

Jefferson County Opioid Consortium: Treatment and Recovery Planning

September 12, 2019



HEALTH FACILITIES PLANNING & DEVELOPMENT

RESEARCH · DATA · ANALYTICS · STRATEGY · IMPLEMENTATION

Today

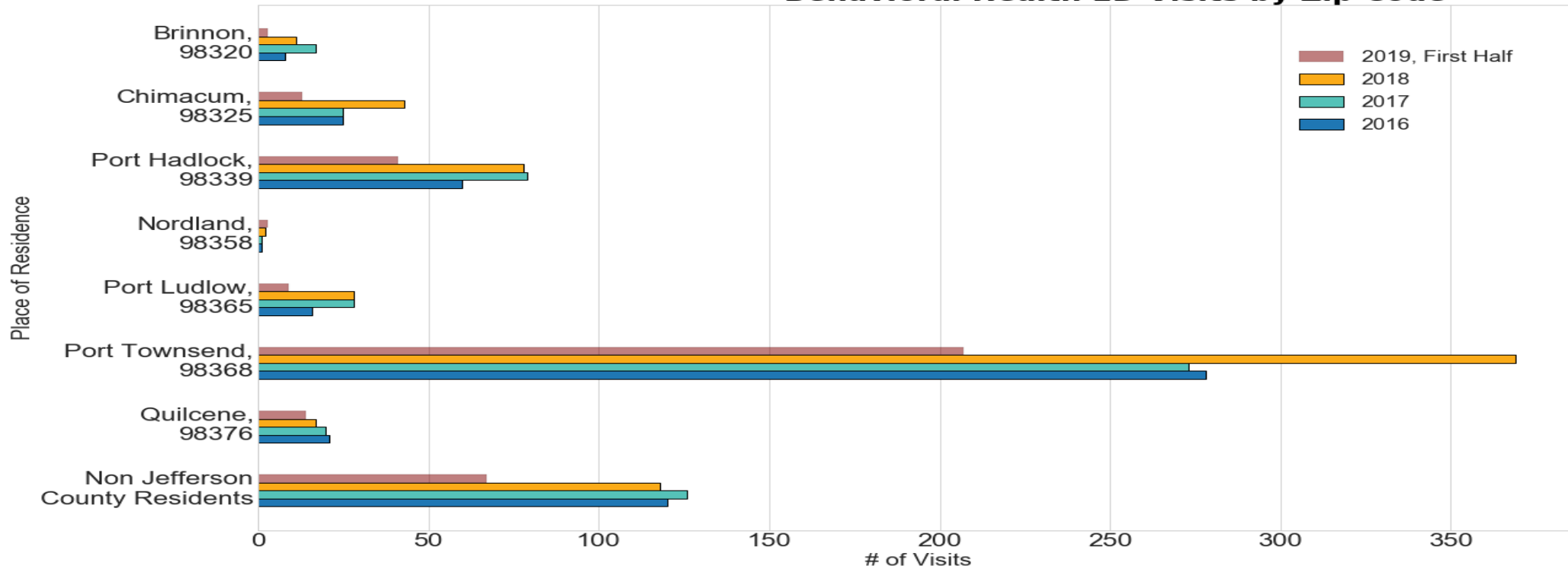
1. Review data received to date. Understand remaining needs.
2. Discussion on priority patient needs and licensure options.
3. Discussion on upcoming Capital Grants
4. High level overview of upcoming Needs Assessment and Strategic plan requirements and processes

A first look at the data...
still as many questions as
answers

Data Sources:

- Jefferson Healthcare
- Discovery Behavioral Healthcare
- Jefferson County Sheriff
- Port Townsend Police Department
- Jefferson County Jail
- East Jefferson Fire Rescue

