Be Healthy Jefferson

BHC Meeting January 13, 2021, 3pm

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

Agenda – 01/13/22 BHC Meeting

- Introductions 10 Minutes
- Pfeiffer House's Funding Application Approval 5 minutes
- Case Study: Harm Reduction Reflection 15 minutes
 - Anya Callahan, Community Member; Denise Banker, JCPH
- Updates to JeffCo BH Data from 3/01/21 8/31/21 20 Minutes - Lisa Grundl and Aimee Dubbs, HFPD
- SBH-ASO Update: Upcoming Programs 10 minutes - Jolene Kron, SBH-ASO
- See Resource and Reminder Share slides
- Next Meeting: February 10th, 3pm Zoom
 - BH Funding/REAL Program Updates
 - Next Steps to address the challenge of MH/SUD-related Stigma in Jefferson County
 - Potential: Chief Olson PTPD



BHC Voting Results - Pfeiffer House Project

BHC MOU Member Votes

Member	Yes	No	Abstained
ADAI	X		
Believe In Recovery			OWL 360 Board Member
DBH	X		
EJFR	X		
JCPH	X		
JHC	X		
JSCO	X		
OlyCAP			Existing OWL 360 Partnership
Port Townsend Police Dept.			No vote submitted
Prosecutor's Office	x		
Safe Harbor			No vote submitted

7 Yes Votes / 2 abstentions / 2 non-votes

Behavioral Health Consortium (BHC) Meeting – January 13, 2022

Pfeiffer House Project for BHC Approval

OWL 360, a non-profit entity created to address the issue of housing and supportive services to Jefferson County youth and young adults, requested \$47,000 in RCORP-I grant funds to be allocated for use between now and August 31, 2023, for the Pfeiffer House Sustainable Living Project as they serve young adults who lack consistent family or other supports to ensure they connect with age-appropriate prevention and intervention services.

Grant-Required Core Activities





iffer House - Sustainable Living Project 910 Lawrence St. Port Townsend Kelli Dillingham Parcher | 360-301-3551

Review Pfeiffer House Presentation and Overview, presented to BHC at August 2021 meeting,

Pfeiffer House - Sustainable Living Project 910 Liwierce St. Port Townsend Kelli D'llingham Parcher | 360-301-3551

presented to BHC at August 2021 meeting,

Link to Funding Application PDF





Be Healthy Jefferson

Anya Callahan, Community Member and Denise Banker, JCPH

Case Study

Harm Reduction Reflection

Case Study: Harm Reduction Reflection Opportunity

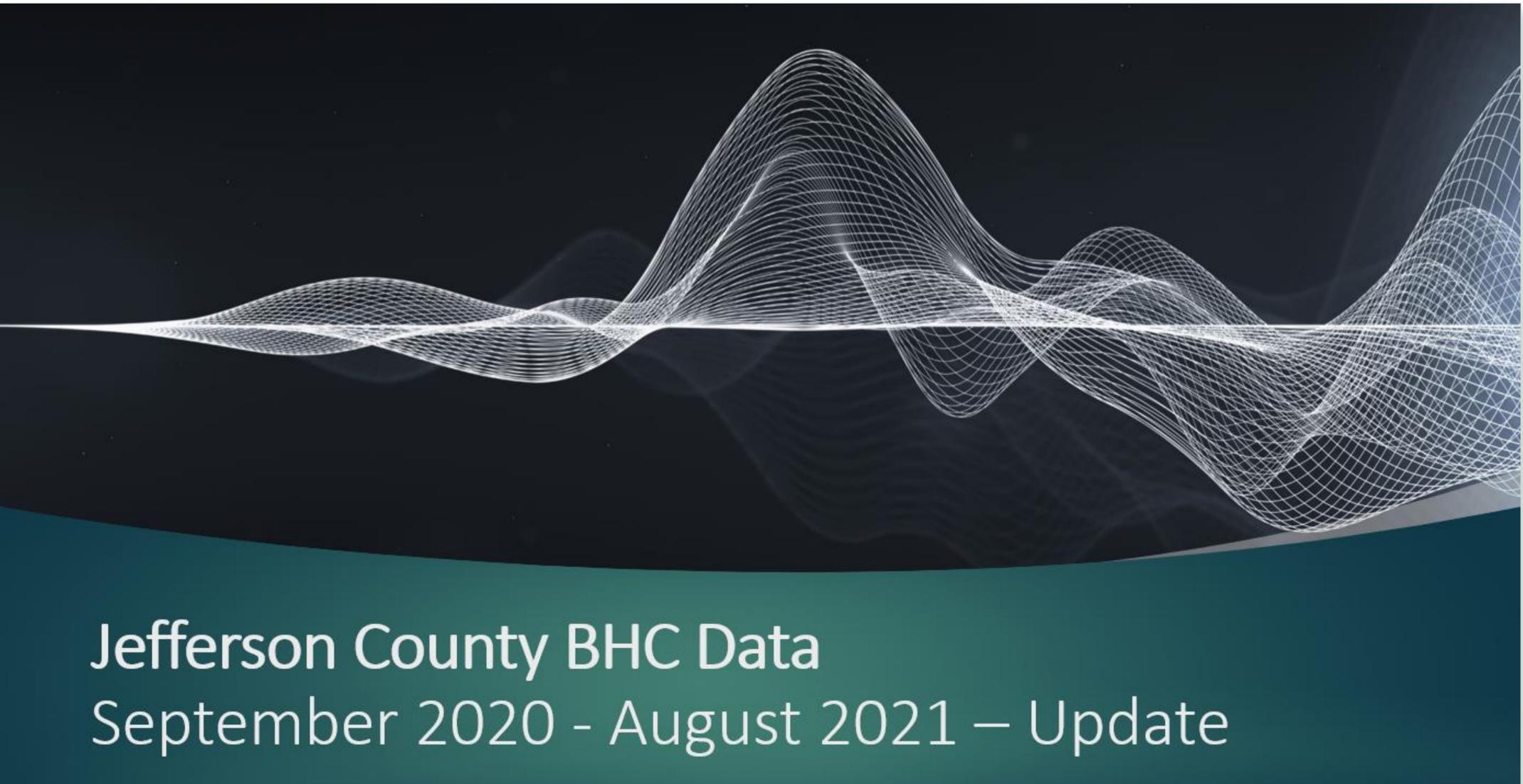
- Share what occurred from each perspective
- Explore the initial impact and what happened next
- What do the BHC participants perceive was done well by each party in this situation?
- Are there opportunities to apply these new insights in our own organizations?
- How can we take action to make that happen?
- Why is it important to do?



