

Attendees by ZOOM: Apple Martine, JCPH; Brian Richardson, Recovery Café/Dove House; Dave Fortino, County Jail; ; Ford Kessler, Safe Harbor; Jenn Wharton, JHC; James Kennedy, County Prosecutor's office; Gabbie Caudill, Believe in Recovery; Greg Brotherton, County Commissioner; Jim Novelli, DBH; Jim Walkowski, EJFR; Joe Nole, County Sheriff; Vicki Kirkpatrick, JCPH; Jolene Kron, BH-ASO; Lisa Grundl, Health Facilities Planning & Development; Lisa Rey Thomas, Regional Representative; Matt Ready, JHC; Patrick Johnson, NAMI;; Anna McEnery, JCPH; John Nowak and Lori Fleming, Grant Team; Lisa Grundl, HFPD; Mel Melmud, OCH; **Not in Attendance:** Troy Surber, PTPD; Jud Haynes, Navigator/PTPD; Annie Failoni, OPHS; Darcy Fogarty, Recovery Community; Ben Cassard, Recovery Community.

Access Meeting Documents: [here](#)

Introduction & Agenda

The meeting Agenda covers updates from BHC participants, the latest on the HRSA RCORP-Implementation grant application, review of ongoing data collection efforts and grant deliverables for the current RCORP-Planning grant. The meeting was then rounded out with Jim Novelli, the new Executive Director from DBH, who provided an overview of their operation.



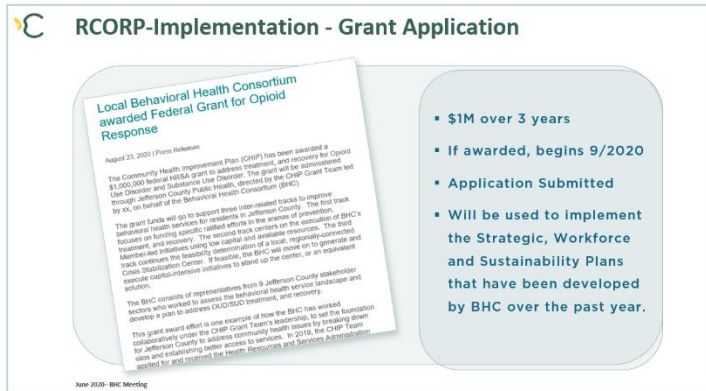
BHC Meeting Agenda – June 11 - 3pm

- Introductions/Updates you'd like to share
- HRSA RCORP-I Grant Application Submission
- Current Grant (RCORP-P) – Data and Deliverables
- DBH Overview – Jim Novelli, Executive Director
- Next Meeting – August 13, 2020

Updates of note: ⇒ **Patrick Johnson took over the position of NAMI President this past week.** Val Phimister, the outgoing president, has done a phenomenal job over the years and we're grateful she is still in the area. Patrick/NAMI are monitoring relevant developments around the country; ⇒ **Mel Melmud, Program Coordinator at Olympic Communities of Health (OCH)** joined the group after having been invited by Lori Fleming to bring her **regional perspective** to the discussions; ⇒ Lisa Rey Thomas, representing Jamestown S'Klallam and ADAI [invited everyone to register at this link to attend the free virtual summit Transforming our Communities: Health Equity, and Justice for People Who Use Drugs.](#) Over 500 people are signed up for a two-part program (June 22 and July 7th, 9-12:30pm); ⇒ **Jolene Kron** from the Salish Behavioral Health Administration Services Organization (**SBH-ASO**) **reported a 30% increase in Crisis Line calls** from April to May. Also those calls are longer in length as folks express their concerns; ⇒ Ford Kessler, Safe Harbor, reported an uptick in intakes and number of individuals seeking treatment; ⇒ Gabbie Caudill, Believe in Recovery reported large increase in people seeking services – already booked to July with assessments, which is not ordinary; ⇒ Vicki Kirkpatrick, JCPH Director and Greg Brotherton, Jefferson County Commissioner, noted the County is looking at moving into Phase 3 of COVID 19; ⇒ Anna McEnery, Behavioral Health Advisory Coordinator for 1/10th of 1% fund. The BHAC decided to postpone funding a supplemental RFP and will be looking at what the sales tax does over the next few months with an eye toward putting out a regular two-year RFP in the Fall; ⇒ Jenn Wharton, JH noted a 1.8% increase in BH/SUD Emergency Department visits – but are still experiencing a 50% decrease in ED volumes compared to pre-COVID 19 volumes. The Clinics are not seeing a volume increase, but it is steady. What has increased is fatigue and stress on staff – which JH is working to offer resources to address.

