

BHC Meeting

April 8, 2021, 3pm



Upcoming Event!

Drug Take Back Day

200 lbs of prescription medication disposed of safely in 2020



our next event:



April 24, 2021 10 am - 2 pm









Agenda – 4/08/21 BHC Meeting

- Introductions/Updates (Grants, Service Updates, Collaborations) All
- RCORP-I Grant Deliverables Quarterly Report Update Lori Fleming
- JeffCo BH Data from 9/01/21 2/28/21 Lisa Grundl, HFPD
- Update on OCH's Plan to Address Stigma Mel Melmud, OCH
- Discussion: Survey Feedback BH Landscape Changes All
- Next Meeting May 13, 2021, 3pm Zoom Call





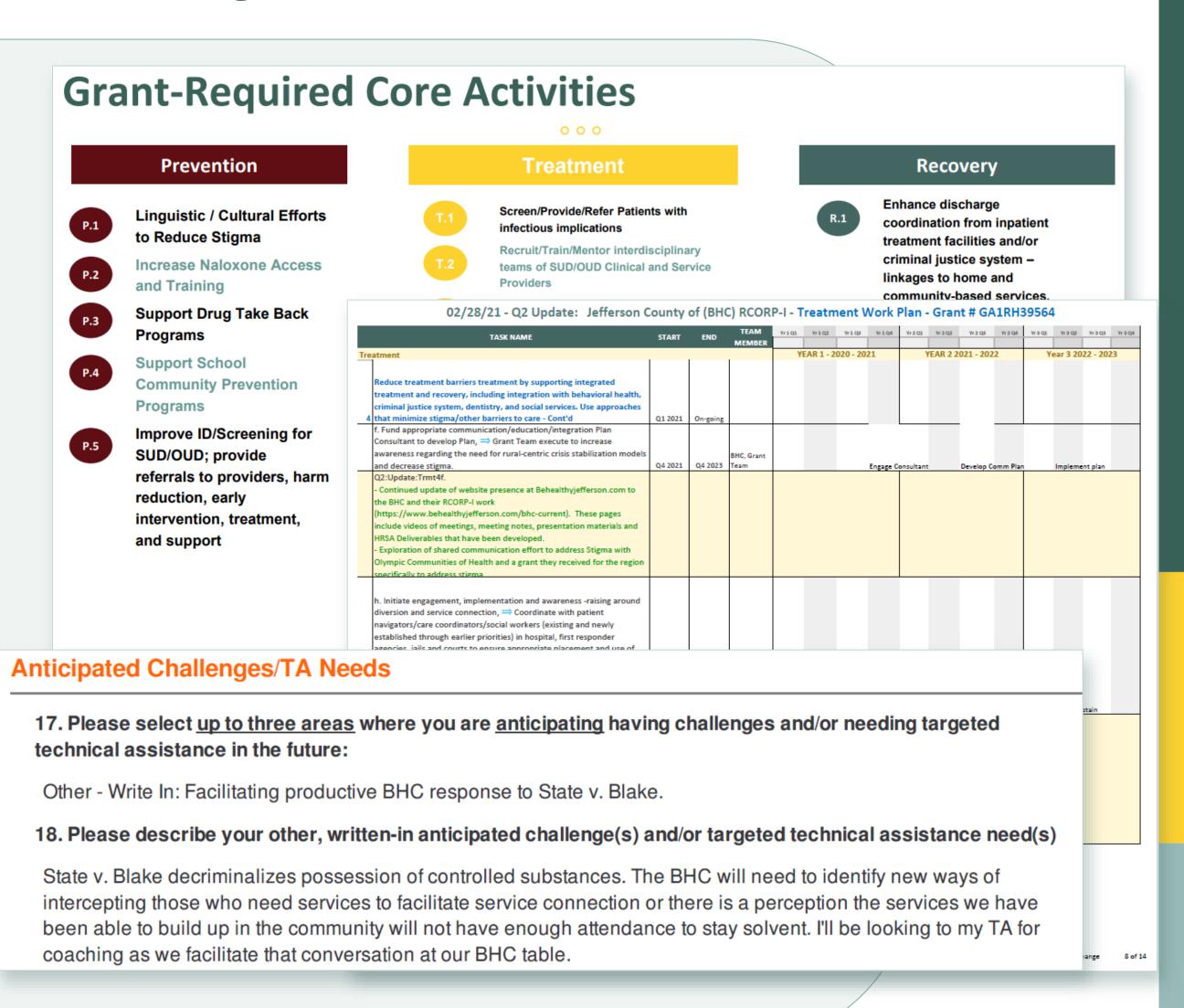
RCORP-I Grant

Deliverables



Q2 Deliverables - Takeaways

- PIMS Report Believe In Recovery/
 Gateway to Freedom, JHC, DBH, and
 Safe Harbor ROCK!
- Thanks to all the members for your engagement with the monthly and oneon-one meetings! We reported Work Plan progress on 90% of our grant's required activities in Prevention, Treatment and Recovery.
- QPR Report Reported our successes and highlighted the challenge State v.
 Blake poses to connecting potential clients with services.





BH Data Update

March 2020 - February 2021

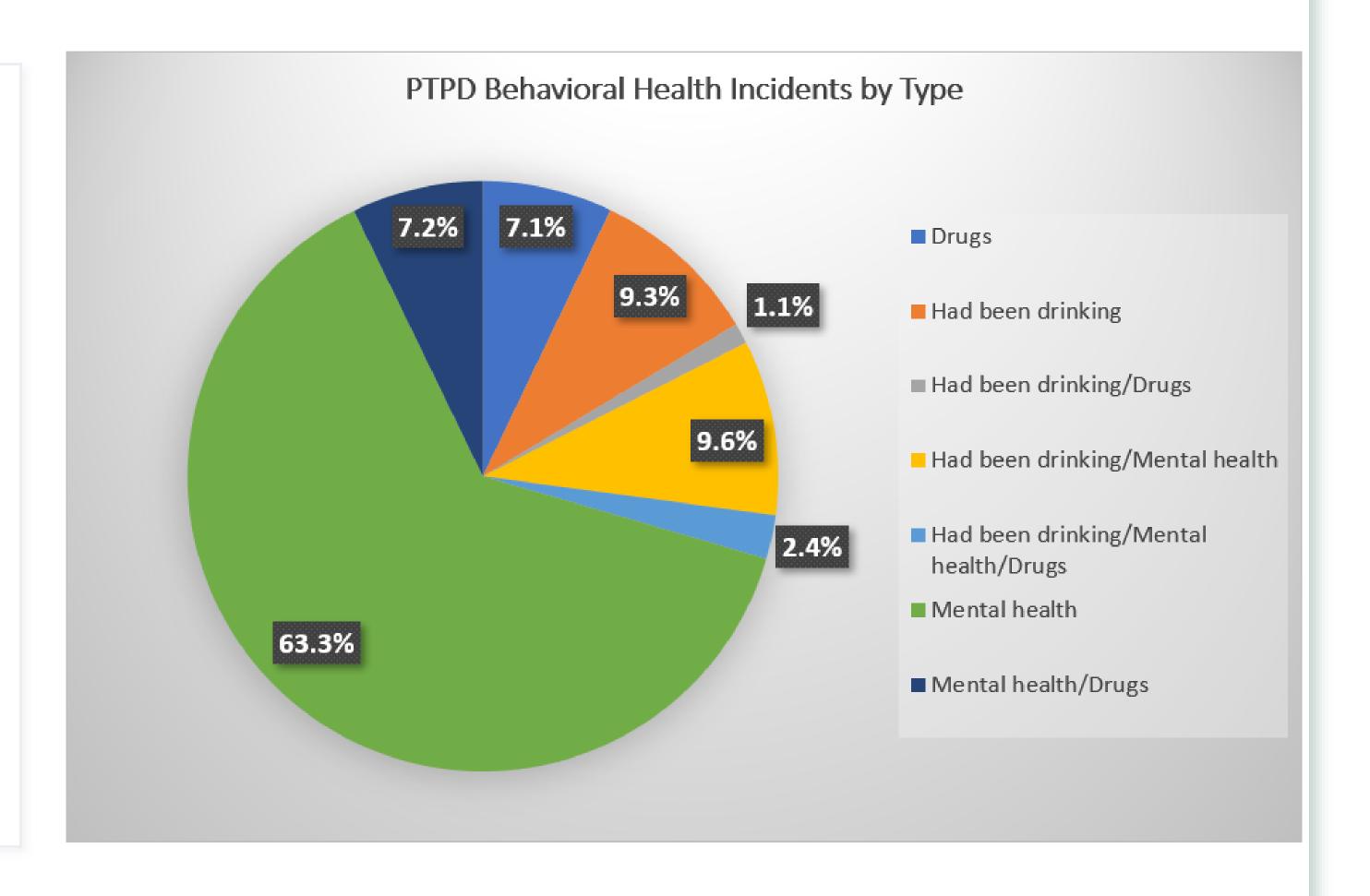
Lisa Grundl, HFPD



Port Townsend PD Behavioral Health Incidents (Mar 2020 – Feb 2021)

- 82.5% include a mental health component
 - Of that, 12% include alcohol and 9.6% include drugs
- 22.4% include alcohol
- 17.8% include drugs

