BEHAVIORAL HEALTH CONSORTIUM
JEFFERSON COUNTY, WASHINGTON
JANUARY 6, 2020

Grantee Organization	Jefferson, County of
Grant Number	G25RH32956
Address	615 Sheridan Street, Port Townsend, WA 98368
Service Area	Jefferson County, WA
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BEHAVIORAL HEALTH CONSORTIUM – CONT'D
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Contributing Consortium Ad hoc Committee Members	Patrick Johnson, NAMI Apple Martine, Jefferson County Public Health Darcy Fogarty, Recovery Community Matt Ready, Jefferson Healthcare Board Micah Knox, Faith-based Community Brian Richardson, Dove House / Recovery Café Greg Brotherton, County Commissioner Lisa Rey Thomas, Regional Representative Jolene Kron, Regional BH-ASO Representative Adam York, Jefferson Health Care
RCORP-P Grant Coordinator	Bernadette Smyth

A. INTRODUCTION/BACKGROUND INFORMATION

Key Takeaway: Rural Centric Solution Needed

The rural and isolated nature of the County, coupled with its high percentage of elderly, the need for services to support our youth, the higher rates of unemployed, lower income levels and higher housing affordability gaps, coupled with limited workforce, requires that our solution be targeted and rurally-centric. At the same time, our solution must be and designed, staffed and supported to address the varying needs of our community's age cohorts. It also requires that we mitigate any unnecessary duplication and laser focus resources on supporting existing providers to improve access, thereby improving outcomes and reducing the total costs of care delivered.

The focus of this grant is Jefferson County ("County"), a HRSA-designated rural county located within Washington State - specifically the communities of Port Townsend, Chimacum, Port Hadlock, Port Ludlow, Quilcene and Brinnon. Jefferson County is located on the Olympic Peninsula in northwestern Washington. It was named in honor of President Thomas Jefferson who, by commissioning the Lewis and Clark Expedition was instrumental in the exploration of the Pacific Northwest. Jefferson County has a total area of 2,184 square miles; 1,814 square miles of land and 369 square miles of water. Approximately 60 percent of the county comprises the Olympic National Park and Olympic National Forest; another 20 percent is under the jurisdiction of other federal and state agencies.

A. INTRODUCTION/BACKGROUND INFORMATION – CONT'D

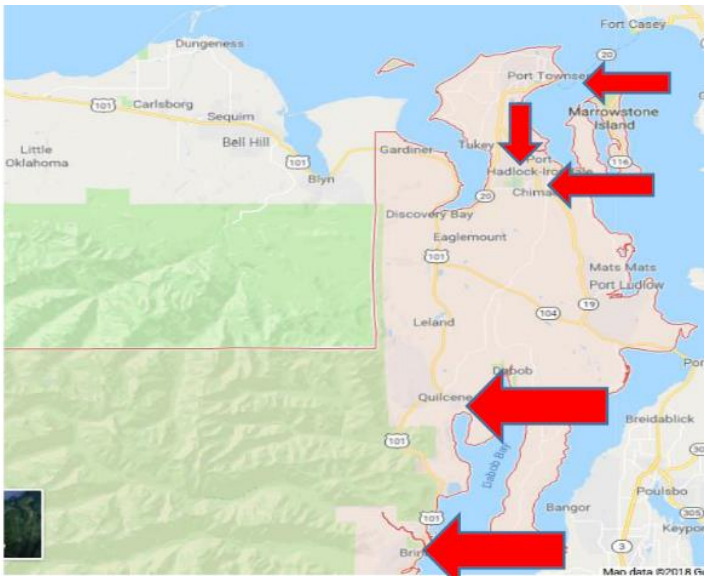
In the late 1800s, the federal government started work on the construction of Fort Worden on the high bluffs north of Port Townsend. The imposing fortification was one of three major Coast Artillery forts built around the turn of the century to protect critical naval installations and shipyards in Puget Sound. It closed in the 1950s.

The county's history, climate and terrain have resulted in agriculture, forest products/logging and maritime sectors, including ship repair and maintenance, as well as ship and boatbuilding being the main industries. Today, the agricultural base encompasses tree farms for logging, aquaculture and a growing organic farming sector. Tourism is also a major industry.

Private employers comprise nearly two-thirds of the workforce, and government another 16%. About 16% of the work force reports being self-employed. Local governments and schools represent a large employment sector, as does retail.

Jefferson County is geographically isolated due to the number of waterways, bridges and ferry crossings necessary to reach locations within Washington State that provide the next closest specialty care, primary care, behavioral health, dental and other health services.

This County encompasses a large tract of the Olympic National Park, creating access challenges for the most rural communities, which are unincorporated, house approximately 1,000 community members collectively, and seek healthcare services in neighboring Counties. The central location for vital advanced medical services is in Seattle, WA – a several hour-long commute consisting of a ferry crossing and often including delays associated with bridge openings for marine traffic and significant weather. Even within the County, the most rural communities, such as Brinnon and Quilcene, experience cumbersome access to care because of geographic locations that are a distance from Port Townsend, the County's population center.



Jefferson County is the "oldest" of Washington's 39 Counties, with more than 1 in 3 residents age 65 and over (36%). The median household income in Jefferson County has consistently remained below that of Washington State during 2000 to 2018, but it was increasing slightly faster than Washington State's from 2000 to 2016. However, since 2016, there has been very little change to Jefferson's while Washington State's has continued to increase. This has resulted in a gap of over $18,000 between the Washington State and Jefferson County mean household income.

A. INTRODUCTION/BACKGROUND INFORMATION – CONT'D

The housing affordability gap in Jefferson has been growing since 2012. In 2018, the income needed to afford a median priced home was approximately $44,243 more than the average income of residents, as compared with $23,266 for Washington State.

In 2018, about 6% of Jefferson residents in the labor force were unemployed. This is higher than the Washington State unemployment rates.

While Jefferson County's opioid and drug overdose death rates appear to be decreasing (although small numbers may impact the validity of these rates), the rate of hospitalizations for non-fatal opioid overdose continues to increase, while the rate appears to be flattening at the state level.

OPIOID OVERDOSE NON-FATAL HOSPITALIZATION RATE **Age-Adjusted Rate per 100,000**

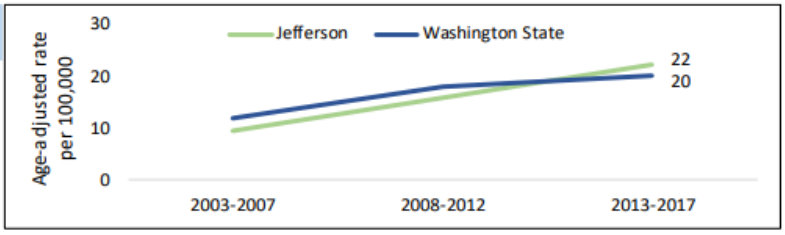
The age-adjusted hospitalization rate per 100,000, where the primary and/or contributing causes were opioid-related.

Source: WA State, Community Health Assessment Tool (CHAT)

Summary: From 2013-17, the age-adjusted opioid overdose non-fatal hospitalization rate was 22 per 100,000 people in Jefferson County, about the same as the state. On average from 2013 to 2017, about 8 Jefferson residents were hospitalized each year for opioid overdoses.

Age-Adjusted Rate per 100,000	Early years 2003-07	Recent years 2013-17	Statistical comparison of 2003-07 and 2013-17
Jefferson County	10	22	n/a
Washington State	12	20	n/a
Statistical comparison: Jefferson vs. Washington:			
Average number of Jefferson residents per year:		8	

Trend over Time:



B. VISION/MISSION/PLANNING VALUES

The Behavioral Health Consortium's (BHC) MISSION is to address opioid morbidity and mortality in Jefferson County by serving as a strong infrastructure between agencies, and to identify methods to integrate mental health and substance use disorder services, lower cost, create access to appropriate services at the appropriate time, and to implement evidenced-based, innovative approaches for value-based Healthcare.

The BHC's VISION is to provide Jefferson County residents with treatment and recovery supports as they move toward stability and the recovery of their health and wellness.

BHC VALUE STATEMENT

Making the lives of the residents of Jefferson County better through:

- *Community engagement*
- *Transparency*
- *Teamwork*
- *Acknowledging that inclusion, collaboration, respect, integrity, cultural humility and diversity are fundamental in developing needed services and programs*
- *Placing the needs of the community at the forefront of all of our efforts*
- *Evidenced-based decision-making*

C. NEEDS ASESSMENT METHODOLOGIES

Key Takeaway: Available data likely understates need for OUD Services

Collecting data has been a challenge, as the different agencies involved in public safety and care delivery have disparate data collection and reporting capacities. Because screening (ie: SBIRT) is not universally adopted, we have concluded that our methodology, which focused primarily on those in crisis, or otherwise actively seeking care in the County, under reports the true need for OUD services.

With the recognition that demand is understated, below is an overview of the data collection efforts used to support Jefferson County and the Behavioral Health Consortium's (BHC) grant-funded Readiness / Needs Assessment Deliverable.

Data Source	Description
Community Health Assessment (CHA) See Appendix A Participants: Jefferson County Residents Consortium Members Grant Team Kitsap Epidemiology Team Facilitated by: Kitsap Epidemiology Team Grant Team Members Timing: 2019	This CHA effort involved: ▪ Quantitative data collection on indicators of health status, behaviors and outcomes. ▪ Qualitative input from the community to gain a richer understanding. Qualitative data collection efforts included 12 key informant interviews, three community focus groups in disparate parts of the county, and a county-wide community survey that was offered electronically as well as taken by hand to food banks, libraries, Community Centers, the County Jail, recovery service providers, etc. Over 1,100 surveys were filled out in a county of 30,000. Section D of this Needs Assessments provides the relevant key findings.

C. NEEDS ASESSMENT METHODOLOGIES – CONT'D

Data Source	Description
External Environmental Scan & Network Organizational Assessment See Appendix B Participants: JCPH, JHC, EJFR, & DBH & Grant Team Members Facilitated by: Grant Team Members Timing: Jan – March, 2019	The initial four Network/BHC Members initiated these two qualitative efforts in the Spring of 2019, prior to the inception of the current grant. At that time the tenor of the discussions went from what had been relatively surface to more in-depth discussion between Network Members. These discussions were full of insights and perspectives that needed to be aired and heard, and a growing sense of how these individual players could be impactful as a Network (which ultimately expanded into the BHC). These exercises revealed there were existing efforts at the intersection of Behavioral Health Service access challenges and in-progress-momentum, where the Network's efforts could be focused, and additional members targeted for recruitment.
BHC Member Data Collection Effort DATA DISPLAYED IN THIS DOCUMENT Participants: East Jefferson Fire and Rescue, Port Townsend Police Department, Jefferson County Sheriff's Office Jefferson County Jail Jefferson Healthcare Led/Facilitated by: Lisa Grundl, HFPD Consultant & Grant Team Members Timing: 2019	This is an ongoing quantitative data collection effort to **establish a baseline for Behavioral Health (Substance Use/Opioid Use/Mental Health) encounters in our county** from which to measure the demand for a Crisis Stabilization Center, enhanced Navigator program – or other programs and solutions designed to improve access to Behavioral Health Services. Data to quantify the demand for services are limited, since patients are not universally screened, and providers and agencies do not consistently track data. There is both a risk of duplicate counts for individuals who enter the system at multiple points, and of undercounting, based on a lack of comprehensive and consistent screening services. While the BHC is continuing to attempt to refine data and develop consistency, there is also an awareness that we can't "wait" for perfect data. It is clear that there is a significant need for enhanced services, particularly for those in crisis in our county. The key is to affect consistency between our agencies on the data we are collecting, ideally before we put any changes in place.

C. NEEDS ASESSMENT METHODOLOGIES – CONT'D

Data Source	Description
Gap Analysis Survey Based on the CDC's 10 Evidence-Based Strategies for Preventing Opioid Overdose See Appendix C Participants: BHC Consortium Members Grant Team Developed & Facilitated By: Grant Team Members & Andrew Bell, Technical Assistance Tabulated & Summarized By: Berni Smyth, Grant Coordinator Timing: Fall, 2019	The GAP Analysis Survey, a collection tool developed by the Grant Team, uses 10 strategies outlined in the CDC report, with two relevant strategies added aimed at the BHC's focus on a potential Crisis Stabilization Center and ramping up Navigator resources in the County. This tool engaged 15 BHC and Ad Hoc Members to: ▪ Rate their personal awareness of, and commitment to the various strategies ▪ Rate their assessment of their Organization's awareness of and commitment to the various strategies ▪ Rate their assessment of the Community's awareness of and commitment to the various strategies ▪ Articulate relevant services (to each strategy considered) that is currently provided in Jefferson County ▫ Describe perceived gaps in service ▫ Describe anticipated barriers and challenges to filling the service gaps identified ▫ Describe supports to filling the service gaps identified
Jefferson County Syringe Exchange Program (SEP) Annual Report 2018 See Appendix D Participants: Jefferson County SEP participants Reported by: Jefferson County Public Health Timing: 2018	Jefferson County Public Health (JCPH) has provided a Syringe Exchange Program (SEP) since 2000 to reduce the risk of HIV and hepatitis C among injection drug users (IDU), their families, and communities. Additional goals include overdose prevention, linkage to care such as medication assisted treatment (MAT) for opioid addiction, substance abuse treatment, and medical care. The SEP is scheduled for two hours, three days per week.