HRSA/RCORP Implementation Grant Application Submitted 5/26/2020

The HRSA/RCORP grant, if awarded, will provide \$1 million funding over three years, beginning September 2020. If awarded, this funding will be used to implement the Strategic, Workforce and



Sustainability Plans that have been developed by the BHC over the past year. The grant application due date has been delayed to 5/26/2020 because of COVID-19.

The grant award covers three main areas: **Prevention, Treatment and Recovery.**

Recognizing that the Recovery Café Advocate position will serve the community in both the **Prevention** and **Recovery** areas, that funding may become difficult for them

to obtain, and that we didn't want to cross over into the 1/10th of 1% funding focus areas, we put the Recovery Café position into both categories. Under **Treatment**, we have the syringe exchange program and wraparound services in South County. At the intersection of all of these are two efforts. The first is to collaborate with the Jamestown S'Klallam Tribe in Clallam to engage topical expert(s) to develop and assist in execution of a master communications, education and integration plan. One goal is to raise profile of prevention, treatment and recovery efforts, and another s to address stigma associated with addiction and mental illness in both Jefferson and Clallam county. Then secondly, the BHC will continue to fund HFPD

to improve access to behavioral health services in Jefferson County by:

- ⇒ Funding specific ratified efforts in the arenas of prevention, treatment, and recovery
- ⇒ Executing BHC's Member-led initiatives using low capital and available resources, and
- ⇒ Determining feasibility of, and if feasible, the generation and implementation of capital intensive initiatives to stand up a local, regionally-connected Crisis Stabilization Center.

consultants to determine the **feasibility of a crisis stabilization or evaluation and treatment facility** in Jefferson County, and develop an implementation approach to accomplish what is feasible.

BHC Data Update – Lisa Grundl, HFPD

A subgroup of the BHC, consisting of EJFR, PTPD, JH, Jail, JSCO has been working together to individual provide data Lisa Grundl (HFPD) to collectively review. This month Lisa presented the BHC

with various cuts on the data that review the volume of collective County behavioral health incidents and how those numbers could (or would not)

Key Takeaways:

- Jefferson County Sheriff continues to see more mental health related incidents than drug or alcohol-related – and all are trending up.
- East Jefferson Fire and Rescue’s BH responses trended down by 50% in 2019, and March – May of 2020 also showed a decline in behavioral health/psych episodes.
- For the Jefferson County Jail, drug/alcohol and substance abuse problems are the top behavioral health issues seen. March and April behavioral health incidents are down across the board.
- The Port Townsend Police Department’s behavioral health related incidents are trending down over the most recent 11-month period (June 2020-April 2020), with mental health most consistently trending downward.
- Jefferson Healthcare continues to see significantly more mental health related cases in its ED than SUD.
- For DBH ITA investigations, the largest referral for those not detained is to voluntary outpatient mental health treatment (38%) with 18% referred to voluntary inpatient treatment, and 7% referred to SUD.
- Discussion point: Could some recent decreases in incidents and bookings be related to COVID?

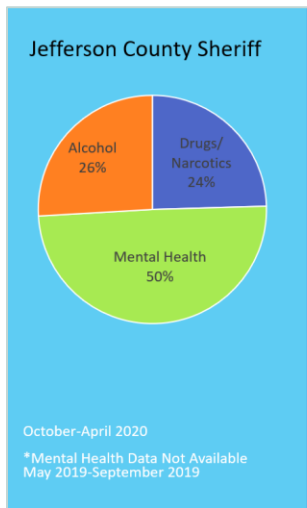
support a future Crisis Stabilization Center. This month we are especially interested in if the volume of behavioral health incidents encountered during the March 2019 – April 2020 timeframe were impacted by COVID 19. The overall purpose of the data is three-fold:

- To comply with reporting requirements related to the HRSA planning grant;
- To evaluate trends over the past year and to understand if COVID has had any impact on volumes;
- To continue to evaluate the potential census of a behavioral health facility in Jefferson County.

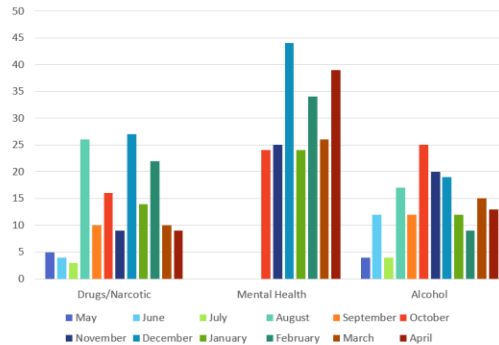
As noted since the beginning of this effort, the data continues to be limited by the fact that each entity uses different “buckets” and definitions of behavioral health categories and due to duplication among entities. Data timeframes vary between providers/agencies at times.

Of note: ⇒ As the BHC considers a potential facility and the latest stats from JH, it is worth noting that SUD is much more strongly reliant on Medicaid, whereas mental health has both a Medicare and Medicaid component ⇒ When reviewing DBH’s ITA investigation/referrals – it’s interesting to think about how they would or would not fit into a proposed crisis stabilization facility.