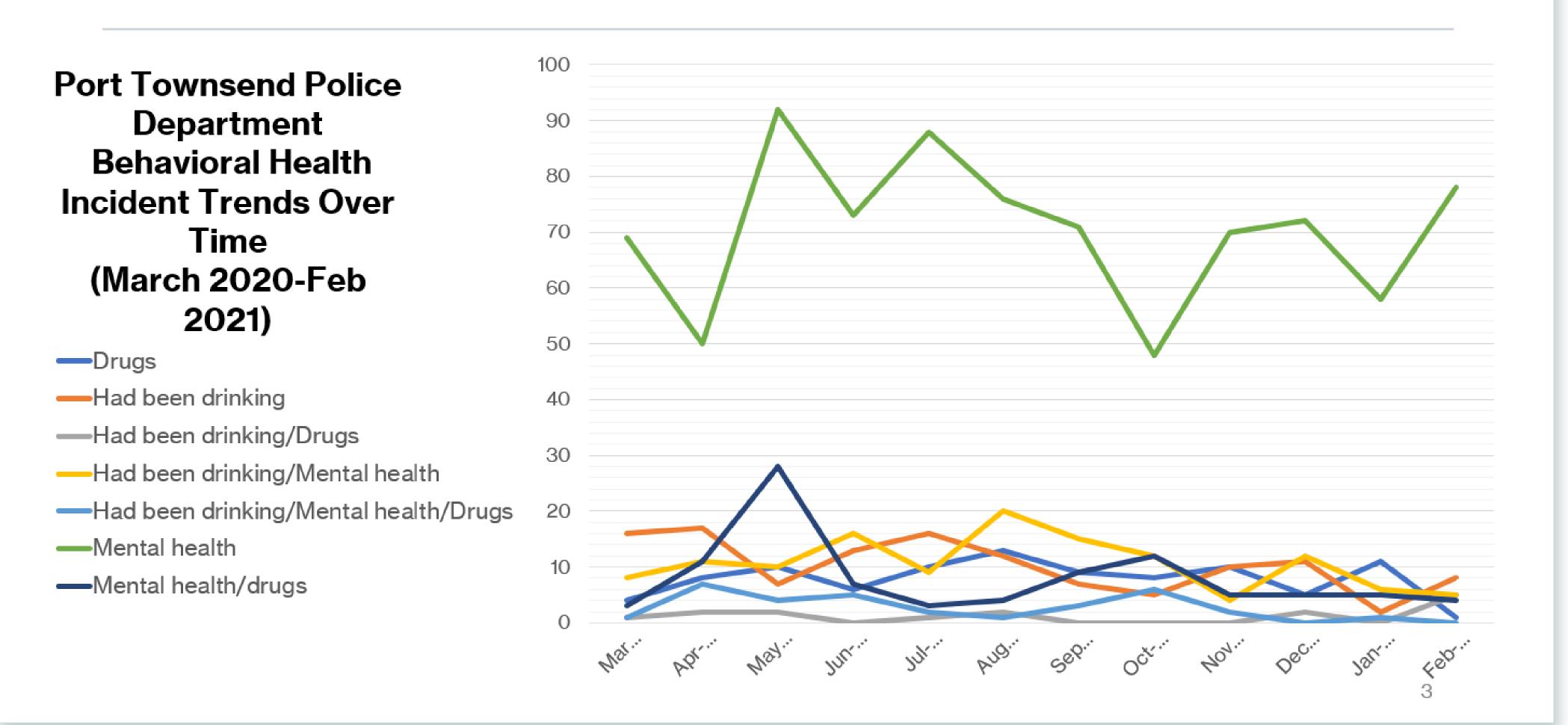
Behavioral Health Consortium (BHC) Meeting April 8, 2021



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While there is significant differences by month, mental health incidents have increased by 13% between March 2020 and February 2021, and all behavioral health incidents (many also including a mental health component) have been basically flat.





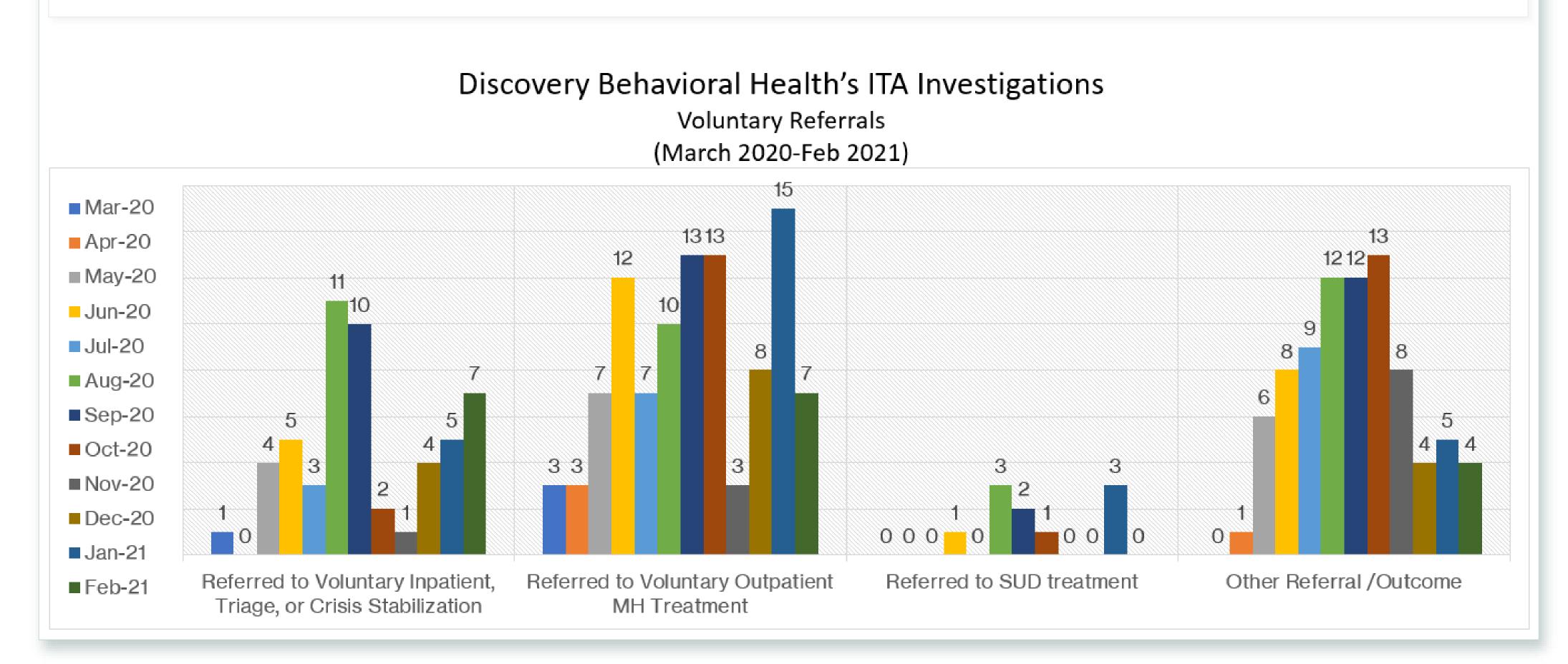
Port Townsend Police Department Behavioral Health Incident Trends Over Time (March 2020-Feb 2021)

	Drugs	Had been drinking (HBD)	HBD/Drugs	HBD/Mental health (MH)	HBD/MH/Drugs	МН	MH/drugs
Mar-20	4	16	1	8	1	69	3
Apr-20	8	17	2	11	7	50	11
May-20	10	7	2	10	4	92	28
Jun-20	6	13	0	16	5	73	7
Jul-20	10	16	1	9	2	88	3
Aug-20	13	12	2	20	1	76	4
Sep-20	9	7	0	15	3	71	9
Oct-20	8	5	0	12	6	48	12
Nov-20	10	10	0	4	2	70	5
Dec-20	5	11	2	12	0	72	5
Jan-21	11	2	0	6	1	58	5
Feb-21	1	8	5	5	0	78	4
Annual % Change	-75%	-50%	400%	-38%	-100%	13%	33%

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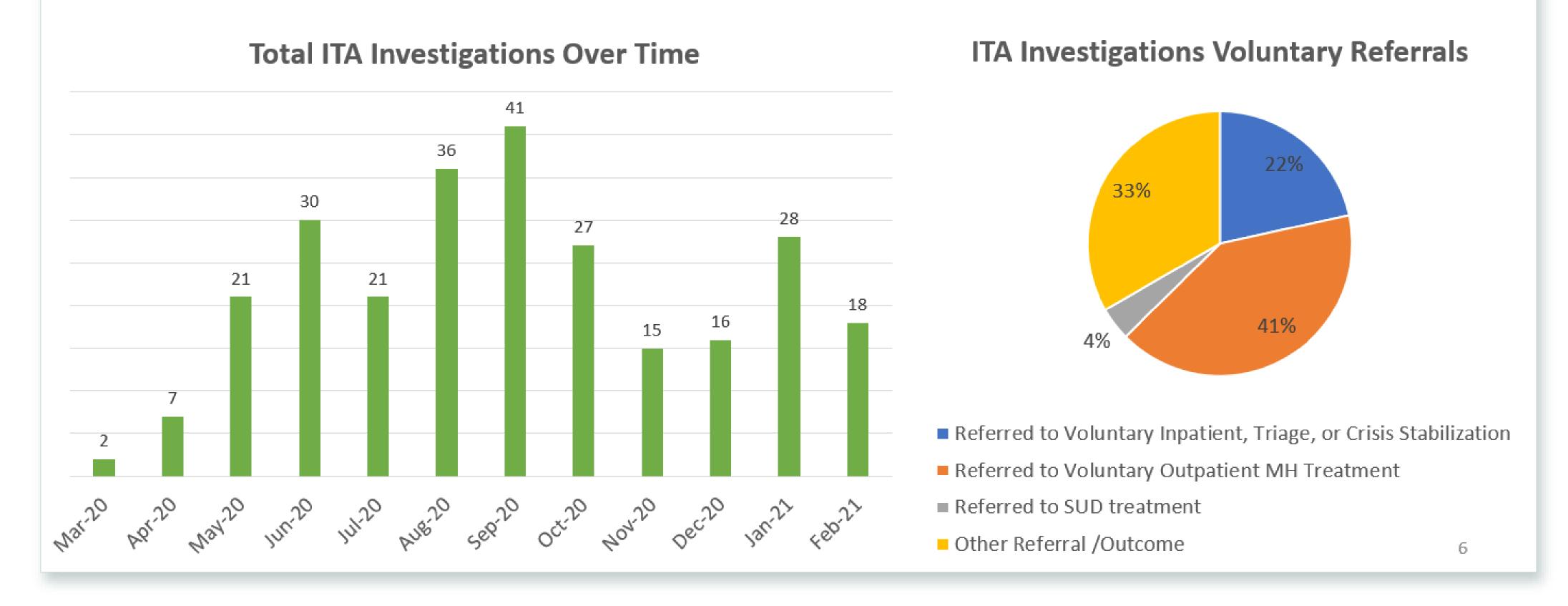


11% of ITA Investigations result in an involuntary commitment. The outcomes for the other 89% of investigations include voluntary inpatient, crisis stabilization, outpatient mental health and other referrals.





