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# BHC Meeting

December 10, 2020, 3pm

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



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## Welcome to...

Cherish Cronmiller, OlyCAP

Nat Jacob, Public Defender

Chief McKern, Quilcene Fire

Chief Brett Black, EJFR



# Therapeutic Drug Court Graduates

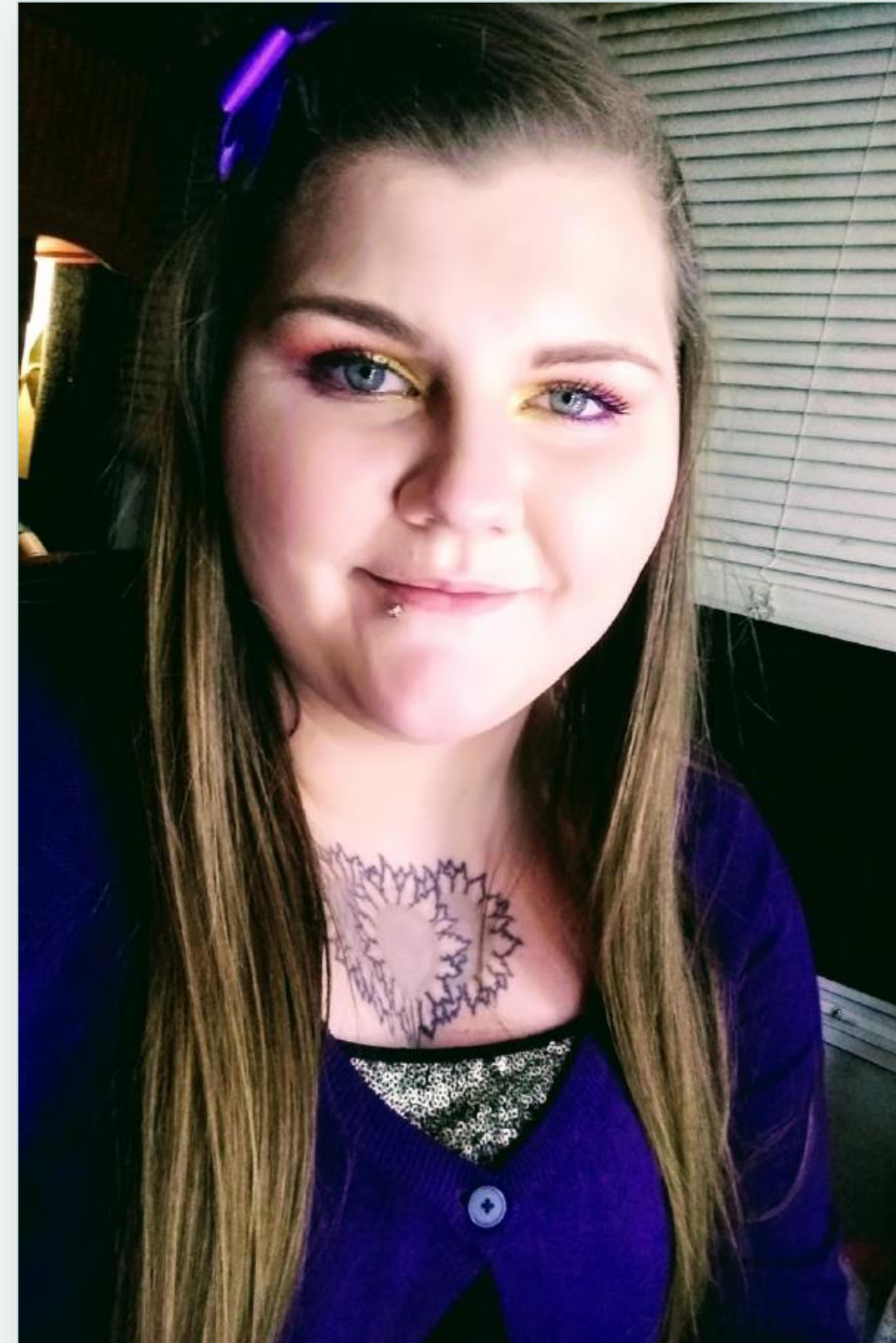
**Congratulations** to

**Lindsey Shaw**

and

**Travis Short**

graduated 12/3/2020





# Agenda

- Introductions/Updates (Grants, Services, Collaborations) - All
- Jefferson Healthcare - BH Service Overview - Jake Davidson, JHC
- Data Discussion - Lisa Grundl, HPFD
- HRSA RCORP-I - Deliverables Overview, Next Steps - Lori Fleming
- CHA / CHIP Update - J. Nowak
- Next Meeting - January 14, 2021, 3pm Zoom Call



# Jefferson Healthcare

Behavioral Health Service Overview

- Jake Davidson

# Jefferson Healthcare

## Overview of Our Services

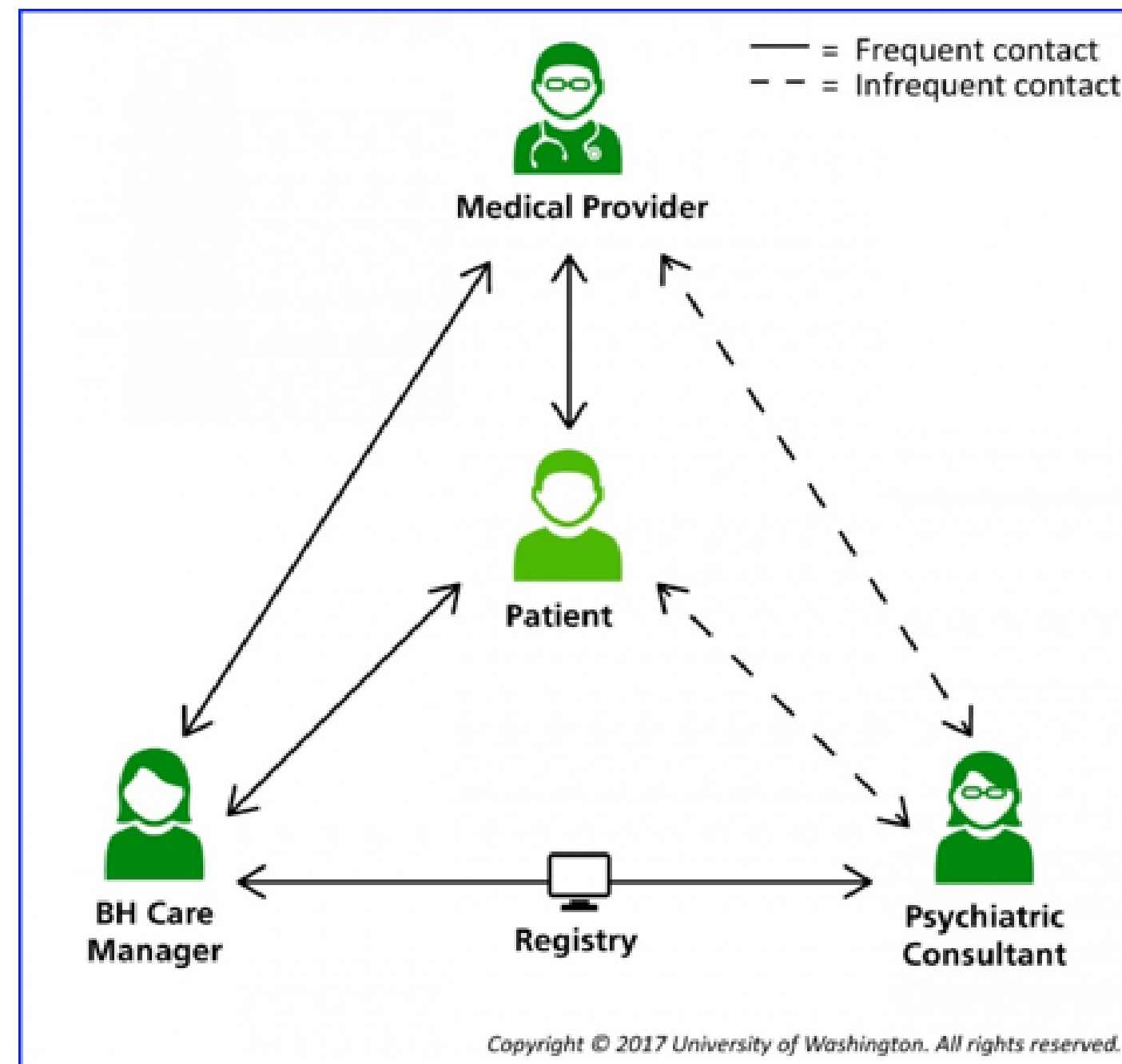
Jake Davidson

November 10, 2020

# Integrated Behavioral Health

- For over 2 year ago we rolled out Integrated Behavioral Health within our Primary Care Clinics to better serve our patients.
- We currently have 3 LICSWs and Dr. Heistand and Anne Koomen, ARNP to support these efforts.
- We recently went through the official process of the University of Washington AIMs program with a cohort of 9 other small rural facilities working to use their best practices to incorporate integrated behavioral health as part of a Premera grant that we received a year ago.
  - Some improvement from prior: Improved understanding and standards, a registry! Monthly check in meeting along with weekly psych consultation meetings, more bidirectional communication.

# Integrated Behavioral Health



## • Metrics

- PHQ and GAD improvement over time
- Current Panelled patients
  - Locations and with which LICSW
- ED Utilization
- Access
- How many have not improved and not been part of a consult review
- How many are in relapse prevention
- Follow up and those that have not
- Many more to come



# Opioid Use Disorder

- We currently have 15 providers waived to provide MAT in our Primary Care Clinics
  - We have a new group of PCPs that we are offering the training to get waived as well
- We are at about 30 patients that are actively receiving prescriptions
  - Length- we are working on pulling this data automatically but are not there yet
- We are part of a Hub and Spoke with Peninsula Community Health- Dr. Ann Bruce
  - Part of this is funding for a MAT Coordinator
    - We are in transition with ours and looking for a replacement



# Data Discussion

Lisa Grundl, HFPPD



## Data Discussion

### Purpose:

- To ensure compliance with reporting requirements related to the HRSA planning grant.
- To continue to evaluate needed services and potential volumes in the service area.
- To establish baseline measures – clinical, process, attitudes, stigma.
- Potential standardization of screening/identification of “buckets”.

1



# Key Questions:

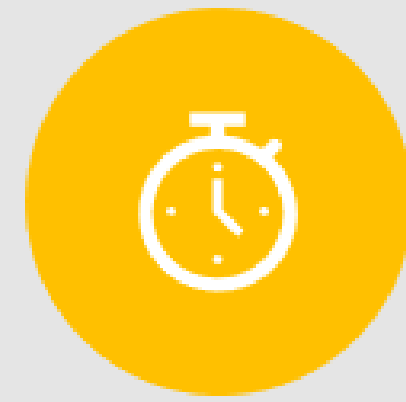
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WHAT ARE WE TRYING TO ESTABLISH WITH THE DATA?



WHAT DATA IS WORTHWHILE AND IMPORTANT?



HOW CAN WE ESTABLISH A FIRM BASELINE AND MEASURE CHANGE OVER TIME?



CAN WE MOVE TO STANDARDIZATION ACROSS ENTITIES? AT LEAST DEVELOP CONSISTENT "BUCKETS"?



IS DUPLICATION OKAY? DOES IT TELL ITS OWN STORY?