JEFFERSON COUNTY SHERIFF'S DATA



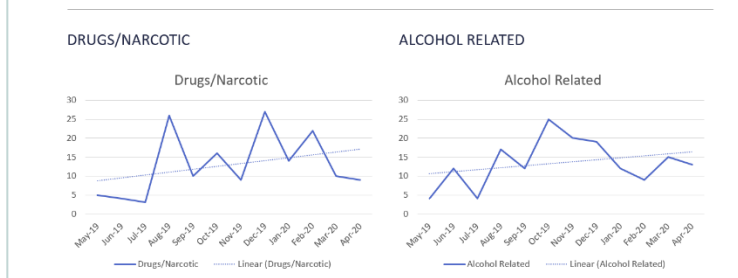
Over a 7-month period, mental health incidents accounted for 50% of total incidents. However, they have been trending upward and in the 4-month period ending April 30, they accounted for 54% of cases.



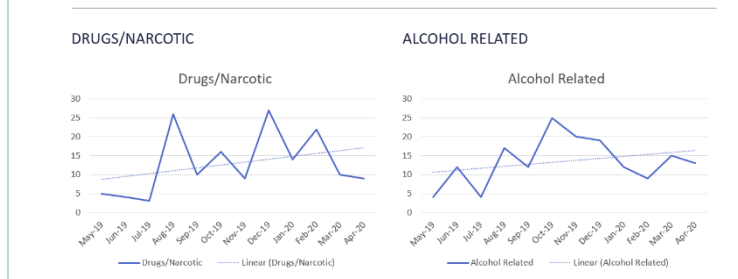
The JSCO data shows notable jumps in mental health incidents December, February and April, and generally 50% are coded mental health, the remaining evenly split between alcohol and drugs/narcotics.

Trend lines run through the JSCO's count variation for the past 12 months shows an upward trend for both drugs/narcotics and alcohol related incidents. The monthly fluctuation is interesting. Also we were looking to see if COVID has impacted this data from last year to this year, but so far we aren't seeing anything there.

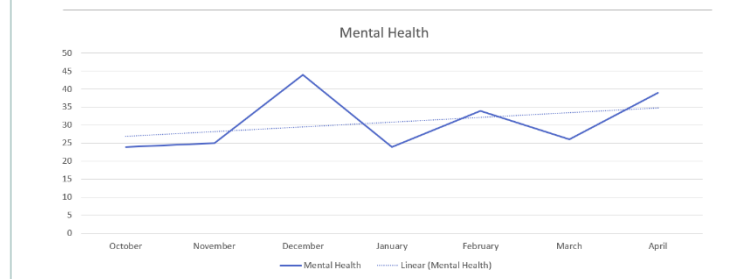
Jefferson County Sheriff's drugs/narcotic and alcohol related incidents vary from month to month—ranging from less than 5 to more than 25, but over the past 12 months, both show an upward trend.



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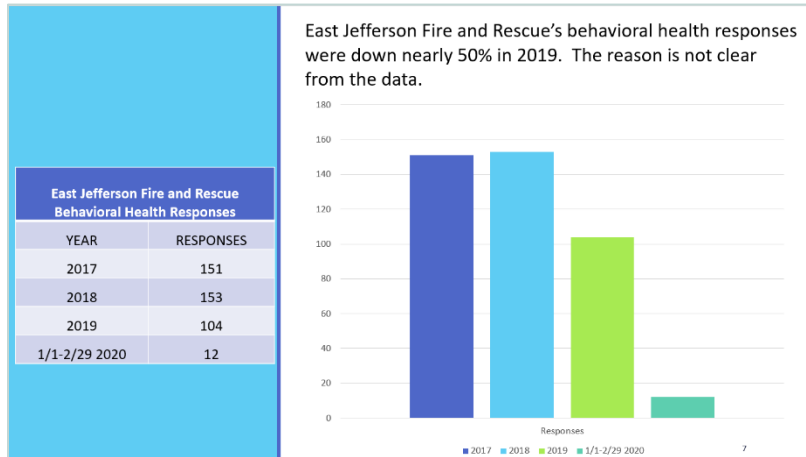


Jefferson County Sheriff's Mental Health Incidents are much more common and range from a monthly low of 25 to a high of nearly 45. Again, over the year the trend has been upward.



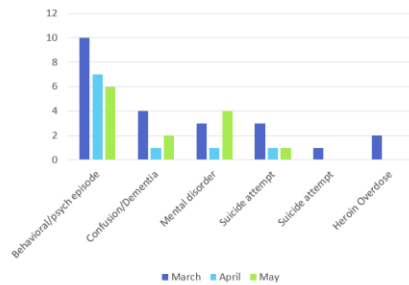
EAST JEFFERSON FIRE AND RESCUE DATA

EJFR has 3 years of data. We see here that EJFR has three years worth of data that shows a downturn in behavioral health responses in 2019.