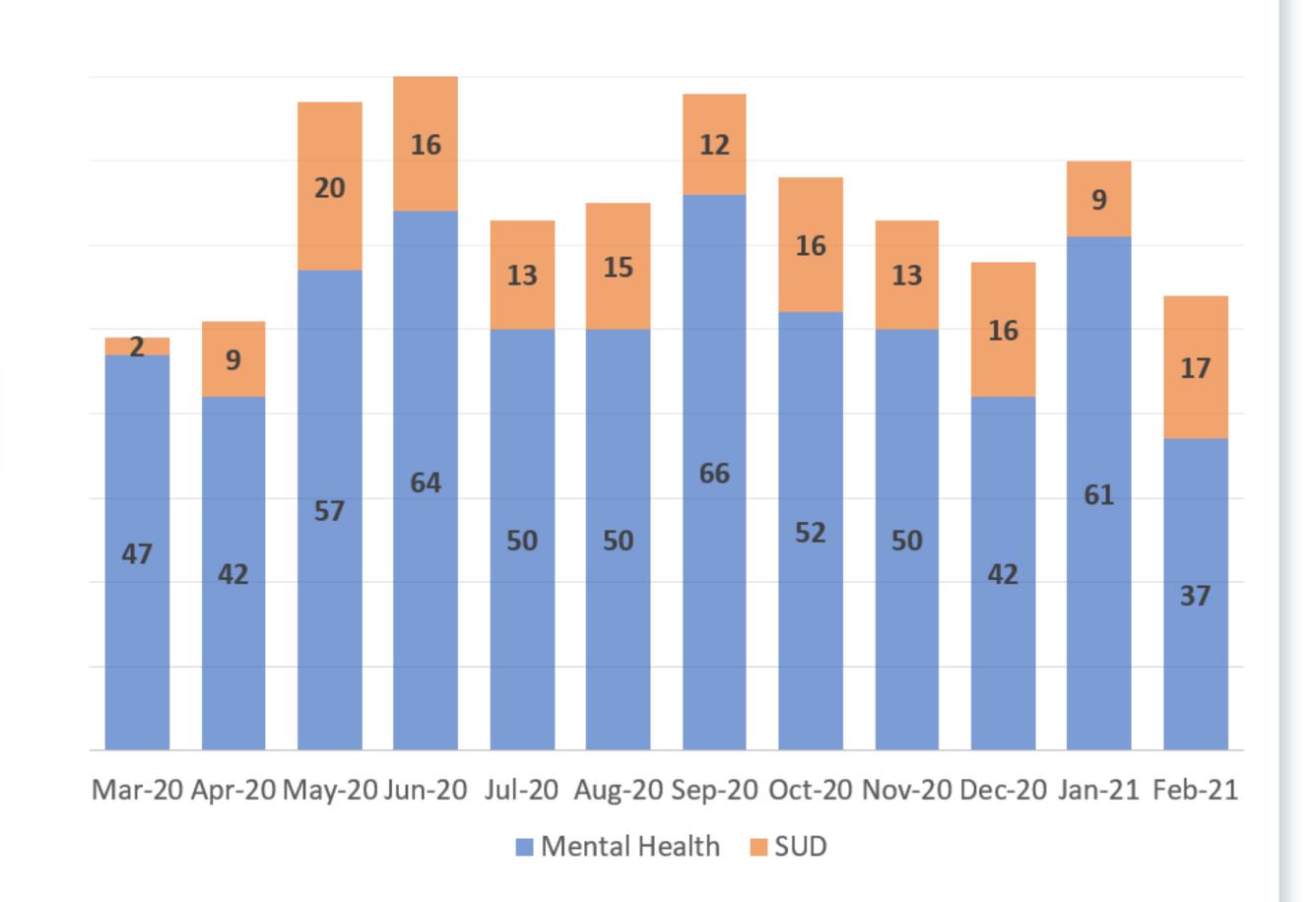
Total ITA investigations have increased from a low of 2 in March 2020, to 18 in February 2021, but were as high as 41 in the fall. Over the last year, of those not detained, 41% of referrals were referred to outpatient mental health, 22% to inpatient mental health, triage or crisis stabilization — and only 4% to SUD.





ED Data (March 2020-Feb 2021)

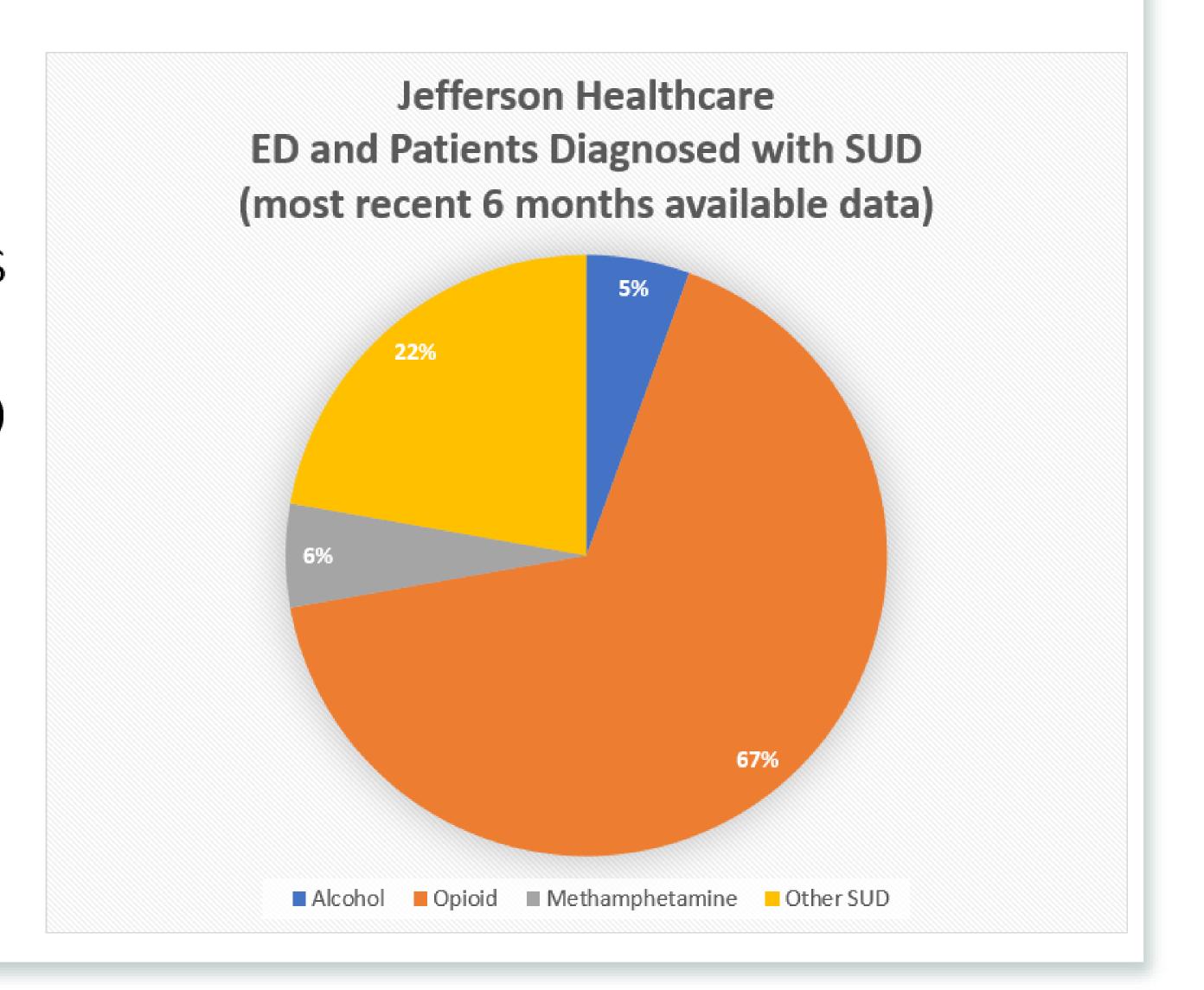
- On average, 80% of Jefferson Healthcare's behavioral health related emergency visits are related to mental health.
- Between March 2020 and February 2021, behavioral health incidents overall have decreased by 10%.