Be Healthy Jefferson

Time Period: Updated Data covering March through August, 2021

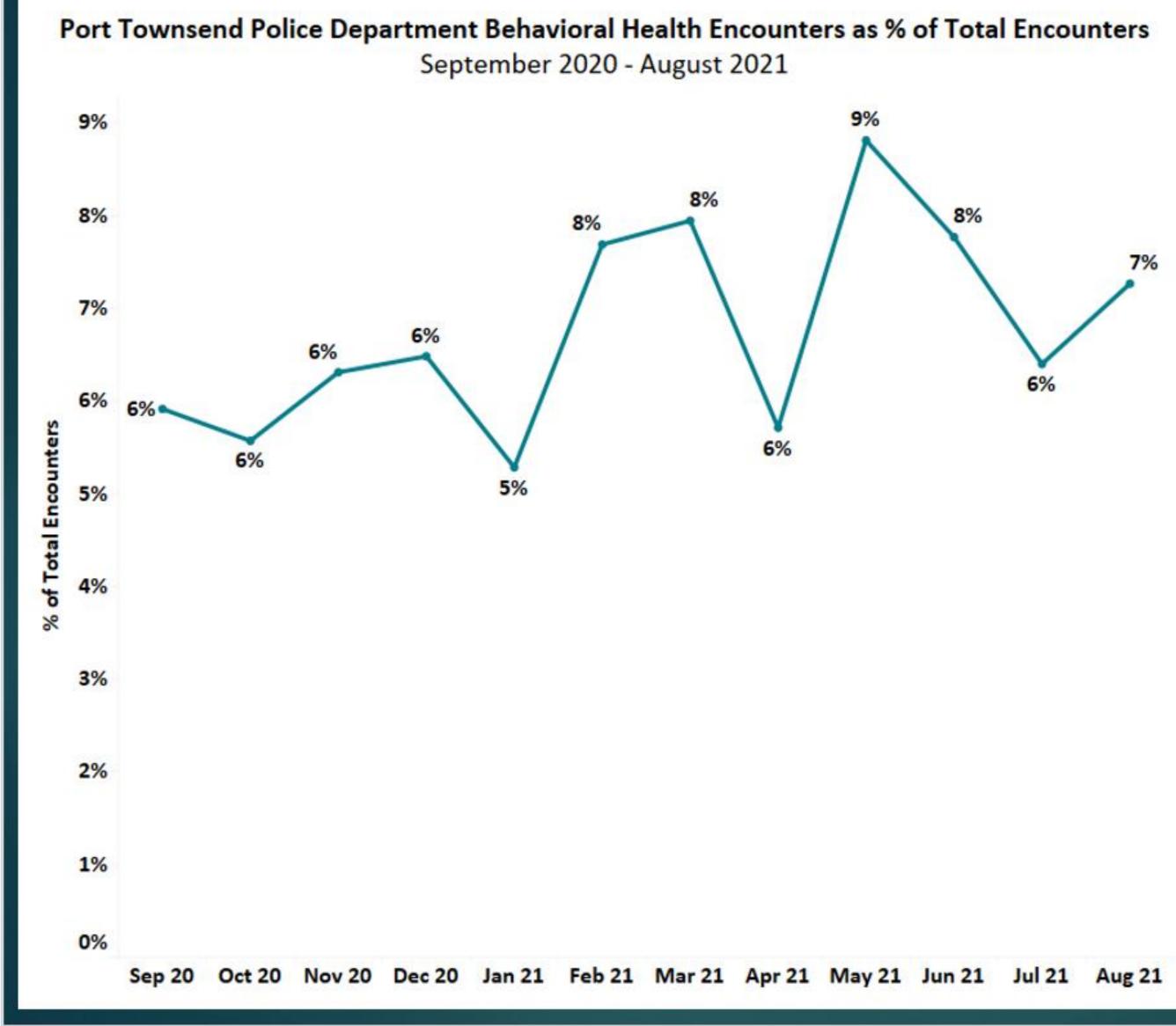
County Behavioral Health Data Lisa Grundl and Aimee Dubbs, HFPD



Behavioral Health Consortium (BHC) Meeting – January 13, 2022

W W W . B E H E A L T H Y J E F F E R S O N . C O M





Between 5% and 9% of Port Townsend Police Department encounters are related to Behavioral Health.

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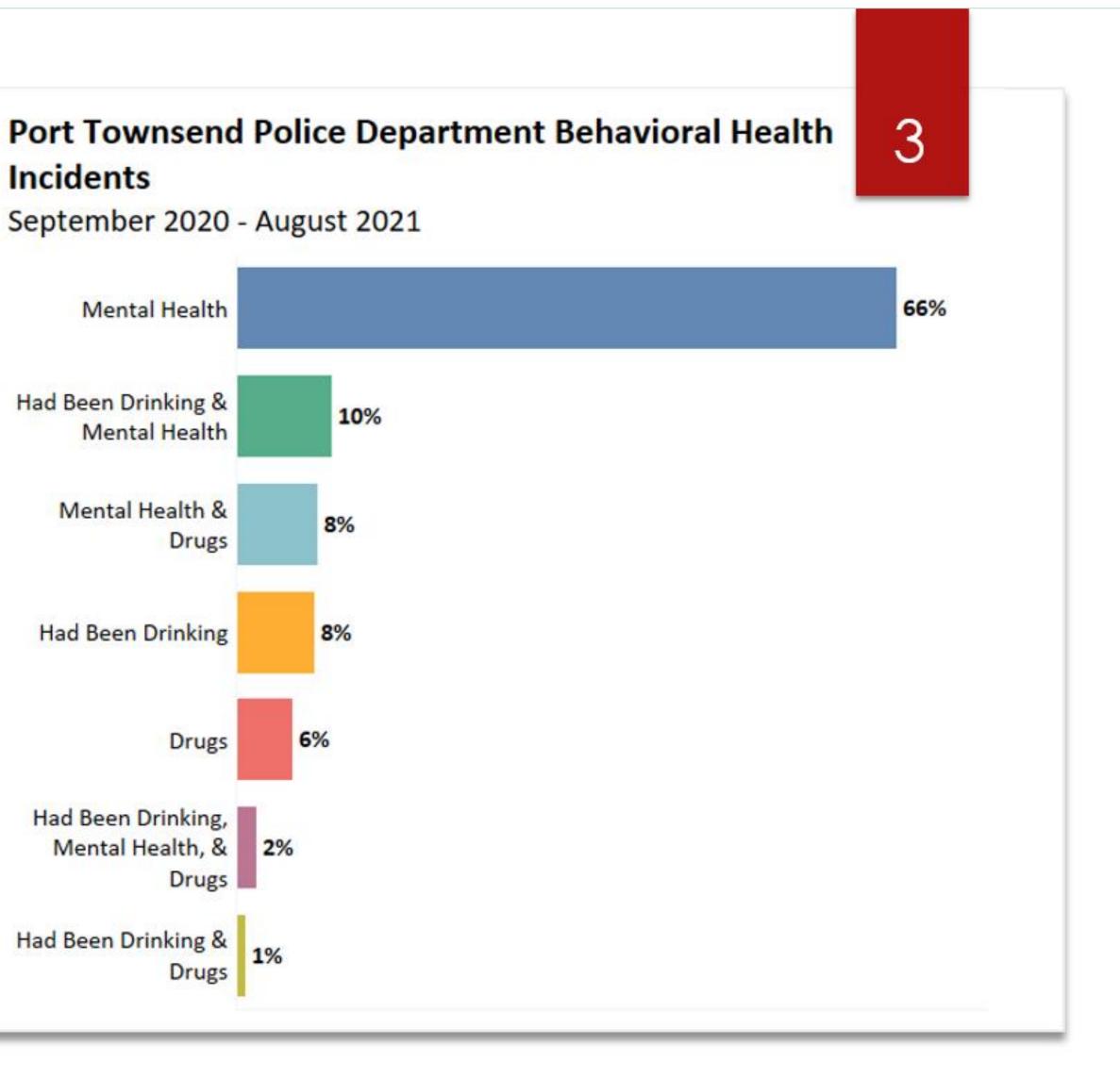
The percentage of • calls related to **Behavioral Health** were lowest in January and has increased over the past few months.