EJFR coding demonstrates a decline in behavioral health/psych episodes over the most recent 3-month period (March 2020 – May 2020).

	March	April	May
Behavioral/psych episode	10	7	6
Confusion/Dementia	4	1	2
Mental disorder	3	1	4
Suicide attempt	3	1	1
Suicide attempt	1		
Heroin Overdose	2		
Total	23	10	13



Drill downs with this data, we see that behavioral Health Psych episodes have gone down in May 2020 – which might be COVID related.

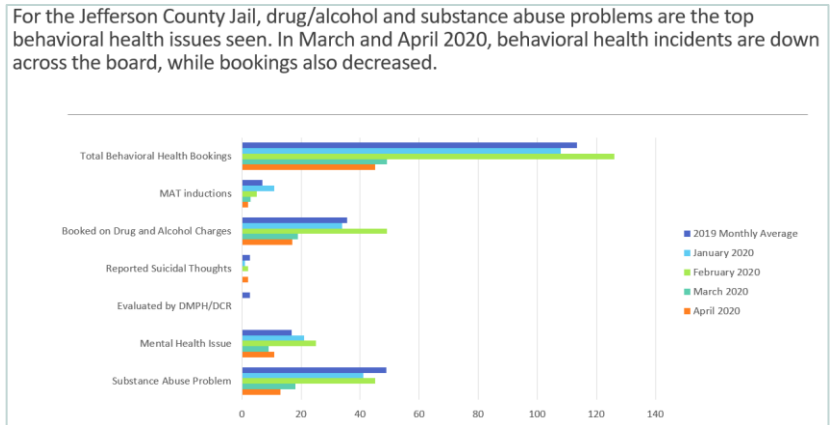
The majority of EJFR’s opioid overdose cases go to JHC, and this chart outlines where the other cases are going. We can see this is a major service JHC is providing our County in relation to behavioral health.

74% of EJFR opioid overdose cases are transferred to Jefferson Healthcare. The overall numbers are low.

Area	Transfer to Location					Grand Total
	Airlift to HMC	JGH - Virginia Mason	Left with JCSO	Tx to Harrison	Tx to JGH	
Glenoma					1	1
Port Hadlock		2		1	7	10
Port Ludlow			1			1
Port Townsend*		3			2	16
Grand Total		5	1	1	2	34

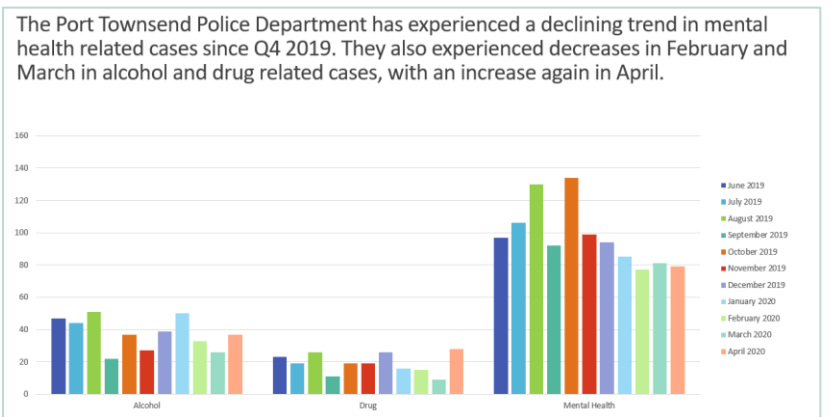
JEFFERSON COUNTY JAIL DATA

Here the dark blue line shows the 2019 Monthly Average garnered from previous data. We used this because we didn't have a monthly breakout for all the data.