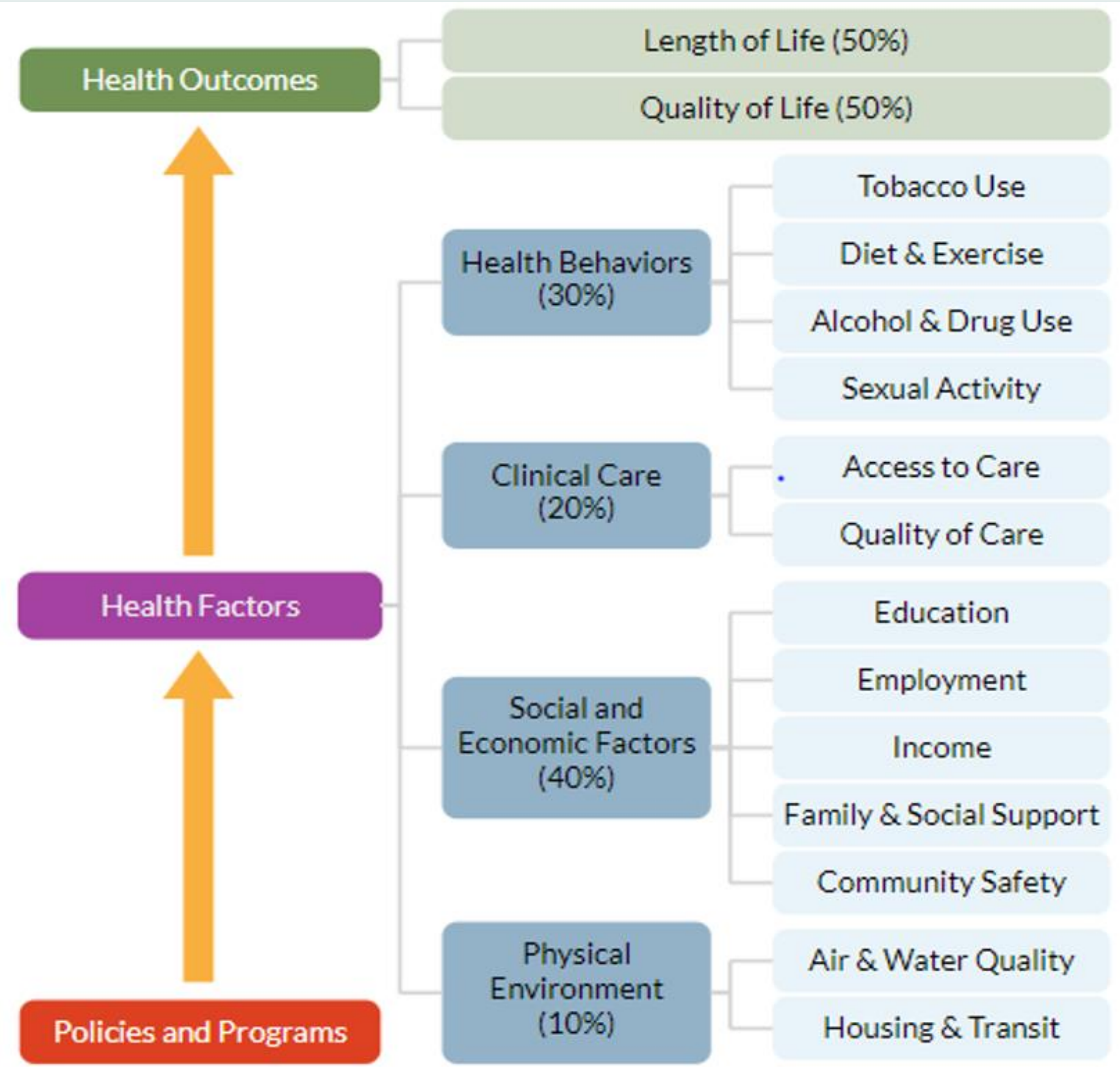
# Context



The Robert Wood Johnson Foundation (RWJF) Health Model. The real value of the RWJF model is that it demonstrates the role of factors beyond clinical care that affect the health of a community and its residents, demonstrating that clinical care represents only 20% of the factors influencing health outcomes, while social and economic factors and health behaviors account for 40% and 30% respectively.



4





Name	Measure	Ranking
<b>Health Outcomes</b>	<b>Morbidity and mortality</b>	<b>14</b>
Length of Life	Premature death	27
Quality of Life	Poor or fair health, Poor physical health days, Poor mental health days, Low birthweight	4
<b>Health Factors</b>	<b>(Composite of factors below)</b>	<b>8</b>
Clinical Care	Uninsured adults, primary care provider ratio, preventable hospital stays, diabetic screenings	3
Health Behaviors	Smoking, obesity, binge drinking, motor vehicle crash deaths, STIs, teen births	4
Social and Economic Factors	High school graduation rate, college degrees, children in poverty, income inequality, social support	28
Physical Environment	Air and water quality, housing and transit.	3

Jefferson County Ranks 14<sup>th</sup> out of the 39 Washington Counties in Health Outcomes, and 8<sup>th</sup> in Health Factors.

Importantly, the County ranks 28<sup>th</sup> in terms of social and economic factors.



Drill down on Socio-Economic Factors:

Jefferson County fares worse than the state in terms of education, unemployment, children in poverty, income inequality and injury deaths.

SOCIO-ECONOMIC FACTORS		
	Jefferson County	State
Some College	65%	71%
Unemployment	5.8%	4.5%
Children in Poverty	22%	13%
Income Inequality	4.3	4.4
Children in Single Parent Households	30%	28%
Social Associations	9.6	8.7
Violent Crime	212	294
Injury Deaths	106	66





The Service Area and County are doing better than the state on most behavioral health measures-with the exception of poor mental health days, alcohol consumption and heavy drinking.



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Metric	Service Area	Jefferson County	Washington State
Depressive disorder	11.81%	11.82%	14.99%
Receiving treatment for mental health	17.61%	18.46%	22.05%
Serious mental illness	1.42%	2.07%	3.05%
14 or more days of poor mental health	<b>6.18%</b>	4.36%	5.35%
Alcohol Consumption	<b>63.82%</b>	63.09%	55.13%
Binge Drinking	7.09%	7.23%	11.77%
Heavy Drinking	<b>7.53%</b>	7.78%	6.27%
Current Smoker Status	7.82%	9.35%	11.04%
Smoker Status - current smoker - every day	4.36%	5.61%	7.65%

SOURCE: BRFSS 2014-2019



# Data Review



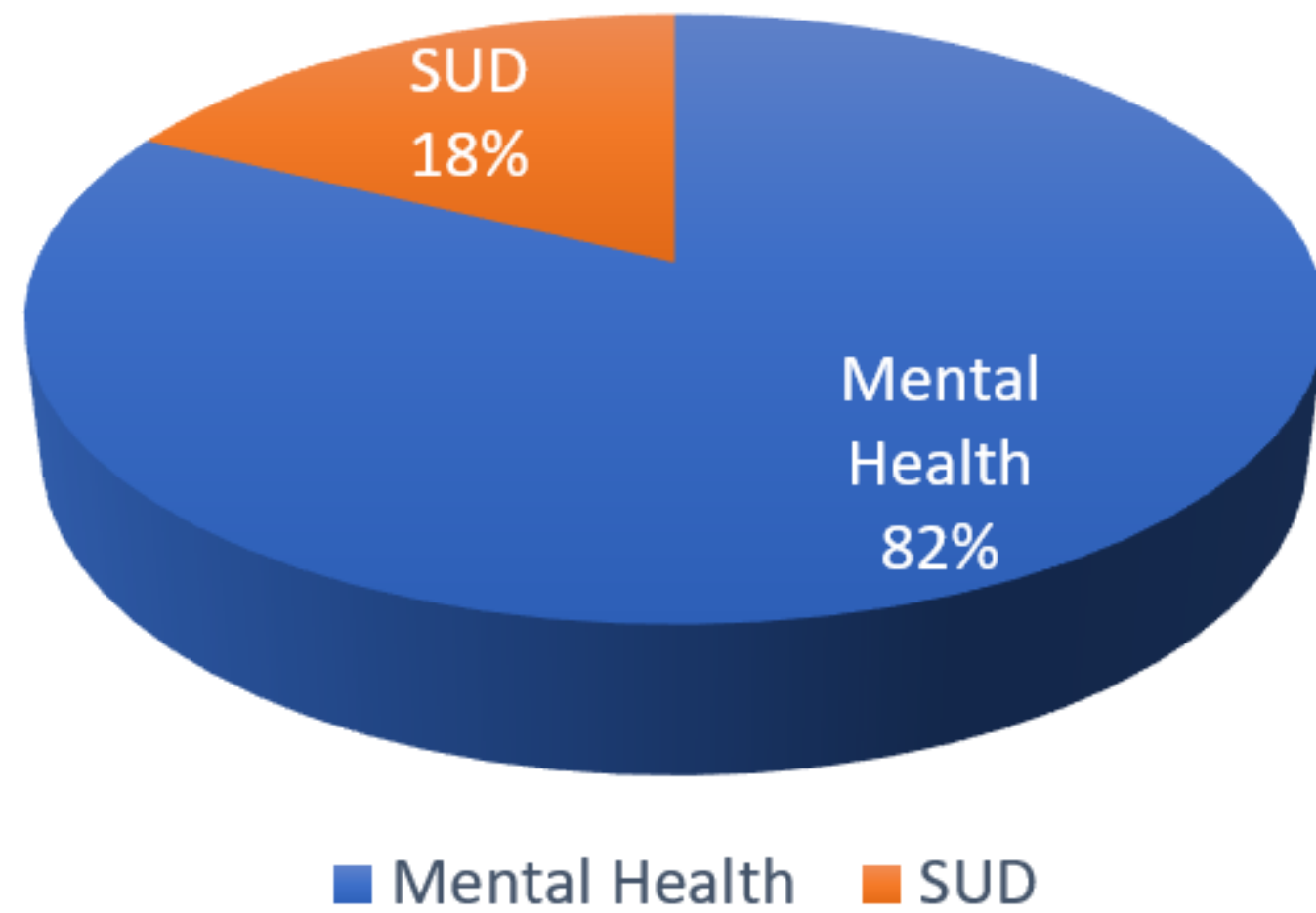
Data continues to show different emphasis depending on entity reporting re: MH vs. SUD – is this “real” or screening/reporting differences?

- Mental Health Issues make up a significant proportion of Jefferson Healthcare’s and East Jefferson Fire and Rescue’s Behavioral Health Responses (82% and 79%).
- 51% of Jefferson County Sheriff’s BH related incidents and 80% of Port Townsend Police Department’s incidents are related to mental health (some co-occurring with SUD).
- The majority of Jefferson County Jail BH related bookings are SUD related, with only 21% related to mental health. Accordingly, the majority of assessments performed on jail inmates result in a recommendation for inpatient SUD (88%).
- For DBH ITA investigations, the largest referral for those not detained is to voluntary outpatient and inpatient mental health treatment.