C. NEEDS ASESSMENT METHODOLOGIES – CONT'D

Data Source	Description
BHC Half-Day Retreat See Appendix E Participants: BHC Members Facilitated by: Grant Team Members & Lisa Grundl, HFPD Consultant Timing: November 6, 2019	The BHC Retreat provided BHC members the opportunity to build on the various quantitative and qualitative data collection efforts listed to: ▪ Level set group's understanding of the extended timeline (3-5 years) needed to develop a "placed-based inpatient resource for crisis stabilization, such as a Crisis Stabilization Center (or equivalent solution) in Jefferson County, while concurrently implementing, enhancing or improving coordination with other programs and services to improve our County's Behavioral Health system overall. This included breakout and full group brainstorming, analysis discussions, then qualitative data report outs on: ▫ What available services can we expand on, and what are first step(s) toward expansion? ▫ What other services should be provided locally that are currently not available? ▫ What questions do we need answers to in order to verify and implement recommendations? ▫ What do we need to do to position ourselves to be able to implement recommendations and move forward with an operationally sustainable Crisis Stabilization Center (or equivalent) that meets the specific, multiple needs of Jefferson County? Regional, state policy and collaboration? Rulemaking?

C. NEEDS ASESSMENT METHODOLOGIES – CONT'D

Data Source	Description
2019 1/10th of 1% Data See Appendix F Developed By: Kitsap Public Health Epidemiology Team for the Behavioral Health Advisory Committee Tabulated & Summarized By: KPH Epidemiology Team	Washington State legislation enacted in 2005 allows counties to pass a 1/10 (one tenth) of 1% sales tax for mental health and substance abuse treatment, and to support court treatment programs. Funds collected under this initiative may only be used to provide: ▪ new or expanded chemical dependency or mental health treatment services ▪ new or expanded therapeutic court programs. The initiative was designed to provide funding for programs where state and federal funding falls short. The Jefferson County Board of County Commissioners (BoCC) adopted this tax in 2006 and established the Jefferson County Mental Health and Substance Abuse Sales Tax Advisory Committee to review community needs and local Requests for Proposals (RFP) from vendors in order to provide a continuum of enhanced mental health and substance abuse treatment services. This fund provides an average of $400,000 a year. These funds support Early Intervention Services, Treatment, and Behavioral Health Services in the jails and courts.
WA State's 2017 Communicable Disease Report See Appendix G Developed By: Washington Department of Health	This report represents Washington State communicable disease surveillance: the ongoing collection, analysis and dissemination of morbidity and mortality data to prevent and control communicable disease. In addition to the contributors listed on the previous page, we would like to recognize the staff of the Washington State Public Health Laboratories, the staff of Washington's local health jurisdictions who contribute to surveillance, investigation, and prevention of communicable diseases in our state, and the thousands of people in clinics, hospitals and clinical laboratories throughout Washington whose disease reports constitute the basis for this document.

D. OVERVIEW OF RESULTS/FINDINGS

Key Takeaway: While Acknowledging Methodology limits, the data still demonstrates a significant community burden related to OUD

The lack of consistent definitions and varying data collection efforts and screening mechanisms or tools across county providers and services/agencies created an insurmountable challenge to fully calculating the number of lives being impacted and the demand for additional services. That said, we do know that most members of the BHC see only residents in crisis. Even with this acknowledgement, the data included in this Needs Assessment unequivocally demonstrates that there is a significant burden to residents, health care providers, law enforcement agencies, public health and others resulting from a lack of community-based resources. Increasing local services, coordinating care, generating regional connections and collaborations, and eliminating gaps and duplication will improve access to services in the county, particularly for those in crisis, but with the long-term intent of reducing crisis need by intervening earlier.

D.1 QUALITATIVE FINDINGS

Prevention-Related Findings (Workforce, Services and/or Access to Care)

- Agency coordination, behavioral health integration. Respondents experienced gaps and redundancies in the services offered by behavioral health agencies and non-profits. They felt there is duplication across agencies, and a lack of capacity to meet all clients' needs. Key informants suggested additional efforts to coordinate funds and services and create linkages to address gaps and sustain existing programs. HIGHLIGHTS GAPS IN PREVENTION - SERVICES AND ACCESS.
- Understanding impact of Integrated Managed Care. Respondents noted the need to attempt to quantify the impending impact of Integrated Managed Care on the provision of behavioral health services in the community, and develop strategies for mitigating negative impacts and identifying and supporting opportunities. HIGHLIGHTS GAPS IN PREVENTION - WORKFORCE.
- Prescribing Practices: Prior authorization requirements for OUD medications is an issue in Washington, but changing policy will be difficult. HIGHLIGHTS GAPS IN PREVENTION - SERVICES.
- Care Coordination – Address the care gaps patients experience between their various service providers. HIGHLIGHTS GAPS IN PREVENTION - SERVICES.

D.1 OVERVIEW OF RESULTS/FINDINGS - QUALITATIVE FINDINGS - CONT'D

Prevention-Related Findings (Workforce, Services and/or Access to Care) – Cont'd

- Raise the profile of the youth prevention efforts being led by Jefferson County Public Health's (JCPH) Youth Prevention team. Opportunity noted to provide a more visible channel through which to integrate awareness, facilitate contribution to, and collaboration with, ongoing youth prevention work throughout the county. HIGHLIGHTS POTENTIAL GAPS/OPPORTUNITY IN PREVENTION.
- Raise the profile of evidenced-based practices for prescription guidance and provider support. Respondents noted an opportunity to do more around educating/supporting and marketing Providers around evidence-based practices for prescriptions.
  HIGHLIGHTS GAPS/OPPORTUNITY IN PREVENTION - WORKFORCE.
- Need to gather/develop regional intelligence, relationships, collaborations. In 2019, State lawmakers approved $7.2 million for Phase 1 of a behavioral health center in Sequim that will be jointly operated by the Jamestown S'Klallam Tribe of Blyn, Olympic Medical Center of Port Angeles and Jefferson Healthcare hospital of Port Townsend.
  HIGHLIGHTS POTENTIAL GAPS/OPPORTUNITY IN PREVENTION.
- Need to gather/develop intelligence, relationships, influence at the "rulemaking tables". Respondents noted Jefferson County has a collective stakeholder base which, when leveraged with purpose, may allow impact on what is facilitated/allowed in terms of facility and professional requirements at a rural level. HIGHLIGHTS POTENTIAL GAPS/OPPORTUNITY IN PREVENTION.

Treatment-Related Findings (Workforce, Services and/or Access to Care)

- Harm Reduction. Overall, community members and key informants believed substance use and mental health were significant health concerns in the county. A major treatment concern was the lack of inpatient substance use and mental health treatment facilities. Respondents indicated that travel outside of the county, as well as enduring long wait times for treatment referrals or beds to become available is a significant barrier to treatment.
  HIGHLIGHTS GAPS/OPPORTUNITY IN TREATMENT – SERVICES.
- Opioid Treatment & Drug Related Hospitalizations. Respondents were supportive of recent additions of medically assisted treatment (MAT) services being made available in Jefferson County. Respondents were also supportive of existing harm reduction efforts in the community, including needle exchanges and sharps containers installed in public restrooms. HIGHLIGHTS GAPS/OPPORTUNITY IN TREATMENT – ACCESS.
- Opioid Treatment. Respondents noted healthcare providers have been slow to uptake MAT and support its provision in clinics and hospitals. HIGHLIGHTS GAPS/OPPORTUNITY IN TREATMENT – ACCESS.
- Service Coordination - Drug-related Hospitalizations/EMS Transports: Hospitalizations and arrests due to behavioral health crises were common concerns. Key informants explained in crisis situations, there is no 24/7 accessible alternative to stabilize patients other than at the local Hospital's Emergency Department or the county jail. Key informants expressed a strong need for crisis stabilization, as well and further behavioral health integration in the health care system to reduce crisis incidents in the first place. Trained mental health and social worker professionals are needed at all steps in the behavioral health, crisis prevention system. HIGHLIGHTS GAPS/OPPORTUNITY IN TREATMENT – ACCESS.

D.1 OVERVIEW OF RESULTS/FINDINGS - QUALITATIVE FINDINGS - CONT'D

Treatment-Related Findings (Workforce, Services and/or Access to Care) – Cont'd

- Behavioral Health Integration. Many respondents spoke favorably about integrating behavioral health care in the health system to meet access needs. Key informants mentioned clear links between mental health and emergency department utilization, and suggested continued efforts to provide services, prevent debilitating mental illness, and save costs. It was felt the behavioral health system needs to move away from crisis-oriented care and increase capacity to address the life disrupting, but not disabling, issues that affect more people. HIGHLIGHTS GAPS/OPPORTUNITY IN TREATMENT – WORKFORCE.

- Mental health and justice system. Mental health was a significant concern for populations in the justice system and therapeutic courts. Key informants believed strongly that behavioral health services integrated in the jails, and in the re-entry transition period, would reduce recidivism and help this population successfully rejoin the community. One key informant felt that the services offered currently in the jails are minimal and inconsistent; a greater focus on accountability and sustainability was a common concern regarding effectiveness of mental health care. HIGHLIGHTS GAPS/OPPORTUNITY IN TREATMENT – SERVICES.

- Understanding impact of Integrated Managed Care. Respondents noted the need to attempt to quantify the impending impact of Integrated Managed Care on the provision of behavioral health services in the community, and develop strategies for mitigating negative impacts and identifying and supporting opportunities. HIGHLIGHTS GAPS/OPPORTUNITY IN TREATMENT - WORKFORCE.

- Address Challenge of Western State Hospital Closure. Western State Hospital closing imposes challenges and emphasizes the need for a focused effort to provide avenues of early intervention services at a local level. HIGHLIGHTS GAPS/OPPORTUNITY IN TREATMENT – ACCESS.

- County Resident Population Perspective. The swell of negative resident reaction in an adjacent County to the development of a proposed Healing Center already funded by 2019 legislature funding award. HIGHLIGHTS GAPS/OPPORTUNITY IN TREATMENT – SERVICES & ACCESS.

- Emergency Room Fentanyl Screening: Potential for Fentanyl Screening actively being pursued at JHC, where they carry out majority of drug screens within Jefferson County, but do not currently screen for Fentanyl in Routine Clinical Toxicology Testing. HIGHLIGHTS GAPS/OPPORTUNITY IN TREATMENT – SERVICES.

- Syringe Exchange Service clarification, communication, and education. Syringe Exchange, which is well established in Port Townsend, but not all who need it are aware it exists, and there is an opportunity to develop broader community support. Also, expansion is needed into rural parts of the county. HIGHLIGHTS GAPS/OPPORTUNITY IN TREATMENT – ACCESS.

- Need to gather/develop regional intelligence, relationships, collaborations. HIGHLIGHTS POTENTIAL GAPS/OPPORTUNITY IN TREATMENT.

- Need to gather/develop intelligence, relationships, influence at the "rulemaking tables". Respondents noted Jefferson County has a collective stakeholder base which, when leveraged with purpose, may allow impact on what is facilitated/allowed at in terms of facility and professional requirements at a rural level. HIGHLIGHTS POTENTIAL GAPS/OPPORTUNITY IN TREATMENT.

D.1 OVERVIEW OF RESULTS/FINDINGS - QUALITATIVE FINDINGS - CONT'D

Recovery-Related Findings (Workforce, Services and/or Access to Care)

- Opioid Treatment & Drug Related Hospitalizations. Respondents were supportive of recent additions of medically assisted treatment (MAT) services being made available in Jefferson County. Respondents were also supportive of existing harm reduction efforts in the community, including needle exchanges and sharps containers installed in more public restrooms. HIGHLIGHTS POTENTIAL GAPS/OPPORTUNITY IN RECOVERY – ACCESS.
- Opioid Treatment. Respondents noted healthcare providers have been slow to uptake MAT and support its provision in clinics and hospitals. HIGHLIGHTS POTENTIAL GAPS/OPPORTUNITY IN RECOVERY – ACCESS.
- Need to identify/develop regional intelligence, relationships, collaborations. In 2019, State lawmakers approved $7.2 million for Phase 1 of a behavioral health center in Sequim that will be jointly operated by the Jamestown S'Klallam Tribe of Blyn, Olympic Medical Center of Port Angeles and Jefferson Healthcare hospital of Port Townsend.