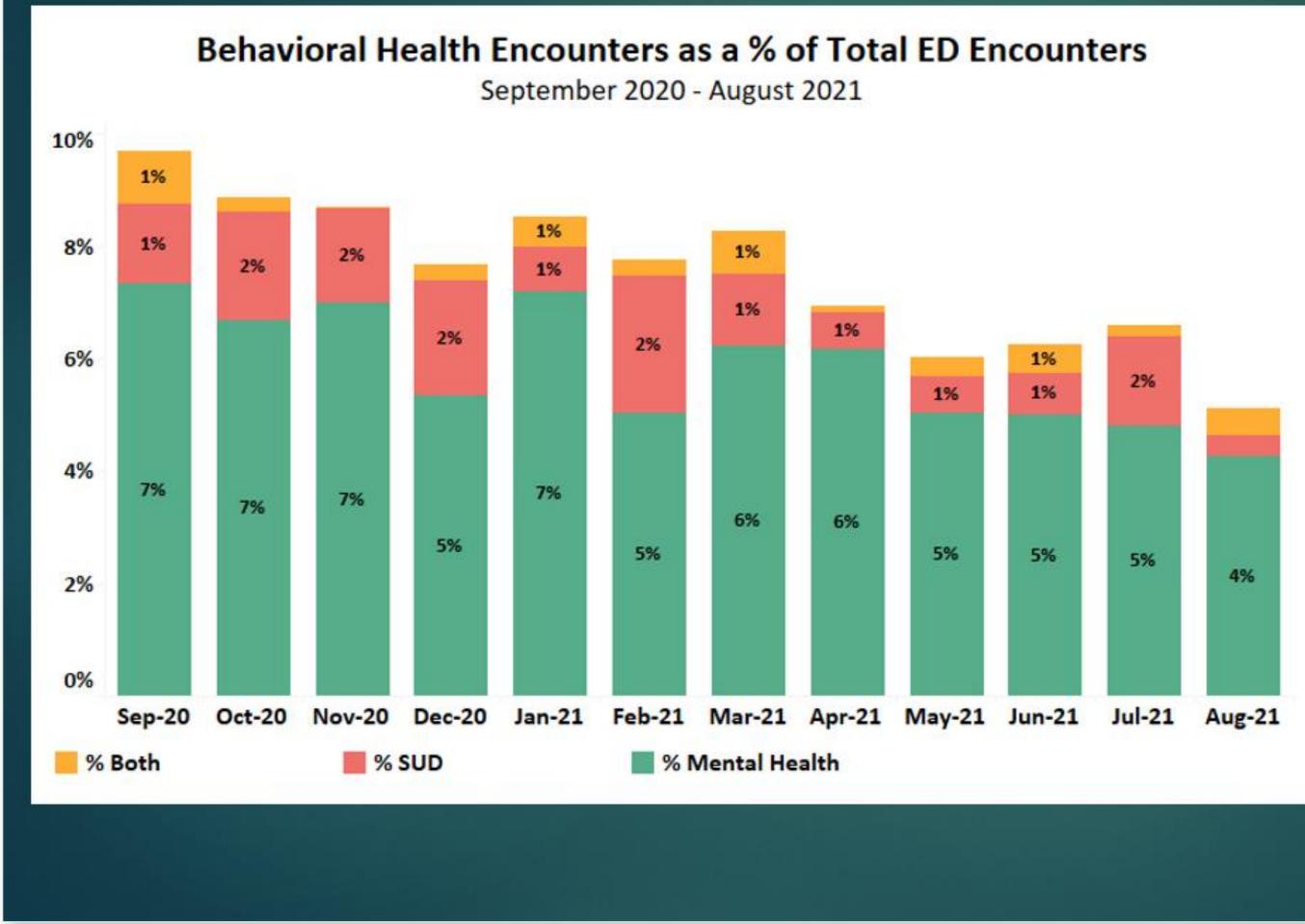
▶ 85.6% of the behavioral health incidents include a mental health component

> ▶ Of that, 12% include alcohol and 9% include drugs

► 21% include alcohol ▶ 16% include drugs







Behavioral Health Consortium (BHC) Meeting – January 13, 2022

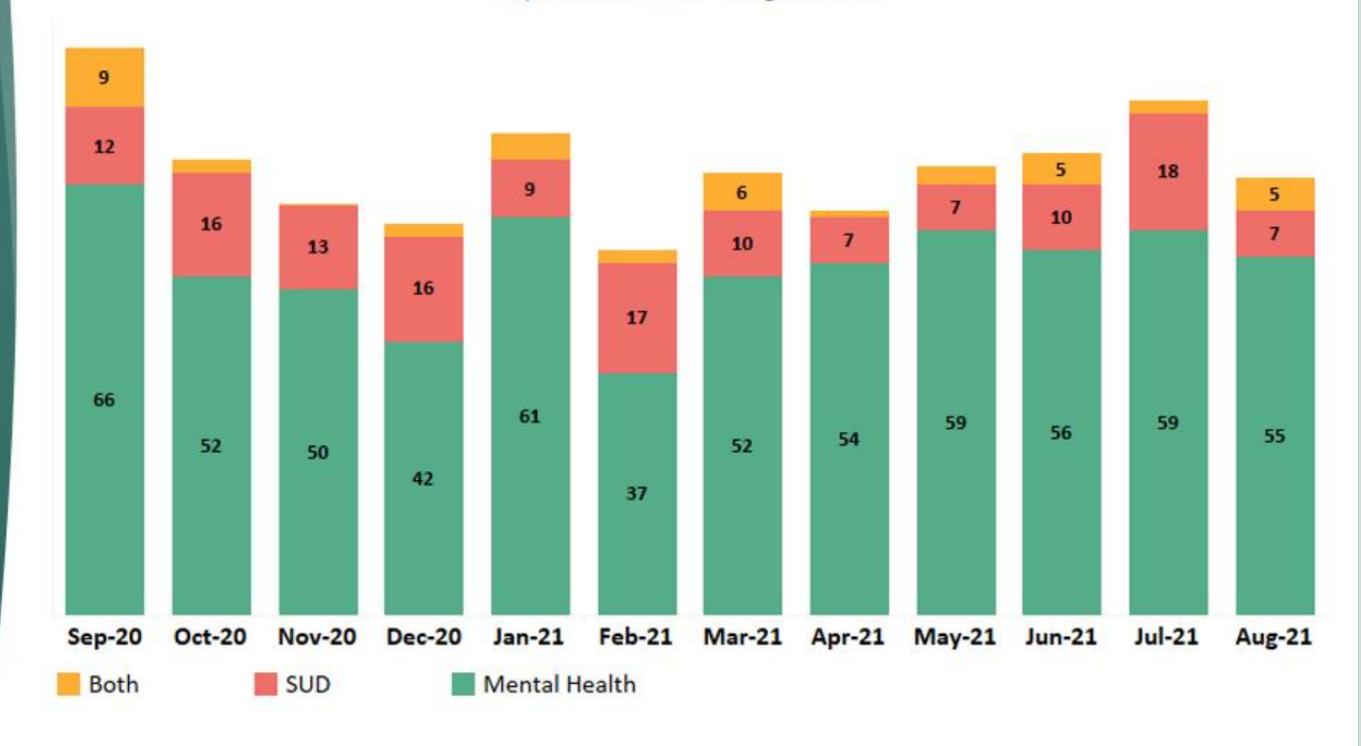
Less than 10% of all **Emergency Department** encounters at Jefferson Healthcare are related to Behavioral Health.

Between September 2020 and August 2021, the percentage of total encounters related to behavioral health decreased.



▶ More than 80% of Jefferson Healthcare's behavioral health related emergency and primary care visits are related to mental health.

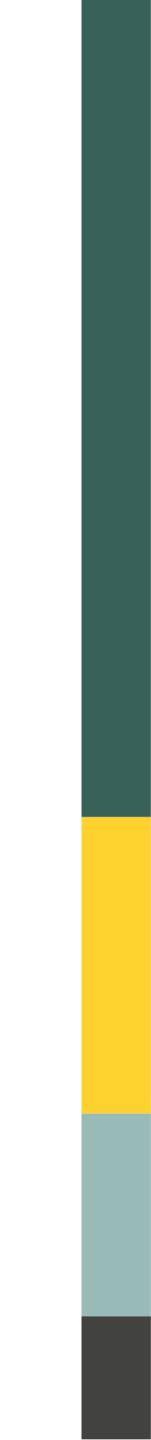
► While encounters have been relatively stable over the past year, September 2020 and July 2021 represented the largest number of month encounters at 78 and 77, respectively.