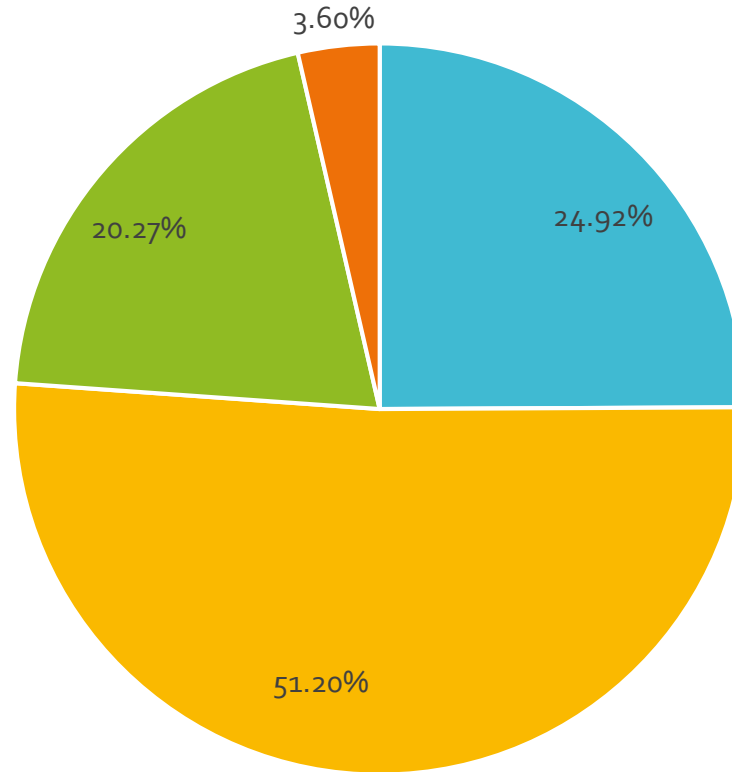
Behavioral Health ED Visits by Zip Code



Jefferson Healthcare has averaged almost 600 ED visits annually 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.

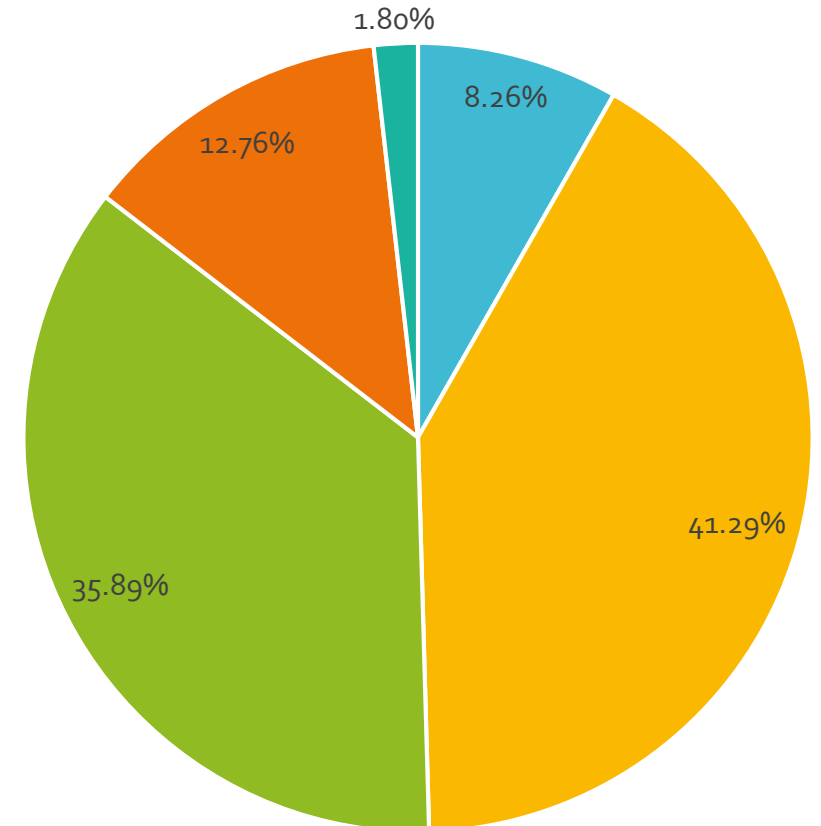
Nearly 15% of Jefferson Healthcare's BH ED visits are for patients over 60. More than 40% are to individuals age 20-39. Medicaid is the single largest payer.

Jefferson Healthcare
of BH ED Visits by Payer
2018



Commercial Medicaid
Medicare None

Jefferson Healthcare
of BH ED Visits by Age
2018



19 and under 20-39
40-59 60-79
80+

Jefferson Healthcare Behavioral Health Visits Discharge Disposition 2016-YTD 2019

The majority of BH ED patients at Jefferson Healthcare are discharged “home”.