  HIGHLIGHTS POTENTIAL GAPS/OPPORTUNITY IN RECOVERY.
- Need to identify/develop intelligence, relationships and influence at the "rulemaking tables". Respondents noted Jefferson County has a collective stakeholder base which, when leveraged with purpose, may have impact on what is facilitated/allowed in terms of rural facility and professional requirements. HIGHLIGHTS POTENTIAL GAPS/OPPORTUNITY IN RECOVERY.
- Jail MAT Service. Clarification, communication, and education around MAT services provided in the jail (what is provided, how it is funded, when are there gaps due to insurance, etc.) HIGHLIGHTS POTENTIAL GAPS/OPPORTUNITY IN RECOVERY – SERVICES.
- Primary Care Provider MAT Services. Clarification, communication, and education around MAT services provided at the hospital (how this avenue differs from MAT Services at MAT Clinic/OPHS. (What is provided through PCP vs. Clinic, the fact it is not provided in ED, the realities of internal ER Provider resistance – and what process might be undertaken to shift culture. HIGHLIGHTS POTENTIAL GAPS/OPPORTUNITY IN RECOVERY – SERVICES.
- Community Perception of MAT Services. of Clarification, communication, and education around MAT services in the broader community. HIGHLIGHTS POTENTIAL GAPS/OPPORTUNITY IN RECOVERY – SERVICES.
- Quantify Therapeutic Court Recidivism. Respondents expressed a lack of data quantifying Therapeutic Court recidivism. Investigate gathering data that would allow comparison to pre-arrest diversion and/or sought data on OD risk for therapeutic court participants who would not otherwise have voluntarily been in abstinence-based recovery. HIGHLIGHTS POTENTIAL GAPS/OPPORTUNITY IN RECOVERY – SERVICES.
- Design/Document/Implement Therapeutic Court Protocols and Best Practices. Respondents expressed a need for Best Practices and protocols to be developed/available/consistently followed in the therapeutic courts. HIGHLIGHTS POTENTIAL GAPS/OPPORTUNITY IN RECOVERY – SERVICES.

D.1 OVERVIEW OF RESULTS/FINDINGS - QUALITATIVE - CONT'D

Other Findings of Note

- Mental Health Services. Community leaders and members considered mental illness and substance use as significant health concerns in the county. Barriers and challenges to getting treatment included:
  - Limited outpatient options with Medicaid/Medicare coverage
  - Long referral periods; limited walk-in opportunities
  - Minimal treatment options for youth
  - Stigma associated with needing/seeking mental health care
  - High staff turnover, inconsistent case management and care
  - Adverse childhood experiences, inter-generational trauma
- Youth and adolescent mental health. Respondents expressed specific concerns about mental health care for adolescents, which they felt is lacking in the county. Respondents were supportive of existing efforts to provide services in schools and they requested additional efforts in this area. Existing mental health programs such as Jumping Mouse, were considered successful and effective in the community.

D.1 OVERVIEW OF RESULTS/FINDINGS - QUALITATIVE - CONT'D

Other Findings of Note – Cont'd

- Other respondents felt that community programs and activities play a key role in preventing mental illness and substance abuse among youth, especially in transition periods after high school graduation. Respondents encouraged additional efforts to create community support and activities for active engagement.

JEFFERSON COUNTY 2019 COMMUNITY HEALTH SURVEY RESULTS
BIGGEST CHALLENGES AND DESIRED CHANGES

RANKED BIGGEST CHALLENGES FOR TEENS:

	JEFFERSON COUNTY	PORT TOWNSEND	JEFFERSON EAST	JEFFERSON SOUTH
1	Substance use	Substance use	Substance use	Substance use
2	Unhealthy or unstable home life	Unhealthy or unstable home life	Unhealthy or unstable home life	Unhealthy or unstable home life
3	Abuse or misuse of technology (texting, internet, games, etc.)	Maintaining emotional health	Lack of involved, supportive, positive role models	Abuse or misuse of technology (texting, internet, games, etc.)
4	Maintaining emotional health	Abuse or misuse of technology (texting, internet, games, etc.)	Abuse or misuse of technology (texting, internet, games, etc.)	Lack of involved, supportive, positive role models
5	Lack of involved, supportive, positive role models	Lack of afterschool or extracurricular activities	Bullying	Lack of afterschool or extracurricular activities
6	Lack of afterschool or extracurricular activities	Bullying	Maintaining emotional health	Maintaining emotional health
7	Bullying	Lack of involved, supportive, positive role models	Lack of afterschool or extracurricular activities	Bullying
8	Access to physical and mental health providers	Access to physical and mental health providers	Lack of quality education	Lack of transportation
9	Suicidal thoughts or attempts	Suicidal thoughts or attempts	Access to physical and mental health providers	Access to physical and mental health providers
10	Lack of quality education	Pressure to succeed	Suicidal thoughts or attempts	Maintaining physical health
11	Pressure to succeed	Lack of quality education	Pressure to succeed	Suicidal thoughts or attempts
12	Maintaining physical health	Maintaining physical health	Maintaining physical health	Lack of quality education
13	Lack of transportation	Lack of transportation	Staying in school	Pressure to succeed
14	Staying in school	Staying in school	Lack of transportation	Staying in school

Aggregate County Results

Results broken down by County's geographic areas

D.1 OVERVIEW OF RESULTS/FINDINGS – QUANTITATIVE

Key Takeaway: While small numbers can impact an analysis, it is evident that there are gaps in care delivery across the continuum that are impacting the lives of residents.

While small numbers cannot define a trend, this data demonstrates a significant opportunity to address gaps in prevention, treatment and recovery services.

Opioid and Drug Overdose Statistics – 2019 CHA

Washington State's non-fatal opioid overdose hospitalization rate has flattened after many years of increasing, while Jefferson County's rate continues to increase. The State's opioid death rate is stable and Jefferson County's rate has decreased and is now slightly below the state rate after being consistently higher.

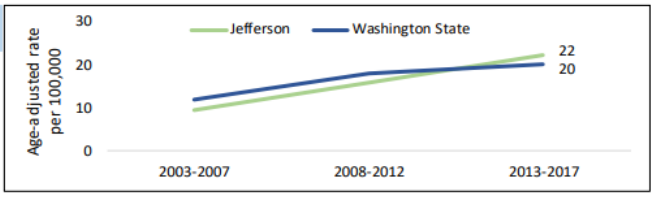
OPIOID OVERDOSE NON-FATAL HOSPITALIZATION RATE — **Age-Adjusted Rate per 100,000**

The age-adjusted hospitalization rate per 100,000, where the primary and/or contributing causes were opioid-related.
Source: WA State, Community Health Assessment Tool (CHAT)

Summary: From 2013-17, the age-adjusted opioid overdose non-fatal hospitalization rate was 22 per 100,000 people in Jefferson County, about the same as the state. On average from 2013 to 2017, about 8 Jefferson residents were hospitalized each year for opioid overdoses.

Age-Adjusted Rate per 100,000	Early years 2003-07	Recent years 2013-17	Statistical comparison of 2003-07 and 2013-17
Jefferson County	10	22	n/a
Washington State	12	20	n/a
Statistical comparison: Jefferson vs. Washington:			
Average number of Jefferson residents per year:		8	

Trend over Time:



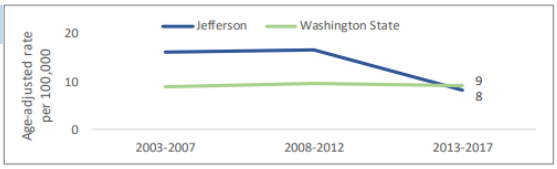
OPIOID OVERDOSE DEATH RATE — **Age-Adjusted Rate per 100,000**

The age-adjusted death rate per 100,000, where the primary and/or contributing causes were opioid-related.
Source: WA State, Community Health Assessment Tool (CHAT) **CHIP METRIC**

Summary: From 2013-17, the opioid overdose death rate in Jefferson County was 8 per 100,000, about the same as the state. This accounted for about 3 deaths to Jefferson residents each year from 2013 to 2017.

Age-Adjusted Rate per 100,000	Early years 2003-07	Recent years 2013-17	Statistical comparison of 2003-07 and 2013-17
Jefferson County	16	8	n/a
Washington State	9	9	n/a
Statistical comparison: Jefferson vs. Washington:			
Average number ofJefferson residents per year:		3	

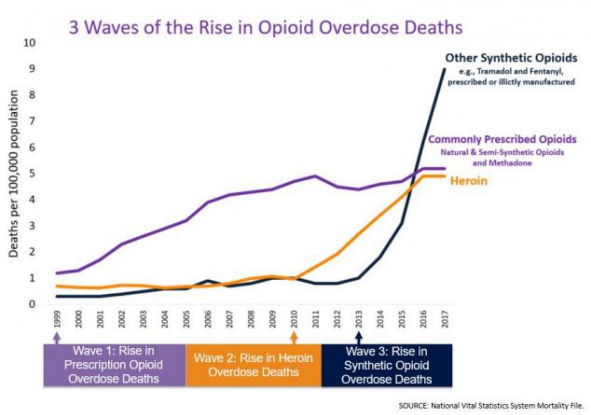
Trend over Time:

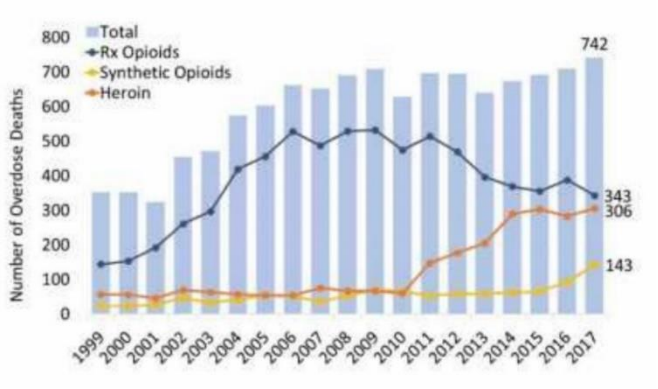


Where the data above shows hospitalization opioid overdose rate to be flattening, we are seeing this same trend with drug overdose death rate. It is important to note that small numbers can make this data not reliable.

D.1 OVERVIEW OF RESULTS/FINDINGS – QUANTITATIVE – CONT'D

Local Rural area Fentanyl death trends compared to national rural area Fentanyl death trends





While most of the nation is suffering from the third wave of opioid deaths (deaths from synthetic opioid like fentanyl). Jefferson County seems to have a slower rate of deaths related to this "third wave". It is difficult to determine reason for this difference, but much of the west coast of the US is also experiencing a slower rate of synthetic opioid deaths. One theory for this difference is the prevalence of "Black Tar" Heroin on the west coast. Black Tar Heroin does not mix well with synthetic opioids, unlike the white powder heroin used in most of the rest of the US. In Washington when Fentanyl has been identified, it has been more likely to be in counterfeit pills. The Jefferson County's SEP program staff are proactively gathering information from SEP participants during their initial visit on what type of drugs are being used, and are monitoring feedback for evidence of transition to pill-based drugs. Further study of the usage habits in Jefferson County could provide more clarity on this issue, but careful monitoring of synthetic opioid deaths should continue to be monitored to see if this trend continues.

Morbidity

Unlike the morbidity rates in rural areas like Appalachia, Jefferson County data does not reveal a rise in rural morbidity at this time. In the WA 2017 State report, for HIV cases, there are 1 or 2 per year. This includes people who moved in from out-of-state, and were not exposed in WA or Jefferson County. The County's Syringe exchange has been in place for years and we haven't had an HIV outbreak to date.

Jefferson County HEP-C rates compared to the state rate are fairly similar in the latest date range with 0-3 cases reported a year. Currently the vast majority of these are chronic cases, baby-boomer age patients that were exposed many years ago. Whenever there is a younger person presenting with HEP-C, Public Health proactively checks in with their provider to see if they are an acute case. Many acute cases are not symptomatic and are often missed. If lab reports begin to come in on a younger population, Public Health will do prompt follow up.

Currently there is not data documented around OUD-related accidents, opioid-induced bowel syndrome, or the number of those in our county with OUD/SUD who are in, or not in, treatment.

