REPORT ON BHC CONSORTIUM RETREAT, WEDNESDAY 6 NOVEMBER 2019

Attendees: Adam York, JHC; Anna McEnery, JCPH; Apple Martine, JCPH; Brian Richardson, Recovery Café/Dove House; Darcy Fogarty, Recovery Community; Dave Fortino, County Jail; Cabbie Caudill, Believe in Recovery; James Kennedy, County Prosecutor; Jenn Wharton, JHC; Jim Walkowski, EJFR; Joe Nole, County Sheriff; Jolene Kron, BH-ASO; Jud Haynes, PT Police; Lisa Rey Thomas, Regional Rep; Matt Ready, JHC; Mike Evans, PT Police; Natalie Gray, DBH; Patrick Johnson, NAMI; Vicki Kirkpatrick, JCPH; Lisa Grundl, HFPD; John Nowak, CHIP; Lori Fleming, CHIP; Bernadette Smyth, CHIP.

INTRODUCTION

On Wednesday, 6th November 2019, a four-hour Retreat was held in Jefferson County with the members of the Behavioral Health Consortium, including all ad hoc members, to reach preliminary consensus on crisis facility operational and programmatic models; to discuss workforce and governance; and to come to a consensus on next steps for the work of the Consortium.

The format of the day included presentations by experts on the various topics, and breakout groups around a number of questions for the group to consider. Discussion was robust throughout the day, with all members of the group engaging and helping to explore and outline many of the variables in the search for a facility model and interim strategy. Members of the group indicated that they now had a clear understanding of the issues to be considered in the development of a crisis stabilization facility and the steps needed to create a continuum of services to meet the needs of the community in the interim and beyond. The following is a synopsis of the outcomes of the Retreat.

VISION, MISSION, VALUES OF THE CONSORTIUM

- Vision: To provide Jefferson County residents with treatment and recovery supports as they move toward stability and the recovery of their health and wellness.
- Mission: To serve as a strong infrastructure between agencies, identify methods, integrate mental health and substance abuse services, lower cost, create access to appropriate services at the appropriate time, and to implement evidenced-based, innovative approaches for value-based Healthcare.
- Values: Making the lives of the residents of Jefferson County better through:
    - Community Engagement
    - Transparency
    - Teamwork
    - Acknowledging that inclusion, collaboration, respect, diversity and cultural humility are fundamental in developing needed services and programs
    - Integrity
    - Evidence-based science
    - Placing the needs of the community at the forefront of all our efforts

DATA AND OTHER CONSIDERATIONS ON FEASIBILITY OF PROPOSED FACILITY

Jefferson County Data

Health Facilities Planning & Development, the consultant hired by the Consortium, have gathered a wealth of SUD and behavioral health data from Consortium members in Jefferson County about who comes to the attention of first responders and law enforcement, and who's ending up in the Hospital, jail or at Discovery Behavioral Health (DBH). From this data, it is clear that the Consortium is not looking at a large facility, which will guide much of the conversation about facility model options and what else we need to know to move forward with plans.

Data Source	Annual Volume	Notes
Jefferson Healthcare	600	BH related ED Visits
Discovery BH	50	Involuntary detentions
	70	Voluntary placements
	140	ITA Investigations
	568	Unduplicated crisis services (includes outpatient)
Jefferson County Jail	892	Mental health related bookings (75% involved alcohol/drug charges)
Jefferson County Sheriff	354	Mental health related incidents
	397	SUD related (44 MH and SUD)
East Jefferson Fire Rescue	29	Incidents of Opioid Overdose
	59	Transports from JH to inpatient BH facility
	100	Total BH responses
Port Townsend Police Department	579	BH related incident (had been drinking)
	353	BH related incident (drugs)
	1,318	BH related incident (mental health)

SBHO Data on Out-of-Region Behavioral Health Placements from Jefferson County

The following are out-of-region figures from Salish Behavioral Health Organization. Figures are for January to September 2019 using clients' listed zip codes.

- 12 Jefferson County individuals were served in Kitsap's new Crisis Triage Facility (total bed count 97 days)
- 10 involuntary placements outside the region (any non-AIU/YIU; does not included continued stay authorizations)
- 11 voluntary placements outside the region (any non-AIU/YIU; does not include continued stay authorizations)
- 2 requests from Jefferson County for involuntary substance use treatment
- 223 unduplicated individuals who had crisis context through DBH (392 for all of 2018)
- 3 single bed certifications (individuals who are involuntarily detained; no bed anywhere else in the state to place them in psychiatric hold). One in February, one in May, one in June.
- 2 no-bed reports (no psychiatric bed/community hospital placement option). Mostly substance use disorder.