Only 37% of discharges contained additional comments; of those, the majority (76%) were also identified home as the disposition – with Kitsap AIU and In Custody making up another 44% of discharges.

Additional analysis is needed on the discharge disposition, and we need to understand the overlap between JH and other agencies in the County.

Discharge Disposition	# of Visits	%
Home	1,825	86.04%
Psych	145	6.84%
Court/Law	83	3.91%
Short Term	21	0.99%
Left Against Advice	18	0.85%
Another Institution	9	0.42%
Rehab	7	0.33%
Left w/o Being Seen	5	0.24%
Home-Health	4	0.19%
SNF	3	0.14%
ICF	1	0.05%

Discharge Comments	# of Visits	%
Unavailable	1,342	63.30%
Home	595	28.10%
Kitsap AIU	44	2.10%
In Custody	42	2.00%
Fairfax	18	0.80%
Smokey Point	2	0.10%
Skagit	8	0.40%
Other	70	3.30%

Discovery Behavioral Healthcare has experienced fewer ITA investigations over time, but a basically flat number of clients detained over the past several years. About one person per week.

Discovery Behavioral Healthcare 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 / January - Present						
	Jail	Office	Hospital	Client's Home	Other	Total
Not Detained	0	0	59	0	0	59
Detained	0	0	27	0	0	27
						86

Washington State Institute for Public Policy

ITA Investigation Outcomes by Court Jurisdiction & County, 2014

Court Jurisdiction	County of Investigation	Total Investigations	Inpatient Detention	Referred for voluntary services	Not detained or referred	LRA
Peninsula		1,468	455	703	198	112
	Kitsap	978	307	491	78	102
	Clallam	346	100	170	68	8
	Jefferson	144	48	42	52	2

Source: Washington State Division of Behavioral Health and Recovery (DBHR) Service Encounter Reporting Database.

For comparison, 2014 data on detentions from the State's database is consistent with DBH – just under 50 (1 per week) in Jefferson County.

2014 data also provides insight into the potential # of investigations that may lead to voluntary services (about 30% or about 40 in 2018 when applied to total DBH investigations).

Discovery Behavioral Healthcare is expected to provide crisis services to over 600 clients in 2019 – less than 30% will be for ITA investigation.

Discovery Behavioral Healthcare Total Crisis Services (Includes ITA)

Includes all crisis encounters – including ITA, crisis phone line, existing outpatients experiencing a crisis, etc.

Estimated 80% of clients are from Jefferson County.

2017:

- Unduplicated Client count = 613 (includes 274 ITA investigations)
- Service count = 3118

2018:

- Unduplicated Client count = 568 (includes 137 ITA)
- Service count = 2596

2019:

- Unduplicated Client count = 306 (includes 86 ITA)
- Service count = 1289 (This covers January – June of 2019)

Jefferson County Jail Statistics point out severe impact of alcohol and drug use with over 75% of BH related bookings involving inmates with substance abuse problems and/or drug/alcohol charges.

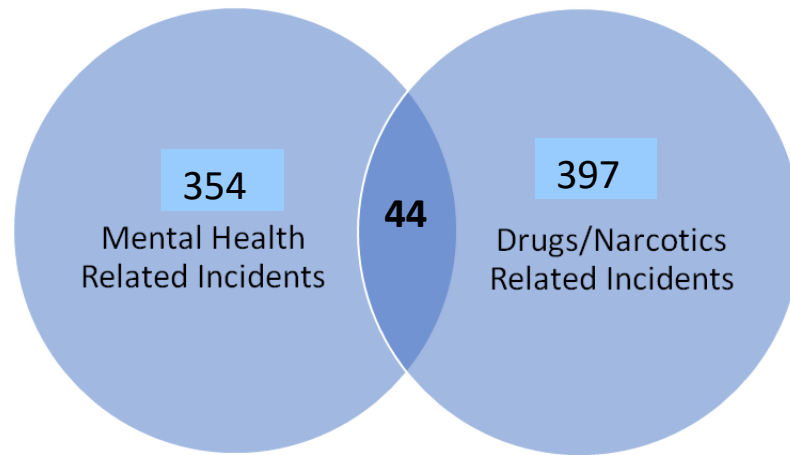
Jefferson County Jail Intake Screenings Jan-Aug 2019