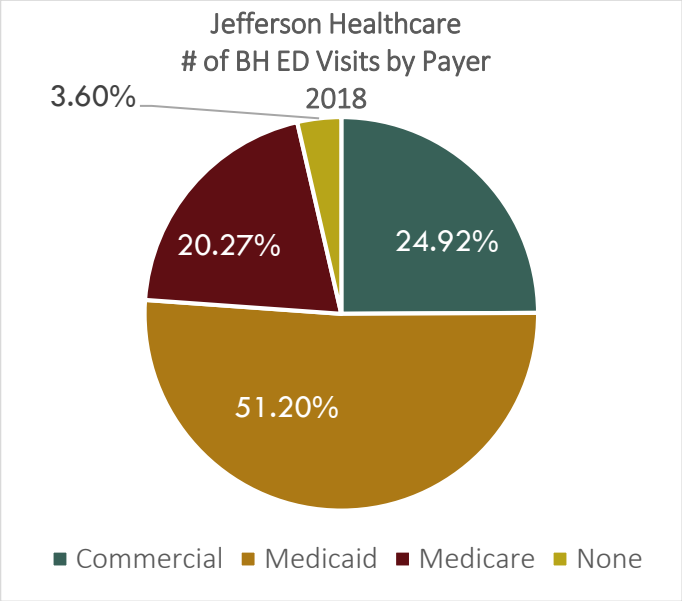
D.1 OVERVIEW OF RESULTS/FINDINGS – QUANTITATIVE – CONT'D

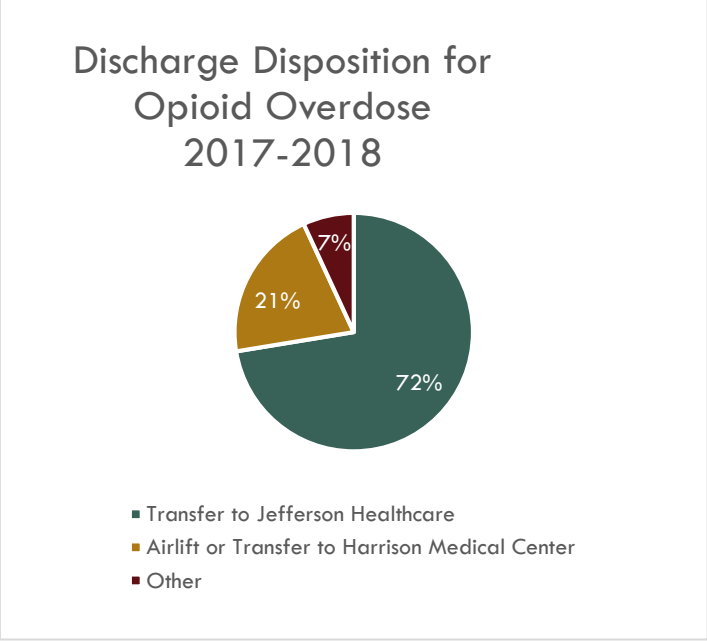
Key Takeaway: Demand exists for inpatient stabilization

The data supports the need for some form of in-county crisis stabilization treatment.

Current Providers: Utilization Statistics

Jefferson Healthcare (JH), our County's only hospital and emergency room had nearly 600 ED visits in 2018 related to a behavioral health need. Volumes are up about 35% since 2016. Approximately 60% are from Port Townsend and another 19% are non-residents. Nearly 15% of Jefferson Healthcare's Behavioral Health (BH) Emergency Department (ED) visits are for patients over 60. More than 40% are to individuals age 20-39. Medicaid is the single largest payer. While almost 90% of behavioral health ED patients were recorded as being discharged home, there is additional drill down needed on these patients to determine the number that needed additional outpatient or inpatient behavioral health follow-up.

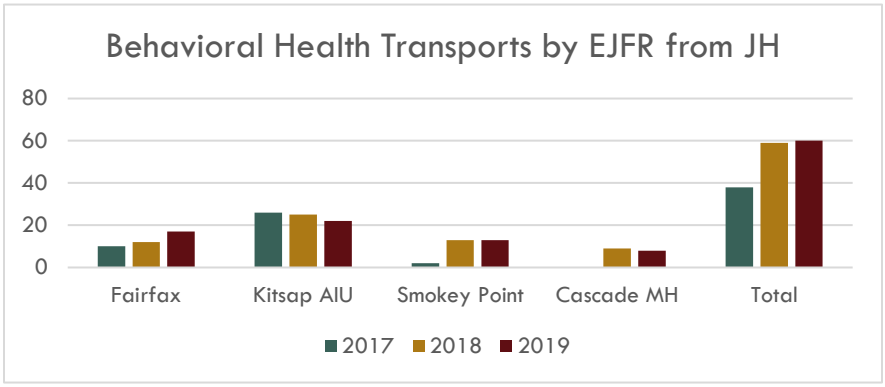




East Jefferson Fire Rescue (EJFR), which provides fire suppression, fire prevention and education as well as 24/7 emergency medical services, experiences approximately 150 behavioral health related calls per year. A total of 29 calls in 2017-2019 were specific to opioid overdose. 72% of those were transferred to Jefferson Healthcare; and other 21% to a regional provider located about 1 hour away (Harrison Medical Center).

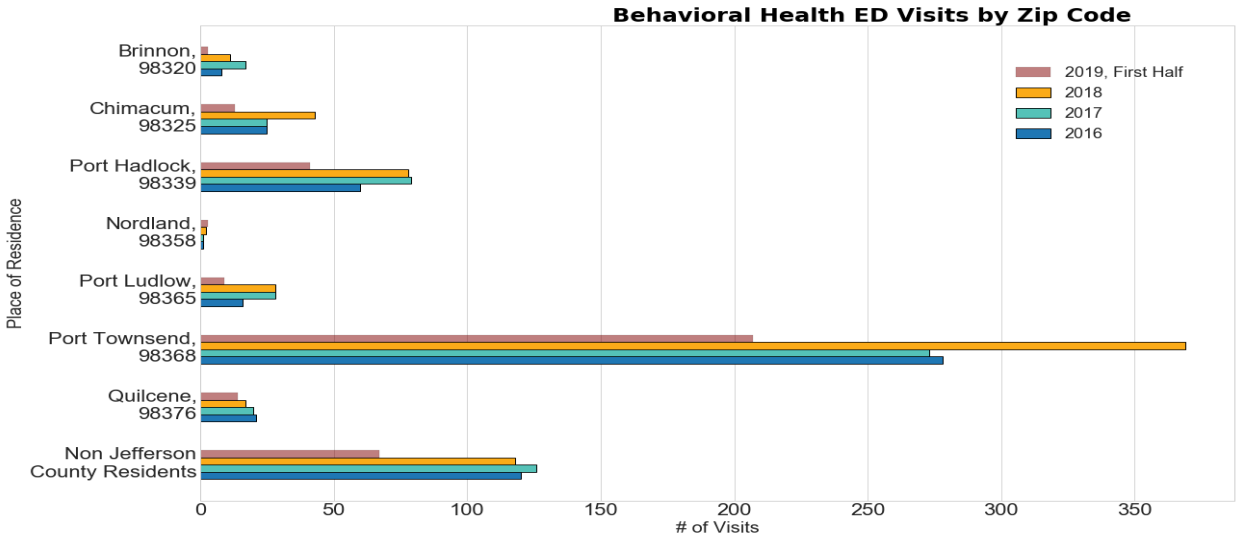
EJFR transports approximately 60 patients from JH to behavioral health facilities in EMS units per year. This does not include violent patients transported by law enforcement. At this time, these numbers are not tracked separately.

D.1 OVERVIEW OF RESULTS/FINDINGS – QUANTITATIVE – CONT'D



Discovery Behavior Health (DBH) is a community behavioral health center serving Eastern Jefferson County and providing crisis services to residents of Jefferson County. DBH's total number of clients has increased since 2015, while total visits have decreased. Specifically, volumes have ranged from 550 clients (3,263 visits) in 2015 to 612 clients (2,578 visits) in 2019 (annualized):

- 2015 – Unduplicated Client count = 550, visits = 2296
- 2016 – Unduplicated Client count = 567, visits = 3263
- 2017 – Unduplicated Client count = 613, visits = 3118
- 2018 – Unduplicated Client count = 568. visits = 2596
- 2019 – Unduplicated Client count = 612, visits = 2578



DBH also performs ITA investigations for Jefferson County residents and has experienced a significant reduction in total ITA investigations over time with a basically flat number of clients detained over the past several years (around 50 annually). Washington State Institute for Public Policy data from 2014 suggests that approximately 30% of ITA investigations result in referrals for voluntary services. This would result in another 40 referrals for voluntary services in Jefferson County.

D.1 OVERVIEW OF RESULTS/FINDINGS – QUANTITATIVE – CONT'D

Discovery Behavioral Healthcare (DBH) ITA Investigations – Jefferson County						
2017	Jail	Office	Hospital	Client's Home	Other	Total
Not Detained	34	20	167	1	2	224
Detained	1	0	49	0	0	50
						274
2018	Jail	Office	Hospital	Client's Home	Other	Total
Not Detained	13	5	72	0	0	90
Detained	1	1	45	0	0	47
						137
2019 (Annualized)	Jail	Office	Hospital	Client's Home	Other	Total
Not Detained	0	0	89	0	0	89
Detained	0	0	41	0	0	41
						129

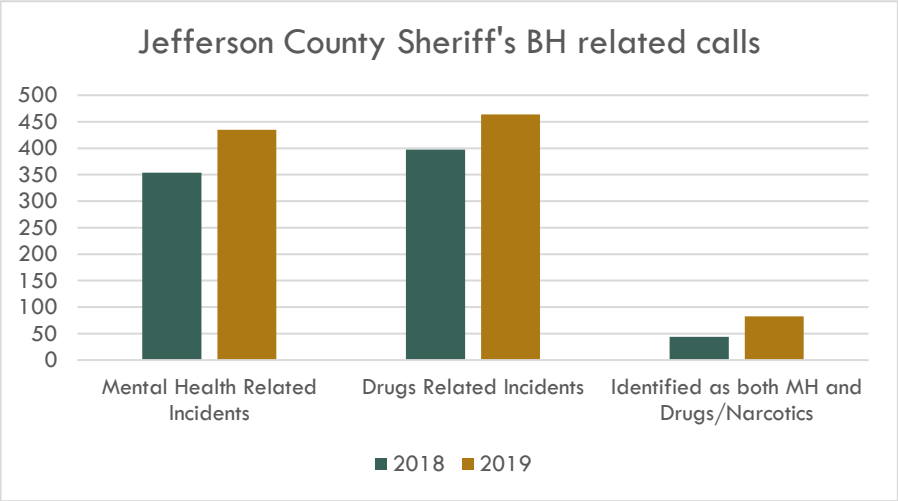
A DBH case manager and chemical dependency professional also provide a number of services in the Jefferson County jail including: (a) assessment of the majority of subjects booked into the jail for substance use disorder and mental health conditions and onsite engagement and coordination of outpatient treatment post- discharge; (b) outreach and engaging inmates in Relapse Prevention Education groups; (c) providing assessment, early intervention and follow-up for substance use disorders and mental health issues; (d) preparing for and coordinating outpatient treatment and post-discharge appointments; e) working with Jefferson County residents post-discharge. Estimates of volumes and key characteristics include:

- 141 unduplicated individuals served in 2018, up from 78 in 2017
- 233 individuals completed screening, 61 were served post release
- 4/5 (81%) of those screened were from 98368 zip code, the majority were age 25-44 (62%) and male (75%)
- Prior to jail: 46% of individuals reported renting/owning their own home; 30% reported having full or part time work; and 75% reported having Medicaid insurance
- 63% have known mental health issues; 77% have known substance use issues.
- 683 community service referrals were made to individuals served in jail; 145 referrals to those served post release.

D.1 OVERVIEW OF RESULTS/FINDINGS – QUANTITATIVE – CONT'D

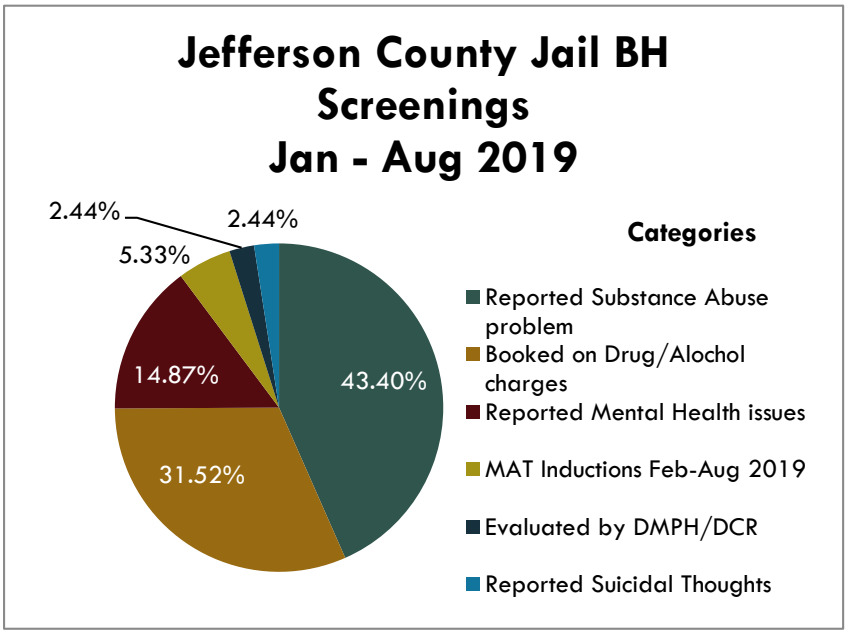
Law Enforcement and Jail: Utilization Statistics

Jefferson County Sheriff: 2019 annualized volume of calls related to Behavioral Health (BH) incidents is up about 20% over 2018. Through September of 2019 data was grouped into two categories: mental health related or drugs/narcotics related. Drug related incidents were identified as more prevalent in both 2018 and 2019. Beginning in September of 2019, an additional category of alcohol-related incidents was added for tracking. Between September 1, 2019 and October 9, 2109 this new tracking system identified the following mix of related calls:



- Mental Health Related Incidents: 32
- Alcohol Related Incidents: 21
- Drugs/Narcotics Related Incidents: 26

Jefferson County Jail statistics identify over 900 behavioral health screenings in the first 8 months of 2019. The findings of these screenings indicate a severe impact on inmates and resources resulting from alcohol and drug use with over 80% of Behavioral Health related bookings involving inmates with substance abuse problems and/or drug/alcohol charges.