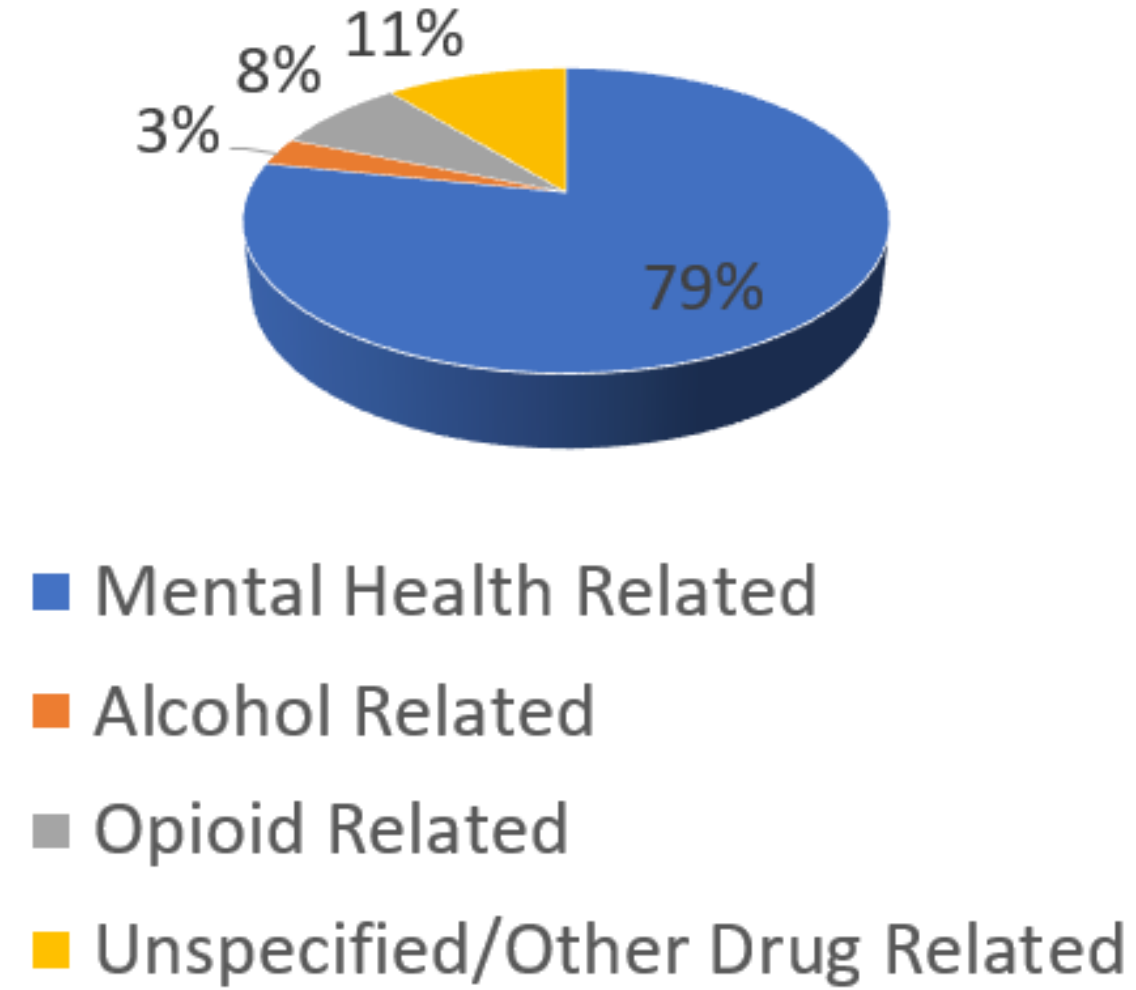
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**Jefferson Healthcare  
BH Emergency Arrivals  
By Type**



**East Jefferson Fire Rescue Behavioral  
Health Related Calls  
By Type**

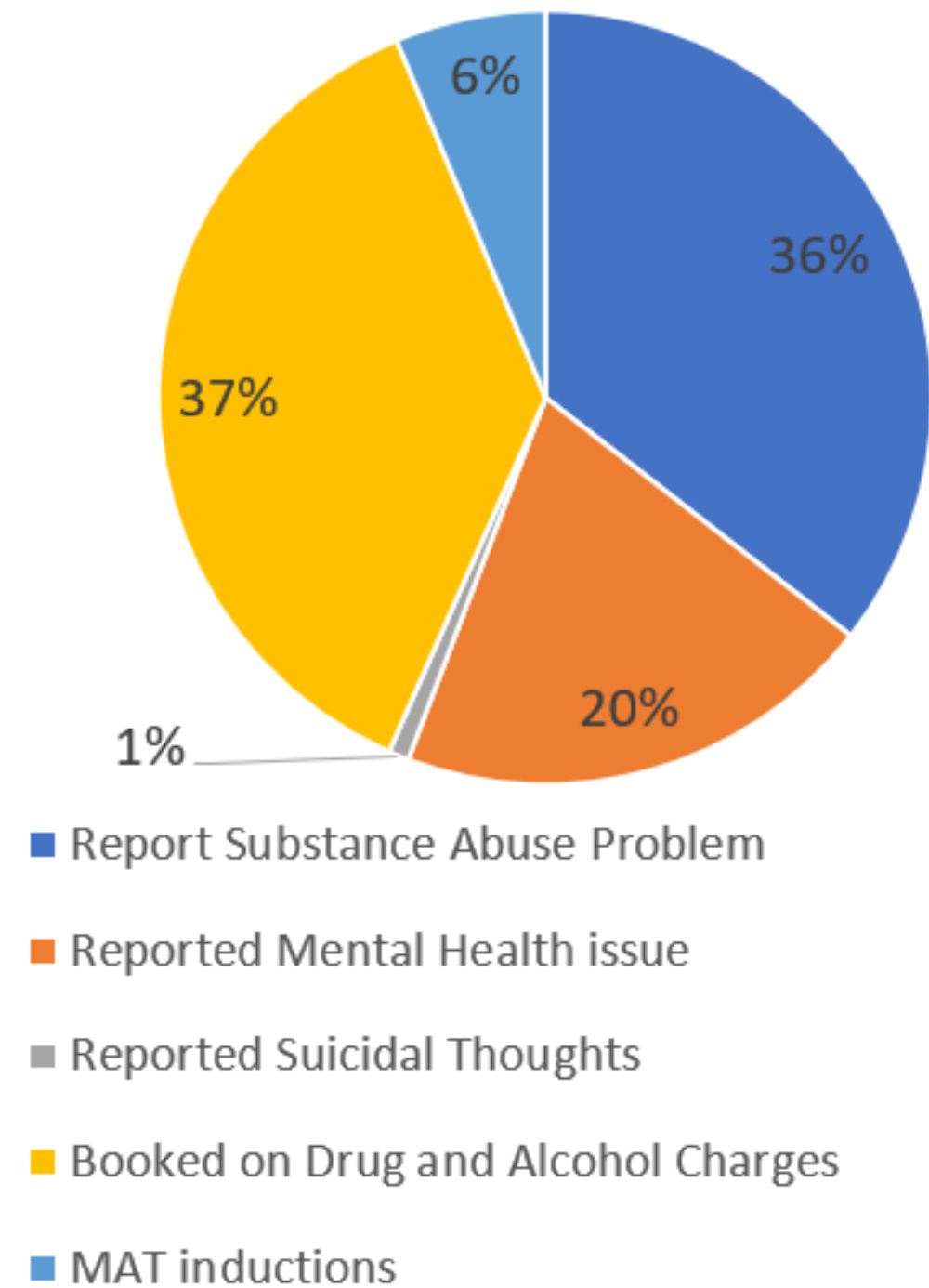


The vast majority of Jefferson Healthcare’s behavioral health related emergency visits and East Jefferson Fire Rescue’s behavioral health related calls are identified as mental health.

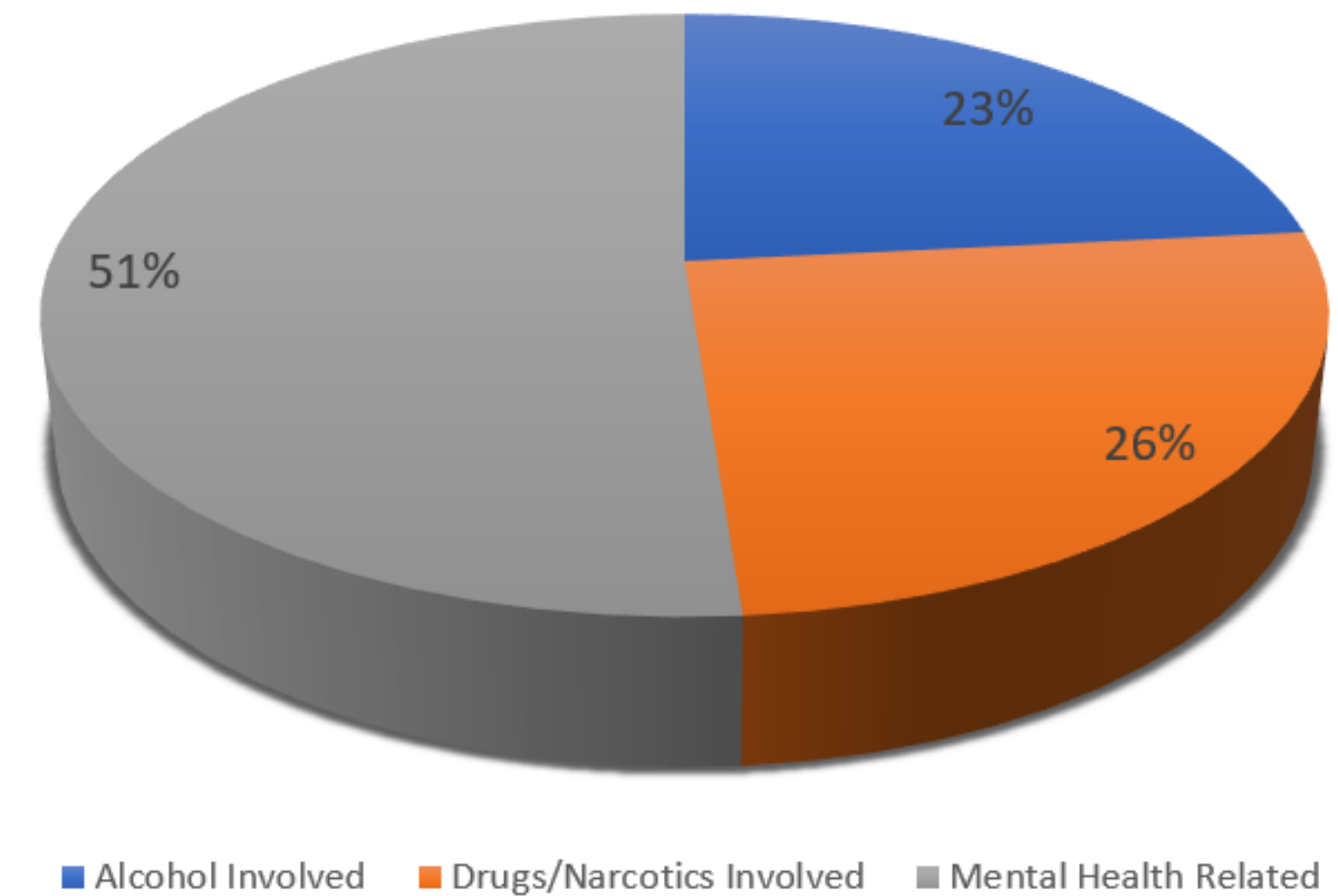


The majority of Jefferson County Jail BH related bookings are SUD, with only 21% mental health – compared to 51% of Jefferson County Sheriff’s BH related incidents being related to mental health.