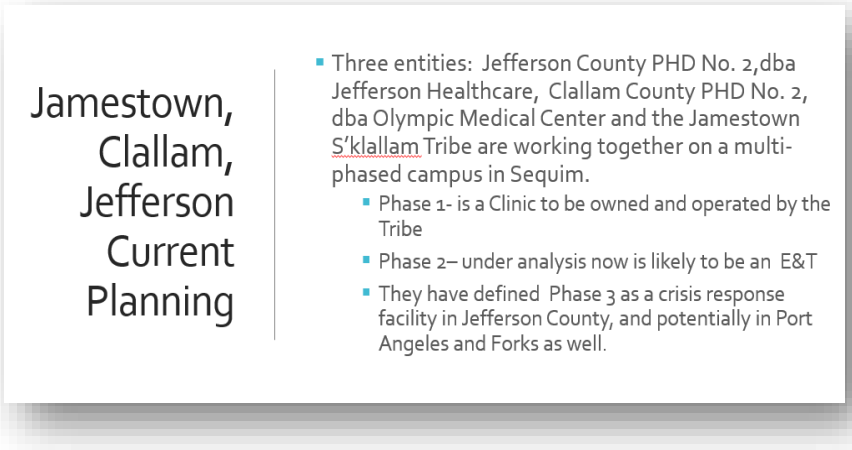
Stabilization, Evaluation & Treatment, and Hospital Treatment Rates (per diem)

Rates vacillate broadly—many places charge for each service provided in addition to the cost of stay (doctor visit; counsellor visit; etc.). Invoicing upwards of $1,500 to $2,000 a day for individuals has been recorded.

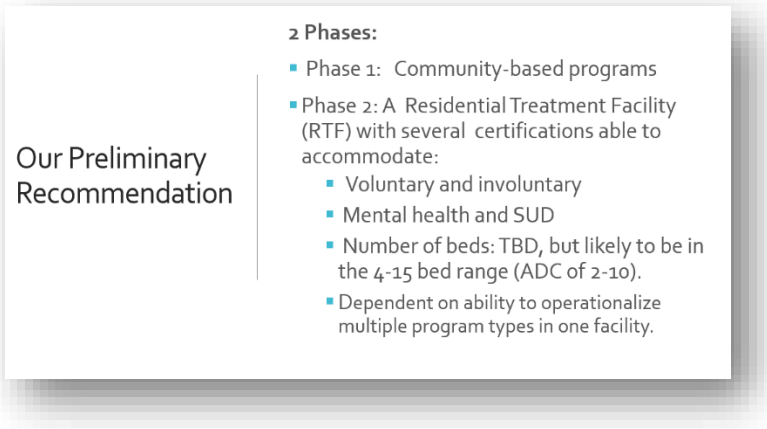
- Stabilization: Average across the state: $400 - $475
- Evaluation and Treatment: Average: $850/900 to $1,800; King County has highest rates.
- Community Hospitals: $1,500 to $3,500; the highest rates were out of state.

Jamestown S'Klallam Healing Campus

Currently, there is a planning effort around the provision of behavioral health treatment in Sequim between Jamestown S'Klallam Tribe, Jefferson Healthcare, Olympic Medical Center, and Peninsula Behavioral Health. The first phase of the Jamestown S'Klallam Healing Campus project, which was recently awarded $7.2 million by the legislature, is an outpatient clinic focused on SUD. Their second phase will examine evaluation and treatment options, and their third phase includes providing services in outlying areas, including Jefferson County. The Jamestown S'Klallam Healing Campus has been identified as an important collaborator in the region for this BHC Consortium.



TWO-PHASE APPROACH TO MEETING THE BEHAVIORAL HEALTH NEEDS OF JEFFERSON COUNTY



Because a Residential Treatment Facility (RTF) will take 3-5 years to explore, plan and, if feasible, implement, the work of the Consortium has been divided into two parallel and overlapping phases so that there will be a continuum of services to meet the needs of the community and provide a basis for moving towards Phase 2 outcomes. Phase 1 projects will run alongside Phase 2 planning and will continue through and beyond the implementation of any Phase 2 option.