D.1 OVERVIEW OF RESULTS/FINDINGS – QUANTITATIVE – CONT'D

Port Townsend Police Department. One year of data identified a much higher percentage of mental health incidents as compared to Jefferson County Sheriff or Jail data.

PORT TOWNSEND POLICE DEPARTMENT: BEHAVIORAL HEALTH RELATED INCIDENTS (9/1/2018 – 8/31/2019)

Incident Type	# of Incidents
Had Been Drinking	579
Drugs	353
Mental Health	1,318
Total	**2,250**

Behavioral Health Organization Utilization Statistics

The Salish Behavioral Health Organization has overseen the administration of $55 million in Medicaid funds and $10 million in state General Fund and Block Grant funds for publicly funded mental health and substance use disorder treatment services for Medicaid and unfunded people in Jefferson, Kitsap and Clallam Counites since 2016. A state law dissolving Behavioral Health Organizations and creating Behavioral Health Administrative Services Organizations (BH-ASO) will significantly change the role of SBHO moving forward. In 2020, the SBH-ASO now holds responsibility only for managing the regional crisis system and ensuring equal access to crisis services. All other BH services will be provided through negotiated contracts with Managed Care Organizations. The impact of this change on access to, and the feasibility of, behavioral health services in Jefferson County and statewide is yet to be determined.

Data from the SBHO from January 2019 – September 2019 identified the following:

- 10 involuntary placements outside the region (does not included continued stay authorizations)
- 11 voluntary placements outside the region (does not include continued stay authorizations)
- 12 Jefferson County individuals served in Kitsap's new Crisis Triage Facility (total bed count 97 days)
- 2 requests from Jefferson County for involuntary substance use treatment
- 223 unduplicated individuals who had crisis contacts through DBH
- 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.

D.2 ASSESS FINDINGS FOR SERVICE SYSTEMS

Key Takeaways: While gaps, constraints and strengths currently co-exist; some trends – especially for youth, are concerning.

Programs listed in this section are all agencies the BHC works with currently and will continue to work with on prevention, treatment and recovery in the future.

Gaps

- Lack of a formalized method for treating patients with substance use disorder who are in crisis in our community.
- Lack of a coordinated behavioral health system in our community
- Need more substance use disorder providers in our community
- Lack of a coordinated substance use disorder prevention plan in our community
- Opportunity to integrate and coordinate with ongoing JCPH Youth Prevention efforts
- Opportunity to standardize local primary care providers opioid prescriptive practices

Constraints

- Additional funding for behavioral health service programs, coordination and crisis stabilization
- Disparate siloed agencies whose effectiveness could increase with more inter-agency coordination

Strengths

- Funding for Naloxone
- Local funding for CHIP Executive Director role
- Local 1/10th of 1% actively funds relevant services that affect 825 County residents
- BHC actively working with, and has strong relationships to, all local agencies
- Strong Youth Prevention activities ongoing throughout the county
- There are a number of services available in our County
- Jefferson County's relevant key stakeholders are gathered under the BHC umbrella and are collectively, actively exploring and generating next steps to address service area gaps

D.2 ASSESS FINDINGS FOR SERVICE SYSTEMS – CONT'D

There are a number of current Youth Prevention programs in Jefferson County, including significant efforts by JCPH's Youth Prevention Team, and still our community's data reflects some concerning trends. For example:

- In 2018, more than 2 in 5 Jefferson 6th graders and more than 3 in 4 Jefferson 10th and 12th graders reported having ever had more than a sip or two of beer, wine or hard liquor. Jefferson is statistically worse than the state at every grade. A slightly higher percentage of students in Chimacum School District reported having ever drank alcohol than in Port Townsend or Quilcene.
- In 2018, about 2 in 5 Jefferson 10th and 12th graders reported using marijuana in the past month. A higher percentage of students in Jefferson report using marijuana than in the state overall. A higher percentage of Chimacum students in grades 6-12 report currently using marijuana than in Port Townsend or Quilcene.
- From 2012 to 2018, there has been a statistically significant increase in Washington students reporting making a suicide plan for every grade. Jefferson County had very low numbers of students reporting making a suicide plan in 2012, however in 2018, the percentage of Jefferson students reporting making a suicide plan ranged from almost 1 in 5 in 8th grade to more than 1 in 3 in 10th grade.
- In 2018, more than 1 in 3 Jefferson 10th and 12th graders reported having used drugs or alcohol AND having depressive or suicidal thoughts. For 8th graders, the ratio was 1 in 5. All grades were higher than Washington State, although 12th grade was not statistically significantly higher. In Washington State, there was a statistically significant increase in percentages of 10th and 12th graders reporting both from 2012 to 2018. Chimacum and Port Townsend both had one third of students in grades 8-12 in this category.

D.2 ASSESS FINDINGS FOR SERVICE SYSTEMS – CONT'D

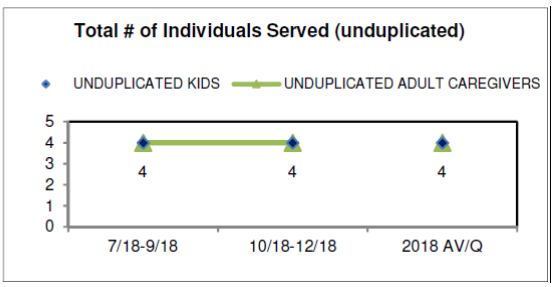
The table below delineates the volume of care provided by the County's 1/10th of 1% Tax fund. This fund is used for early intervention, treatment, jails/courts and housing. As the data in this section shows, there is significant work being done in Jefferson County to support youth and reduce substance use disorder. Jefferson County has a number of unique programs like Jumping Mouse Childrens Center that works with children up to age 12 to reduce the impacts of Adverse Child Events. Jefferson County Public Health is working on a program to reduce the impacts of Vaping, and leads a strong Youth Empowerment/Prevention coalition in the Chimacum and Port Townsend school districts. . And as noted earlier in this Assessment, Port Townsend and Chimicum schools have a School Based Health Center that has a mental health componet. Quilcene Schools already has the Mental Health coverage and will soon have health care coverage in 2020.

Annual Count of Unduplicated Individuals Served By Jefferson County's - 1/10th of 1% Tax Fund

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	
	SBHC***	132	180	145	192	243	187	***data: 13-14, 14-15, 15-16; 16-17; 17-18; 18-19
Treatment	CODIT	28	37	43	58	69	75	^^14-15 no data; 16-17 DBH contracts started Q3
JAIL / COURTS	Jail^^	268	N/A	N/A	94	78	85	
	Behavioral Health Court~	---	---	32	38	31	33	~started reporting in 2015
	Drug Court~	---	---	57	60	54	52	~started reporting in 2015
	Family Therapeutic Court~	---	---	3	7	4	5	~started reporting in 2015
	Family Functional Therapy	---	---	---	---	---	5	~started reporting in 2018
Housing	OlyCAP	---	---	---	---	---	12	~started reporting in 2018
	DBH Transitional	---	---	---	---	---	6	~started reporting in 2018
	Total:	658	570	654	788	817	825	Note: Some individuals may have been served by more than one funded program.

Jumping Mouse Children's Center Brinnon Pilot – (reporting started 2018) (Prevention)

- Through 1/10th of 1% Funding, JMCC supports an additional four children weekly in long-term therapy and provides support and education for the parents/caregivers and teachers/staff of these children. Fuding is also used to support supervision of these therapists working at the Brinnon Site.
- 4 children and 4 adult caregivers were served in 2018.
- 75% of participants were from 98376/98320 and 25% were from 98358/98339/98325/98365, 50% were 0-6, and 100% were male.
- All 4 participants remained in services at the conclusion of 2018.

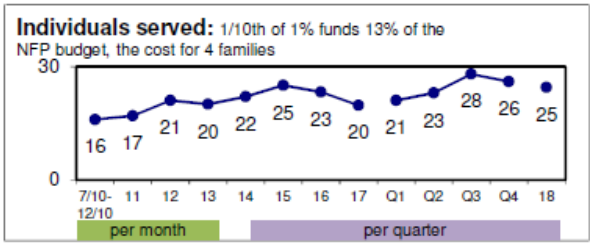


D.2 ASSESS FINDINGS FOR SERVICE SYSTEMS – CONT'D

Nurse Family Partnership – Jefferson County Public Health (Prevention)

Program Description: Serves low-income first time pregnant mothers with social/health indicators that will increase the risk of poor outcomes for mother and infant. The majority of participants either have a recent personal history of substance use and/or mental illness or these risks currently or historically in the immediate family environment. Nurse treats the mother using behavior change theory and motivational interviewing for quitting substances, preventing relapse, treating mental illness, and addressing intergenerational patterns within the family system. NFP is an evidence based prevention program and JCPH collects extensive data to be confident in the quality and fidelity of services thus assuring the community that our families will have similar positive, long term outcomes as seen in the research trials.

- The unduplicated number of families served in 2018 was 32, approximately the same as 2017 (30).
- The average number of individuals participating per quarter has increased from previous few years. Note that the 1/10th of 1% funds only cover services for 4 families.

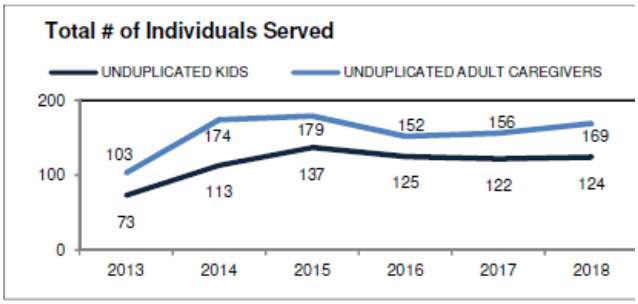


- 47% participate for at least 6 months, a 18% decrease from 2017.
- Consistent with previous years, the majority of mothers are age 18-24. However in 2018, there were notably fewer age 25-44 than last year but more in line with historical trends.
- In 2018, on average 1/3rd of participants are from South Jefferson, East Jefferson, and Port Townsend (decreasing).
- In 2018, on average each quarter, 109 visits were completed (82% more than 2017), another 5 were attempted.
- The most common mental health diagnoses among women served are unchanged, anxiety and then major depression.

Jumping Mouse Children's Center (Prevention)

Program Description: This funding provides services to traumatized children whose care is otherwise uncompensated, specifically to those who have been directly impacted by a parent's substance abuse and/or mental illness. With these funds, we are reaching some of the most at-risk members of our community, preventing substance abuse and mental health problems before they begin. In 2015 through 2018, unduplicated annual data are reported for several measures.

- The unduplicated number of children served in 2018 was 125, a slight increase from 2017 (122).
- The unduplicated number of adult caregivers served in 2018 was 169, a 8% increase from 2017 (156).
- There were 112 service inquiries in 2018, up from 105 in 2017; approximately 1 in 3 children are enrolled right away.
- 73% of children served are from the 98368 ZIPcode, 41% are ages 7 to 9 (decrease from 2017), and 58% are male.
- Similar to previous years, nearly 2 in 5 children served come from single parent homes; 1 in 7 have a history of alternative care (primary caregiver not a biological parent): 5% foster care, 4% adoptive care, and 5% kinship care (categories are not mutually exclusive).



- Most common mental health diagnoses for served children are generalized anxiety (42%) and adjustment disorder (19%).
- 61% of children served were or are currently exposed to household substance use; 15% were exposed during pregnancy.