- 391: reported substance abuse problem
- 134: reported mental health issues
- 22: evaluated by DMPH/DCR
- 22: reported suicidal thoughts
- 284: booked on drug/alcohol charges
- 48: MAT inductions Feb-Aug 2019
- 892: total bookings for Jan- Aug 2019

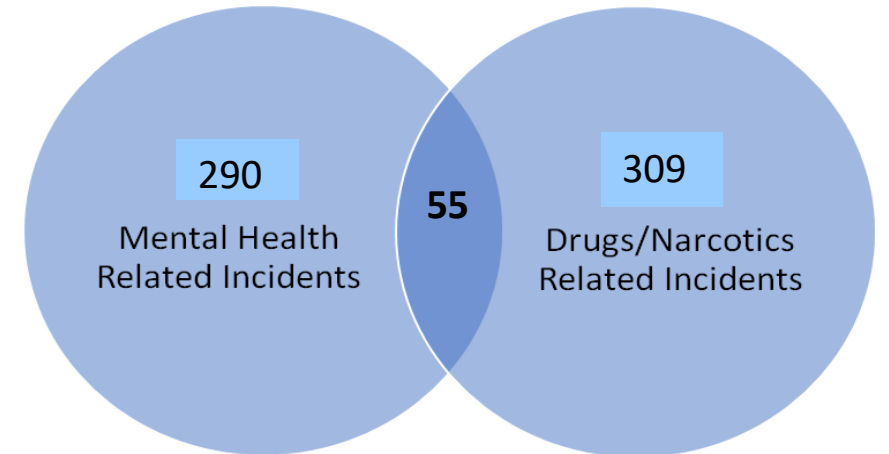
Jefferson County Sheriff's Office 2019 annualized volume of calls related to BH incidents is up about 20% over 2018.

Jefferson County Sheriff's Office

2018 Incidents



2019 Incidents (through 9/8/19)



8/1/19-9/9/19

Mental Health Related Incidents: 32

Alcohol Related Incidents: 21

Drugs/Narcotics Related Incidents: 26

Jefferson County Sheriff's Office Definitions

Mental Health Related Incidents:

- Incidents with MH (Mental Health Related) Disposition Code
- Incidents/cases with RAD (Rage Aggression Delirium), RAD STANDBY, SUIC (Suicide Attempts/Threats), Suicide Investigation, or ITA (Involuntary Treatment Act) Incident Type
- Incidents with narrative key words (ITA, mental, crisis, evaluation, irrational, and behavior) that are relevant to a 'Mental Health Related' classification

Drugs/Narcotics Related Incidents:

- Incidents with V (Drugs/Narcotics Involved) Disposition Code
- Incidents/cases with DRUG or Drug Investigation Incident Type
- Incidents with narrative key words (narcotics, drugs, stimulant, controlled substance, VUCSA, heroin, cocaine, meth, pills, and syringe) that are relevant to a 'Drugs/Narcotics Related' classification

East Jefferson Fire Rescue Opioid Overdose and Behavioral Health Occurrences

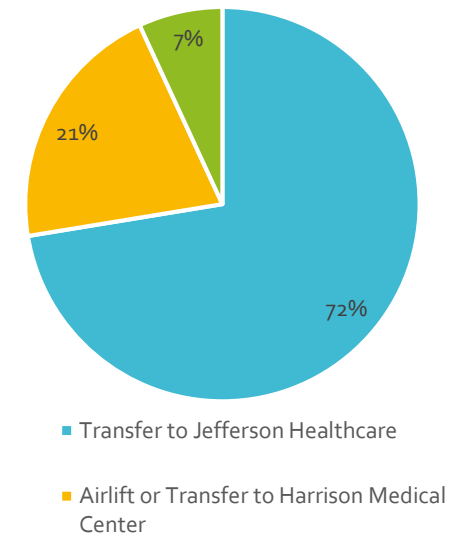
East Jefferson Fire Rescue experiences approximately 150 behavioral health related calls per year.

A total of 29 calls in 2017-2019 were specific to opioid overdose. 72% of those were transferred to Jefferson Healthcare; 21% to Harrison Medical Center.