Consortium members engaged in robust discussions that included consideration of the need for a facility, service provision options, facility options, influencing state licensure rules, regional options, getting a place at the S'Klallam Healing Campus table and figuring how how we can complement each other, reimbursement and funding options, what supports and resources there are in the community, what suports and resources are missing in the community.

Phase 1: Community Based Programs

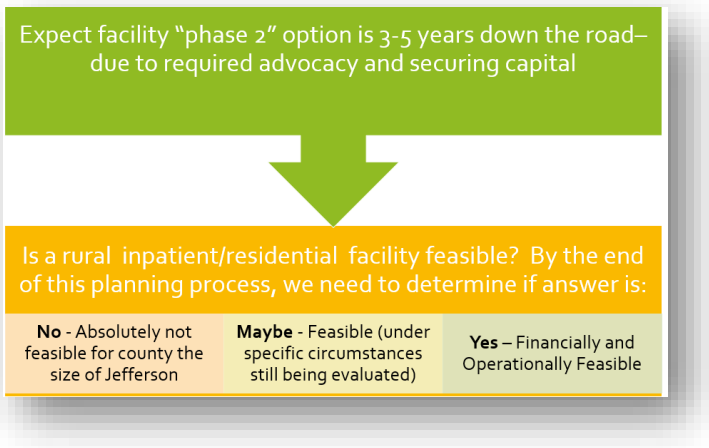
This phase will explore community-based programs that will both build on and enhance programs already in existence and identify new areas where more immediate access to behavioral health needs can be met in the short term. Phase 1 options will be implemented while the Phase 2 option continues to be explored and planned, and will extend beyond any Phase 2 option implementation. This will create a solid continuum of care in the County for residents experiencing an SUD/MH crisis.

The Consortium considered the "new or expanded services" proposed by HFPD, above, and further identified the following programs/actions during their breakout groups:

- Catalogue local services and determine which ones need some enhancement and additional resources, and which ones are doing well and can be used to augment this work. Provide support to services already in existence to maximize their efficacy.
- Collaboration between local services to ensure that there is transparency around services available in the community and ease of access for everyone. This will help providers do a better job of using and referring services efficiently, thus improving access to behavioral health for the community.
- Expansion of Navigator program to law enforcement, first responders, hospital
- Consolidation of Care Coordination and Follow-Through in the County and regionally
- BH training for first responders
- Wraparound services: Case managers who will follow through beyond jail/courts to ensure people are getting treatment, taking meds, etc.
- Stronger/better communication and discussion with the public on these complicated issues.
- Regional Outreach to facilities and services being provided outside the County in order to develop alliances with other initiatives, particularly the Sequim Behavioral Campus ongoing initiative.
- Continue to collect data from first responders, law enforcement, the hospital, and behavioral health service providers in order to standardize measures across agencies and continue the exploration of the feasibility of a Phase 2 Residential Treatment Facility or other option.
- Position ourselves at the various state, regional and local tables in order to influence licensure options to ensure they reflect the needs of rural counties in Washington and to ensure transfer options for certification of health care professionals moving states are streamlined.

The Consortium will meet again to prioritize where its energies should go and develop a strategy to implement proposed solutions:

Phase 2: Residential Treatment Facility



A Residential Treatment Facility that could provide an alternative to jail or hospital emergency department facilities for County residents with SUD/MH-related issues who become subject to the attention of law enforcement or EMS services, where people in crisis can be treated and connected to the long-term behavioral health services they need. Together with a strong day hospital, strong outpatient services, and varied community programs, this would create a full continuum of care for people suffering from mental health and substance abuse issues in the County.

It was proposed to and provisionally accepted by the Consortium that the most likely model would include Crisis Stabilization, Triage, and Evaluation and Treatment services, which would cover most of the short- and long-term behavioral health (MH/SUD) needs of the community. This would require a state license for the physical building, and agency licenses for the three service areas. While such a facility might have to accept people from outside the community, it would mainly fill the needs of the Jefferson County community. Once a number of beds has been decided upon, there is no requirement related to whether they are for voluntary or involuntary admissions—need and demand will determine bed use.