**Jefferson County Jail  
Behavioral Health Related Bookings  
By Type**



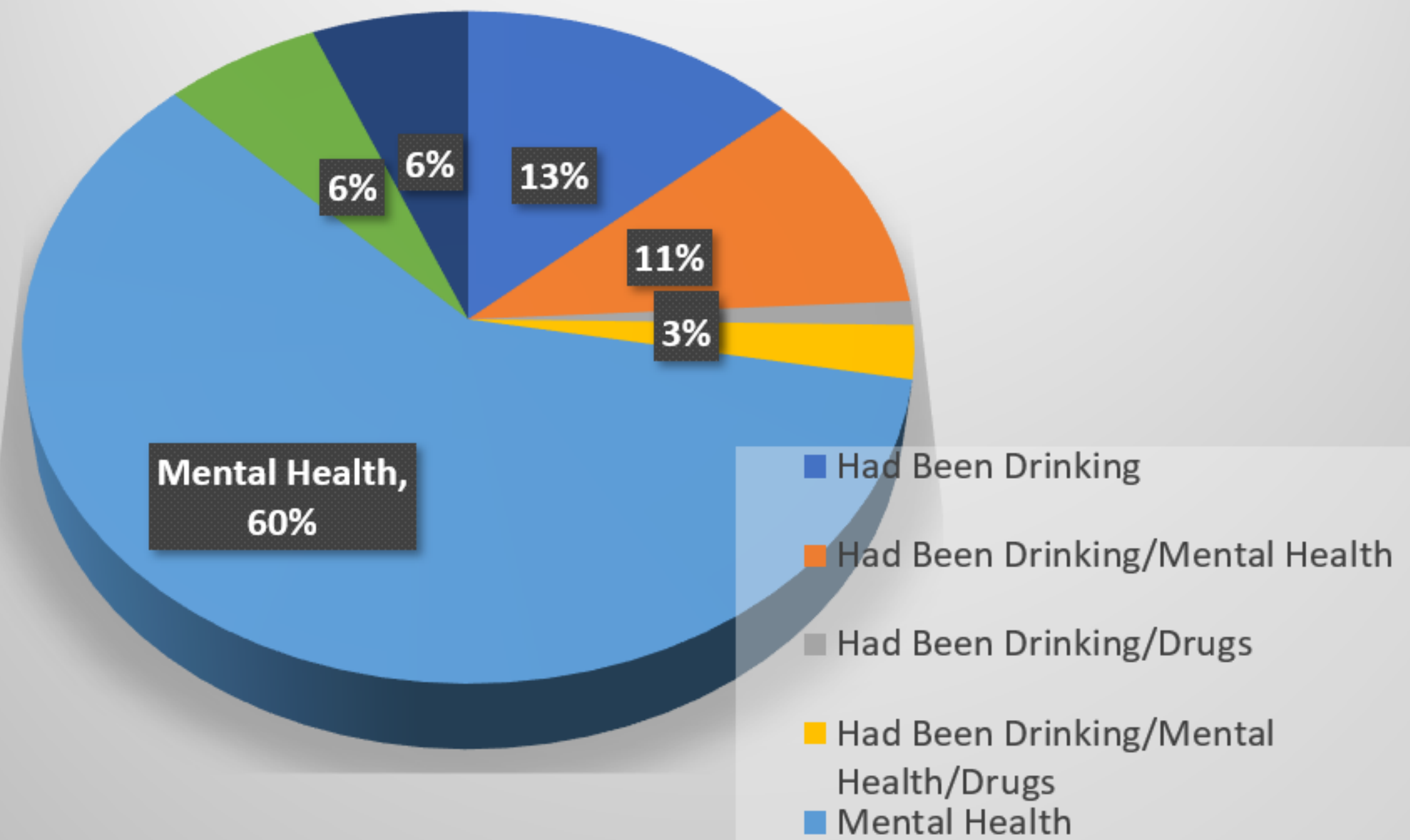
**Jefferson County Sheriff  
Behavioral Health Related Incidents  
By Type**





80% of Port Townsend Police Department behavioral health incidents have a mental health component; 30% include alcohol; and 15% include drugs.

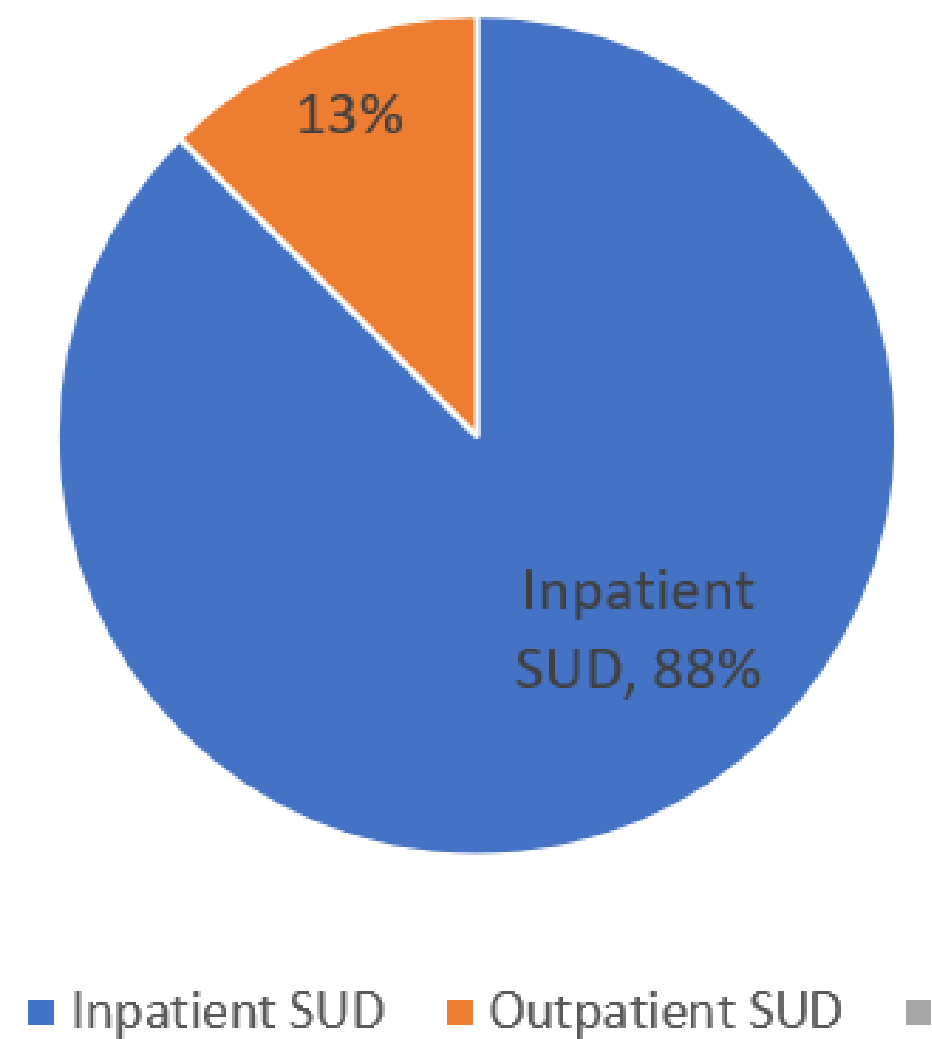
**Port Townsend Police Behavioral Health Incidents By Type**



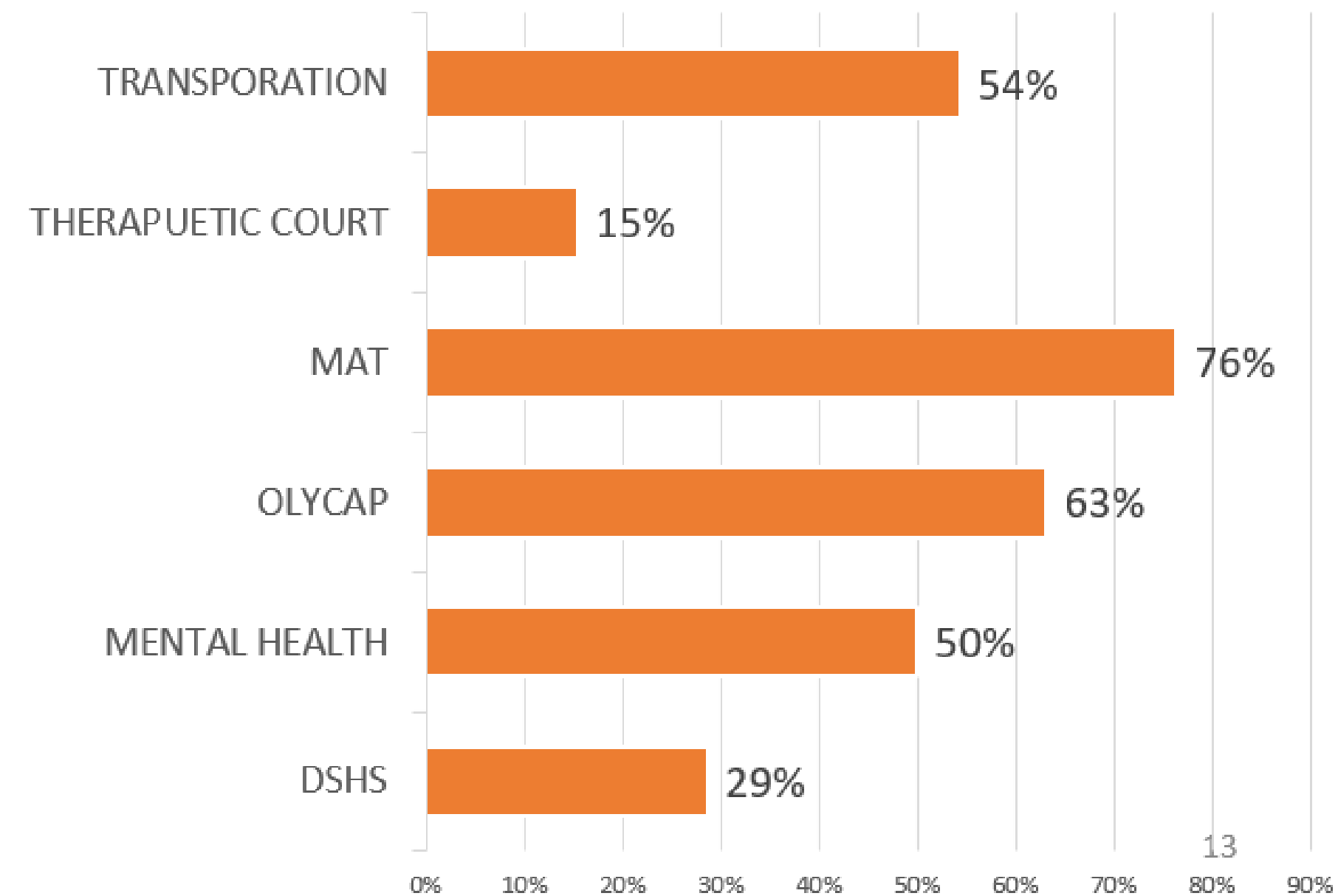


Consistent with Jail intake data identifying SUD as the top BH issue, the majority of inmate assessments (88%) result in recommendations for inpatient SUD treatment. 76% of assessments also result in a referral to MAT and 50% to mental health services.