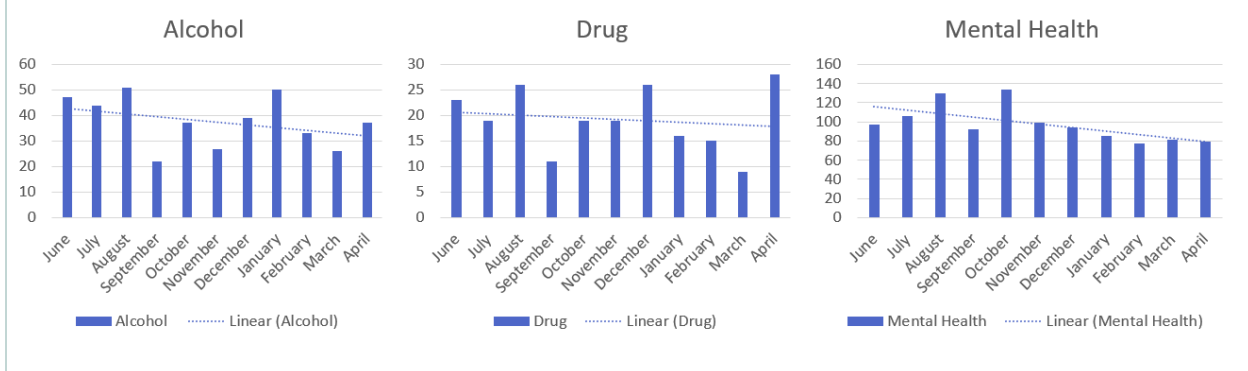


PORT TOWNSEND POLICE DATA

We see decreasing trends in the PTPD data, particularly with regard to mental health.



Over the 11-month period (June 2019-April 2020) of data available from the Port Townsend Police, all behavioral health related incidents are trending down, with mental health the most consistently trending downward.

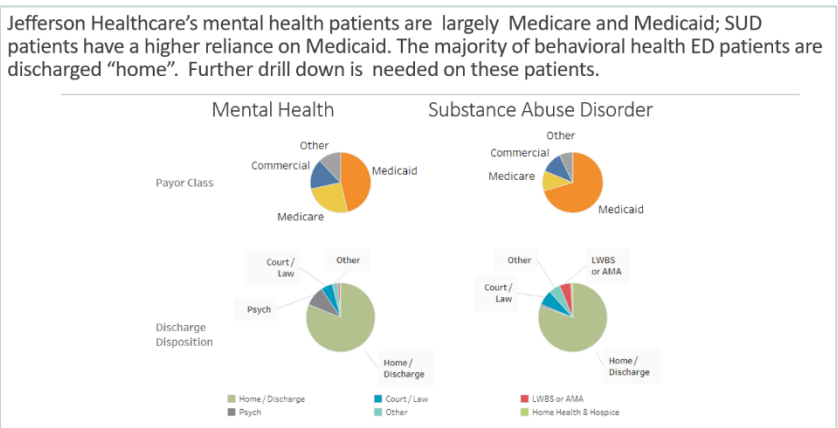
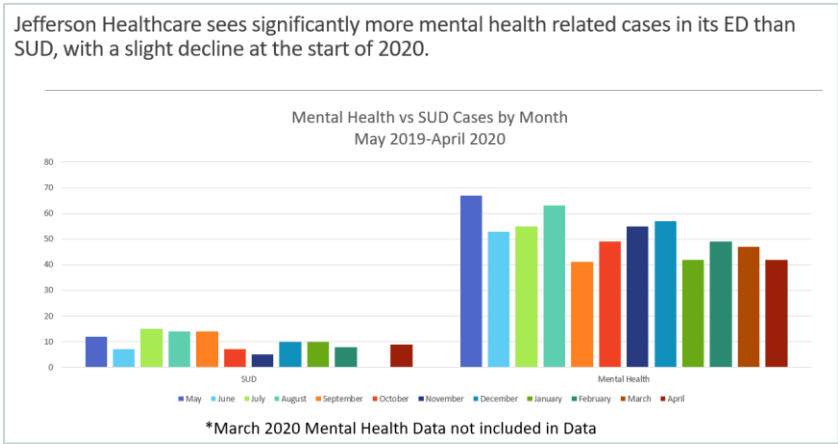


JEFFERSON HEALTHCARE

JHC sees a majority of mental health related cases in their Emergency Department (ED). Interesting to note the ED is slightly down now from where they were in December.

We need to drill down on data that shows “discharge to home” to see more detail on where patients are actually referred.

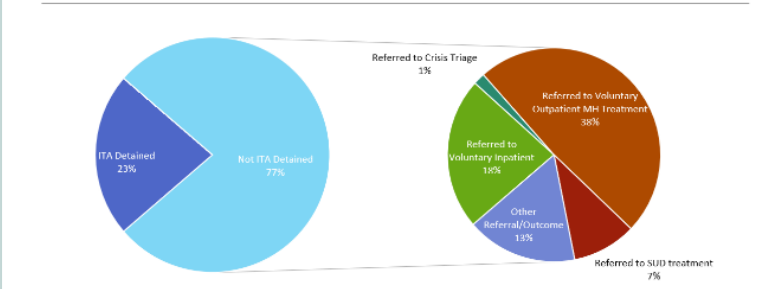
We also see on the Mental health side there is a larger Medicare population, but the SUD side is very Medicaid dependent. If a Crisis Stabilization Facility is pursued, this payor and age information will impact how we design the staffing and fund the program



DISCOVERY BEHAVIORAL HEALTH (DBH)