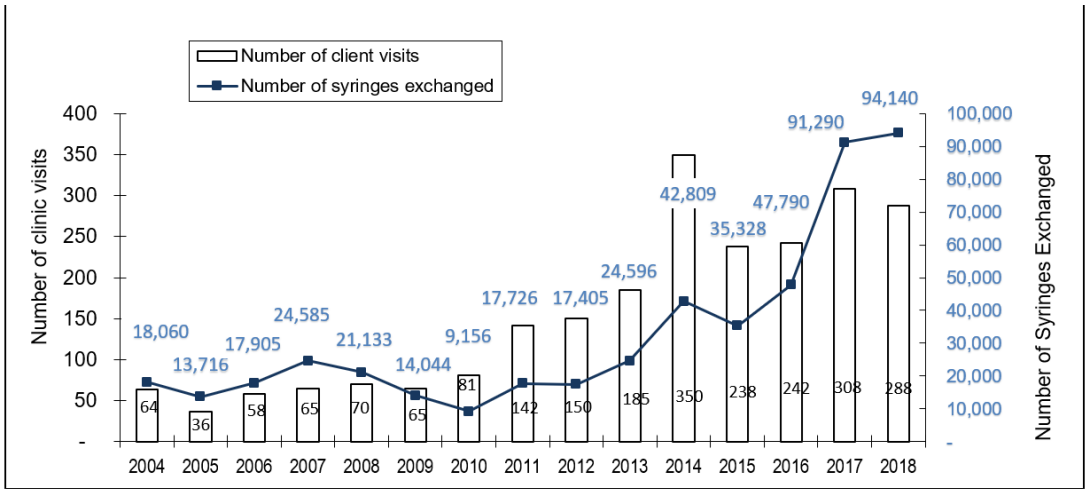
2018 Annual Participant Data: Low income: 81% Ever experienced homelessness: 0% (some data not collected)
Any abuse/neglect: 50% Average # Adverse Childhood Experiences: 3.88 6 or more ACEs: 29%

- 90% of children served either successfully completed or are continuing services, an increase of 5% from 2017 (85%).

D.2 ASSESS FINDINGS FOR SERVICE SYSTEMS – CONT'D

Syringe Exchange Utilization, 2004 – 2018 (Prevention)

The Syringe Exchange Program statistics below reveal an increase in program use over the past decade. State DOH HIV prevention dollars partially funded the SEP from 2000 – 2011. Since 2012, funding for SEP staff time has come from the County general fund. DOH provides funds to purchase syringes and other supplies. We expect this to continue for 2020.



Substance Use Prevention Program at Jefferson County Public Health (JCPH) (Prevention)

JCPH works in collaboration with community, regional and state partners, such as the Community Prevention and Wellness Initiative, DOH Tobacco and Vapor Prevention Control, Youth Marijuana Prevention and Education Program to prevent youth initiation of alcohol, tobacco, marijuana, and other drug use. The County's Public Health Prevention Team leads the community's youth prevention strategic planning process by providing education and support to individuals, school, families throughout Jefferson County. These strategies include policy level change, environmental strategies, and direct service. Jefferson County Public Health disseminates information and facilitates educational programs to increase public awareness of the effects of cigarette smoking, vaping, smokeless tobacco, secondhand smoke, and marijuana use among youth under the age of 21. The Empowered Teens Coalitions in Chimacum and Port Townsend are part of the Community Prevention and Wellness Initiative (CPWI) in Washington State. The coalitions bring parents, schools, agencies, community groups, and community members together to work on preventing youth substance use and abuse in the Chimacum and Port Townsend School Districts. The prevention strategies are based on the Strategic Prevention Framework to reduce risk factors and increase protective factors in the community. The CPWI grant establishes a school-based prevention and intervention services provider- a Student Assistance Professional in each school district. The coalitions implement strategies including; prevention education in schools for students and teachers, the parenting program- Guiding Good Choices, awareness campaigns and positive social norms messaging, two annual Drug Take Back Days, and the Nurse Family Partnership program- a prenatal and infancy home visitation program in Jefferson County.

D.2 ASSESS FINDINGS FOR SERVICE SYSTEMS – CONT'D

School Based Health Clinic, DBH & MCS Counseling (Prevention & Treatment)

Program Description: DBH (formerly Jefferson Mental Health Services) had mental health professionals providing direct service on site to students and their families in the Port Townsend, Chimacum, Quilcene, and Brinnon School Districts. In Fall 2016, DBH added Brinnon with other funding and received 1/10th 1% funding for 2017 - Brinnon data since 9/2016 are included in this report. In the fall of 2018, MCS Counseling took over providing these services from DBH. Easy access to experienced professionals with no financial burden to the family is the intention and has proven its worth in high levels of participation at all sites. Please note that non-1/10th funded services for an additional day of service at Brinnon are included.

- The 2017-18 school year had the highest number of students served (243 with 1,355 visits); in 2018-2019, 187 students were served at the four SBHCs by mental health professionals in 1,066 visits.

	Unduplicated Individuals:					Total Visits:					Average Visits/Person:				Range in # Visits:			
	PT	Chim	Quil	Brinnon	Total	PT	Chim	Quil	Brinnon	Total	PT	Chim	Quil	Brinnon	PT	Chim	Quil	Brinnon
9/2010-6/2011	54	86	19	---	159	245	517	318	---	1080	4	6	16	---	1-17	1-33	1-46	---
9/2011-6/2012	66	44	27	---	137	229	141	372	---	742	3	3	14	---	1-20	1-23	1-42	---
9/2012-6/2013	57	62	24	---	143	303	386	347	---	1036	5	6	14	---	1-21	1-26	1-48	---
9/2013-6/2014	50	58	24	---	132	282	350	244	---	876	6	6	10	---	1-23	1-36	1-27	---
9/2014-6/2015	77	74	29	---	180	599	471	225	---	1295	8	6	8	---	1-31	1-35	1-21	---
9/2015-6/2016	75	45	25	---	145	479	431	118	---	1028	6	10	5	---	1-31	1-52	1-25	---
9/2016-6/2017	103	54	21	14	192	628	646	172	177	1623	6	12	8	13	1-14	1-15	1-8	1-9
9/2017-6/2018	106	110	17	10	243	584	598	94	79	1355	6	5	6	8	1-14	1-10	0-8	0-9
9/2018-6/2019	110	50	17	10	187	569	178	79	240	1066	5	4	5	24				

- The most common visit reason identified either student or clinician at Port Townsend and Chimacum nearly every year has been family problems and was in 2018-19 at Brinnon; and in 2017-18 at Quilcene (2018-19 too) and Brinnon it was stress.

- At least 63% of visits each school are for 30 minutes or less. Visits are shortest at Chimacum and longest at Brinnon.

- SBHC MH service utilization by gender varies, with Port Townsend seeing notably more females (66%) and Brinnon seeing notably more males (56%). SBHC MH service utilization rates in 2018-19 were 8% at PT, 9% at Chimacum, 9% at Quilcene, and 35% at Brinnon. All schools except Brinnon (no high school) service elementary, middle and high school students.

- In 2018-19, Brinnon had the highest number of visits per clinic day (6.7), then Port Townsend (5.6), Chimacum (3.7), and Quilcene (3.6).

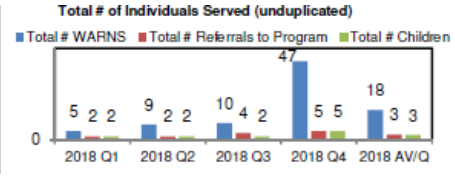
Family Functional Therapy – (reporting started 2018) (Prevention and Treatment)

- 5 individuals served in 2018.

In 2018, 100% of participants are from the 98368 ZIP code.

- 100% of participants are age 0-18, 89% are male.

- 18 WARNS assessments yielded 3 referrals to the program, all of which resulted in enrolled children.



Family Therapeutic Court – (reporting started 2015) (Prevention and Treatment)

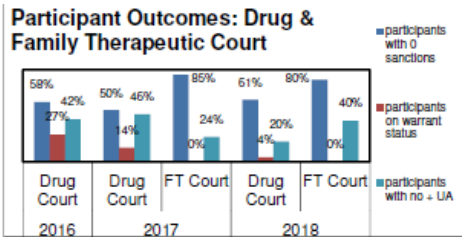
- 5 individuals served in 2018, up from 4 in 2016; 1 graduate and 1 discharge.

- In 2018, 42% of participants are from the 98368 ZIP code, and 42% are from 98358/98339/98325/98365 on average.

- 56% of participants are age 25-44 and 44% are age 45-64; 69% are female.

- 80% of participants were sanction free and 0% of participants were on warrant status on average.

- 40% of participants were free of positive UA results on average.

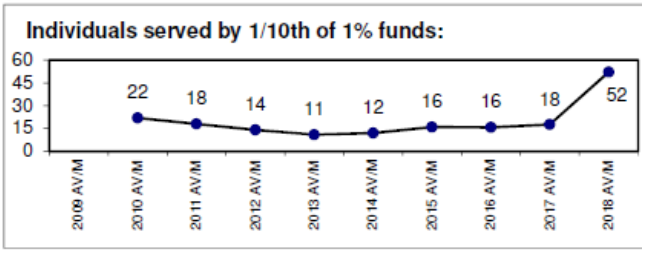


D.2 ASSESS FINDINGS FOR SERVICE SYSTEMS – CONT'D

Discovery Behavioral Health, CODIT Program (Prevention, Treatment and Recovery)

Program Description: In 2016, Discovery Behavioral Health (formerly Jefferson Mental Health) began running the CODIT program on their own, previously it was run by JMH and Safe Harbor together. CODIT provides direct individual and group services to clients with both Substance Abuse/Dependence and Mental Health Disorders. These services, along with access to medical specialists, a case manager and peer counselor, experienced in serving this population, provide a broad spectrum of treatment possibilities not otherwise available in this county. Reporting is done monthly.

- The unduplicated number of individuals served in 2018 is 75, up from 69 in 2017.
- The average number of individuals participating in CODIT each month increased in 2018 96% from 2017.
- In 2018, 86% of those served were male (an increase from 2017) and two-thirds came from the 98368 ZIP code (a decrease from 2017), age distributions were similar.
- The program provides individual sessions, case management and other services.

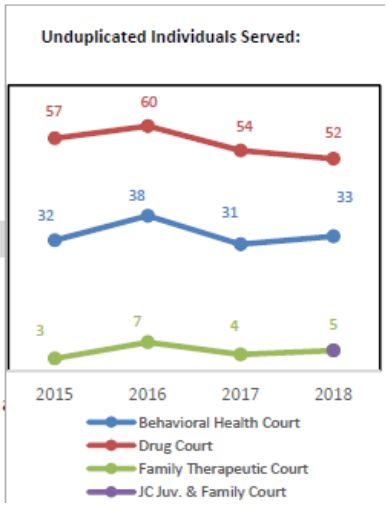


- The most common mental health diagnoses among CODIT participants are major depression and PTSD, followed by schizophrenia / schizoaffective disorder.
- The most commonly reported substances used in order are alcohol, marijuana, methamphetamines, and tobacco.

Behavioral Health & Drug Therapeutic Courts – (Treatment and Recovery)

The Jefferson County Behavioral Health Court (BHC) program is a pre- and post-conviction program for Jefferson County defendants who are mentally ill and have not been successful in obtaining mental health treatment or compliance with treatment. All defendants must meet the initial clinical criteria established by the state of Washington to determine serious and persistent mental illness. The MHTC team consists of the District Court Judge, County and City Prosecutors, Probation, Defense Attorney, Chemical Dependency Provider, Mental Health Provider, OlyCAP, Jefferson Co Sheriff, and Port Townsend Police Department. The programs consists of intensive supervision of clients by a mental health professional, frequent appearances before the BHC team, required mental health counseling, taking medications a prescribed and not using non-prescribed substances. When a participant completes the required activities for a particular phase, the defendant becomes eligible to advance to the next phase. Upon completion of the four phases, the client will then graduate from the program. For pre-adjudication cases, this may result in dismissal of charges. For post adjudication cases, participants may enter this program instead of probation. The entire program length is determined by the participant's progress, on average it takes approximately 24 months to complete.

- 33 individuals served in 2018, up from 31 in 2017; 10 graduates and 5 discharges.
- In 2018, 54% of participants were from the 98368 ZIP code; 32% are from 98358/98339/98325/98365.
- 63% of participants were age 25-44, another 32% are age 45-64; 47% are male.
- The most common mental health diagnosis was PTSD (28%) and then schizophrenia / schizoaffective disorder (11%), major depression (9%) and Bipolar disorder (9%).



Drug Court - reporting started for 2015 - SUMMARY

- 52 individuals served in 2018, down from 54 in 2017; 6 graduates and 5 discharges.

In 2018, 45% of participants are from the 98368 ZIP code and 34% are from 98339.

- 79% of participants are age 25-44, another 12% are age 18-24; 71% are male.
- 61% of participants were sanction free and 4% of participants were on warrant status on
- 24% of participants were free of positive UA results on average.

D.2 ASSESS FINDINGS FOR SERVICE SYSTEMS – CONT'D

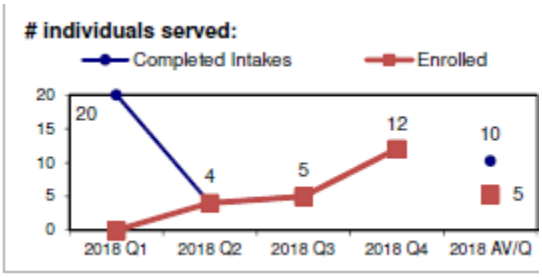
OlyCAP Housing - (reporting started 2018) (Recovery)

Through 1/10th of 1% funding, OlyCAP supports between 30 and 40 individuals using transitional housing at the Haines Street Cabins.