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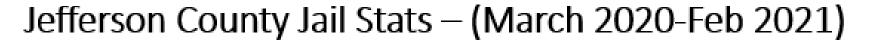


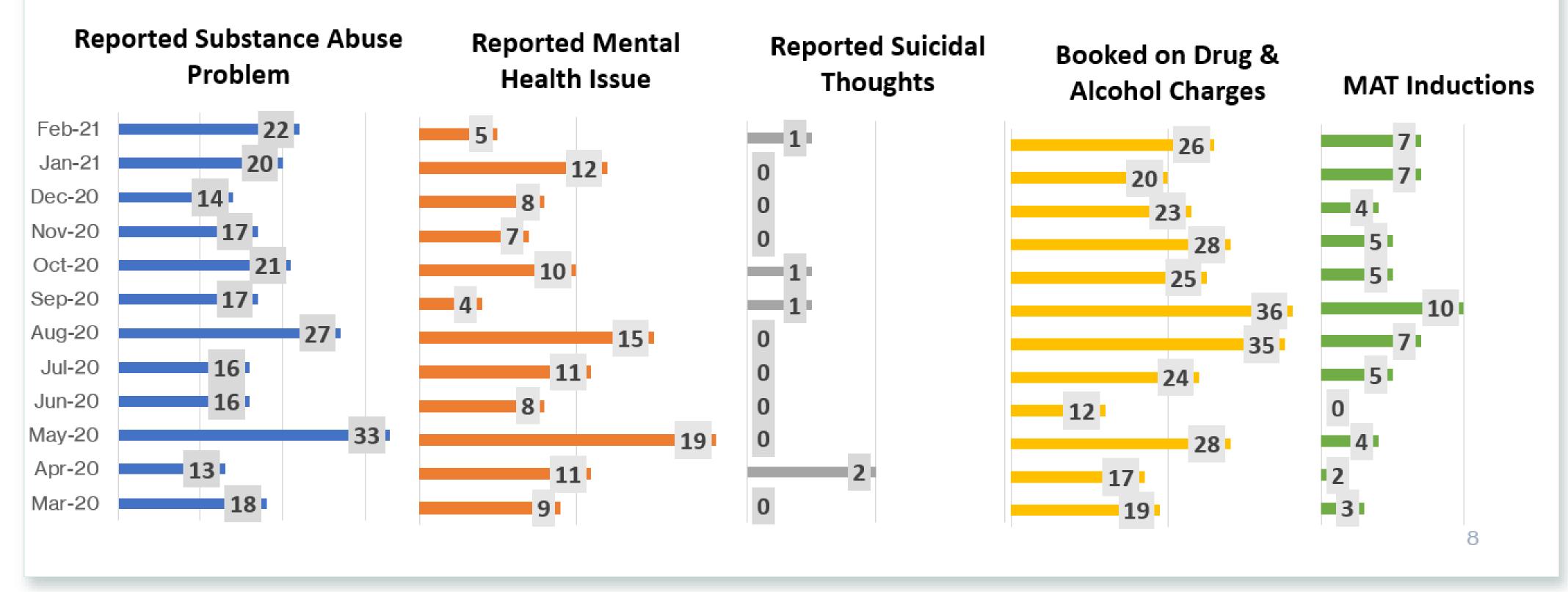
Nearly 70% of Jefferson Healthcare's ED and clinic patients diagnosed with a SUD over the last 6 months of available data were diagnosed with Opioid Use Disorder.





Jefferson County Jail Data demonstrates an increase in substance use related issues and decrease in mental health related issues between March 2020 and February 2021 (but with significant monthly variations). Data includes duplication (e.g. the same individual that has a reported substance abuse problem also may have had a MAT induction and been booked on drug and alcohol charges).







Jefferson County Jail Intake Data March 2020 – February 2021

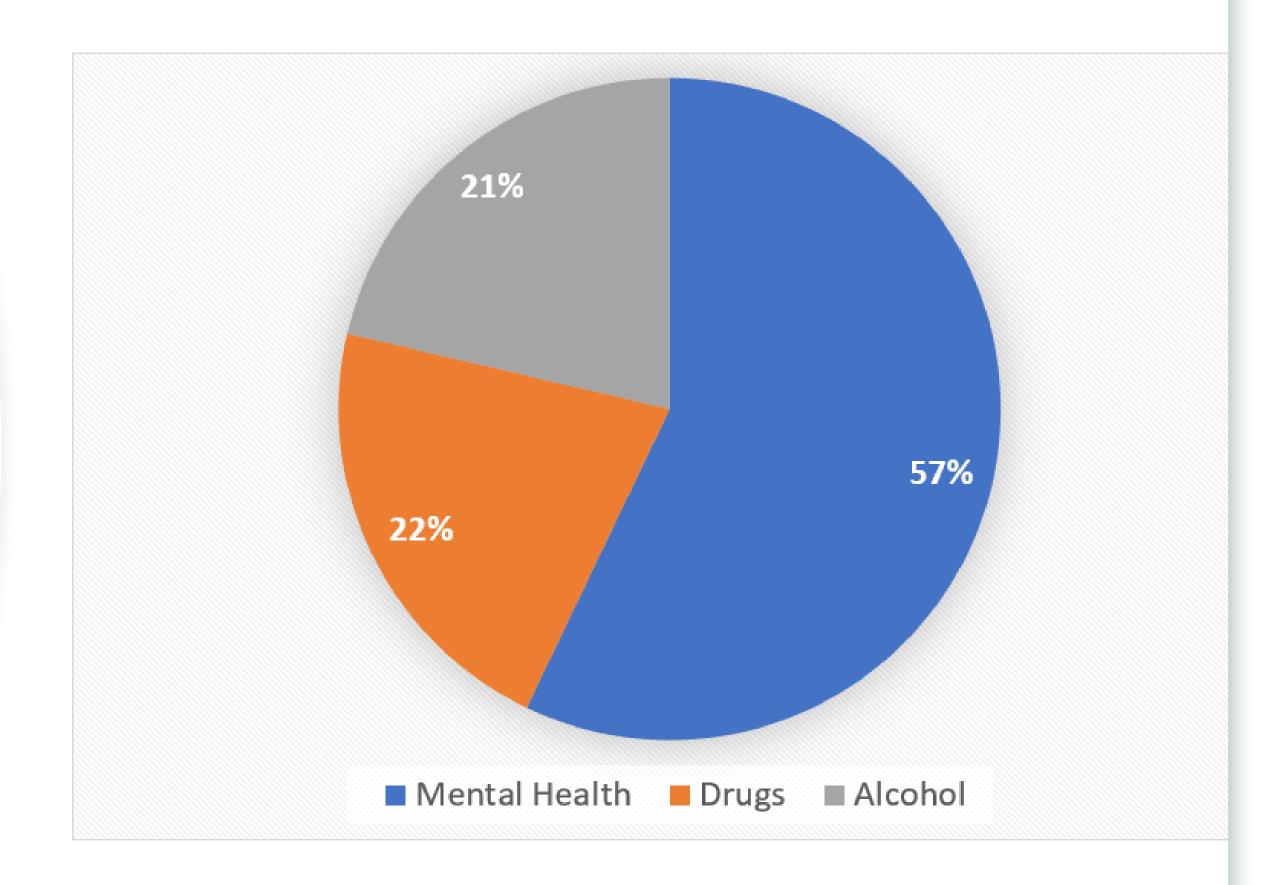
	Reported substance abuse problem	Reported mental health issue	Reported suicidal thoughts	Booked on drug and alcohol charges	MAT inductions
Mar-20	18	9	0	19	3
Apr-20	13	11	2	17	2
May-20	33	19	0	28	4
Jun-20	16	8	0	12	0
Jul-20	16	11	0	24	5
Aug-20	27	15	0	35	7
Sep-20	17	4	1	36	10
Oct-20	21	10	1	25	5
Nov-20	17	7	0	28	5
Dec-20	14	8	0	23	4
Jan-21	20	12	0	20	7
Feb-21	22	5	1	26	7
Annual % Change	22%	-44%		37%	133%



Jefferson County Sheriff's Office Data

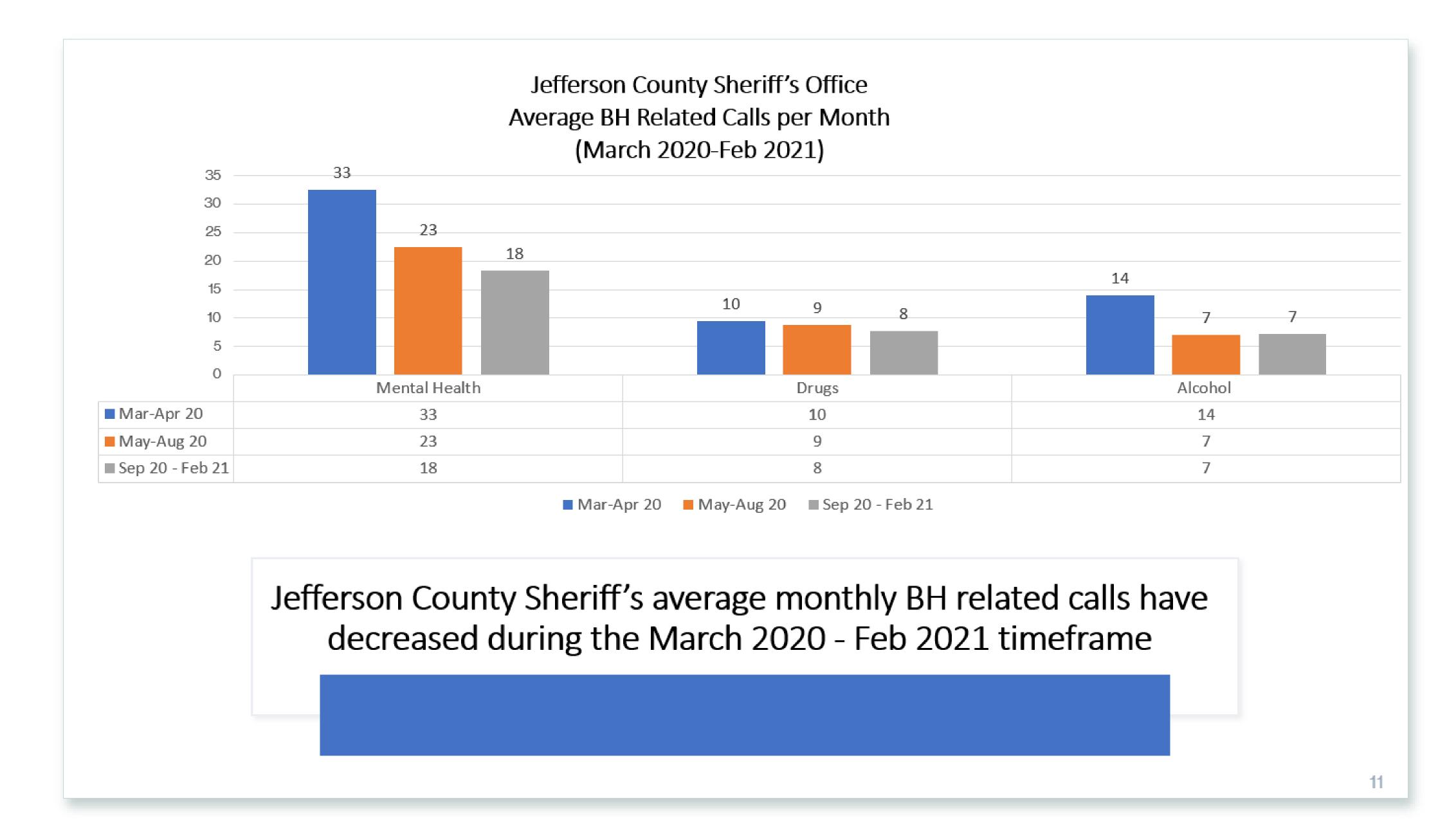
(March 2020-Feb 2021)

- 57% of Jefferson County Sheriff's Office Behavioral Health Calls are mental health related, with 43% associated with substance use.
- This data is focused on the "top of the mind" issue – and does not include data on potential co-occurring issues.