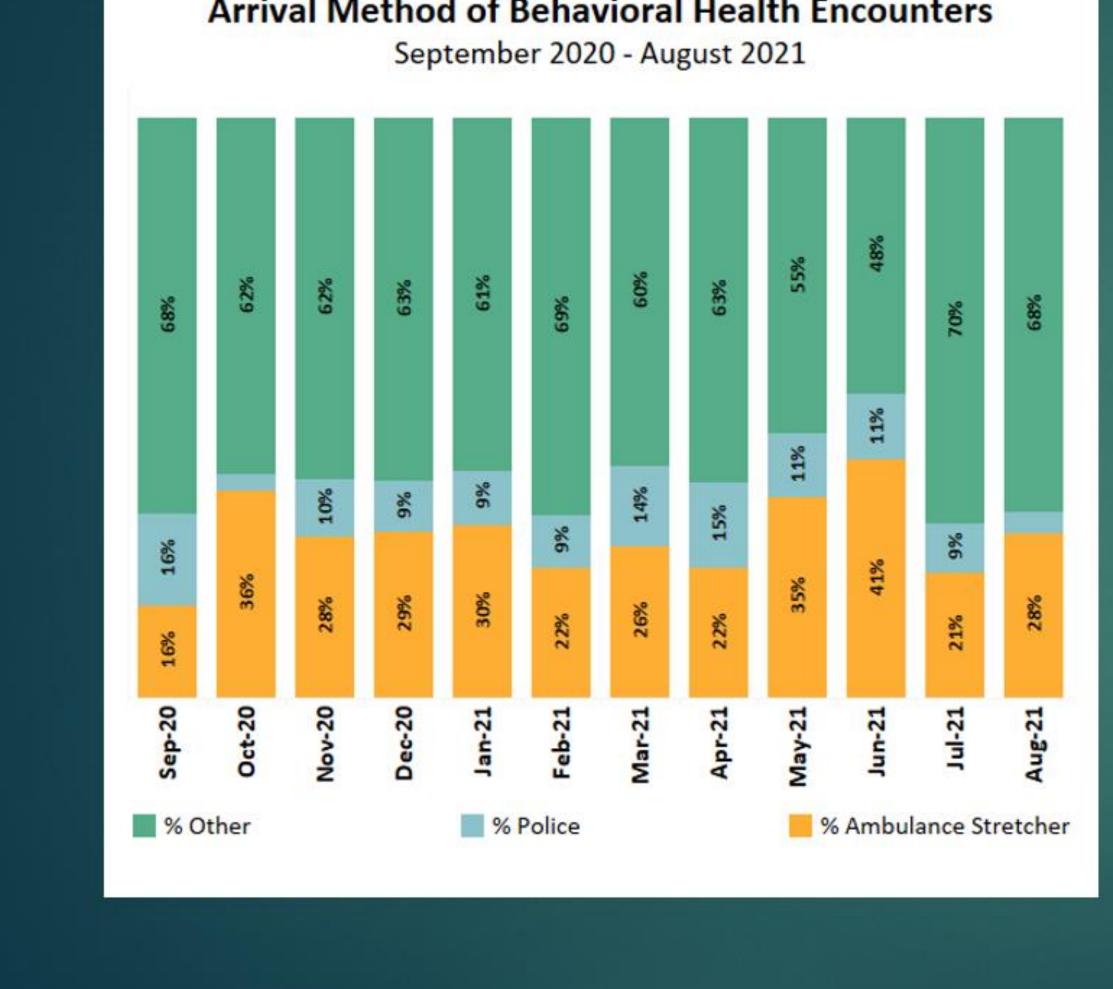


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Emergency Department and Primary Care Behavioral Health Encounters

September 2020 - August 2021





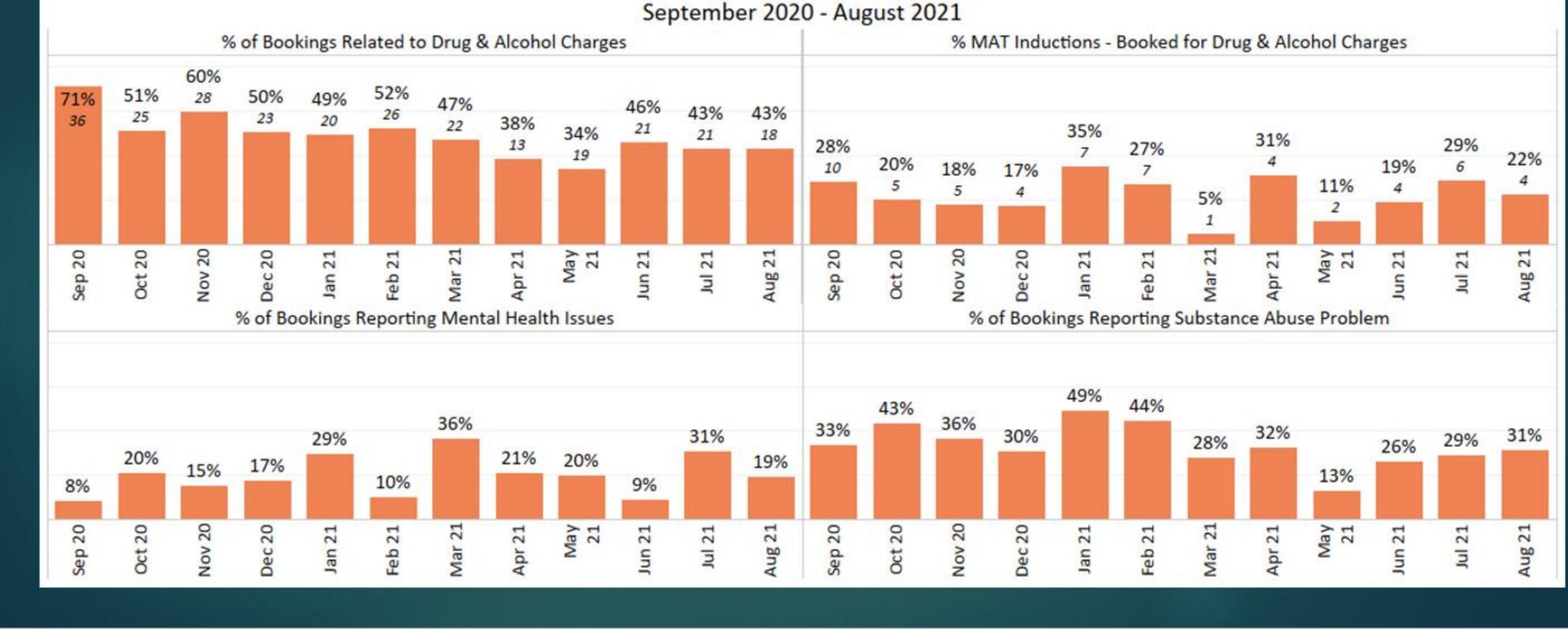
Arrival Method of Behavioral Health Encounters

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Most behavioral health patients arriving at the Emergency Department do not arrive by police or ambulance.



Approximately 71% of bookings in September of 2020 were related to drug and alcohol charges, compared to 43% in August of 2021. Jefferson County Jail data indicates the percentage of total bookings related to drug and alcohol charges has decreased in recent months. Self reporting of mental health and substance abuse had significant variation by month, with more individuals self reporting substance abuse than mental health issues overall.