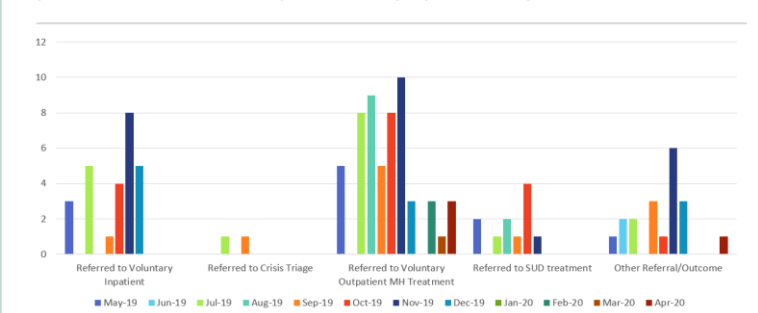
Of interest for how low it is, is DBH’s ITA data that shows just 1% were referred to Crisis triage.

Over the period from May 2019 to April 2020, Discovery Behavioral Health ITA investigations resulted in 23% of individuals being involuntarily committed. The largest referral for those not detained is to voluntary outpatient mental health treatment (38%) with 18% referred to voluntary inpatient treatment, and 7% referred to SUD.



One thing these data might prompt us to think about is if the range of patients needing inpatient residential care is 0-8 per month, what other services would you want to couple with that proposed facility that would address a need in the community and help with staffing.

The number of ITA investigation patients referred to voluntary inpatient, crisis triage, SUD treatment (potential facility patients) range from 0 to 8 per month. This suggests that outpatient services could be coupled with the proposed facility.



CRISIS STABILIZATION CENSUS POTENTIAL

We put this slide in is to keep sight of the fact what we noted back in March 2020, when HFPD had requested BHC Members track seven-days worth of data to form a snapshot of the need for a CSC facility and the bed number capacity Jefferson County would support. Analysis of earlier data

7 Days of Data - CSC Potential Summary

POTENTIAL CSC ADMITS OVER 7 DAY PERIOD		OTHER RELATED DATA	
4	Jefferson County Sheriff’s Office	4	JHC Brought by Ambulance (Duplicate?)
9	Port Townsend Police Department	3	Brought in to JHC by Police (Duplicate?)
5	East Jefferson Fire Rescue	3	Admitted to JHC
13	Jefferson Health Care	2	Transferred away from JHC
0	Discovery Behavioral Health - Unreported	5	JCPH identified as potential beneficiaries over the last year
31	Total over 7 days	17	Other Possibilities

indicated an ADC of around one, but the seven-day data suggested an ADC of five to ten. Lisa pointed out that, while individual organization numbers might be low, when added together they represented a patient population that could support a small CSC facility of 10-15 beds. While we aren’t trying to collect this data on the current COVID-19 landscape, we wanted to keep it in the discussion’s eye in relation to the data we’ve just been through today.

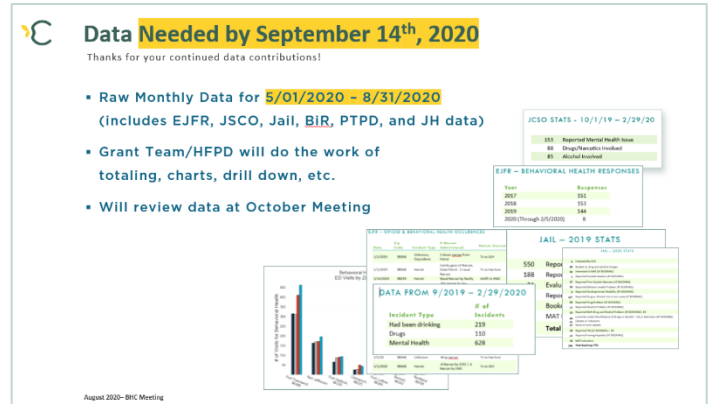
BHC MEMBER DATA DISCUSSION

Sheriff Nole noted the Jail bookings have decreased – and that fact is related to COVID. Dave Fortino noted the jail numbers are significantly down. Also, the Jail’s data for BH gets skewed depending on who is coming in – so you’ll see the data increase in misdemeanors, domestic violence, certain felonies that we’re bringing into the jail now, vs some of the more mental health related cases like trespassing or disorderly conduct that would have ticked the box for mental/BH

Lisa Rey Thomas asked if, while we can see that bookings are down, are responses also down? Sheriff Nole noted many encounters are now handled on the street or taken to ED. This evolution in approach is to ensure there is jail space for quarantine in the jail if there is an outbreak – and general Jail safety. The data shows how the calls seemed to be in a lull for a while, then as people had enough with being inside, there was an uptick in criminal activity.

John Nowak noted the data we are all gathering is incredibly valuable as we work to understand our community’s landscape and establish a baseline to see how the range of measures we’re implementing have impact.