- 10 intakes completed and 5 individuals enrolled in 2018.

- In 2018, 54% of participants were from the 98368 ZIP code and 46% from 98358/98339/98325/98365, 52% were 25-44 and 32% were 18-24, and 65% were male.

- 10 individuals discharged to permanent housing, 3 relapsed (MH/SUD), 2 were lost, and 3 were classified as "other" in 2018.

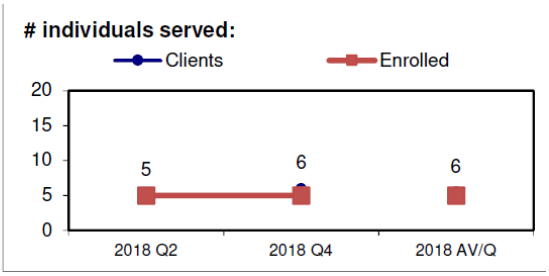


Discovery Behavioral Health Transitional Housing – (reporting started 2018) (Recovery)

Through 1/10th of 1% funding, DBH supports up to 20 individual through the following types of housing: permanent (Thomas Street Apt), transitional (Bayside Housing), and short term (one hotel room at Harborside).

- In 2018, 100% of participants were from the 98368 ZIP code, 55% were 25-44, 27% 45-64, and 18% 65+, and 80% were female.

- 1 individual discharged to permanent housing, 1 to jail, 1 refused services, 1 was classified as "other" in 2018.



Jail/MAT services (Treatment)

Program Description - The WA State Health Care Authority Opiate Treatment Network Grant Contract funds the Jail for OUD/MH care. The County Jail, with the help of the local OUD clinic, Olympic Peninsula Health Services, secured a 2-year grant at the end of 2018 that will provide withdrawal medication and counseling to inmates, as well as a process for handing off OUD/MH inmates to OUD providers in the County.

Jefferson Healthcare (Treatment and Recovery)

Program Description – Jefferson Healthcare, through its primary care clinics, provides MAT services and behavioral health counseling to its primary care patients. The MAT training and provider waivers were funded by the Olympic Communities of Health (OCH) with pass-through funding from Medicaid.

D.3 ASSESS FINDINGS FOR WORKFORCE

Key Takeaway: Workforce shortages - physicians, advanced practice practitioners and other clinical behavioral health staff - plague rural communities in general. The growth in OUD, integration of primary care and behavioral health, and changes in the types of services that are reimbursable, while beneficial, has made the shortages even more acute.

Washington State has recently begun a review of the state regulations governing both behavioral health agencies (including those providing outpatient, inpatient, crisis and involuntary and voluntary behavioral health services) and behavioral health professionals.

The BHC will be an active participant in the behavioral health agency rulemaking process to communicate the unique challenges facing rural communities and will advocate for streamlining of requirements for service types and flexible staffing across programs to allow the development of facilities that can be responsive to community needs for the full continuum of behavioral health services.

The BHC will also be working to identify resources that can support ongoing workforce development.

The State Legislature also enacted three bills during the 2019 Legislative session impacting the licensure of behavioral health professions and requiring the Department to adopt rules to implement these changes that will impact the following categories of BH professionals: psychologist, substance use disorder professional, mental health counselor, marriage and family therapist, advanced social worker, independent social worker and certain agency affiliated counselors. These legislative actions direct the department to provide more flexibility for health professionals and specifically provide options for treating patients with co-occurring disorders (mental health and substance use). BHC will also be an active participant in these proceedings to ensure the workforce landscape will include rural-centric solutions.

D.3 ASSESS FINDINGS FOR WORKFORCE – CONT'D

Provider related information

Current Jefferson County waived OUD Service providers

- Jefferson Healthcare (JHC) has 17 providers fully waived
- Olympic Peninsula Health Services has 1 provider fully waived
- Independent: Dr. Katie Ottaway, Port Townsend, WA, has 1 provider fully waived
- Dr. Douwe Rienstra, Port Townsend, WA, has 1 provider fully waived
- Discovery Behavioral Healthcare has two waived Nurse Practitioners

MENTAL HEALTH PROVIDER RATE **Rate per 10,000**

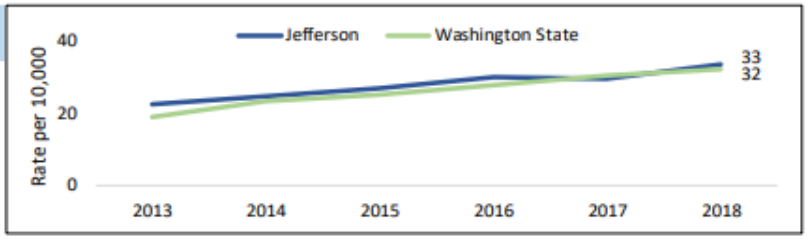
Number of mental health providers per 10,000 population.

Source: County Health Rankings

Summary: There were 105 mental health providers in Jefferson County in 2018. Jefferson's primary care physician rate is improving since 2013 and the same as the state.

Rate per 10,000	Early year 2013	Recent year 2018	Statistical trend since 2013	
Jefferson County	22	33		n/a
Washington State	19	32		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jeff. mental health providers:		105		

Trend over Time:



HEALTH CARE PROFESSIONAL SHORTAGE AREAS (HPSA)

Source: WA State Office of Community Health Systems, Rural Health Section

Summary: Jefferson County has been designated a health care professional shortage area because of high needs geographically for mental health. West Jefferson, Port Townsend and Quilcene have been designated health care professional shortage areas for dental care. West Jefferson and the low income/homeless population in Jefferson have been designated health care professional shortage areas for primary care, as have South County Medical Clinic and Port Townsend Family Physicians.

	HPSA	Date	Type
Jefferson County	South County Medical Clinic	2003	Primary Care
	Port Townsend Family Physicians	2003	Primary Care
	West Jefferson	2014	Primary Care
	Low Income/H-Port Townsend/Quilcene - Low income Homeless Population	2017	Primary Care
	Jefferson County - High Needs Geographic	2014	Mental Health
	Port Townsend/Quilcene - Geographic Population	2017	Dental Health
	West Clallam and West Jefferson Counties	2017	Dental Health

Current and Future Funding Sources		
▪ HRSA RCORP-Planning Grant (Current funding) ▪ HRSA RCORP-Implementation Grant (Future Funding) ▪ SAMHSA (Future Funding) ▪ The Jefferson Health Care hospital is a spoke on Kitsap's Peninsula Community Health Services, Hub and Spoke grant (Current funding)	▪ Nasal Naloxone used by law enforcement is currently funded via a pass-down grant administered by the University of WA free of charge. (Current/Future Funding) ▪ The WA State Health Care Authority Opiate Treatment Network Grant Contract funds the Jail for OUD/MH care. The County Jail, with the help of the local OUD clinic, Olympic Peninsula Health Services, secured a 2-year grant at the end of 2018 that will provide withdrawal medication and counseling to inmates, as well as a process for handing off OUD/MH inmates to OUD providers in the County. (Current/Future Funding) ▪ Legislative ask being developed for funding of future phases of the regional BH facility. (Future Funding) ▪ The Salish Behavioral Health Organization funded MAT training for healthcare providers (Current Funding) ▪ Olympic Peninsula Health Services (a local MAT Provider) partially funds the JCPH Nurse Care Manager for Jefferson County's Syringe Exchange Program (Current Funding)	▪ 1/10th of 1% (current and future funding) ▪ Jefferson County Commission, City and Jefferson Healthcare collectively fund the Executive Director Role for the Community Health Improvement Plan (which directs the BHC work.) (Current/Future Funding)

D.4 PRIORITY SETTING THAT WILL INFORM STRATEGIC PLAN

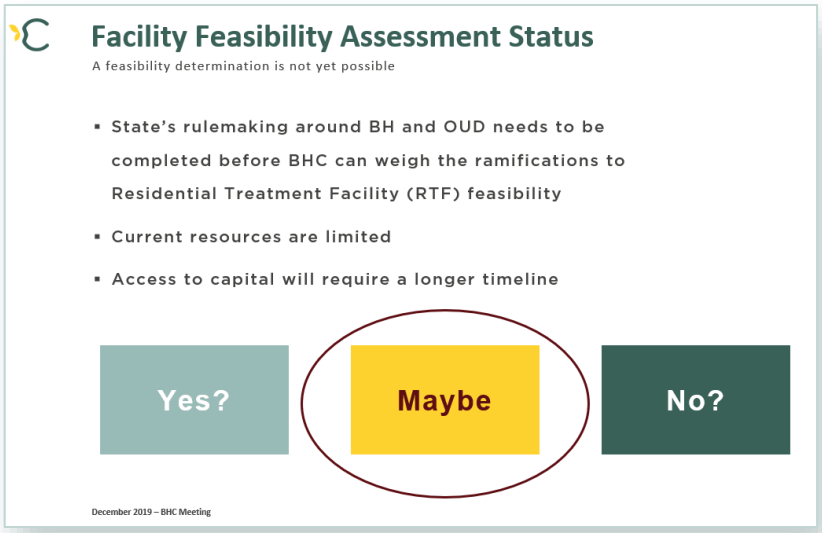
Key Takeaway

The BHC's process is underway to build concurrence on gaps and unmet needs, and to set priorities for the specific arenas of treatment and recovery, which this grant funding was secured to address. Progress to date supports a multi-track/multi-phase approach.

Track 1: The next step on Track 1 is to agree on the services we might concurrently implement, enhance, or improve coordination with, while continuing to determine the feasibility of a Crisis Stabilization Facility or equivalent option. Then the BHC will prioritize, develop business plans, secure resources and determine ownership or these prioritized activities.

Track 2: The BHC, funded by the HRSA RCORP Grant, has retained Health Facilities Planning & Development, a Seattle consulting firm to help identify the feasibility of, and if feasible the options for, a Crisis Stabilization Facility or equitable alternative, and to support the Consortium in the development of a Strategic Plan for the resulting project.

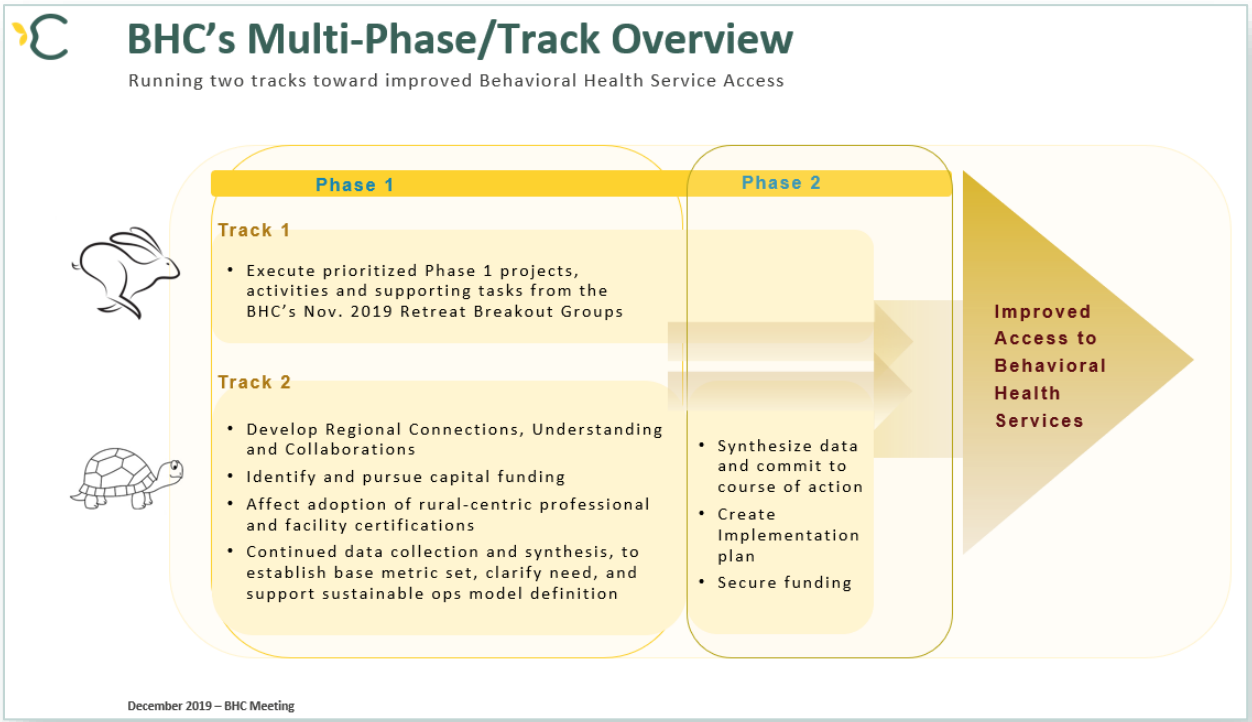
A half-day Retreat took place November 6th, 2019 and was well attended by both BHC Members and the Ad hoc group. Robust conversation was generated amongst the group about where they stood individually and ultimately, collectively, in the process to determine the feasibility of building a sustainable Crisis Stabilization-type Facility and services. It was agreed that given resources, access to capital, and the status of the State's current rulemaking around behavioral health and OUD, the BHC cannot yet make a feasibility determination. The group also defined what is needed to make an informed feasibility decision and agreed they are all committed to getting those elements in place so a feasibility decision can be made at the earliest "later" date possible.