**Believe in Recovery/Gateway to Freedom  
Inmate Assessment Recommendations**

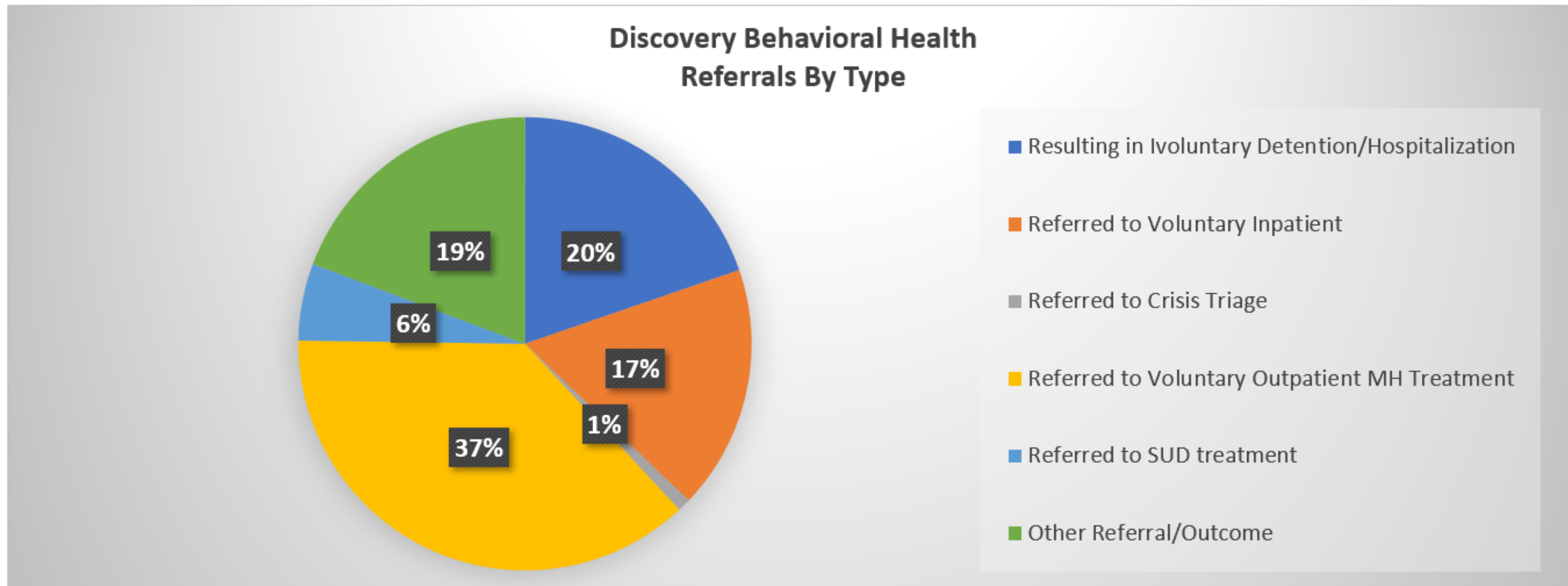


**Believe in Recovery/Gateway to Freedom  
Inmate Referrals**





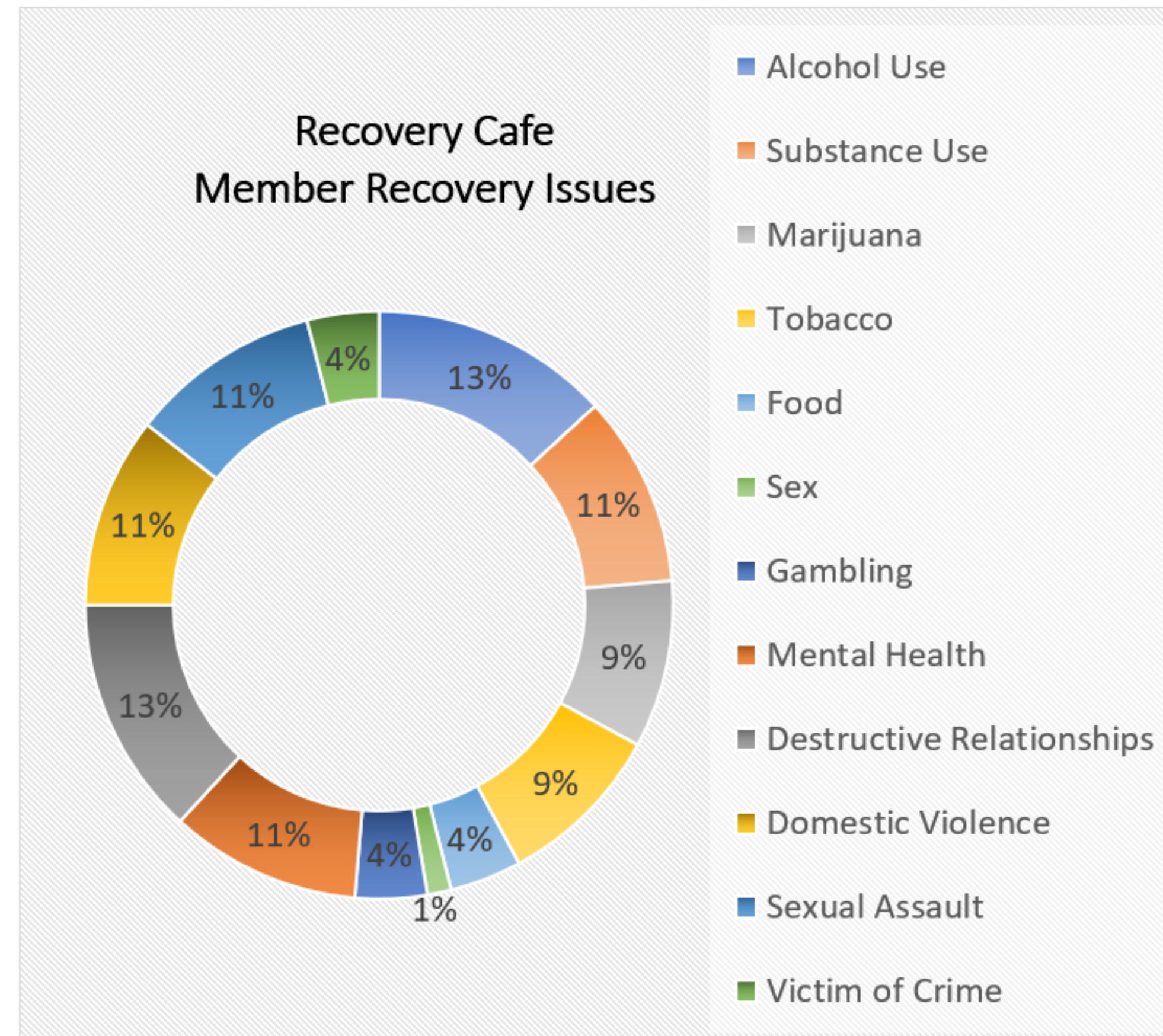
Of Discovery Behavioral Health's ITA investigations that don't result in involuntary treatment, the majority of patients are referred to voluntary outpatient and inpatient mental health services.







Recovery Café  
Member data  
demonstrates  
range of  
issues/needs.





# Interview Findings

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# First Responder Screening

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What is the issue that raises to the top that day?

Acute vs. Chronic:  
Both are counted – no distinction

Combination of measures:  
Breathalyzer, self-reporting, first responder judgement.

Challenge to screen/get accurate data when in crisis.



## Current Buckets/Definitions



18

### SUD:

- Have been drinking
- Currently on drugs
- Opioid/Other drug overdose
- Positive breathalyzer
- Booked on drug/alcohol charges
- MAT Induction
- Sufficient evidence of drug possession/distribution
- History of SUD
- Self-reporting current or history of alcohol/drug use
- First responder identification
- Slurred speech

### Mental Health:

- Showing current signs of anxiety, depression, etc.
- Exhibiting violence/anger
- Current psychotic episode
- Attempted suicide/self-harm
- Suicide ideation
- Domestic Violence
- Self Reporting current or history of mental health issues
- Emotional upset
- Confusion/Dementia
- Harassment



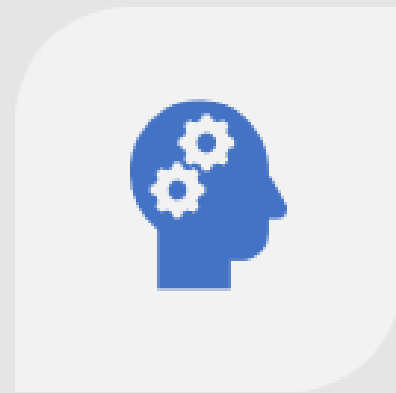
## Screening Tools Vary – but should any screening “count”?:

- Medical intake assessments
- PHQ9 depression screening tool
- Opioid risk assessment measurement tool
- GAIN-SS – Global Assessment of Individual Needs – Short Screener
- Personal interview and self-reported history
- DSM-5 diagnostic criteria
- AUDIT for MAT screening
- SBIRT
- DAST, MAST



# Challenges with Standardization:

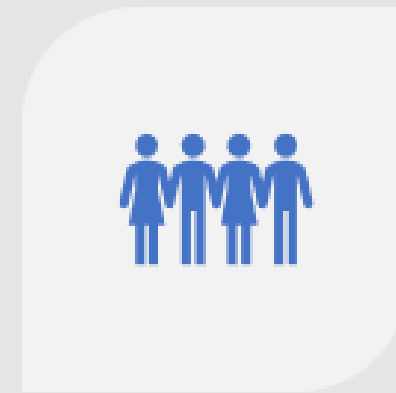
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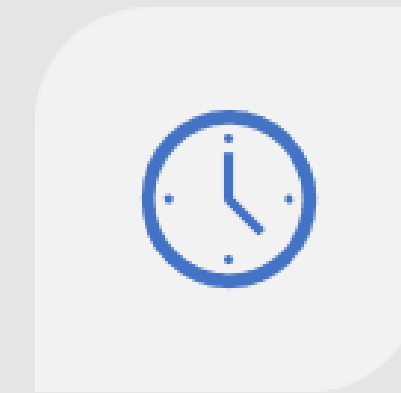
DIFFERENT  
TRAINING/SKILL  
LEVELS



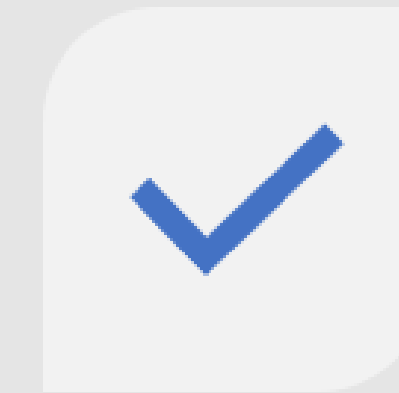
DIFFERENT FOCUS  
(MEDICAL, LEGAL,  
ETC.)



SCREENING PEOPLE  
IN CRISIS



TIME



WILLINGNESS TO  
COMPLY



+

o

What are the  
biggest  
concerns/needs  
in the  
community?

•

- Continuum of MH/SUD services and supports (accessible to communities statewide)
- Support for social determinants of health
- Equity in access to services (COVID has exacerbated inequities)
- More resources/support to first responders
- Challenges with denial/refusal for referral/treatment
- Local detox services
- Crisis services
- Better understanding of how to drive behavioral change



# Discussion

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## Opportunities for Baseline/Ongoing Data

- **Quarterly Data from each entity that will sync with HRSA requirements – 2019 as baseline?**
  - Decision on standardization/definitions
  - Can we get insurance status?
  - Can we get race/ethnicity data?
  - Referrals/Discharge?
  - What else is missing?
- **Baseline surveys:**
  - Consortium Members:
    - HRSA survey/UW survey (perceptions/stigma)
  - First Responders:
    - Shortened HRSA survey/UW ADAI survey (perceptions/stigma)
  - Providers:
    - Recovery Café survey
    - Syringe exchange program survey
    - Other?



## Options for Baseline Survey: What data/instruments already exist?

### **SAMPLE QUESTIONS:**

#### **Consortium Members/First Responders/Community**

- What do you think about officers carrying and administering naloxone?
  - What is your reason for this opinion?
- For people who want help with opiate addiction, how willing would you be to:
  - Give a referral for treatment
  - Work with an embedded social worker
  - Take the person to a clinic that provides medications for treatment
- Among the drug types listed, please rank in order the top three drug types that currently pose the greatest concern to the health and well-being of your service area.

#### **Patients/Members:**

- In the past 30 days, where have you been living most of the time?
- Please rate your desire to be in recovery
- During the past 30 days, how many days have you consumed any alcohol?
- Do you currently have health insurance or coverage?
- How concerned are you about depression, anxiety, or some other mental health issue?