Action: Lori Fleming highlighted our next standard data review will cover the timeframe of **May 1 through August 31st, 2020. Participating BHC members should submit that data by September 14th**, and Lisa Grundl will help us do a collective indepth review at our October meeting.



Lisa and John discussed having JHC provide age-related data to give us an idea of how that breaks down as well. Apple is interested in the data that helps to illuminate trauma and stress around youth in the time of COVID. We know our youth were struggling in Jefferson County, more so than in WA state from our most recent CHA, and this is an unusual time for that developmental stage. She appreciates the Sheriff/PTPD et all are involved in looking at and understanding that landscape as it evolves due to the pandemic to see what criminality is springing from the predicament and uncertainty that families are in, especially those with regard to domestic violence, child abuse and neglect.

REVIEW OF BHC WORKFORCE PLAN DRAFT

Lori went through six problem statements and the related components to address the problem of the BHC’s Workforce Plan that will be submitted to HRSA on June 14th. [Click here for the final Workforce Plan](#) document.

RCORP-Planning Grant – Draft Workforce Plan

<p>Problem Statement #1 Lack of funded community partner to anchor a central Recovery space to seed peer network development, and host those focused on their recovery journey to connect with supportive community and services.</p> <p>Objective 1 Fund \$35k/year for 3 years to operationally anchor the Recovery Cafe as a space to develop a local Peer Network, and, for those on their recovery journey to connect with supportive community and wraparound services.</p>	<p>GOAL: Increase sustained relapse prevention for recovery community members.</p> <p>ACTIVITIES:</p> <ul style="list-style-type: none"> Grant Administrator to work with Recovery Café leadership finalize a contract for the recruitment, training and retention of personnel needed to anchor daily operations. Grant Team to work with Recovery Café Leadership to plan and execute peer network development. Establish metrics for recovery attendance and monitor Establish metrics for peer development effort and monitor
<p>Long Term Outcome</p>	<p>A locally-anchored, sustainable relapse prevention program</p>
<p>Long Term Outcome Indicators</p>	<p>Local Recovery community base established and attendance increasing over time.</p>
<p>Workforce Plan Timeline</p>	<p>Q4 2020 - Plan/Recruit Q1 2021 through Q3 2023 - Implement</p>

WORKFORCE PLAN DRAFT
REVIEW CONT'D
asdfasdfs

Problem Statement #2

Lack of access to SEP and related service connections in Jefferson County's south end.

Objective 1

Recruit, integrate, train and retain waived personnel to support stand up of South County SEP program and capacity to provide connection to social, medical, housing and behavioral health services.

GOAL

Serve South County with SEP and connection to social, medical, housing and behavioral health services.

ACTIVITIES:

- Grant team to work with JH leadership to develop a plan to provide SEP services in existing clinic, and establish what wraparound services will be offered.
- Invite JH's Clinic Operations Manager to the BHC's ad hoc team to recruit and engage hospital MAT provider in the South County SEP.
- Track number of needle exchanges and service connections offered in South County.

Long Term Outcome	South County residents have an established access to SEP and wrap around services
Long Term Outcome Indicators	South County SEP and wrap around service connection established, being utilized and attendance increasing over time.
Workforce Plan Timeline	Q4 2020 - Plan, recruit, train, and integrate Q1 2021 – Q3 2023 - Implement

Patrick Johnson's question about if other organizations will be able to participate in the development/ execution of the Plan to address stigma is a resounding YES. Lori will keep folks

Problem Statement #3

Challenge of proactive stigma as it presents barriers to local and regional service expansion, diagnosis and treatment.

Objective 1

Address stigma at various intersections, including waived yet inactive personnel, local and regional community levels.

GOAL: Reduce barriers to local service expansion, diagnosis and treatment, while generating regional understanding and relationships.

ACTIVITIES:

- Use HRSA RCORP-I funding to retain consultant to develop communications, education and integration plan in collaboration with BHC and Jamestown S'Klallam Tribe.
- Execute plan developed in collaboration with BHC members and Jamestown S'Klallam Tribe.
- Employ Community Readiness Tool survey with stakeholder groups and community informants to monitor success.

Long Term Outcome	Increased openness to evidence-based practices that address SUD/ODU and reduce morbidity and mortality related to overdose.
Long Term Outcome Indicators	Community Readiness Tool feedback will indicate how efforts have affected the level of openness and the community's belief in urgency, need and sufficiency of services to reduce morbidity and mortality. Q4 2020 - Hire Consultant Q1 2021 - Develop Communication/Education and Integration Plan Q2 2021 through Q3 2023 - Implement
Workforce Plan Timeline	

in the loop as that effort gets initiated.

Problem Statement #4

Resource-intensive Emergency Medical Service (EMS) and Law Enforcement (LE) channels are overloaded by a high percentage of individuals who access behavioral health services.