D.4 PRIORITY SETTING THAT WILL INFORM STRATEGIC PLAN – CONT'D

The BHC group agreed to pursue a multi-track/multi-phase approach. Track 1 initiatives are intended to reflect low capital projects that use and/or expand on existing community resources. This approach is expanded upon in the next few pages of this document.

Track 2 includes the development and opening of a crisis stabilization or similar type facility. It is estimated that at least 3 years is needed to secure a site, the capital needed to construct or renovate a facility and then to equip, train and secure all required licensing and certification. The table below provides an overview of the tracks.



D.4 PRIORITY SETTING THAT WILL INFORM STRATEGIC PLAN – CONT'D

Concurrence and Prioritization Process for Track 1/Phase 1

The November 2019 BHC Retreat Agenda included an activity that divided the attendees into four breakout groups, where each group was asked to consider questions and populate the action possibilities to be considered for the BHC's Phase 1/Track 1. The questions were:

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

After generating the Phase 1 action options, the BHC requested that a smaller group evaluate and rank the **impact** of each of the potential Phase 1 actions on a scale of 1-10, with one being lowest impact, and 10 being greatest impact. The same scale was used to rank the **effort** needed. These ratings were then brought to December's BHC monthly meeting where the full group reviewed, discussed and adjusted ratings accordingly. This graphic shows the group's ranking.

Brainstorm/Rating Results: Phase 1 Actions

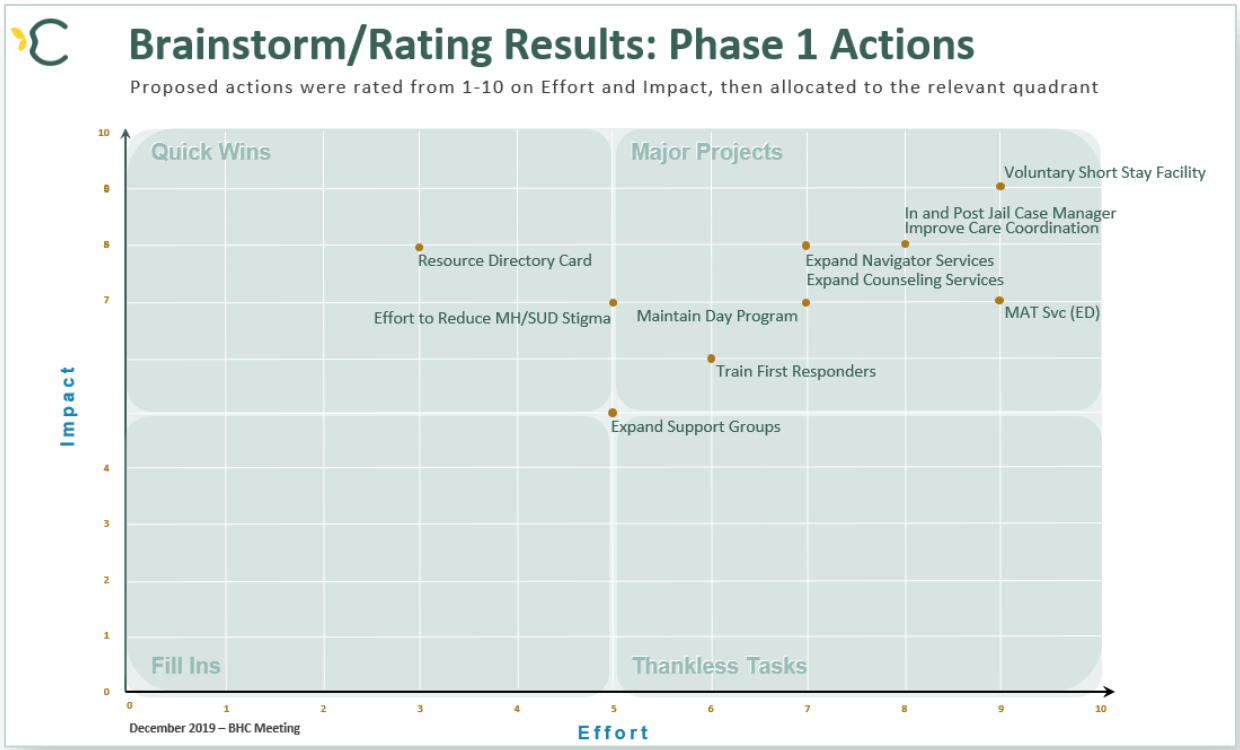
Proposed actions were rated from 1-10 on Impact and Effort

	Impact	Effort
Expand Navigator Svcs/BH Professionals – Sheriff & EJFR	8	7
Improved Transportation	7	6
Expand Support Groups	5	5
Improved Care Coordination	8	8
More MAT Services (ED)	7	9
Effort to Reduce MH/SUD Stigma	7	5
Expand Counseling Service	7	8
Maintain Day Program	8	7
Resource Directory	8	3
Training First Responders	6	6
Voluntary Short Stay facility	9	9
In and Post Jail Case Managers	8	8

D.4 PRIORITY SETTING THAT WILL INFORM STRATEGIC PLAN – CONT'D

Concurrence and Prioritization Process for Track 1/Phase 1 – Cont'd

The next step of the Concurrence/Prioritization process was to populate and graph the rating results. The graph provided four additional categorizations by way of quadrants titled Quick Wins, Major Projects, Fill-Ins and Thankless Tasks. The results are shown below, and helped the BHC attendees to more easily visualize the potential effort and impact.

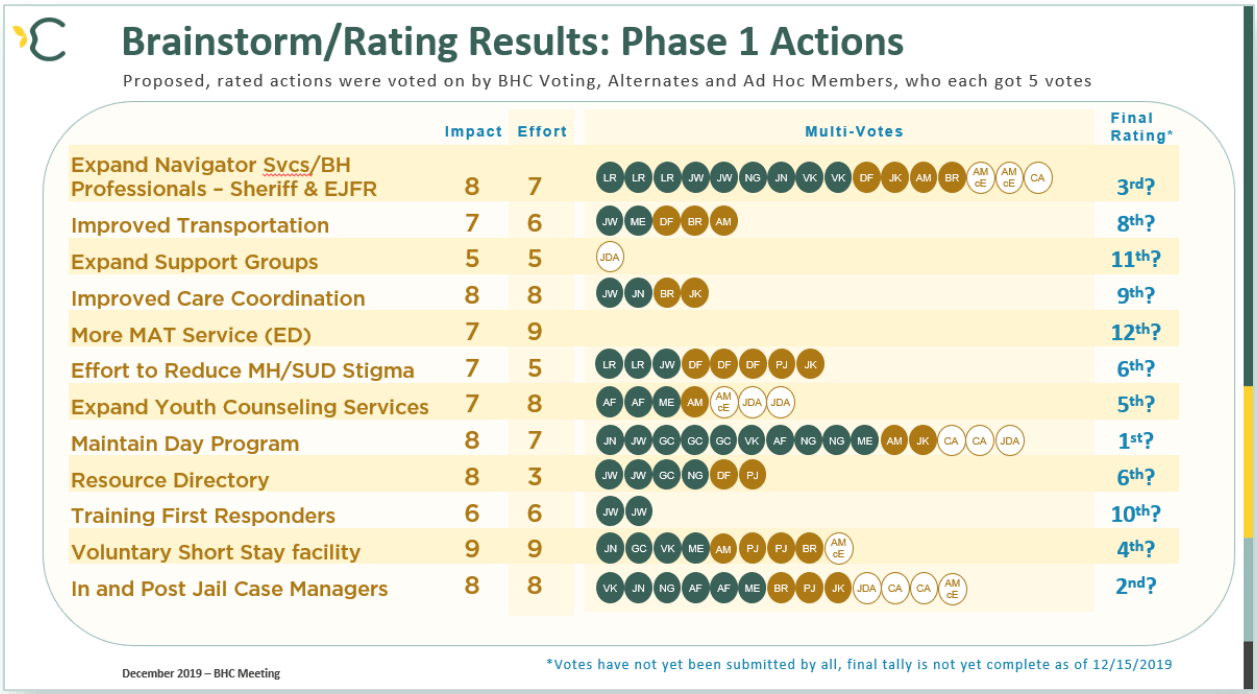


D.4 PRIORITY SETTING THAT WILL INFORM STRATEGIC PLAN – CONT'D

Concurrence and Prioritization Process for Track 1/Phase 1 – Cont'd

The Grant Team then directed the BHC Members, Alternates and Ad Hoc Members (with correlated dot colors) to distribute their five colored dots amongst the initiatives they felt were most important, or had the best chance for positive impact on improving access to behavioral health services.

Members were free to put all five colored dots on one initiative, or spread them among various initiatives. The graphic below shows the results for Track 1/Phase 1 prioritization process. At the time of this document's printing there are still a few individuals who need to vote before a final tally is done, and the prioritized areas finalized.



The Grant Team anticipates there will be a natural breaking point where the BHC will take forward 3-4 priority arenas for inclusion in the upcoming Strategic Plan as the Track 1/Phase 1 portion of the that grant deliverable, and will then reveal the results of the feasibility vetting, and defined metrics, activities/actions/tasks, resources, and ownership.

D.4 PRIORITY SETTING THAT WILL INFORM STRATEGIC PLAN – CONT'D

Concurrence Process for Track 2/Phase 1 and 2

The BHC, funded by the HRSA RCORP-P Grant, has retained Health Facilities Planning and Development, a Seattle consulting firm who has also been working with a neighboring county to develop Capital Funding and a sustainable operations plan for an OUD Healing Campus. HFPD has been tasked with helping to identify the options for, and the feasibility of a Crisis Stabilization Facility or equitable alternative, and provide support in the development of a Strategic Implementation Plan for the project. HFPD is working to coalesce data:

- Around the need for a Crisis Stabilization Center in Jefferson County as part of a deliberate regional evolution to provide earlier intervention at a local level
- To clarify underlying assumptions, determine capital costs, licensure & regulations, location, etc. to build a Crisis Stabilization Center in Jefferson County
- To identify a sustainable operations model(s) that could be employed for a Jefferson County Stabilization model, including Workforce recruitment and maintenance plan.

Other key efforts the BHC has prioritized for Track 2/Phase 1 and 2

- Development of regional connections, understanding and collaborations that will support a local Crisis Stabilization Center.
- Affect adoption of rural-centric professional and facility certifications
- Execute site visits at a variety of facility models to learn and define effective approaches for a sustainable, local Crisis Stabilization facility.
- Consider HFPD's synthesized data and commit to course of action
- Create Implementation plan for course of action identified
- Identify, actively pursue, and secure capital funding

E. DISCUSSION / CONCLUSION

BHC Members came together to address the lack of sufficient Crisis Stabilization services in Jefferson County. The majority of Law Enforcement and EMS calls deal primarily with the County's OUD/MH demographic. Some outpatient services are available, but for a resident in crisis, the Emergency Room or Jail are the most likely options to be utilized.

The BHC agreed steps needed to be defined to address:

- The current situation of OUD/MH individuals who are not being connected with the MAT or social services necessary for stability, treatment, recovery and wellness.
- The expensive, ineffective use of City and County Law Enforcement, EMS and Hospital Emergency Department resources.
- The challenge of Western State Hospital closing, **and the need for a focused effort to provide avenues of earlier intervention at a local level.**
- Identification of funding opportunities that will help to achieve the goal of local Crisis Stabilization services.
- Development of a collective understanding of the workforce landscape and what the current and anticipated strengths and gaps are in our community.
- Development of priorities and a plan for how we will provide Emergency and Crisis services in our community, with the informed assistance of HFPD Consultants, who are already deeply involved on this landscape within the Olympic region.
- Involving relevant community and regional members in our discussions and decision-making.
- Development of understanding, then integration of, the regional landscape to our local plans.

As we expect is the case in in most rural communities, the issues facing Jefferson County related to the Opioid Crisis are complex and affect many persons and most public safety and health care organizations. This grant has afforded the opportunity, via dedicated resources and staff, to laser focus, convene, and better understand current needs as well as the existing landscape. While there are still data gaps, we know the inventory of resources and have provider and agency consensus on next steps related to prevention, treatment and recovery services in our community.

As a result of the process, the BHC now speaks with a single voice related to the selected two-phased effort for our community. The two phases considered do-ability, quick wins and major projects that will take capital and other resources to accomplish. The next step, the strategic plan, will create the path.

In the interim, there is much work to be done, including attending, commenting and advocating at State rulemaking meetings to assure that final rules around behavioral health staff and facility licensing recognize the unique needs of rural communities. Other ongoing work includes programming and pursuing a facility solution.