# RCORP-1 Grant

Deliverables and Project Updates



### Year 1 RCORP-I Grant Deliverables

Organization	Contact	Qtrly Rpt		Qtrly Rpt		6 Mos PIMS		Qtrly Rpt		Qtrly Rpt		6 Mos PIMS		Year 1 Sustainability	
		Contributes	Complete	Contributes	Complete	Contributes	Complete	Contributes	Complete	Contributes	Complete	Contributes	Complete	Contributes	Complete
		Due 12/15/20		Due 03/15/21		Due 03/15/21		Due 06/15/21		Due 09/15/21		Due 09/15/21		Due 9/15/21	
		RE: 9/30-11/30/20		RE: 12/01 -2/28/21		9/01/20 - 2/28/21		03/01-5/31/21		6/01-8/31/21		03/01-8/31/21			
JCPH	Martine	x		x		x		x		x		x		x	
JHC	Nowak	x		x		x		x		x		x		x	
DBH	Novelli	x		x		x		x		x		x		x	
EJFR	Brummel	x		x		x		x		x		x		x	
JSCO/Jail	Fortino	x		x		x		x		x		x		x	
PTPD	Haynes	x		x		x		x		x		x		x	
SH/BoH	Kessler	x		x		x		x		x		x		x	
BiR/GtF	Caudill	x		x		x		x		x		x		x	
JCPO	Kennedy	x		x		x		x		x		x		x	
Recovery Café	Richardson	x		x		x		x		x		x		x	
ADAI	Rey-Thomas	x		x		x		x		x		x		x	
Youth Prev	Banker	x		x				x		x				x	
NAMI	Johnson	x		x				x		x				x	
Hospital	Wharton	x		x				x		x				x	
County	Brotherton	x		x				x		x				x	
Hospital	Fortino	x		x				x		x				x	
SBH-ASO	Kron	x		x				x		x				x	
BHAC	McEnery	x		x				x		x				x	



# HRSA Quarterly Report - Due 12/15/2020

## ▪ BHC Members Complete

Believe in Recovery - Gabbie Caudill  
Recovery Café - Brian Richardson  
EJFR - Pete Brummel  
PTPD - Jud Haynes  
Safe Harbor - Ford Kessler

## ▪ BHC Members - Scheduled

Jefferson Healthcare - John Nowak  
Discovery Behavioral Health - Jim Novelli  
JCPH - Apple Martine

## ▪ Yet to Schedule

JSCO - Sheriff Nole  
Criminal Justice - James Kennedy

### SUD/Drug Concerns

### SUD-Related Health Concerns

### Successes

### Challenges

### SUD Screening

### Stimulant Use Disorders

### Peer Recovery Workers



## LowCap Proj # 1: **Provider/Prescriber Integration**

- Jake Davidson, JHC - Presenting an overview of the hospital's OUD/SUD/BH program at December's BHC Mtg 12/10, 3pm.
- Safe Harbor / DBH - Actively developing their integration effort. Will Invite them to give BHC an update in February or March.
- Will be interested to see if any action occurs on the regional level after Jim/Ford/Lori presented the effort at September's 3CCORP Treatment workgroup (and the subsequent "award" to Ford/Jim at OCH's Jefferson NCC Convening).



# LowCap Proj # 2: Crisis Stabilization Feasibility / Data

- Establish an OUD/SUD/MH baseline to track progress...particularly in the face of COVID impact to any norms we were establishing before this February
- HRSA required SUD/OUD data volume served; OUD/SUD-related months; who is funded to come from care, assessment, and care,
- ...stats. as well as OUD/SUD
- .../discharge data where possible to the need under the "tip of iceberg"
- Coalescing data that sets various orgs are sponsoring to better understand "whole elephant" and avoid data-related effort duplication - BHAC, ADAI, SBH-ASO, etc

**TO BE UPDATED after Dec BHC meeting**

ANNUAL COUNT OF UNDUPLICATED INDIVIDUALS SERVED (not available prior to 2013)

		2013	2014	2015	2016	2017	2018	
EARLY INTERVENTION	Nurse Family Partnership*	54	66	58	62	60	64	*two individuals per family
	Jumping Mouse Caregivers	103	174	179	152	156	169	
	Jumping Mouse Kids	73	113	137	125	122	124	~started reporting in 2018
	Jumping Mouse Brinnon Caregivers	---	---	---	---	---	4	~started reporting in 2018
	Jumping Mouse Brinnon Kids	---	---	---	---	---	4	

\*\*\*data: 13-14, 14-15, 15-16, 16-17, 17-18, 18-19



**Naloxone kits distributed**

To... [kingst1@uw.edu](mailto:kingst1@uw.edu); John Nowak <[jnowak@jeffersonhealthcare.org](mailto:jnowak@jeffersonhealthcare.org)>; HealthFac <[HealthFac@healthfacilitiesplanning.com](mailto:HealthFac@healthfacilitiesplanning.com)>; Fleming\_Calendar

Subject: Explore ADAI Presentation with Dr. Susan Kingston

Location: <https://zoom.us/j/91589235727?pwd=K0hYZzgrUWh3U0ovVWFaMGxmS>

Start time: Fri 12/4/2020 10:30 AM

End time: Fri 12/4/2020 11:30 AM

Cumulative Years 1-4
4,412
35,698
28,953
5,149
1,596
<b>40,110 total kits</b>

Lori Fleming is inviting you to a scheduled Zoom meeting.

**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, focus, etc.**



# LowCap Proj # 3: **Print / Online Resource Directory**

- Recovery Café and John's efforts are nearing the "print" phase
- Then on to distribution phase
- Enact plan to maintain/update at regular intervals
- 12/8/2020 - sent online resource link to South County Harm Reduction Group Members







# LowCap Proj # 4: Jail to Community Transitions

- Superintendent Fortino received the updated draft contract from the State.
- Opportunity for BHC Members to understand how the RSAT effort fits/supports the BH system we're building and how BHC can support.
- Other efforts to affect this intercept point?

**SHERIFF**  
JEFFERSON COUNTY WA

## RSAT Grant Overview

**\$146,000 RSAT Grant Award – Performance Period To Be Finalized**

**Purpose**

Develop a Residential Substance Abuse Treatment (RSAT) Program at the Jefferson County Correctional Facility.

This Program will provide an opportunity for incarcerated individuals to engage in inpatient treatment services locally, gain a head start on their road to recovery, and benefit from Aftercare Services.

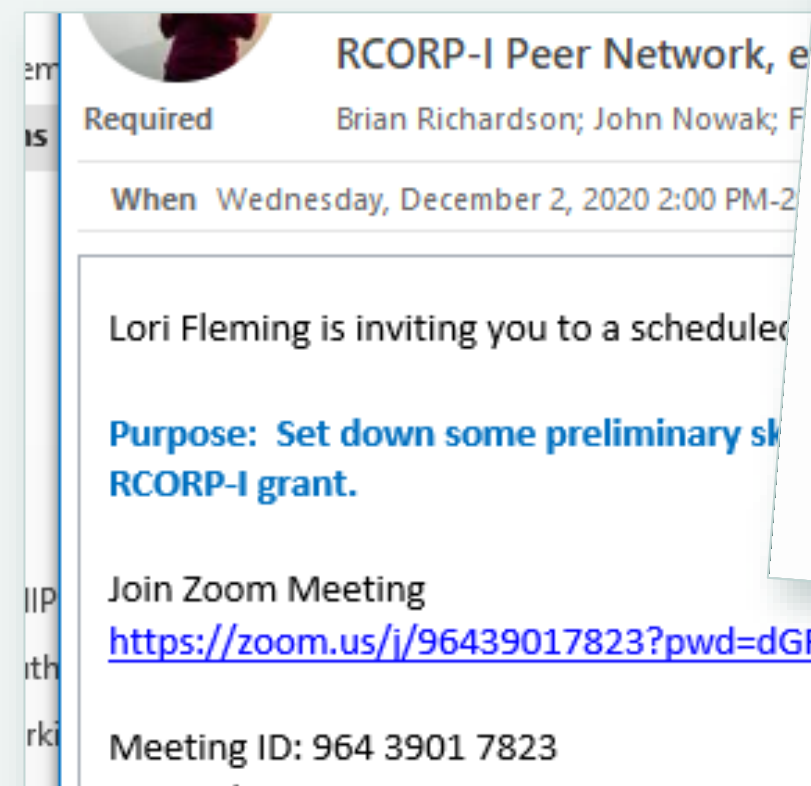
Awarded by HCA's Division of Behavioral Health and Recovery (DBHR), through

- Dept. of Justice (DOJ)
- Office of Justice Programs (OJP)
- Bureau of Justice Assistance (BJA)



# LowCap Proj # 5: Peer Network Development – Recovery Café

- Dove House/Recovery Café Contract complete
- Dec '20 - Two New Hire(s) brought in for a shared position
- 12/2 - LF/JN/Brian Richardson met to sketch out next steps



Dove House, as a contracted provider, agrees to the following:

- I. Scope of Work: The work that will need to be done with this project includes:
  1. Increase capacity of staff to provide direct recovery support services:
    - o Hire Recovery Advocate position. Tasks to do so include: Put together job description, promote position, interview candidates, hire, conduct new hire orientation and onboarding training
  2. Initiate direct recovery support service provision. Services include:
    - o One-on-one direct services (either in-person or remotely via phone call or Zoom) such as Recovery Action Planning, recovery support check-ins, referrals;
    - o Facilitate peer group support called Recovery Circles (either in-person or remotely via Zoom)
  3. Track Recovery Café Member participation and recovery outcomes for quarterly reporting and biannual PIMS reporting to HRSA. Member participation will be tracked by staff. Member outcome data will be collected via quarterly Surveys completed by Members (see V).
  4. Identify and train peer support network candidates. Training and supervision may include:
    - o Annual 30-hour CCAR Recovery Coach Academy
    - o Monthly ongoing volunteer trainings
    - o Monthly supervision of Recovery Circle Peer –Facilitators by Program Manager;
    - o Monthly supervision of School for Recovery class Peer-Facilitators by Program Manager
- II. A quarterly report of services and will be recorded on a form created or approved by HRSA.



# LowCap Proj # 6: Harm Reduction – South County

Mon 11/23/2020 5:43 PM

**Lori Fleming**  
Development of a Harm Reduction Program in South Jefferson County

To: pbeathard@bsd46.org; fredmon@qsd48.org; tmanly@brinnonfire.com; Chief@qvfd.org; dcarbom@ejfr.org; ldykes@jeffersonhealthcare.org; Apple Martine  
Cc: John Nowak

Good morning all,

John Nowak and myself on behalf of Jefferson County's Community Health Improvement Program (CHIP) and the Behavioral Health Consortium (BHC) are reaching out to invite you to an exploration we initiated over the past few weeks with Quilcene Fire Chief McKern, to build up a Harm Reduction program in the South County Area.

This conversation was initiated when CHIP/BHC was recently awarded grant funding aimed at improving access to behavioral health services. Specific Harm Reduction efforts we would like to explore for the area include Naloxone education and distribution, coordinated wraparound services for individuals with Substance Use/Opiod Use

- Initiated exploration with Quilcene Fire Chief Tim McKern
- 12/7 - Met to calibrate. Will Meet Jan 18<sup>th</sup> to form steps to begin naloxone education/distribution program.