Jail Intake - Monthly Encounters

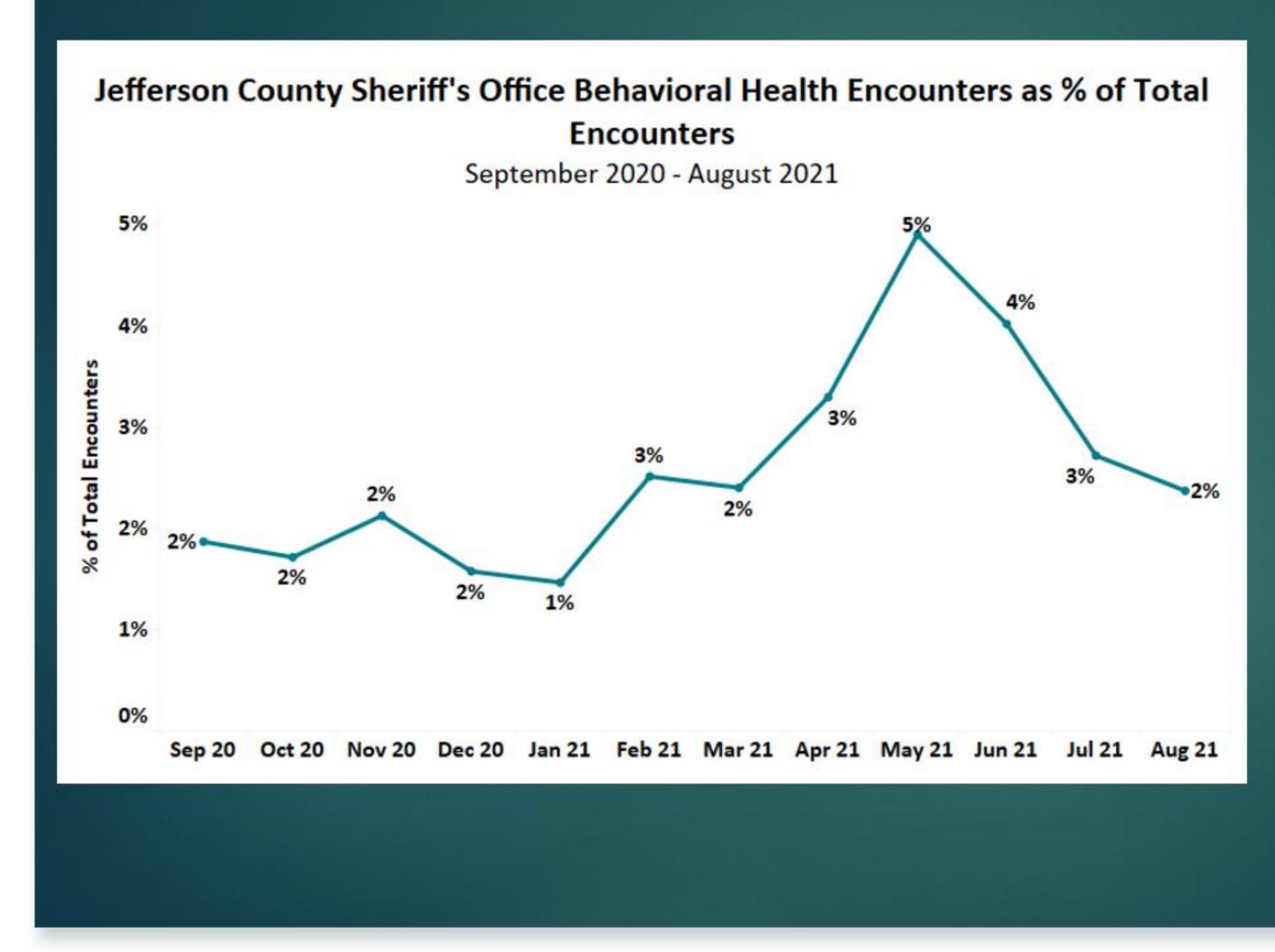


	Report Substance Abuse	Reported Mental Health		Booked on Drug & Alcohol	
	Problem	Issue	Reported Suicidal Thoughts	Charges	MAT Inductions
September 2020	17	4	1	36	10
October 2020	21	10	1	25	5
November 2020	17	7	0	28	5
December 2020	14	8	0	23	4
January 2021	20	12	0	20	7
February 2021	22	5	1	26	7
March 2021	13	17	1	22	1
April 2021	11	7	0	13	4
May 2021	7	11	0	19	2
June 2021	12	4	1	21	4
July 2021	14	15	0	21	6
August 2021	13	8	0	18	4
Average Monthly Encounters	15.1	9.0	0.4	22.7	4.9

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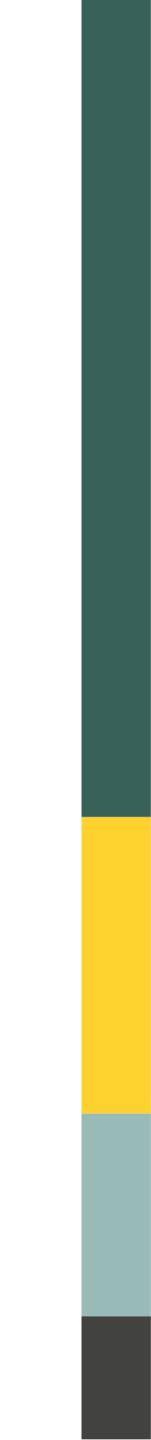
Behavioral Health Consortium (BHC) Meeting – January 13, 2022

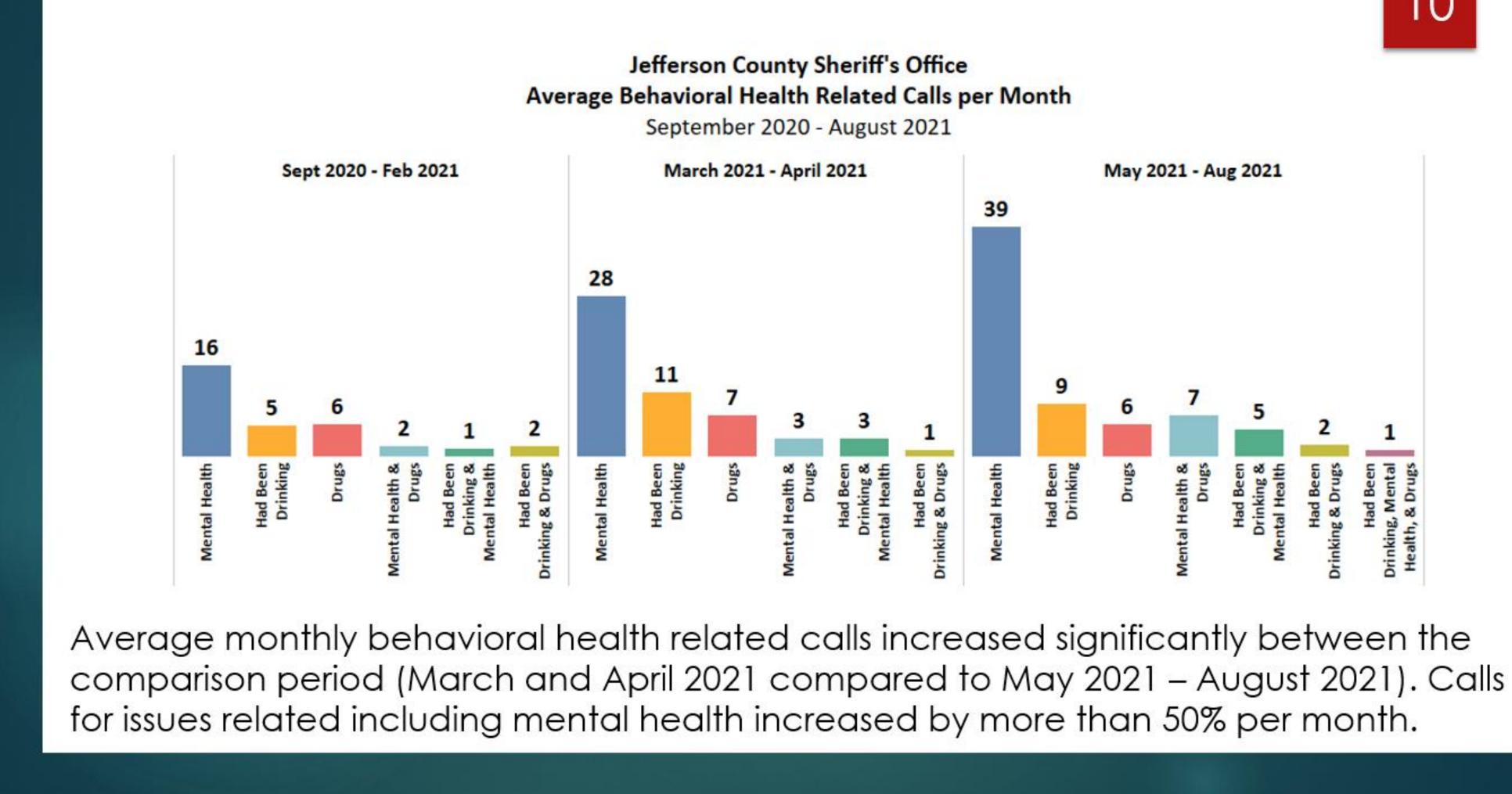
Between 1% and 5% of JCSO encounters are related to Behavioral Health.

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 The percentage of total calls peaked at 5% in May and decreased between June and August.