Current Law Enforcement/EMS organizations are not appropriately staffed or trained to assess or address the increasing number of behavioral health issues being encountered on a daily basis.

Objective 1

Determine feasibility, and if feasible, develop implementation plan and initiate execution to stand up a local crisis stabilization facility.

GOAL: Effective local crisis stabilization that reduces burden on local law enforcement, EMS, and emergency department resources.

ACTIVITIES:

- Engage Health Facilities Planning and Development consultants to establish feasibility of potential Crisis Stabilization facility
- Continue monitoring established data elements regarding substance use disorder, mental health encounters with LE/EMS
- Arrive at a feasibility determination.
- Develop and implement plans for Crisis Stabilization Center or other equivalent solution.

Long Term Outcome	Feasibility of stand up of a local crisis stabilization center determined, and if feasible, facility plan development and execution underway.
Long Term Outcome Indicators	Reduced metric indicators of OUD/MH encounters for LE/EMS/ED.
Workforce Plan Timeline	End of Q3 2021 - Complete Crisis Stabilization Facility Feasibility study Q4 2021 - Initiate next steps

Problem Statement #5

Lack of proactive solutions to address behavioral health issues outside of the clinical setting highlights a need for expansion and integration of existing services across BHC members to ensure more OUD/MH clients encounter service connection at earlier intercept points.

Objective 1

Recruit, integrate, train and retain personnel such as case managers, navigators and peer network members to provide more OUD/MH clients with service connection at earlier intercept points.

GOAL: Provide more OUD/MH clients with service connection at pre-clinical setting intercept points.

ACTIVITIES:

- MHFR team to assess current landscape and develop plan to increase Navigator and Care Coordination Services
- Relevant BHC Members to assess and develop plan to improve Jail-to-Community Service Connection
- Relevant BHC Members to improve sustainable DBH Day Program
- Generate and distribute regularly updated online/printed Resource Directory.

Long Term Outcome	OUD/MH clients connected to wraparound services prior to law enforcement or clinical setting intercept points.
Long Term Outcome Indicators	Reduced metric indicators of OUD/MH encounters for law enforcement, EMS and Emergency Department.
Workforce Plan Timeline	Q4 2020 - Initiate 2021 through 2023 - Implement

Problem Statement #6

Lack of centralized resource to lead, facilitate, develop, recruit, summarize, document, measure, communicate and evolve, as appropriate, the work plans formulated by the community assets gathered into the BHC.

Objective 1

Fund, recruit, integrate and retain Project Director role resource.

GOAL: Project Director Role engaged and retained for three-year period.

ACTIVITIES:

- Procure RCORP-Implementation grant funding to support Project Director role
- Grant administration agency (Jefferson County Public Health) to recruit and hire Project Director through => networking, => advertising, and interviewing viable candidates.
- Monitor successful integration and use relevant retention influencing methods: => find the salary sweet spot, => take care of top performers, => cultivate ownership, and => be flexible.

Long Term Outcome	BHC goals and objectives are led, facilitated, recruited, summarized, documented, measured, communicated and evolved, as appropriate
Long Term Outcome Indicators	The BHC is engaged and actively achieving the Work Plan.
Workforce Plan Timeline	Q3 2020 - Recruit Q4 2020 – Hire and retain through 2023

PROGRESS AND UPCOMING DUE DATES FOR RCORP-PLANNING GRANT DELIVERABLES

Current RCORP-Planning Grant’s Deliverables

- RCORP-Planning Grant’s Upcoming deliverables
 - Workforce Plan - To be Submitted June 12, 2020
 - Sustainability Plan - Due July 2020
 - PIMS Report - Due July 2020
 - Final Report - Due August 2020


The Grant Team is on track to meet all their deliverable due dates.

DEBRIEF INTERVIEWS RE: RCORP-PLANNING GRANT

Lori noted many of the interviews are completed. She’ll continue to execute those and will plan to give an overview at the August meeting of the feedback. (The BHC won’t be meeting in July.)

1-on-1 Interviews to Prep for Final Report

- Most of the debrief interviews have been conducted.
- Results to be presented at August meeting.



OVERVIEW OF COMMUNITY MENTAL HEALTH – DBH, JIM NOVELLI

BHC Member and DBH Executive Director Jim Novelli gave an overview of what DBH, as a community mental health center, offers Jefferson County. There is a perception a community mental health center is there to fix all the mental health problems. (JIM PREPARING SUMMARY NOTES which will be inserted here as soon as they are complete.)

Future Meetings

Our next meeting is scheduled for 8/13/2020 at 3:00 pm via ZOOM. Until further notice, all future meetings will be held via ZOOM.

Next Meeting, via ZOOM
Thursday, August 13th, 2020. 3:00pm-4:00pm