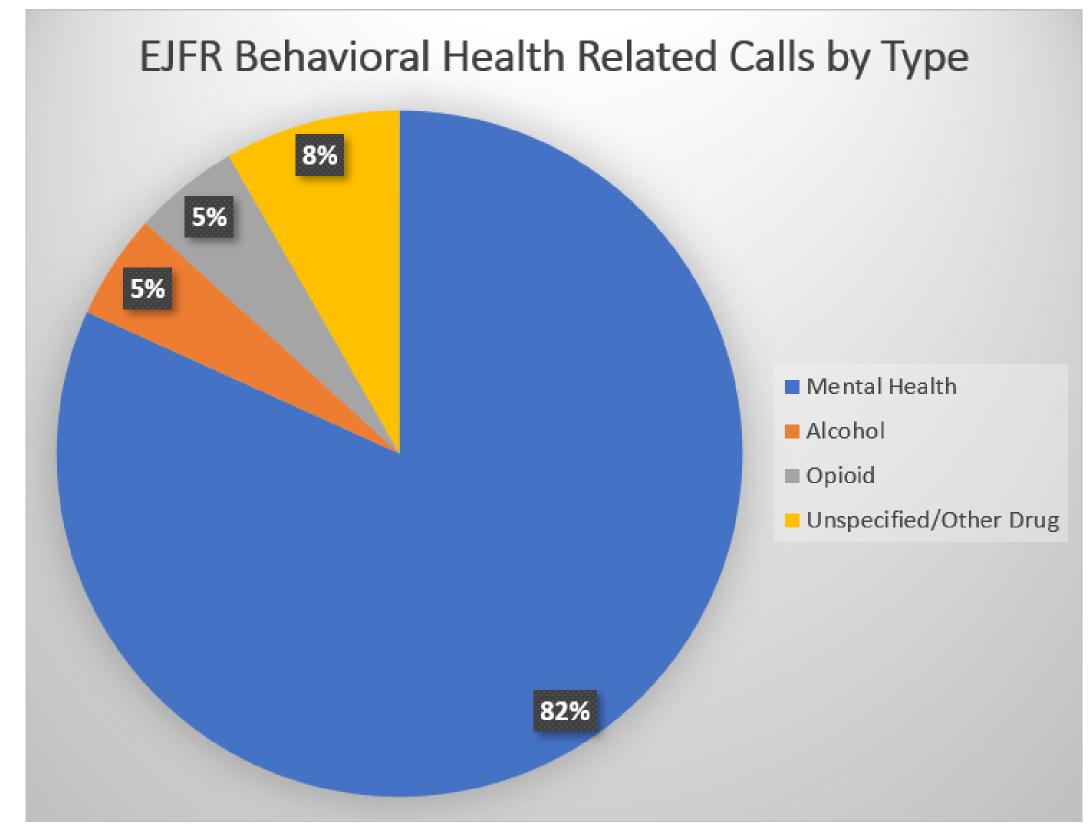
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The majority of East Jefferson Fire Rescue's behavioral health related calls are identified as mental health related, and they increased by 12% between March 2020 and February 2021 (again, with large monthly variation).

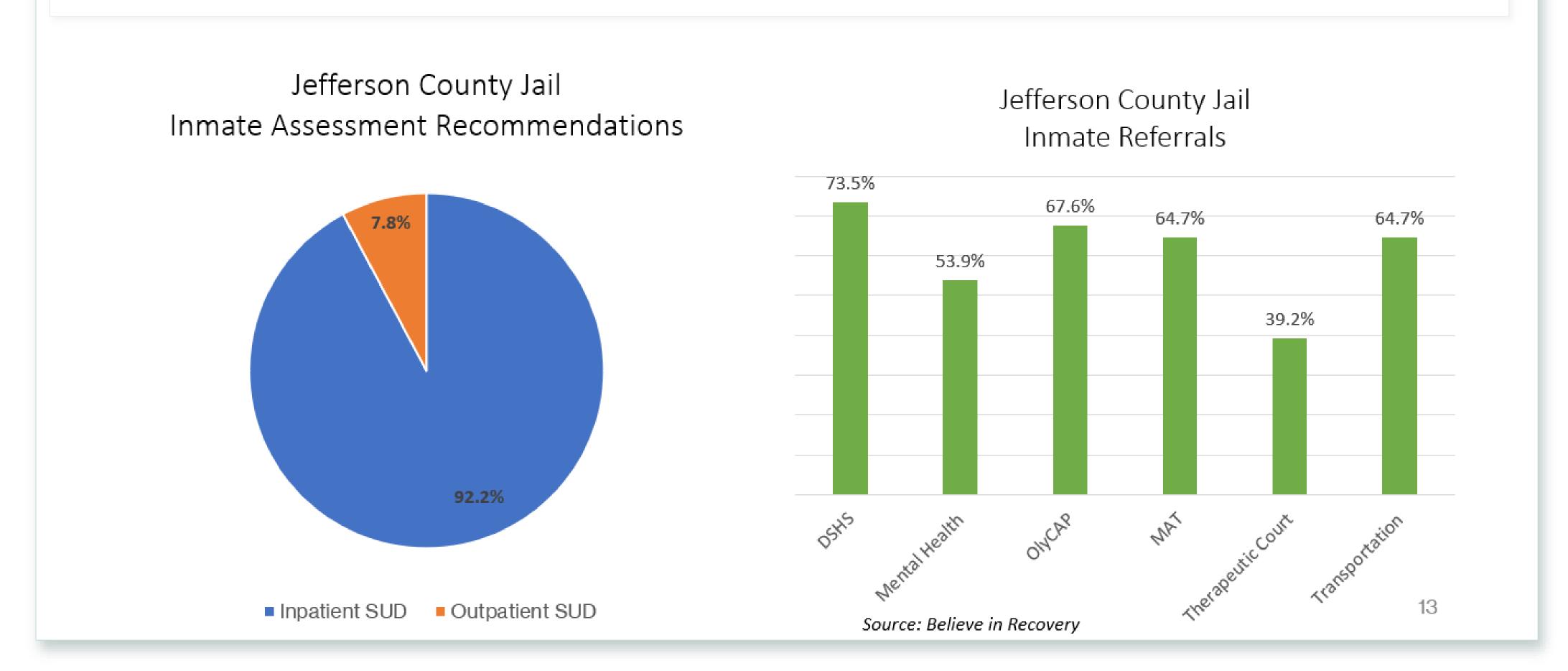


	Mental Health	Alcohol	Opioid	Unspecified/ Other Drug
Mar-20	10		1	
Apr-20	7			
May-20	17	1	1	6
Jun-20	21	2	5	3
Jul-20	22		2	1
Aug-20	29	2	3	2
Sep-20	26	1	2	1
Oct-20	27			4
Nov-20	19	1	1	2
Dec-20	17	1		1
Jan-21	21	4		
Feb-21	17		1	4

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The majority of Jefferson County Jail inmate assessments (92%) result in recommendations for inpatient SUD treatment. 65% of assessments also result in a referral to MAT and 55% to mental health services. Importantly, the vast majority also need assistance with transportation and other social determinants of health (housing, employment, etc).