Total Behavioral Health Responses	
Year	Responses
2017	151
2018	153
2019	100

Incidents of Opioid Overdose with Nalaxone Dosage/Administration				
Zip Code	2017	2018	2019	Total
98368	5	5	8	18
98339	3	5	1	9
98365	0	0	1	1
98336	0	0	1	1
	8	10	11	29

Discharge Disposition for
Opioid Overdose
2017-2018



**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
	2,250

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

Discussion:

What is the data telling us?

What else do we need to understand?

- **Continue to refine data/ attempt to understand:**
 - Unduplicated counts: How many individuals are “touching” all providers now
 - Demand for ITA vs. Voluntary
 - Demand for Mental Health vs. SUD
 - Other?

HFPD recommends
meeting with
Department of Health
for confirmation of
Licensure Options

- **Priority patient populations:**
 - Involuntary vs. voluntary
 - SUD, OUD, or MH
 - Service/treatment needs: detox, inpatient mental health, short-term stabilization, emergency triage to high acuity setting
 - Payor source
 - Expected length of stay
 - Expected discharge/transfer/needed follow-up services
- **Licensure options:**
 - Crisis Stabilization Unit
 - Triage
 - Secure Withdrawal Management and Stabilization
 - Withdrawal Management
 - Evaluation & Treatment
- **NOTE:** DOH engaged in rulemaking NOW; if we find “rural” flexibility is needed, this is the time to advocate.

Discussion:
Department of
Commerce
Behavioral Health
Facilities Grant
Program

- Only category available that “fits” with work of Consortium is Secure Withdrawal Management and Stabilization Facility
- Designed for Involuntary Detention for SUD/ODD
- Grant can fund up to \$2,000,000 in capital
- Due November 6, 2019
- Requires details on need, site, #of beds, design of facility, total capital expenditures, other funding sources, status re: licensure and construction review.
- Does it make sense? Should we pursue? Is it doable?



HRSA Needs Assessment and Strategic Planning Requirements

Needs Assessment Process:

Should we consider undertaking with a workgroup and report back for input to larger task force?

Can we start with an on-line survey— is that easier for all?

Per grant, must be completed by December 1, 2019

HFPD recommends longer meeting— say ½ day retreat in November. Is this possible?

Needs Assessment

- Identify and analyze community needs and assets, prioritize needs, and then creating a plan to address significant unmet needs.
 - Identify community assets Community assets include **human, physical, informational, political, and existing service resources.**
- The needs assessment should include both quantitative population data and qualitative descriptive data.
 - Quantitative population data can establish a benchmark for the prevalence of, demand for, impact on, and gaps in services.
 - Qualitative descriptive data are based on personal experiences, opinions, and perceptions that can illustrate priorities and values; these data are typically gathered from interviews, focus groups, photovoice, or town hall meetings.
- Must include:
 - Opportunities and gaps in OUD prevention, treatment (including MAT), and/or recovery workforce, services, and access to care within the target rural service area
 - Existing federal, state, and local OUD resources that could be leveraged within the County

Key Questions to Address

- By member, what is level of readiness to address this issue?
- What is the magnitude of the problem? Does it disproportionately impact certain groups or ages?
- Which areas are currently the County's greatest challenges and why?
- Which areas are the County's greatest strengths and why?
- What are workforce requirements?
- Are there challenges preventing the County from moving forward?
- How will we continue to track and update data?

Strategic Plan

Strategic Plan is required to:

- Address the gaps in OUD prevention, treatment (including MAT), and/or recovery services, as well as access to care identified in the analysis
- Incorporate evidence-based, promising, and innovative approaches proven to reduce the morbidity and mortality associated with opioid overdose in rural communities
- Ensure affordability of and accessibility to services for target populations
- Detail plans to leverage existing federal, state, and local OUD resources and to secure community support
- Provide specific strategies for implementing the identified evidence-based, promising, and innovative practices after the project year ends
- Develop strategies to eliminate or reduce costs of treatment for uninsured and underinsured patients

Next Steps

- Continue to refine data/ attempt to understand:
 - Unduplicated counts: How many individuals are “touching” all providers now
 - Demand for ITA vs. Voluntary
 - Demand for Mental Health vs. SUD
 - Other?
- Meet with Department of Health – clarify licensure options
- Decide on need for Consortium Retreat and/or subcommittees to do deeper dives into data, options, reimbursement, etc.
- Develop process for Needs Assessment (due December 1, 2019)