- **Introductions**
- **What does a Rural Area Harm Reduction**
  - One Example: Mason County Program/
- **Why Harm Reduction in South County A**
  - What Does the Data Show?
  - Why Now in the Mi
  - RCORP-I Funding ar
  - You Tell Us: Area ar
  - Use?
- **What in our Harm R**
  - use more thought
  - be updated, or
  - be brought to the
  - Members, etc.)
- **Brainstorm Next Ste**

**Participants and th**

Fire Chief Tim McKern  
Patricia Beathard, B  
Frank Redmon, Qui  
Apple Martine, Jeff  
Dunia Faulx, JHC, C  
Margie Boyd, JCPH,  
Ford Kessler, Recov  
District 5, Therapeu  
Christina Muller-Sh

Community Services-Public Health (a HRSA-recommended resource)  
David Carlbom, M.D., Medical Program Director, Jefferson County EMS  
Fire Chief Tim Manly, Brinnon Fire Department  
Lindsay Dykes, Jefferson Healthcare, South County Clinic Manager  
John Nowak/Lori Fleming – Jefferson County CHIP/BHC



and give it IV. The EMT's in the county can give Narcan IM or IN and are possibly and not tapering up if needed I defiantly could understand their concern of it p would be happy to answer any questions to Quilcene FD directly if needed.

Hi Lori

Here is the information you requested regarding naloxone and its usage.

East Jefferson Fire Rescue has used Narcan 18 times since March 1<sup>st</sup> of this year.

Our supplier is either Jefferson Health Care pharmacy, Life Assist or Mckesson.

We have no special funding it just comes out of our general EMS budget. As far as cost as of right now the 0.4mg vial is on backorder through my suppliers, the least expensive available Narcan is a 2mg/ml prefilled syringe which is \$49.99 a unit.

etails with you

eedback from C  
, and were mal  
any feedback t

I hope this is helpful and please feel free to contact me with any other questions.  
Tammy Ridgway FF/PM  
East Jefferson Fire Rescue



# LowCap Proj # 7: Communication Action Plan (CAP)

First County level, then broaden as we get a toehold on the Regional front:

- **Lori & Denise Banker (Prevention) met with Justine Gonzalez-Berg and will meet on 12/11 with Production Alliance to explore contract possibilities.**

• **Phase I: The Kick-off** – First, some context: The Jefferson County community has been engaged the past year with the Community Health Assessment (CHA) efforts, including with several related community conversations and presentations held in various parts of the County as recently as February, 2020. County residents have had ample opportunity to interact with BHC stakeholders and contribute to the qualitative input gathered during the CHA process. There is a common awareness that our collective work has been an integral component in developing the BHC's Work Plan presented in this grant application.

The communication kick-off in September 2020 will be to announce the RCORP and an overview of the concurrent strategy tracks, timelines, and resource allocation. The BHC's Vision and Mission. The several near-term behavioral health-related expansion and profile-raising strategies will be broadcast, along with the appointment of a term feasibility assessment of a local Crisis Stabilization Center. Messaging will describe how the Strategic Plan will be evolved at the outset, if needed, to accommodate the current Pandemic landscape that exists by September of 2020.

- Key messages will communicate and educate various specific audiences on the current matter, who has been involved and the strategies planned, where organizations are

### Background

- OCH Regional Steering Committee did strategic session for...
  - Should they add additional substances (beyond Opioid)
  - What is holding region back now
  - What can be grown in the region that's working well in
  - What ideas could benefit from a multi-sector partnership
- Outcome – 2020 Priorities
  - **Community education** around stigma, what treatment looks like, success stories, peers, celebrate recovery, disseminating accurate information
  - **Systemic Team approach to high utilizer segment**

generating support and engagement from a range of stakeholders and recovering from SUD/OD. **We propose to engage a master communications, education, and integration plan that the Grant Team and BHC Members will execute.** This Plan will

Attendee responses: 1 accepted, 0 tentatively accepted, 0 declined.  
This appointment conflicts with another one on your calendar.

To... **Danny Milholland** <info@theproductionalliance.org>; **Megan Claflin** <megan@theproductionalliance.org>; **Denise Banker**; **Lori Fleming**; **Calendar**

Subject: **CommActionPlan Discussion (Lori/Denise/Danny/Megan/Justine)**

Location: <https://zoom.us/j/97217907084?pwd=SElzM1VsTlFyUWxWa0Vtd0UwQjE0QT09>

Start time: **Fri 12/11/2020** 11:00 AM  All day event

End time: **Fri 12/11/2020** 12:00 PM

Attached: **2020 04 16 Professional Services Agreement Template JCPH - REVISED.docx** 42 KB

Lori Fleming is inviting you to a scheduled Zoom meeting. (Checking to see if this works for everyone's calendars)

**Purpose:** Discuss Comm Action Plan (CAP) – Goals/Budget, explore what/how Denise-JCPH Prevention Team and Lori – CHIP/BHC - could work with Production Alliance Team members to meet respective grant requirements/deliverables

**Note:** A County Services Contract template has been attached to this invite - so Production Alliance can see the insurance requirements, etc.



# LowCap Proj # 8: Navigator / Care Coordination

Moving this Project from MHFR Lead to LF/JN, and pushing timeline out to late Spring when:

- JN/LF will explore HIPAA strategies to (at least incrementally) relieve inherent obstacles
- JN to work with MHFR group to articulate current and desired state for county-wide navigators connection-flow

CHIP BHConsortium RCORP-P G25RH32956 – Strategic Plan

TRACK 1 / PRIORITY #1: ENHANCE SUPPORT TO LAW ENFORCEMENT/EMS FOR CALL-SUBJECT NAVIGATION AND BEHAVIORAL HEALTH SERVICE CONNECTION / OBJECTIVE 3 – CONT'D

**NAVIGATION & BH SERVICE CONNECTION - OBJECTIVE 3: IMPROVED PATIENT CARE COORDINATION BETWEEN LAW / EMS AND COMMUNITY MEDICAL AND BEHAVIORAL HEALTH CARE PROVIDERS**

**INTERMEDIATE OUTCOME:**  
Coordination discussions are taking place

**INTERMEDIATE OUTCOME INDICATORS:**  
Executed agreements to exchange behavioral health /health care information

**STRATEGY 3A: CREATE LE/EMS CARE COORDINATION TEAM**

Activities	Timeline		Who Is Responsible?	Process Indicators	Short-Term Outcomes
	Start Date	End Date			
1. Convene players to generate understanding of how HIPAA / 42CFR impacts ability to coordinate between agencies.	Q2 2020	Q2 2020	Led by MHFR Law / EMS behavioral health and Medical Healthcare Providers	Executing agreements to exchange behavioral health /healthcare information	Completed document outlines the impacts of HIPAA and 42/CFR
2. Develop a current inventory of county's relevant Navigator, Case Manager / Coordinator services and resources.	Q3 2020	Q4 2020		Meetings Commence	Development of a Coordination Plan that improves coordination for Law, EMS and behavioral health and medical health care providers
3. Develop consensus with relevant players around plan components, players and process.	Q3 2020	Q4 2020			
4. Establish a Coordination staffing plan and procure funding	Q4 2020	Q2 2021		Staffing Plan developed and funding in place	Staffing Plan for funding Coordination plan is in place.

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# LowCap Proj # 9: Friendly Faces/Collective Case Management

Initiate in late Spring when:

- JN/LF will explore HIPAA strategies to (at least incrementally) relieve inherent obstacles
- Post-Covid Intensive the Various agencies (and LF/JN) will hopefully have more bandwidth to take on

wide coordination case management system.

Develop an integrated approach for various behavioral health service access enhancements to provide a cohesive safety net for targeted populations by activating a community-wide care plan for those who trend as high utilizers and are ill-served by County's Law, EMS, Emergency Room, and Jail services.



# RCORP-I Grant Overview Presentations

- 3CCORP Treatment Workgroup  
11/17/20
- Hospital Board, 11/25/20
- Board of Health in January '20?
- Behavioral Health Advisory Committee (1/10<sup>th</sup> of 1%)  
in January '20?

**Behavioral Health Consortium**  
History, Current Fund Award, Action Plan Overview

**Grant-Required Core Activities**

**RCORP-I Grant – Overview of BHC Strategic Actions**

**Sequential Intercept Model Used to Visualize Impacts**  
Improved Behavioral Health Service Access and Diversion Intercept Points

Pre EMS/ Law/Encounter		During EMS/ Law Encounter	Post EMS/Law Encounter		
Intercept 0:	Intercept 1:	Intercept 2:	Intercept 3:	Intercept 4:	Intercept 5:





# RCORP-Implementation Grant Update

- Contracts – Fully Executed**  
 Recovery Café / Dove House - Completed  
 HFPD - Completed
- Contracts – In Progress**  
 JHC/J Nowak - Awaiting JHC Signature 12/03
- Contracts – Yet to be initiated**  
 Collaborative Comm Plan Development  
 Any Syringe Exchange Program-related  
 Grant Admin and Data Coordinator Roles

**SIGNATURE PAGE**

JEFFERSON COUNTY BOARD OF COMMISSIONERS

Dove House Advocacy Services  
Name of Contractor

Brenda Kingsolver  
Contractor Representative (Please print)

[Signature]  
(Signature)

Executive Director  
Title

11/10/2020  
Date

ATTEST:  
By: [Signature]  
Carolyn Gall  
Deputy Clerk

Approved as  
P.C.  
Philip C. Hurst  
Chief Civil Engineer

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JEFFERSON COUNTY BOARD OF COMMISSIONERS

**HEALTH FACILITIES PLANNING & DEVELOPMENT**

[Signature]  
Name of Contractor

Jody Carme  
Contractor Representative (Please print)

[Signature]  
(Signature)

Principal  
Title

Nov 12, 2020  
Date

ATTEST:  
[Signature]  
Kate Dean, Chair Member

[Signature]  
David Sullivan, Member

[Signature]  
Greg Brotherton, Member Chair

APPROVED AS TO FORM ONLY:  
[Signature] 10/27/2020  
Philip C. Hurst  
Chief Civil Deputy Prosecuting Attorney

ATTEST:  
[Signature]  
Carolyn Gallaway, Deputy Clerk of the Board

Professional Services Agreement, JCPH, Page 12 of 15





# Presentations and Meetings of Note

- 12/1-15 - Mtg w/ individual BHC members re: HRSA Qtrly Report
- 12/03 - Mtg with UW-ADAI Susan Kingston on state OUD related Data
- 12/07 - Harm Reduction - South County - expanded group
- 12/08 - SSP with Tim Candela
- 12/09 & 16 - Christine Muller-Schinn - Grantee mindmeld, SSP, etc
- 12/09 - Affordable Housing Taskforce (City/County reps)
- 12/11 - Mtg w/ Production Alliance
- 12/14 - Housing Mod-Squad - Petite Group Strategic Planning Session
- 12/16 - Nat'l Coalition on Mental Health and Aging Webinar - Pathways to Homelessness among Older Adults with Mental Illness