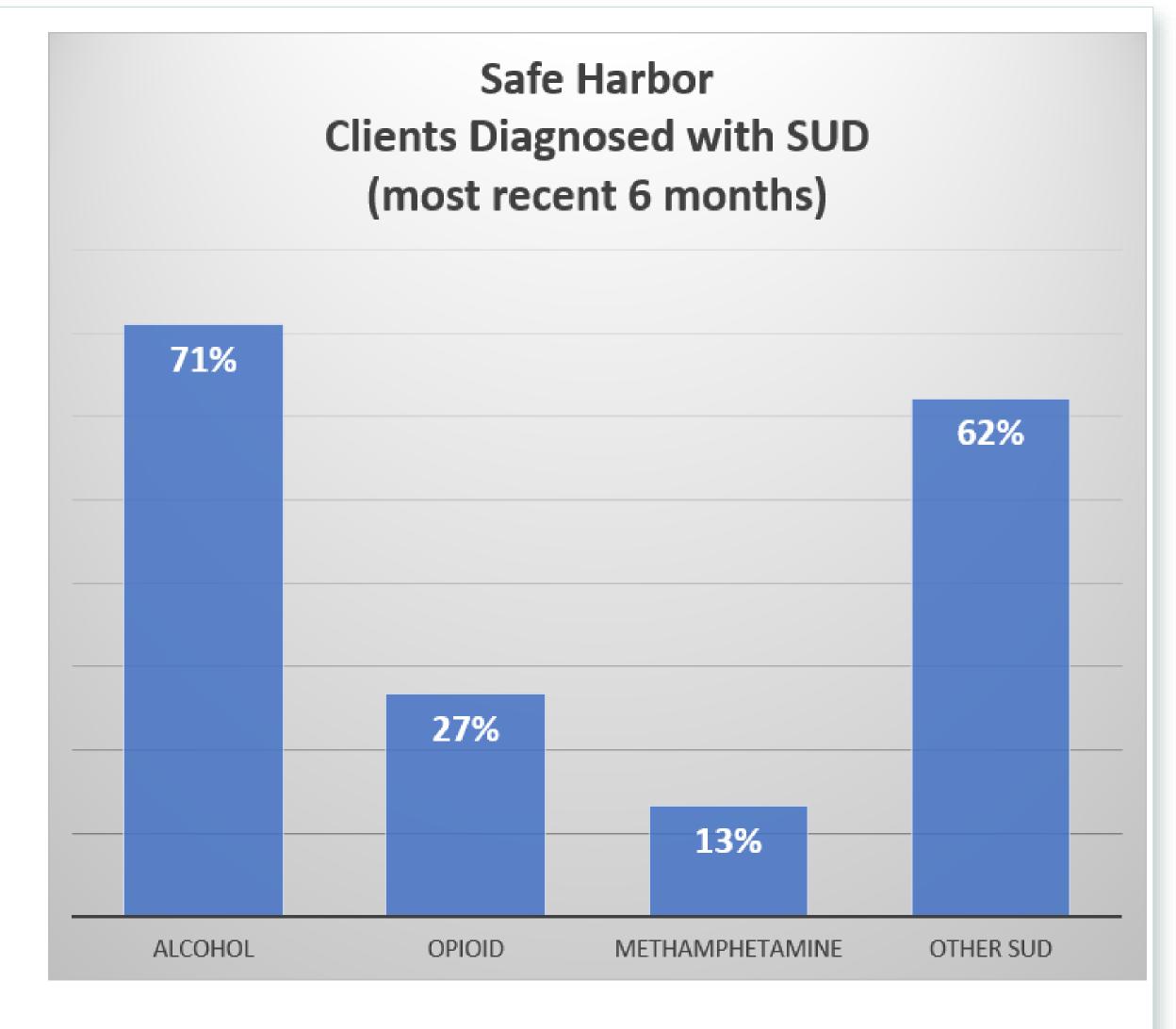


Safe Harbor

Of the clients screened for SUD by Safe Harbor in the most recent 6 months:

- Over 70% were diagnosed with alcohol use disorder
- 27% with Opioid use disorder
- 13% with Methamphetamine use disorder
- 62% were diagnosed with "other SUD".

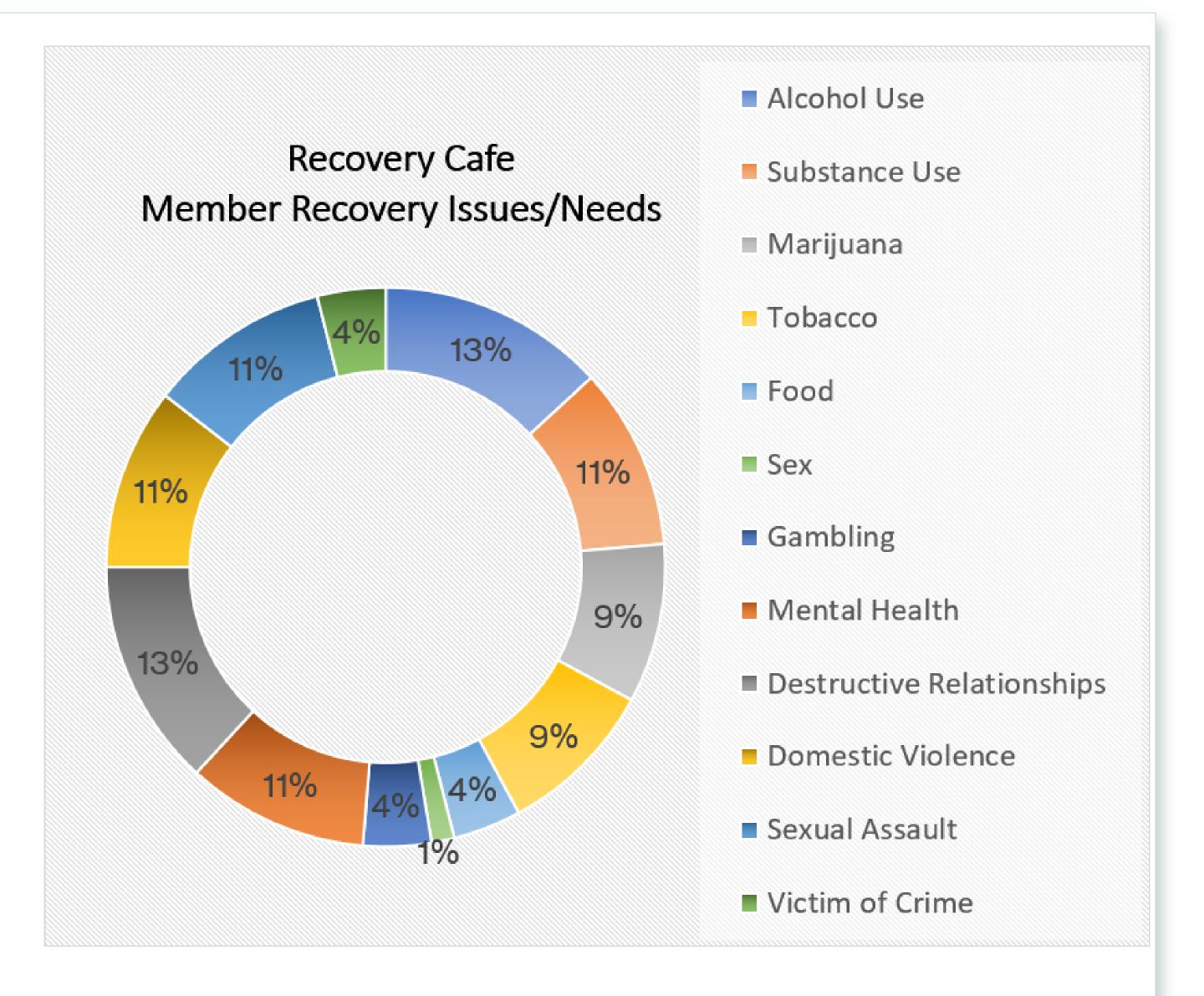
These numbers include duplication – with the majority of clients being diagnosed with more than one category of SUD.



75% of Safe Harbor Clients receiving MAT services have been receiving MAT for 3 or more months without interruption.



Recovery Café
Member data
demonstrates a
wide range of
issues/needs.



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Data Next Steps

One on one meetings to facilitate data standardization

Referral issues – how can we improve/measure success?

Quantifying potential "missed opportunities" to connect people to services resulting from State vs. Blake decision.

Data drill down on impacts of COVID



Regional Environmental Scan

SUD Stigma and Possible Interventions



HEALTHY PEOPLE, THRIVING COMMUNITIES

Tackling health issues no single sector or Tribe can tackle alone

Clallam | Jefferson | Kitsap





Cambia Health Solutions donation to Olympic Community of Health (OCH)

Cambia Health Solutions donated \$245,000 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.

The donation seeks to:

- advance work to break down the stigma surrounding behavioral health
- to improve equitable access to behavioral health support services.





Working Definitions

Stigma: A negative social attitude attached to a characteristic, person, or group, often leading to unfair judgement and treatment by others

Substance use disorder (SUD): A disease affecting an individual's brain and actions which leads to an inability to control the use of drugs or medication (legal or illegal) despite potential harm

- Alcohol
- Marijuana
- PCP, LSD, and other hallucinogens
- Inhalants such as paint thinners
- Opioid pain killers such as oxycodone or heroin
- Sedatives
- Cocaine, methamphetamine, and other stimulants
- Tobacco







Step 1: Understand SUD stigma & its impact

❖ Focus groups – in-depth group discussion

- ❖ Behavioral Health Committees & Collaboratives in the Olympic region
- Individuals with lived experience
- Representatives from the seven Tribes within the region
- Three open-to-the-public sessions

❖ Key Informant input

OCH implementation partners (BH, PC, Hospitals, CBOs)