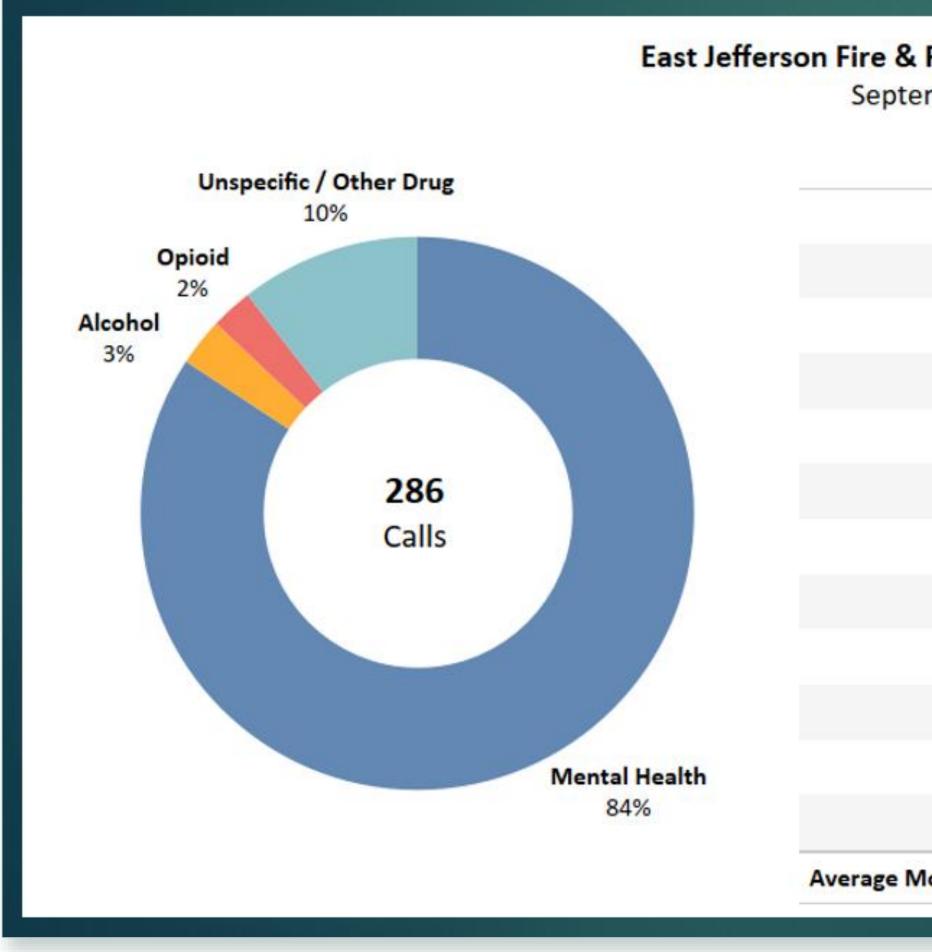
W W W . B E H E A L T H Y J E F F E R S O N . C O M







Between 5% and 9% of East Jefferson Fire & Rescue's total calls each month are related to behavioral health. More than 80% of these behavioral health related calls are identified as being related to mental health. On average there are 20 mental health calls per month.



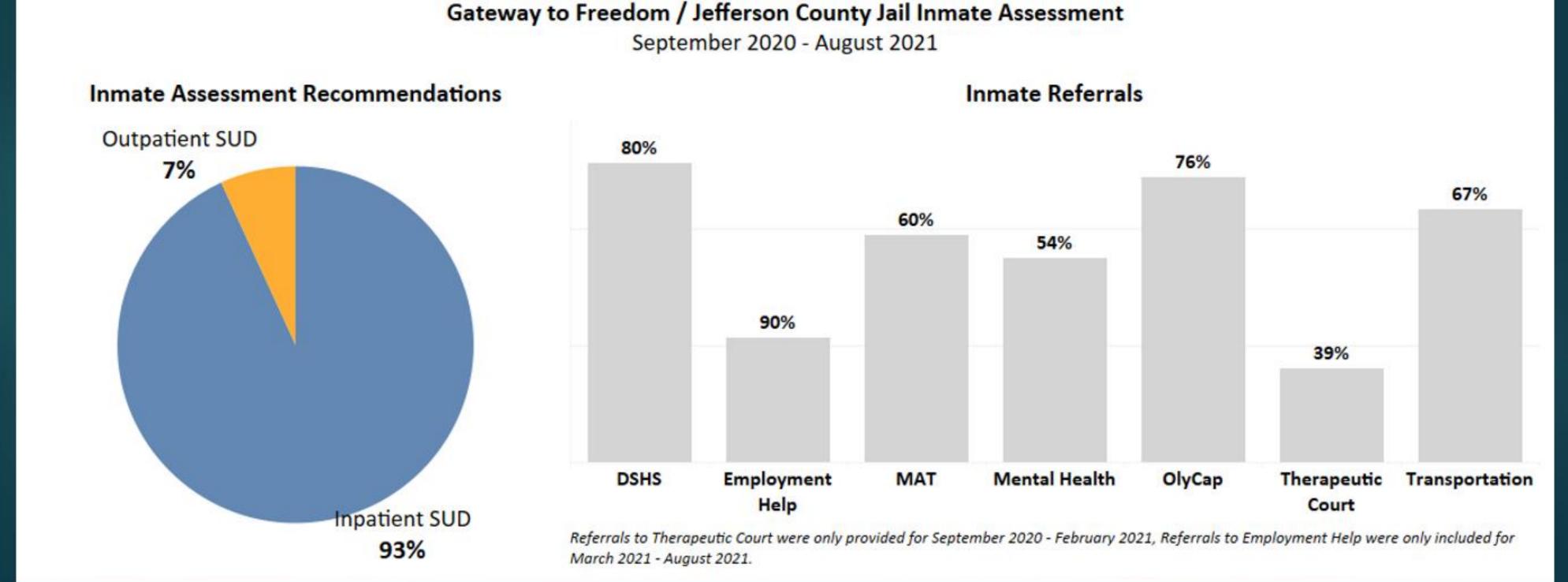
East Jefferson Fire & Rescue Behavioral Health Related Calls

September 2020 - August 2021

	Mental Health	Alcohol	Opioid	Unspecific / Other Drug	% of Total
Sep-20	26		1	1	7.8%
Oct-20	26			5	8.6%
Nov-20	19	1	1	2	6.8%
Dec-20	16	1		2	5.6%
Jan-21	21	4			7.4%
Feb-21	17		1	4	5.6%
Mar-21	19	1		4	7.8%
Apr-21	15		1		4.6%
May-21	20		1	3	7.6%
Jun-21	23			6	8.1%
Jul-21	19		1	3	4.8%
Aug-21	20	1	1		5.1%
Nonthly Volume	20.1	0.7	0.6	2.5	



More than 90% of Gateway to Freedom Jefferson County Jail inmate assessments result in recommendations for inpatient SUD treatment. 60% of assessments also result in a referral to MAT and 54% to mental health services. Importantly, the vast majority also need assistance with transportation and other social determinants of health (housing, employment, etc.)