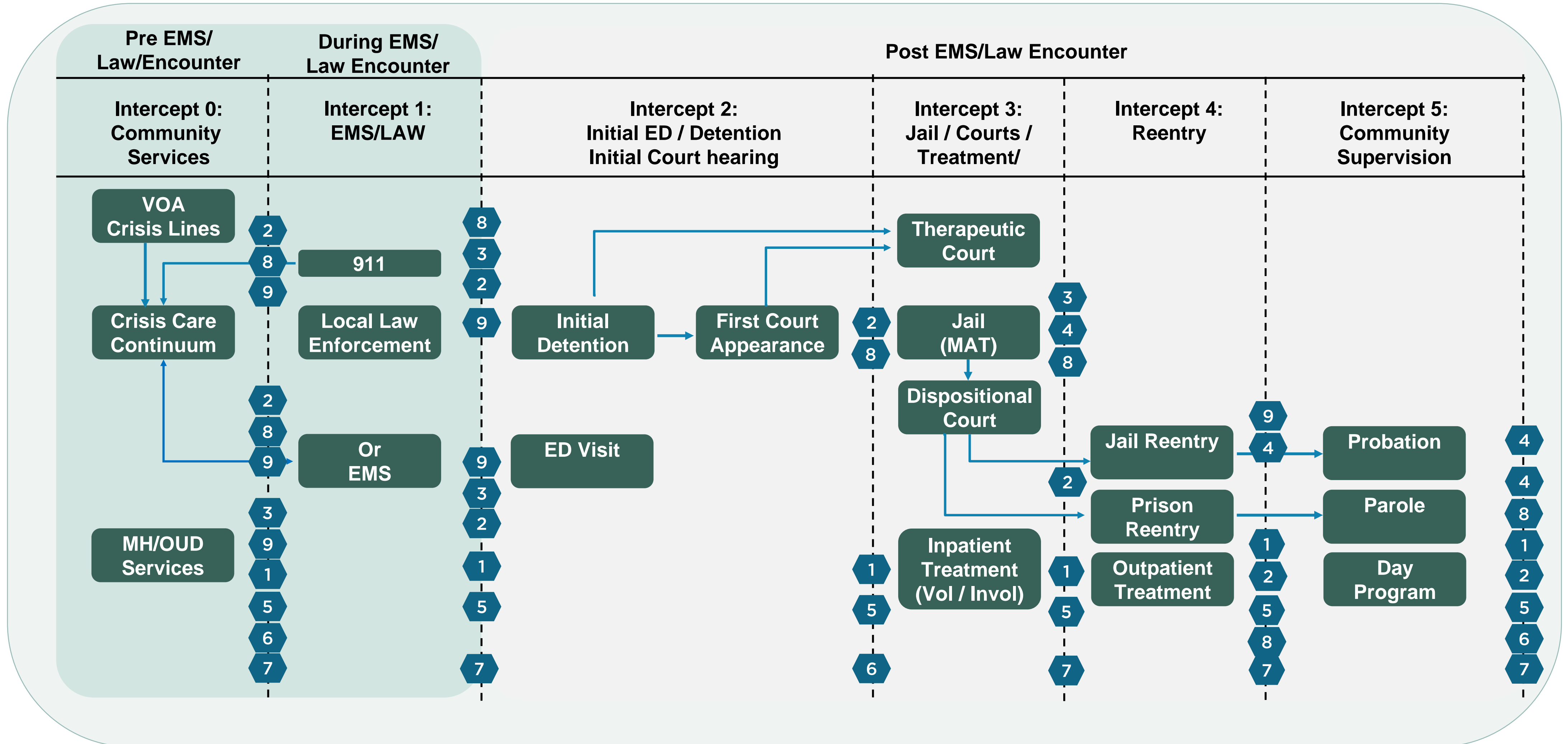
# RCORP-I Grant – Overview of BHC Strategic Actions

1. Provider/Prescriber Integration
2. Develop Crisis Stabilization Center Feasibility and, if appropriate, Implementation Plan
3. 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



# Sequential Intercept Model Used to Visualize Impacts

Improved Behavioral Health Service Access and Diversion Intercept Points





# RCORP-Planning Grant – Completed!

- Final required report, the FFR has been submitted for RCORP-Planning Grant #G25RH32956
- Website has been updated with a [“historical page”](#) that provides links to the Deliverables and meeting materials related to the RCORP-Planning grant
- Website has an [updated BHC Page](#) for current RCORP-Implementation-related materials

The screenshot shows the Behavioral Health Consortium (BHC) website with a navigation menu (About CHIP, Community Resources, Library, News, Events) and a video conference grid. Below the grid, there are sections for 'BHC's Funding and Work Focus' and 'BHC's Development - 2019 - 2020'. An email notification is overlaid on the right side of the screenshot, containing the following text:

**From:** HRSA GEMS <oitgems@hrsa.gov>  
**Sent:** Sunday, November 29, 2020 10:37 PM  
**To:** Veronica K. Shaw <veronica@co.jefferson.wa.us>  
**Subject:** Federal Financial Report (SF425) submission to HRSA for the reporting period 6/1/2019 12:00:00 AM – 11/30/2020 12:00:00 AM

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.

This email is to inform you that the **Federal Financial Report (FFR) for your Grant Number: G25RH32956 covering the reporting period (6/1/2019 12:00:00 AM – 11/30/2020 12:00:00 AM) has been created and is available for submission in the Payment Management System (PMS).**

The report should be certified in PMS by 4/30/2021 11:59:59 PM. The information on your Financial Report will be used to make determinations related to your future HRSA grant awards.



# CHA/CHIP Update



# CHIP Planning Reboot - Age Band Teams

- **Youth age band** - Would grow out of ICC Children and families workgroup
- **Working age band** - Would be a sub team of the current BHC team and meet for 30 minutes following existing BHC meetings
- **Elder age band** - Would be a new group made up members already identified from the community



# CHIP Planning Reboot – Timeline

Age Band Teams would start to meet between now and the end of the year:

- Review data, previous work, establish priorities and develop an action plan
- Develop goals, strategies and activities to support the Plan
- Generate a new CHIP document draft by August, 2021



# BHC as a CHIP's Working Age Band Sub-team

- We invite BHC players to participate in the development of the Community Health Improvement Plan for the Working Age Band that addresses goals, strategies and activities to improve the health of our working age community members
- Those interested will meet for an additional 30 minutes after most BHC meetings and an occasional separate meeting
- Contact John or Lori by Friday 12/18 if you would like to participate.





# Data Needed by December 15<sup>th</sup>, 2020

Thanks for your continued data contributions!

- Raw Monthly Data for **09/01/2020 - 11/30/2020**  
(includes EJFR, JCSO, Jail, DBH, BiR, SH, PTPD, and JH data)
- Grant Team/HFPD will do the work of totaling, charts, drill down, etc.
- Input to Quarterly Reports  
(You know who you are 😊)

### JCSO STATS - 10/1/19 - 2/29/20

153	Reported Mental Health Issue
88	Drugs/Narcotics Involved
85	Alcohol Involved

### EJFR - BEHAVIORAL HEALTH RESPONSES

Year	Responses
2017	151
2018	153
2019	144
2020 (Through 2/5/2020)	8

### EJFR - OPIOID & BEHAVIORAL HEALTH OCCURENCES

Date	Zip Code	Incident Type	# Narcan Administered	Patient Outcome
1/2/2019	98368	Unknown, Oxycodone	2 doses narcan from friend	Tx to JGH
2/1/2019	98368	Heroin	Family gave x3 Narcan, State Patrol - 2 nasal Narcan	Tx to Harrison
3/14/2019	98339	Heroin	Nasal Narcan by family 4m narcan by law	Airlift to HMC

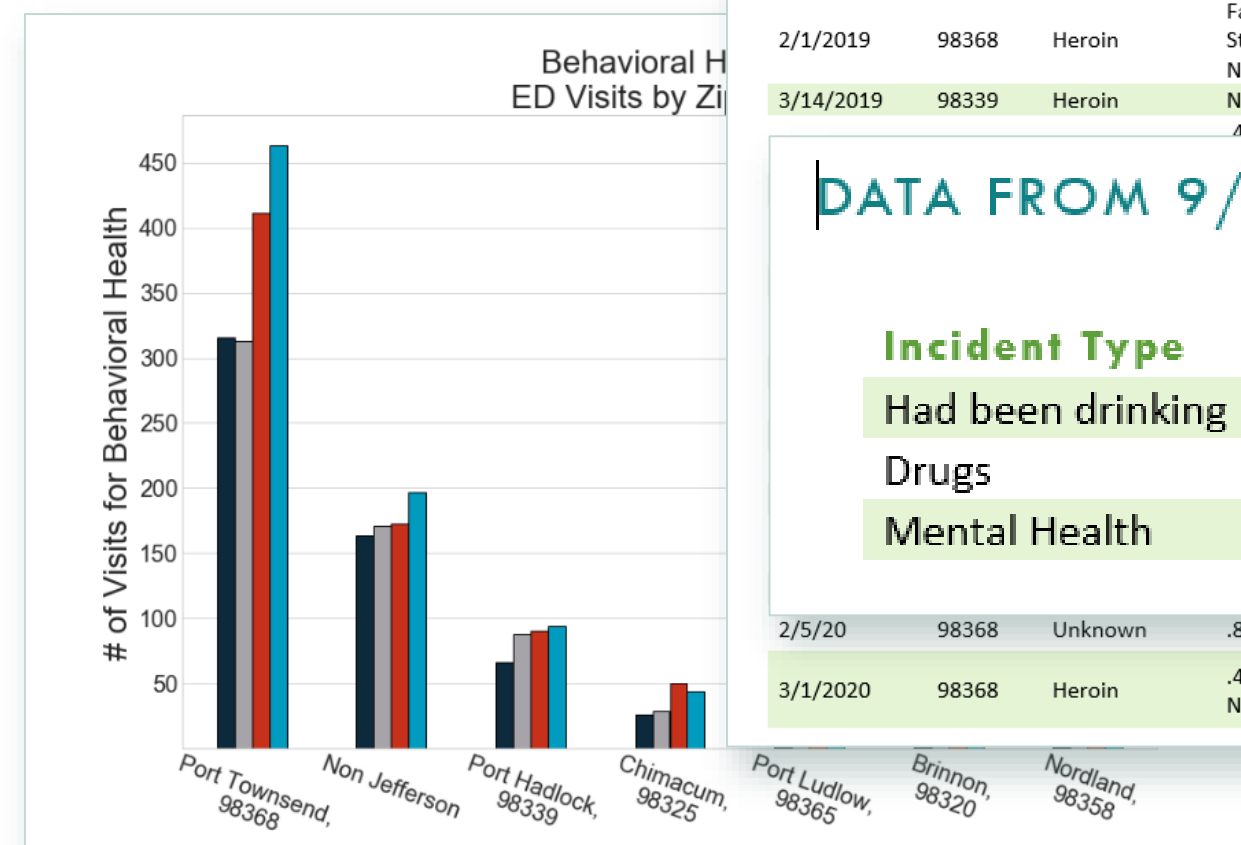
### JAIL - 2019 STATS

550	Reported Mental Health Issue
188	Reported Drugs/Narcotics Involved
24	Reported Alcohol Involved
6	Evaluated by DCR
88	Booked on drug and alcohol charges
42	Interested in MAT (AT BOOKING)
3	Reported Suicidal Ideation (AT BOOKING)
27	Reported Prior Suicide Attempts (AT BOOKING)
50	Reported Behavior health Problem (AT BOOKING)
9	Reported Developmental Disability (AT BOOKING)
127	Reported Drug or Alcohol Use in last week (AT BOOKING)
65	Reported Drug Problem (AT BOOKING)
13	Reported Alcohol Problem (AT BOOKING)
19	Reported Both Drug and Alcohol Problem (AT BOOKING)- 19
68	Currently Under the influence of Drugs or Alcohol - UA or Admission (AT BOOKING)
31	Opiates or Suboxone
37	None or none opiates
28	Reported TBI (AT BOOKING) - 28
15	Reported having Hepatitis (AT BOOKING)
16	MAT Inductions
246	Total bookings YTD

### JAIL - 2020 STATS

### DATA FROM 9/2019 - 2/29/2020

Incident Type	# of Incidents
Had been drinking	219
Drugs	110
Mental Health	628





# If 2020 was a group math problem...

Who do you want on your team to figure out how many cantaloupes it would take to re-shingle your roof if you're paddling down the creek at 2mph and your kayak has lost a wheel?





# Upcoming Meetings

**Thursday, January 14, 2021, 3pm**  
**Zoom Conference Call**



Thank You