❖ Region-wide survey

- ❖ Age 16 and older
- ❖ People who live, work, or play in the Olympic region





Step 2: Identify and implement strategies

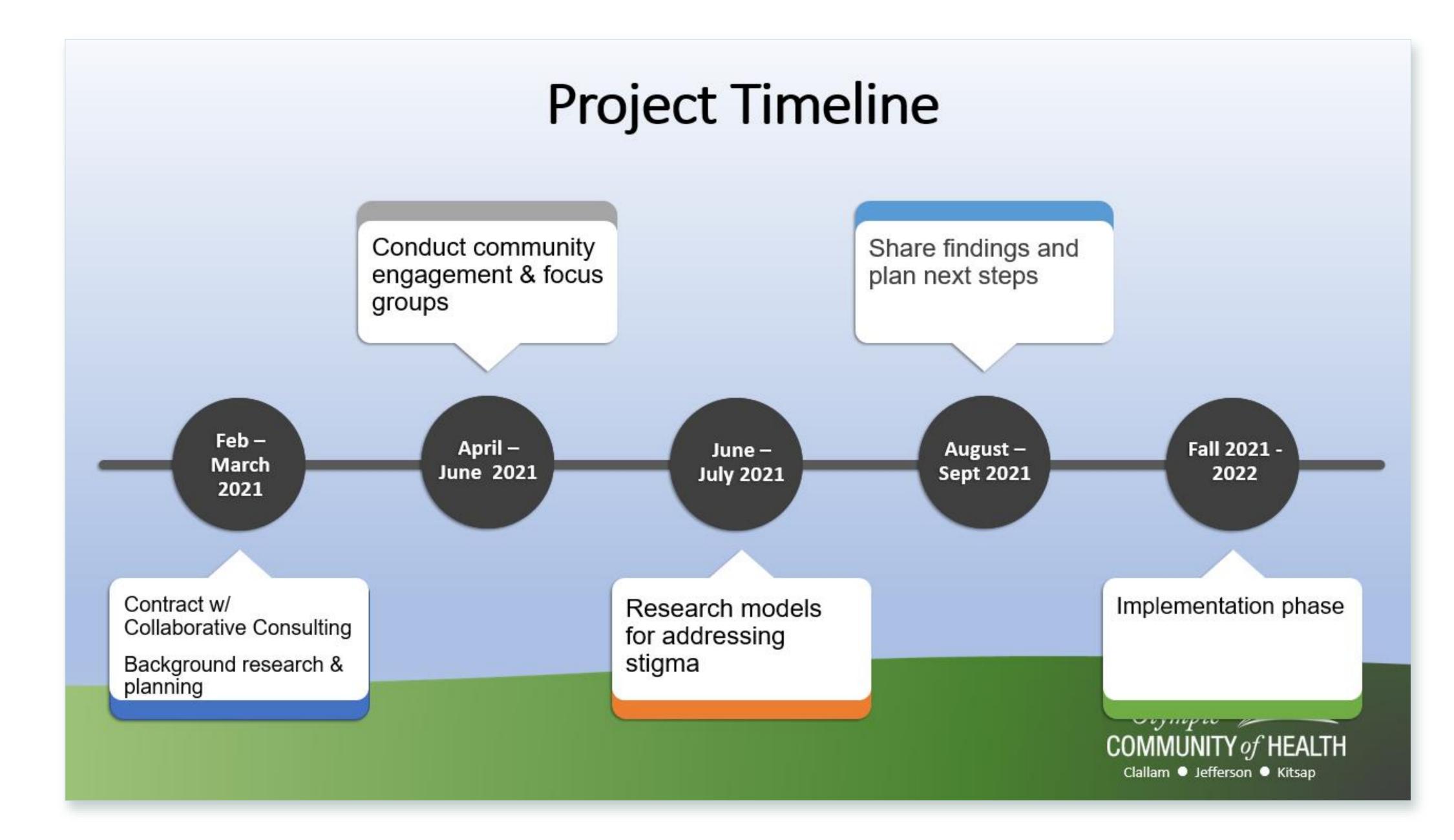
Based on the findings from the focus groups, interviews, and survey, OCH will launch a series of activities that **could** include:

- Training and learning opportunities for
 - Providers
 - Decision makers
 - Community at large
- Communications and marketing materials based on the latest science, communications best practices to move the social norm
- ❖ Partner convenings to discuss challenges and successes around stigma
- ❖ Telehealth support to connect clients with providers as HCA begins to wind down their support in this area











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BHC Survey

Feedback Themes



Survey Feedback Themes

Question #1. How does the State v. Blake decision impact your efforts at an individual and/or organizational level to connect people to behavioral health services?

• The feedback ranged from "No impact" to "it will change everything." If there is a theme, it is that the impacts are uncertain but sure to be felt by some of our members

Question #2. What questions are you and your organizations asking yourselves as a result of the State V. Blake decision??

• The common theme was that people want to continue providing resources, but aren't sure how that will look in a post-State V. Blake landscape



Survey Feedback Themes

Question #3. Brainstorm: If you look at the State v. Blake decision through the BHC lens, (a collective committed to the stewardship of our county's Behavioral Health System) how we can connect people to behavioral health services without going through the criminal justice system?

• Respondents were clear we will need a different set of incentives to get people into treatment. More outreach and better avenues to get treatment.



Survey Feedback - Next Steps

- Quantify potential missed opportunities to connect people with services resulting from State vs. Black Decision
- Connect one-on-one with Members to explore next steps around broad and specific ideas presented in the Survey's responses.
 - Develop more outreach capacity and providers with less restriction
 - Review treatment wait times take a fresh look at outreach, engagement and intake process;
 - Work with partners in primary and ED settings to improve our referral success; do onsite assessments, screening, and interventions
 - Brainstorm new methods of outreach: Get involved in Nar/Al/Families Anon as well as local churches, teachers - connect with individuals, friends and family to offer treatment/service connection
 - Use Housing as the carrot.

- Train major employers in identifying substance abuse and links they can offer to treatment. Set up Employee assistance programs
- Develop relationship with RTFs and MH BHAs to receive referrals
- Train police, EMS, local ER in avenues to treatment
- Train major employers in identifying substance abuse and give links to treatment. Set up Employee Assistance Programs
- Maximize collaboration across agencies at the BHC table to coordinate client care

And the final bit of feedback: Pay them, or offer sweets





Items of Note

Funding Awards, In the Press, etc



OCH's COVID Response Funding Awards

Applicant	Partner Type	Funding Approved	Project Summary
Clallam County Health & Human Services	Public Health	\$55,000	Mass vaccinations + mobile response vaccinations + home vaccinations + collaboration with ReDiscovery & community paramedics
Discovery Behavioral Healthcare	Behavioral Health	\$15,000	Smartphones + tablets + prepaid phone cards + bus passes + taxi + gift cards to support clients
First Step Family Support Center	CBOSS	\$75,000	Outreach coordinator + vulnerable population outreach to encourage vaccines + parent support group to address COVID challenges
Kitsap Mental Health Services	Behavioral Health	\$35,000	Onsite & offsite vaccines for clients + emergency kits + food + transportation + phones
Kitsap Public Health District	Public Health	\$75,000	Outreach to hesitant groups + communications + co-creating with community organizations
Makah Tribe	Tribe	\$69,000	Expansion of tiny home village on the Makah Reservation
Peninsula Community Health Services	FQHC	\$75,000	Mass vaccination events + vaccines at high-risk congregate living centers

For more details go to Page 11 at this link - OCH's April Board Meeting Packet



These Just In...

Vision for 2021

Social Determinants of Health

In 2021, partners will foster community and clinical partnerships and other creative approaches to addressing social determinants of health. OCH looks forward to hosting a housing summit and offering a digital inventory of local projects.

Resiliency

As the impact of COVID-19 continues to be felt across the region, OCH focuses efforts to raise resiliency among work forces and communities. Efforts include providing resources, funding, learning opportunities, and campaign messaging.

Scaling and Sustaining

OCH continues to develop strong plans for the future as the conclusion of the Medicaid Transformation Project (MTP) is right around the corner. OCH will continue to gather and compile regional input to guide future strategies and priorities, all while preparing to smoothly adjust in the event of a one-year extension to MTP in 2022.

Road Map for the Future

Contracted partners are planning to scale and sustain the successes of innovative MTP activities. In 2021, OCH will provide opportunities for peer-learning, collaboration, and sharing to catalyze and sustain the great work happening throughout the region.

OCH's 2020 Annual Report

- PT Leader article reports on the impacts of State v. Blake
- Peninsula Daily News reported on content from OCH's Olympic
 Region Behavioral Health Report presentation made to Clallam
 County's Board of Commissioners



BHC Project Summaries



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 hosp program at December's BHC Mtg 12/10, 3pm. LF/ to increase patient volume for waivered rate for prescriber/SUD counsel? OUD/SUD/BH
next steps
completion

hrough

Safe Harbor / DBH - *
 them give th*

.. Will have

Will be intere.
 Jim/Ford/Lori
 workgroup (and
 NCC Convening).

September's 3CCORP Treatment "award" to Ford/Jim at OCH's Jefferson



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 a 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 etc.), then rate them on a scale of one to five on how closely these definitions align. This could help us collective

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

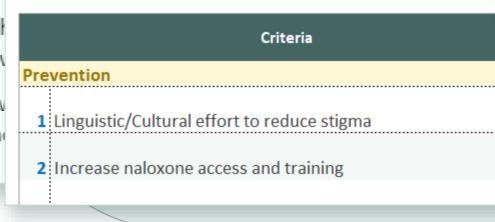
- Fire Dept. and JHC players to meet to identify best approach to procure discharge if it would be better for the group to begin exploring Disposition/Discharge with JHC. Lori/John will open discussion on that question with Dr.
- Work with OlyCAP to identify what information they have efficiently collect that data through OlyCAP. - Pr
- Explore health information exchange (CFR 42 P. gleaned. - Lori Fleming/John Nowak

Establish Baseline Metrics for RCORP-I Grant

- Create an inventory list of relevant data being collect gaps are and where efficiencies can be realized.
- Gran
- Put toget

Data for I

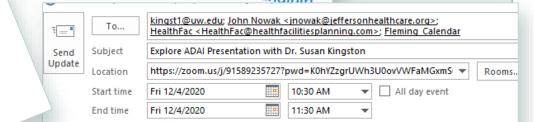
- Peggy, Cł those v
- Explore v fund h





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

> de data to support the need for the housing in the ly the following is required in whole or part:



Lori Fleming is inviting you to a scheduled Zoom

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,

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 reintervals
- 12/8/2020 sent online resource
 County Harm Reduction Group Med
- Click for PDF of this Rack Card
- Click for access to full/deep community resource lists





LowCap Proj # 4: Jail to Community Transitions

 How does the RSAT effort fits/support the BH system we're building and how BHC can support?

How can w infrastructul aftercare onc less of a factor Jail population?

 Get Naloxone into hands as they leave.

LowCap Proj # 4: Jail to Community Transitions Superintendent Forting O RSAT Grant Award — September 2020 — September 2021 **MAT Services** 400 HCA Grant Award — September 2020 — September 2021 To establish an Opioid Treatment Network with Jail Washington State



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 M leadership positions: Facilitating P

 Agreed to g Recovery Cat relationships a Fairground's ho talk about next s Development in th timeframe.

ting P A108121 phase 31

'o g Opened in Services, psupport, va Zoom, va Zoo

contracted provider, agrees to the following: k: The work that will need to be done with this project acity of staff to provide direct recovery support services: covery Advocate position. Tasks to do so include: Put iob description, promote position, interview , hire, conduct new hire orientation and onboarding ery support service provision. Services include: rect services (either in-person or remotely via om) such as Recovery Action Planning, p support called Recovery Circles (either intps://zoom.us/j/96439017823?pwd=dGFlbWdUemRi or 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 n slides, notes an **Education resour**

Age, and and Age, an

PRIORITIES AND NO

The Action/Next Steps short!

the Transport we'll define w

John inviting i Mary Allen

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 ur SEP staff

dison with + Get more add-

from outside your organization. Exercise caution lose crisis cking links, especially from unknown senders.

