequim office, diagonal across the street from where it used to be. There is more space for more staff in Sequim. The renovation of the All View Motel is anticipated to be finished September-ish. Once applications are starting to be accepted notification will go out to treatment providers. There will be 25 units available, 21 of those permanent supportive housing and 4 of those transitional housing for the mental health court.
- Christina Miko shared that there is a new inpatient unit for pregnant patients at Good Samaritan. It is opening the 19th with a 26-day inpatient stay.

- Kristina Bullington stated that Olympic Community of Health is soliciting for new partners though applications are due today it is a good opportunity for building community connections and receiving funding for creative projects.

9. Adjourn: Meeting adjourned at 4:48 pm

Next meeting: September 13, 2022

Voting Members: John DeBoer, Bruce Fernie, Don Lawley, Helen Kenoyer, Tayler McCrorie, Kristine Johnson, Christina Miko, Tom Stokes, Kristina Bullington, Wendy Sisk
Non-Voting Members: Amy Bundy, Jenny Oppelt, Jody Jacobson, Kirsten Poole