The group determined that, at the moment, they were solidly at a "Maybe" right now as to whether or not to go forward with a facility, and that further research would determine if the needle would ultimately swing to "Yes" or "No." The Consortium will continue to gather data on Jefferson County to determine need and the feasibility of the facility, including site visits to facilities in other counties to gather vital information and data that will feed into facility decision-making in Jefferson County. Deciding on the feasibility of a Phase 2 solution will include exploring a number of other areas, including:

- while whether there is a facility model that would work for a county of this size;
- how it will be staffed: finding that sweet spot that matches minimum staffing required to run the unit with the number of patients we are likely to have;
- ability to share staff between programs (particularly SUD/MH);
- upcoming facility licensing changes and timing;
- if it's possible to get capital funding for the bricks and mortar facility;
- what size a facility needs to be to properly serve the numbers in Jefferson County; exactly what *are* the numbers in Jefferson County;
- what services a facility will provide;

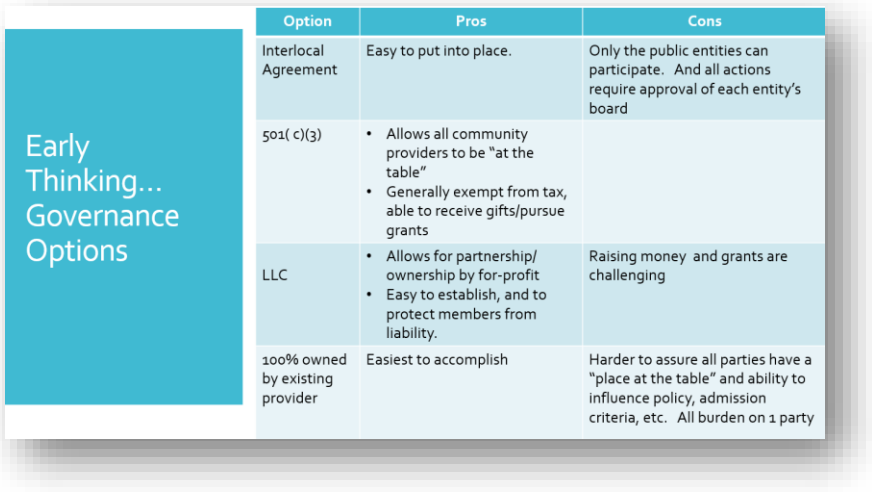
- governance structures, and who will provide governance;
- reimbursement models, including Medicaid, contract negotiations, new transparency legislation
- how it will integrate and/or work with other regional facility options;
- facility best practices;
- what complementary facilities are in the regional;
- other regional and rural options;
- how we meet the needs of the County (having somewhere other than jail or ED, or an out-of-county facility, to take residents in MH/SUD crisis) while taking all these factors into account.

Because legislators are already engaged and providing capital funds in the region, it is possible that they will be more willing to help with some of the other financial and operational discussions on how to make a facility in Jefferson County work.

POSSIBLE GOVERNANCE MODELS FOR A RESIDENTIAL TREATMENT FACILITY

Various options for the make-up of a governance entity were presented by HFPD, as follows:

- Interlocal Agreement: Interlocal agreements are a possible way of working with the hospital, Department of Health, or other public institutions. While this is not as flexible as other options, and does rest final decision making in the hands of a government entity, it can be a very open, transparent and inclusive process that has everybody who is involved in the process in some way at the table, crafting the resolution and ultimately making recommendations.



- 501(C)3: Allows community providers to be at the table, and can receive gifts and apply for grants. However, it does require creating a 501(c)3 entity and figuring out the legal issues around that.
- LLC: Allows for partnerships with for-profits. It's easy to establish and protect members from liability. Raising money and getting grants is more challenging under this model.
- 100% owned by existing provider: This is the easiest to accomplish. It's also the hardes to ensure all parties have a place at the table and/or have the ability to influence policy and admissions.

While it was acknowledged by the group that there is still a lot of work to be done, including research on market volumes and reimbursement strategies, to determine the feasibility and sustainability of any facility, discussion then centered around which existing entities, if any, could take on governance. The health department would not

necessarily be the most financially viable option. The hospital would lose too much federal funding if they were to take on governance of a treatment facility, removing it as an option for them.

Discovery Behavioral Health (DBH) has the best foundation for this work—they were established as a 501(c)3 decades ago to provide services to the community, and they already serve much of this population and run the crisis work in the community. They have DCRs 24/7, so clinical staffing would not be a stretch, although they identified a possible need to incorporate stronger management services. DBH currently has a SUD/mental health license, and could conceivably add services and obtain a facility license. There is also a nearby building DBH has identified as an excellent site for a facility. However, much would depend on reimbursement options and overheads, and whether it would be feasible for DBH to take on.