South est and e SEP in a

ple in South

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here can be t be able to :h no mportant t that nasal

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 formplease complete it and return it to me at your convenience. If you have any

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

Behavioral Health Consortium (BHC) Meeting April 8, 2021



LowCap Proj # 7: Communication Action Plan (CAP)

Production Alliance's proposal is not a viable option. LF/JN/DB - will regroup.

Will explore can collaborat OCH and their n funding to addre. stigma from region standpoint.

HRSA-20-031 RCORP-Implementation Project Narrative > Resolution of Challenges Agenda The BHC recognizes the of generating support and engagement from a range of le and recovering from SUD/OUD. We propose to engage audiences, include re 108121 Jife" campaign of a master communications, education, and integration plan he Grant Team and BHC Members will execute. This Plan will zed messaging. The Communications Plan and its individual tinct project-phase-related communications, as well as elp address stigma associated with addiction and mental is work is critical to address the intersection of halpable prejudice and discrimination at various ness and shame in those struggling to cope, creating atment. The intent of the full effort is to facilitate inspired contribution of understanding, insight, **✓** Engagement & Education Campaign

Link to Campaign Materials ance ("TPA") proposes use of \$600,000 from the Rural Communities Opioid Response m 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.

Ships Supporting Healthy Lifestyles & Informed Decision Making

Save a Life: A five-week social media and print campaign to raise awareness about opioid overdoses and ways to effectively respond in the event of an overdose



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 support

me donation, with King County ural areas compared with the other

proposal and budget in alignment aming and use of the funds.

Action

Staff propose utilizing the funds to support a multi-proper the region, especially related to substance use die interviews with partners and community current approaches better and more fully of activities that could include:

- Training and learning opportunities \ at-large including learning and alignm
- Communications and marketing mater communications best practices to move
- Partner convenings to discuss challenges

As needed telehealth support including clic patient devices and other techn HCA begins to wind down their support in this area.

around stigma; and

use dir BHC to Date ing amb.

Was collaborative Consulting Consult ote that the budget is subject to change based on results of \$245,000

ay 13th Jefferson BHC meeting is a focus group discussion on stigma. Background: OCH has engaged public health research consultants Collaborative Consulting, to conduct an environmental scan to understand the stigma of substance use disorders within the Olympic region and potential intervention opportunities. This research will provide insight into the current levels and types of stigma in the Olympic region, factors contributing to stigma, and possible intervention opportunities. An aspect of this research is to conduct interviews and focus groups, gaining various perspectives that will help us better understand the impacts of stigma in the Olympic Region. OCH will use the findings from this and other focus groups and interviews to identify and plan effective strategies for addressing stigma in the Olympic Region.



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 Kit for what we might employ

JN has reached out Lucky/Kitti CC

JN t artic county

antial Family Resource Navigator services would be in your community? Responses, in order of greatest

quency: (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.

and Kind Second Gear Spring '21

and Kind Second Gear Wes Lucky from the Greater Sally Sundar - Unite Us & WELLD

Wes Lucky from the Greater Sally Sundar - Unite Us & WELLD 25RH32956 – Strategic Plan VIGATION AND nment Life Obituaries C • OWNSEND — The Board of Jefferson County Commissioners approved the acceptance of a grant to fund a mental health navigator position within the The six-month grant for \$63,209 is from s the the Washington Association of Sheriffs & 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. players around plan components, players and process. Establish a Coordination staffing Staffing Plan Staffing Plan for funding Q4 2020 | Q2 2021 plan and procure funding developed and Coordination plan is in place.

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funding in place

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LowCap Proj # 9: Friendly Faces/Collective Case Management

Currently:

To a company the strategies with the strategie

wide coordination case management system.

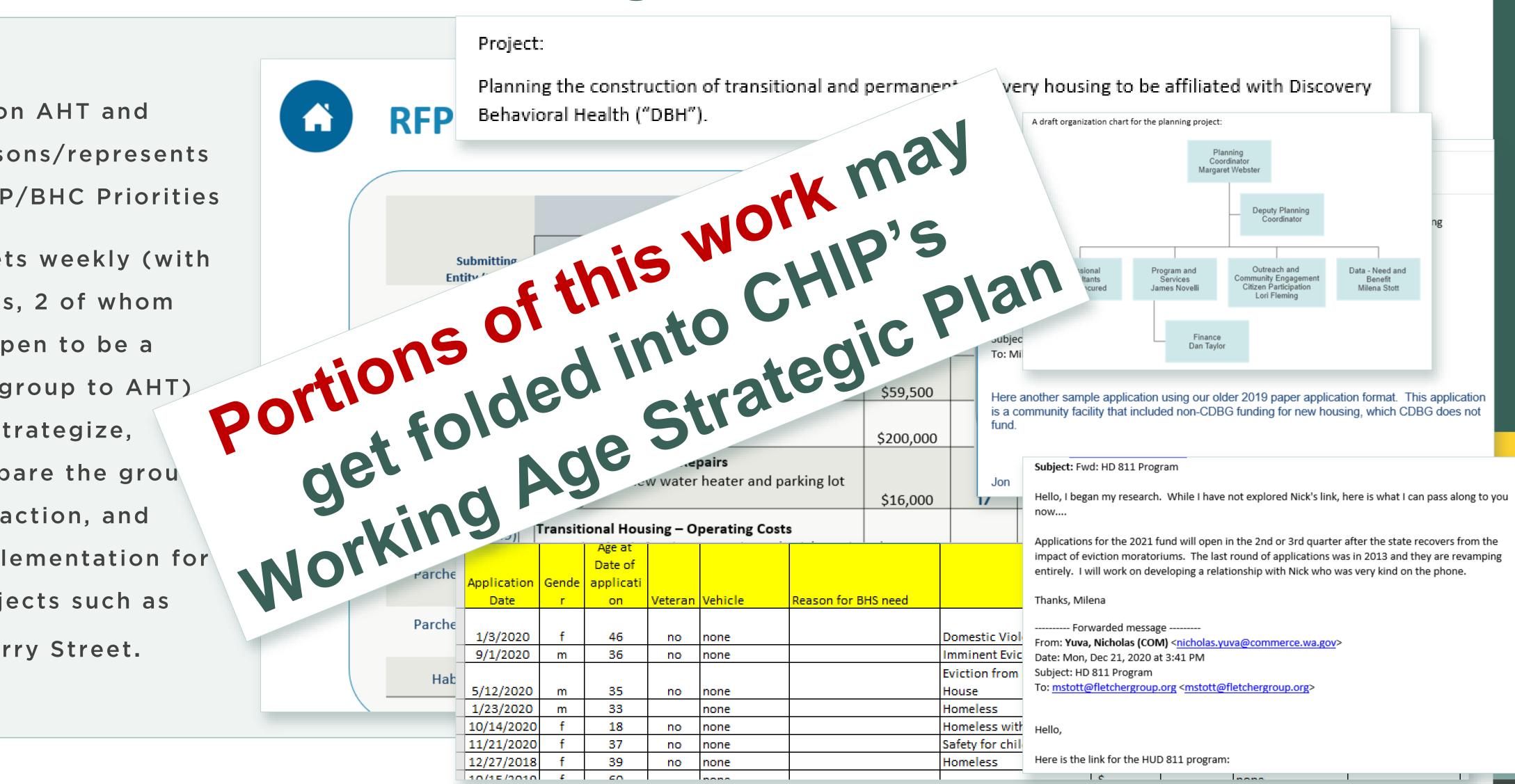
Develop an integration oproach for various behavioral health service access enhance or ovide a cohesive safety net for targeted community-wide care plan for those who e ill-served by County's Law, EMS, services.

Behavioral Health Consortium (BHC) Meeting April 8, 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 grou for action, and implementation for projects such as Cherry Street.



1

Upcoming Meetings

- 04/08 Working Age Band Team Meeting
- 04/12 OCH Board Meeting (Regional)
- 04/13 SSP with Tim Candela
- Weekly Tuesdays and Thursdays BH
 Therapeutic Court and Therapeutic Drug
 Court respectively
- 04/14 Senior Age Band Team Meeting
- 04/14 Affordable Housing Taskforce
- 04/15 Oversight Committee Meeting
- 04/15 JeffCO Board of Health
- 04/19 CDBG Planning Grant Effort (out in March, due in June, funds awarded in 2022)
- 04/19 UNITE US Discussion Marc Rosen
- 04/20 SC Harm Reduction (Discuss specifics of Naloxone Education Plan, begin SSP exploration)

- 04/21 3CCORP Treatment Workgroup
- 04/22 Youth Age Band Team Meeting
- 04/27 JBS Sustainability Series Webinar
- 4/29 From Siloes to Collaboration SAMHSA
- 05/04 BHAC Meeting
- 05/06 RCORP-I TA call
- 05/10 OCH Board Meeting (Regional)
- 05/12 JBS Sustainability Series Webinar
- 05/12 Senior Age Band Team Meeting
- 05/12 Affordable Housing Taskforce
- 04/22 Youth Age Band Team Meeting
- 04/08 BHC Meeting Environmental Scan re: Stigma
- 04/08 Working Age Band Team Meeting

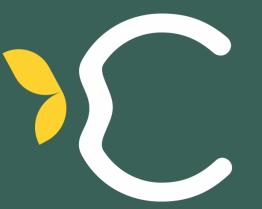


May BHC Meeting

Thursday, May 13, 2021

@3pm





Thank You