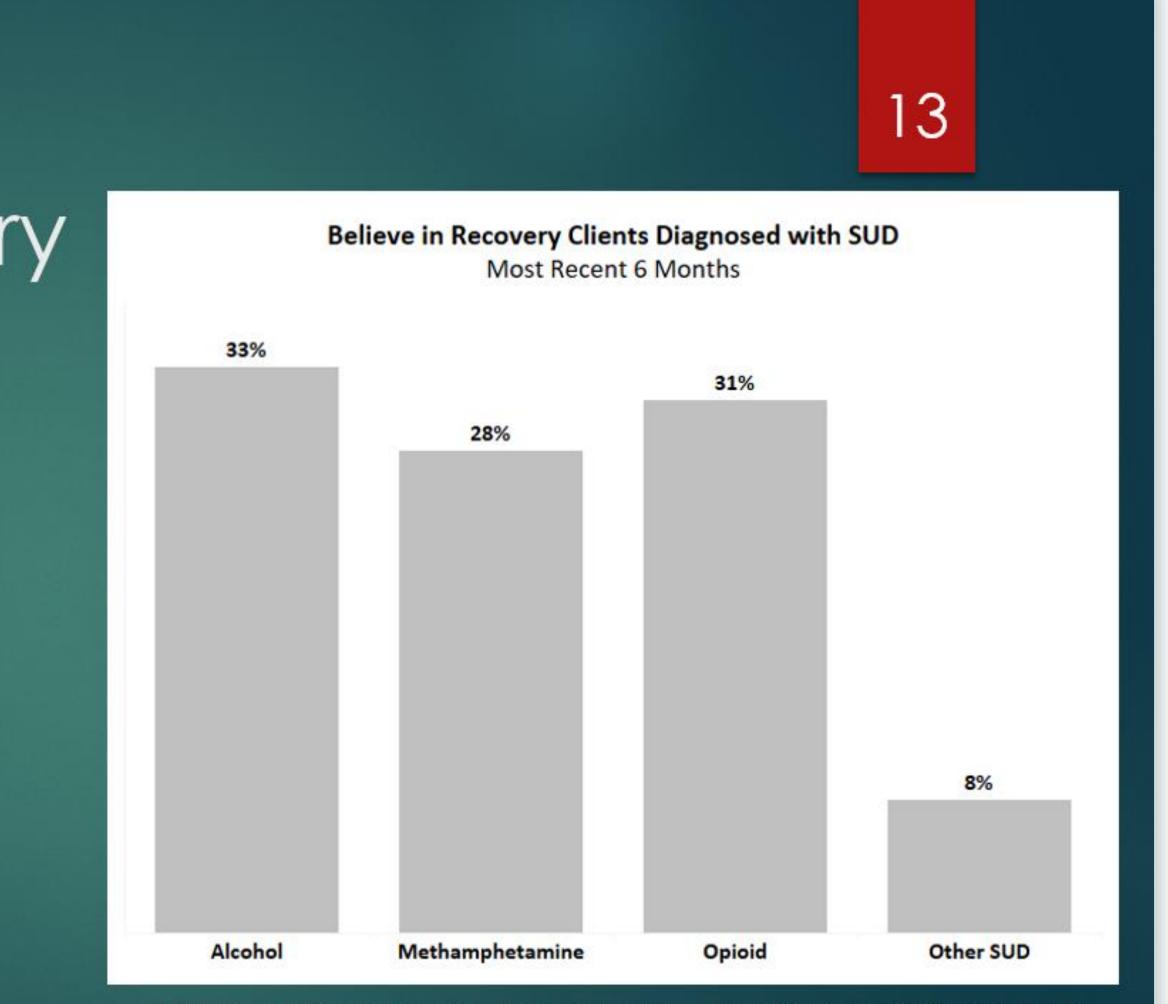


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Believe in Recovery

- Of the clients screened for SUD by Believe in Recovery in the most recent 6 months:
 - 33% were diagnosed with alcohol use disorder
 - ▶ 31% with Opioid use disorder
 - 28% with Methamphetamine use disorder
 - 8% were diagnosed with "other SUD".



100% of Believe in Recovery clients receiving MAT services have been receiving MAT for 3 or more months without interruption.



SBHO-ASO – Upcoming Program/Funding Overview

	Program	Initiation Date	Funding	Of Note
	Mobile Crisis Team Expansion - Youth Add CHILD- focused Crisis Providers to the existing DBH Mobile Crisis Outreach team	SBH-ASO goal is to have contract completed by May 1 st , with functionality in place by June or July 1 st , 2022	Senate Bill 5092 allocated \$372k for Clallam and Jefferson to split. HB 5073 treatment- focused funds that have been newly added, and must be awarded to BHA certified agency.	Hours are determined need. (A review of how would be served by Crit had low numbers. Also Jefferson also has WYS with youth.) Encounter and suppler collected for this progr This resource will supp Team members, provid consult, direct services outreach to schools.
	Mobile Crisis Team expansion - Certified Peer Counselor Add ~.5 FTE Certified Peer Counselor (CPC) to the existing DBH Mobile Crisis Outreach team	Funding will be added to contracts effective 1/1/2022.	Enough \$\$ to support ~.5 FTE CPC resource These are HB 5073 treatment-focused funds that have been newly added, and must be awarded to BHA certified agency.	CPC will be required to crisis-specific peer train developed by DBHR. A CPC may not provide initial crisis response in position may provide co another crisis staff and following up on a crisis SBH-ASO did a CPC train for 14 people, another scheduled for 4/25/202 candidates have complete and are prioritized if the this program.

See Lori's SBH-ASO 12/9 Board Meeting Notes

d by Jefferson's ow many children risis Team Contact so, note that 'SE team working

emental data will be gram

port the DBH Crisis ide additional es, and ideally

to participate in aining being

de independent independently. This co-response with nd/or peer services sis event.

aining in October er training is 022. Jefferson pleted the training they will be filling in





SBHO-ASO – Upcoming Program/Funding Overview

Program	n Initiation Date	Funding	Of Note
Pilot - Peer Pathfinder Transition from Incarceration Add ~.5 FTE Certified Peer Counselor (CPC) to the existing DBH Jail Transitions Program	Funding to be added to existing DBH Jail Transitions Program from 01/01/2022 through 2023	Pilot program Funded through 2023 – and expect to extend beyond that with State Level ARPA funding.	Jail Transition Program (tran engagement in services) Cer Counselor services will be av individuals who are exiting in and up to 120 days post rele Jail Transition Certified Peer would be connected to the i pre-release or at release to p continuity of care through th community. The goal is to he individuals back to independ with transitions back to com decrease recidivism – sociall not near dealer, etc.
Co-Responder Program ? ~.5? FTE for a credentialed Co-Responder to join a First Responder team.	RFP will likely go out in March 2022.	HCA to fund \$90k – and only ONE award is available across all three counties – and ideally will address an area not already served.	Originally SBH-ASO intended with credentialed agencies is with an EMS or law enforced However, HCA mandated at minute that the funds should directly to law enforcement Hence, the individual hired to contract would have to be lis independently, or the law enforcement/EMS agency of with an agency SBH-ASO all credentialed. Currently we have DBH over Sheriff Co-Responder and M an independently licensed F Responder.

Behavioral Health Consortium (BHC) Meeting – January 13, 2022

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SBHO-ASO – Upcoming Program/Funding Overview

Program	Initiation Date	Funding	Of Note
REAL Service Led by DBH) Stands up a REAL Program team for Jefferson County including one Project Manager, one Care Manager, and two Recovery Coaches.	Year 1 Underway. Expect to release an RFP in Mar 2022 for funding post July 1 st , 2022	\$247,000 for 9 mos SB5476, which is the legislative response to State v. Blake decision, requires BH- ASOs to establish a Regional Recovery Navigator Program - (Changed name to - Recovery, Empowerment, Advocacy and Linkage - REAL)	Each R.E.A.L. Prog Manager, Care M Coaches. Program requires Operational Work BHC may be an all Policy workgroup as what is/is not of process, etc. It is reduction, trauma inclusive principle staffed by individ experience. The R.E.A.L. Prog community-based in need. Priority Individuals with a occurring needs Individuals with a enforcement or a Individuals who accessing service service model Referral sources: Prioritize law enfor
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Behavioral Health Consortium (BHC) Meeting – January 13, 2022

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es both a Policy and an rkgroup be stood up. anchor point for the p to address items such working in the referral s driven by harmna informed, culturally les and is intended to be duals with lived

gram teams provide ed services to individuals Populations:

substance use or co-

frequent contact with law first responders

have had challenges es under the traditional

nforcement referrals

nunity referrals for the ions See Lori's SBH-ASO 12/9 Board Meeting Notes



Reminders and Resources

- Reminder: The BHC's next data milestone, covering September 2021 -February 2022, is due on 3/15/2022.
- Course: Being and Becoming a Rural MOUD Provider This course is limited to current MOUD prescribers in rural areas only and to providers such as NPs, Please register with Jason Harris at: JHarris@jbsinternational.com
- Course: Stigma: Promotes basic SUD/MOUD education and addresses fear and stigma within the clinical settings.
 - Short video for busy medical staff: Tell me What to Say and How to Say It
 - Stigma reduction training and educational materials

PAs, MDs, medical students, or others who have the ability to prescribe MOUD.