The feasibility and sustainability of DBH as a governance option has yet to be determined, but the group will support DBH in exploring what it would take and how it might find resources to help support that project, including consideration of funding sources under the new managed care model. While it is the group's collective hope that DBH will take on this initiative, if DBH determine that they are unable to fulfil this role, the group will consider exploring contracting with other entities, including regional ones like Kitsap Mental Health, to take on the governance of a crisis facility.

BREAKOUT GROUPS

The larger group was broken into four breakout groups and asked to consider the following questions:

- What services are available now that we can expand on?
- What other services could be added, that we don't have?
- What questions do we need answers to around data? The Region? A Crisis Stabilization Facility?
- What do we need to do to position ourselves at various tables, rule-making wise?

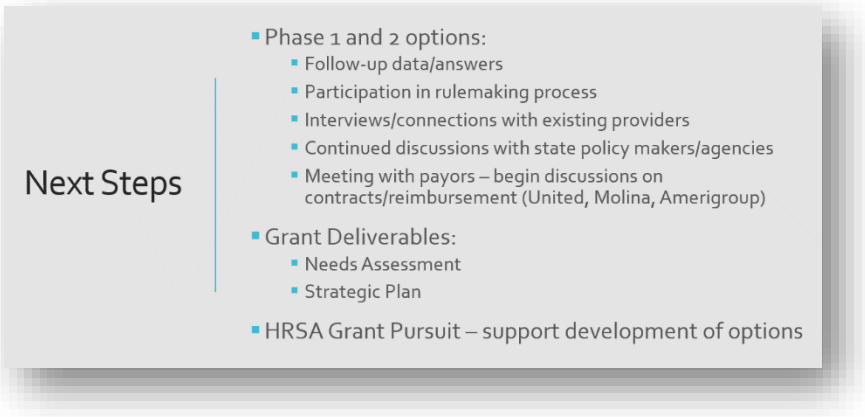
The outcomes of these breakout groups have been incorporated into the various sections of this report, including Next Steps, Community-Based Programs, and Governance Options.

HRSA GRANT DELIVERABLES AND UPDATES

- Needs Assessment/Gap Analysis/Readiness Document: The Needs Assessment, which includes data and gap analysis, is due to be delivered to HRSA on January 6, 2020. The group will do final work on the deliverable at the BHC Consortium meeting in December 2019. .
- Strategic Plan: The Strategic Plan, which will include a plan to implement Phase 1 of this project and a strategy for exploring the Phase 2 option, is due to HRSA on February 3rd, 2020.
- Workforce Plan and Sustainability Plan: These will feed off a lot of the things that were discussed as next steps, so we have a really strong foundation for them. The Workforce Plan is due March 1st, 2020 and the Sustainability Plan is due May 31st, 2020.
- Website: The CHIP program has a new website—www.behealthyjefferson.com—where all documents relevant to the Consortium and Consortium meetings can be accessed.

NEXT STEPS

As one Consortium Member commented: "We now know what we're doing and why we're doing it. This is eminently doable. And the reason why is because of all of you." Another member added that, "even if we had all the money right now and everybody waiting to working in a facility we could build in a day, we would still want to be doing everything we can to perfect or make better what we're already doing."



To that end, the group identified a number of next steps to consider for both Phase 1 and Phase 2 of this project.

- Phase 1: Community-Based Programs
  - Expansion of Navigator Services
  - Improved Transportation
  - Expand Support Groups
  - Improved Care Coordination
  - More MAT Service (ED)
  - Effort to Reduce MH/SUD Stigma
  - Expand Counseling Services
  - Maintain Day Program
  - Resource Directory
  - Training First Responders
  - Voluntary Short Stay Facility
  - In- and Post-Jail Case Manager

- Phase 2: Residential Treatment Facility
  - Be at the Department of Health Rulemaking Table to ensure new rules reflect the needs of rural counties
  - Develop regional connections with Sequim Healing Campus and others
  - Continue to gather data on Jefferson County to determine need for and feasibility of the facility
  - Conduct site visits to facilities in other counties to gather vital information and data that will feed into facility decision-making in Jefferson County