C Relevant Resources – Cont'd

Provider/Program Supports:

<u>CA Bridge</u>: Medication protocols, quick start guides, MOUD implementation blueprints and staff trainings: Link at: https://cabridge.org/

<u>PCSS NOW</u>: Free data waiver trainings, clinical staff trainings and guides, ability to submit a clinical questions, discussion forum and potential to be connected with a prescribing provider mentor: Link at: <u>https://pcssnow.org/</u>

<u>Opioid Cloud</u>: Collection of research and resources related to treatment, recovery, stigma reduction, peer support, SUD treatment for parenting and pregnant women, recovery friendly workplaces etc. Link at: https://www.opioidlibrary.org/



C Potential Funding Opportunities

- SAMHSA <u>SP-22-001</u> Harm Reduct Program Suicide/Early Prevention; \$400,000.
 Post 12/8; Due: 2/07/22; Start: Unknown
- HRSA 22-061 RCORP OU/MH/BH \$520k
 Post: 12/17/21, Due: 3/18/22, Start 9/1/2022
- HRSA 22-060 RCORP-PsychoStim \$520k
 Post 1/12/22, Due: 4/13/22, Start: 9/1/22
- SAHMSA SM-22-003 Youth Suicide/Early Prevention; \$733,333.33 Post 12/30/21; due: Unknown; Start: Unknown
- SAMHSA TI-22-005 State Opioid Response-Regional; ?\$23,666,666? Post 2/15/22; due: Unknown; Start: Unknown.
- HRSA-23-057 RCORP-I \$714,285.00
 Post: 11/18/22, Due: 2/16/23, Start: 9/1/23

HRSA-22-061 Rural Communities Opioid Response Program – Mental and Behavioral Health Rural Communities Opioid Response Program-Psychostimulant Support rtmont of Ucalth and Uu « Ba Garrett Lee Smith State/Tribal Youth Suicide Prevention and Early Intervention Grant Program SP-22-001 Harm Reduction Program Grant Subscri TI-22-005 State Opioid Response Grants Department of Health and Human Services Substance Abuse and Mental Health Services Adminis HRSA-22-057 Rural Communities Opioid Response Program-Implementation Department of Health and Human Services Health Resources and Services Administration VERSION HISTORY RELATED DOCUMENTS PACKAGE FORECAST NOTE: This is a Forecasted Opportunity General Information Document Type: Grants Notice Version: Forecast 2 Opportunity Number: HRSA-22-057 Forecasted Date: Jun 25, 2021 Opportunity Title: Rural Communities Opioid Response Program-Last Updated Date: Jul 07, 2021 mplementation Estimated Post Date: Nov 18, 2021 Opportunity Category: Discretionary Estimated Application Due Date: Feb 16, 2022 Opportunity Category Explanation: Estimated Award Date: Funding Instrument Type: Grant Estimated Project Start Date: Sep 01, 2022 Category of Funding Activity: Health Fiscal Year: 2022 Category Explanation: Archive Date: Expected Number of Awards: 70 Estimated Total Program Funding: \$50,000,000 CFDA Number(s): 93.912 -- Rural Health Care Services Outreach, Rural Award Ceiling: \$0 Health Network Development and Small Health Care Provider Quality Improvement Award Floor: \$0 Cost Sharing or Matching Requirement: No Name: Health Resources and Services Administration ption The purpose of the Rural Communities Opioid Response Program-Implementation is to strengthen and expand SUD/OUD prevention, treatment, and recovery services to enhance rural residents' ability to access treatment and move towards recover



Upcoming Meetings

- Weekly Tuesdays and Thursdays BH Therapeutic Court and Therapeutic Drug Court respectively
- 1/13 YMPEP Regional Mtg (Marijuana Prevent)
- 1/13 Whitehouse Rural Stakeholder's Call
- 1/13 BHC Meeting DATA Updates/Case Study
- 1/18 South County Harm Reduction Meeting
- 1/19 Amy Snodgrass re: Listening Sessions
- 1/19 Behavioral Health Summit Meeting
- 1/19 Fire Commissioner Board Meeting
- 1/20 Virtual Engagement for Professionals

- 1/20 Board of Health CHIP Presents
- 1/21 SBH-ASO Exec Board Meeting
- 1/31 Benji Project Board Meeting
- 2/02 NACCHO MH/Climate
- 2/03 RCORP-I Coaching Meeting
- 2/07 WA State SSP
- 2/08 ?Affordable Housing?
- 2/08 LF/CHIP-BHC/AM

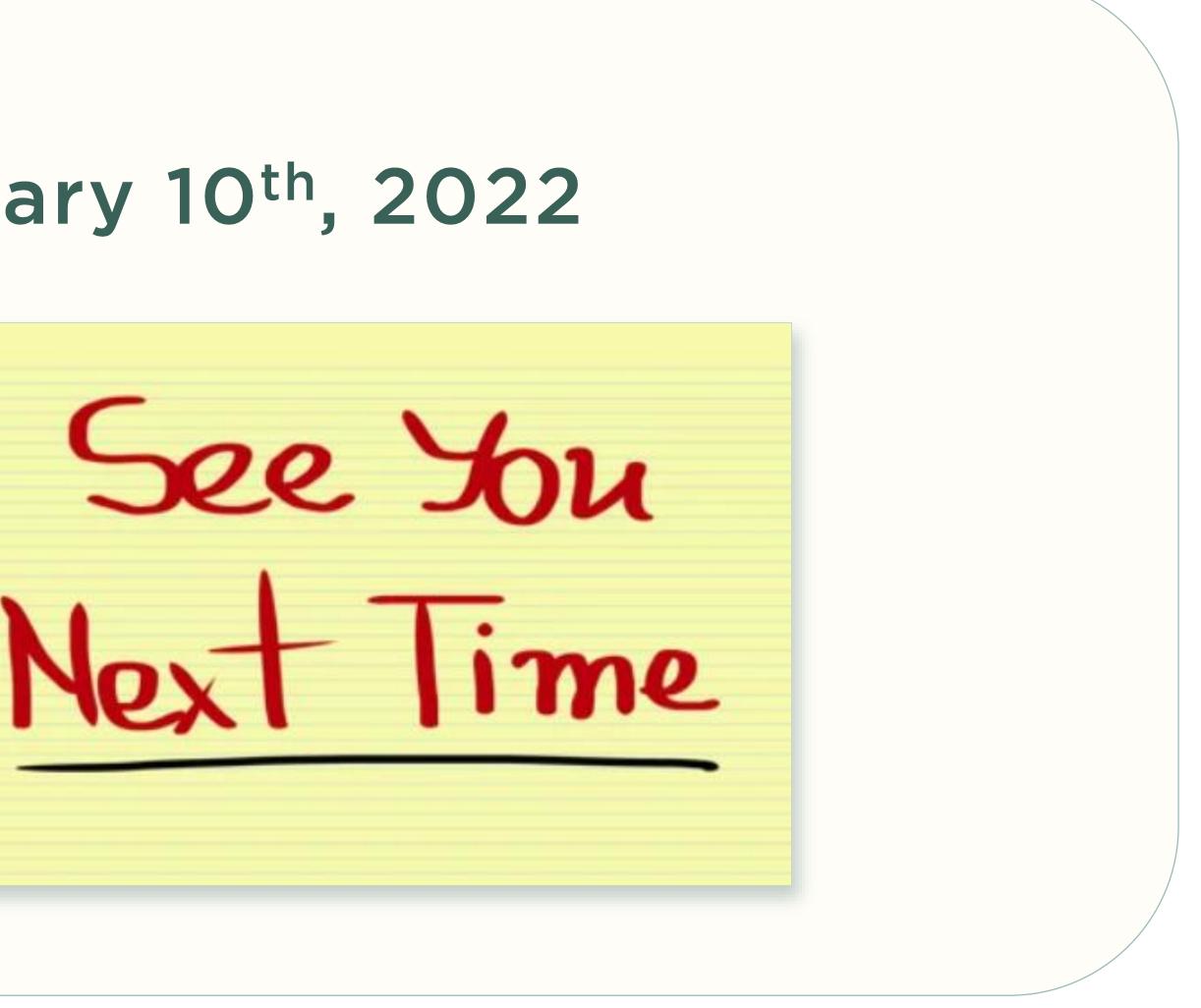




Thursday, February 10th, 2022









C Acronym Sheet

- **BH** Behavioral Health
- **BHC** Behavioral Health Consortium
- **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 and
- **Development Consultants**
- HRSA Health Resources and Services Administration

- **ITA** Involuntary Treatment Assessment
- **MAT** Medically Assisted Treatment
- MH Mental Health
- **OUD** Opioid Use Disorder
- **PTPD** Port Townsend Police Department
- **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)
- **SUD** Substance Use Disorder
- **TBH** To Be Hired
- **VOA** Volunteers of America Crisis Line
- Vol Voluntary
- Invol Involuntary

