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# BHC Meeting

October 14, 2021, 3pm



## Agenda – 10/14/21 BHC Meeting

- Introductions 10 Minutes
- Check-in: Leadership During a Pandemic 10 Minutes
  - Dr. David Carlbom, Medical Program Director, Jefferson County EMS
- JeffCo BH Data from 3/01/21 8/31/21 30 Minutes
  - Lisa Grundl and Aimee Dubbs, HFPD
- BH Funding & Regional Navigator Program
  - Jolene Kron, SBH-ASO Clinical Director
- Next Meeting: November 11<sup>th</sup>, 3pm Zoom
  - Pfeiffer House Project Proposal Presentation Kelli Parcher
  - Milestone Year 1 completion of the RCORP-I Grant
  - Potential: Chief Olson PTPD





### Drug Take Back Day

Three Locations set throughout the County

The Prevention Team, Quilcene's Fire Chief Tim McKern, and the Sheriff's office, have collaborated to extend this Fall's Drug Take Back event to South County.

# DRUG TAKE BACK DAY SATURDAY October 23 10am-2pm WERED TEENS COALITION Together we can make a difference.

THREE LOCATIONS

Port Hadlock OFC 1890 Irondale Rd

Port Townsend Safeway





Quilcene Fire Station 70 Herbert St Quilcene, WA 98376









Washington State Health Care Authority











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### County Behavioral Health Data

Aimee Dubbs and Lisa Grundl, HFPD

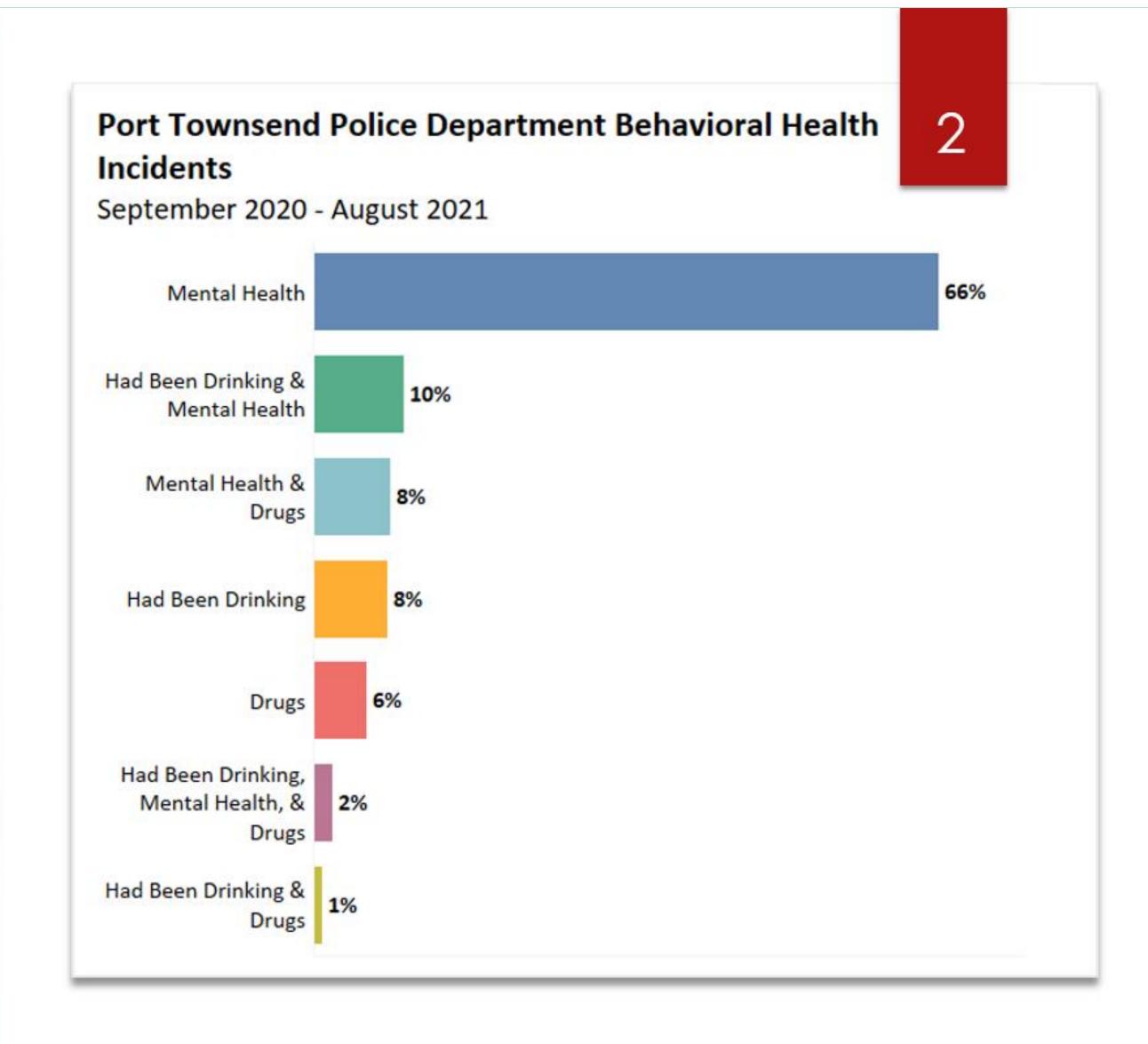
Time Period: March through August, 2021





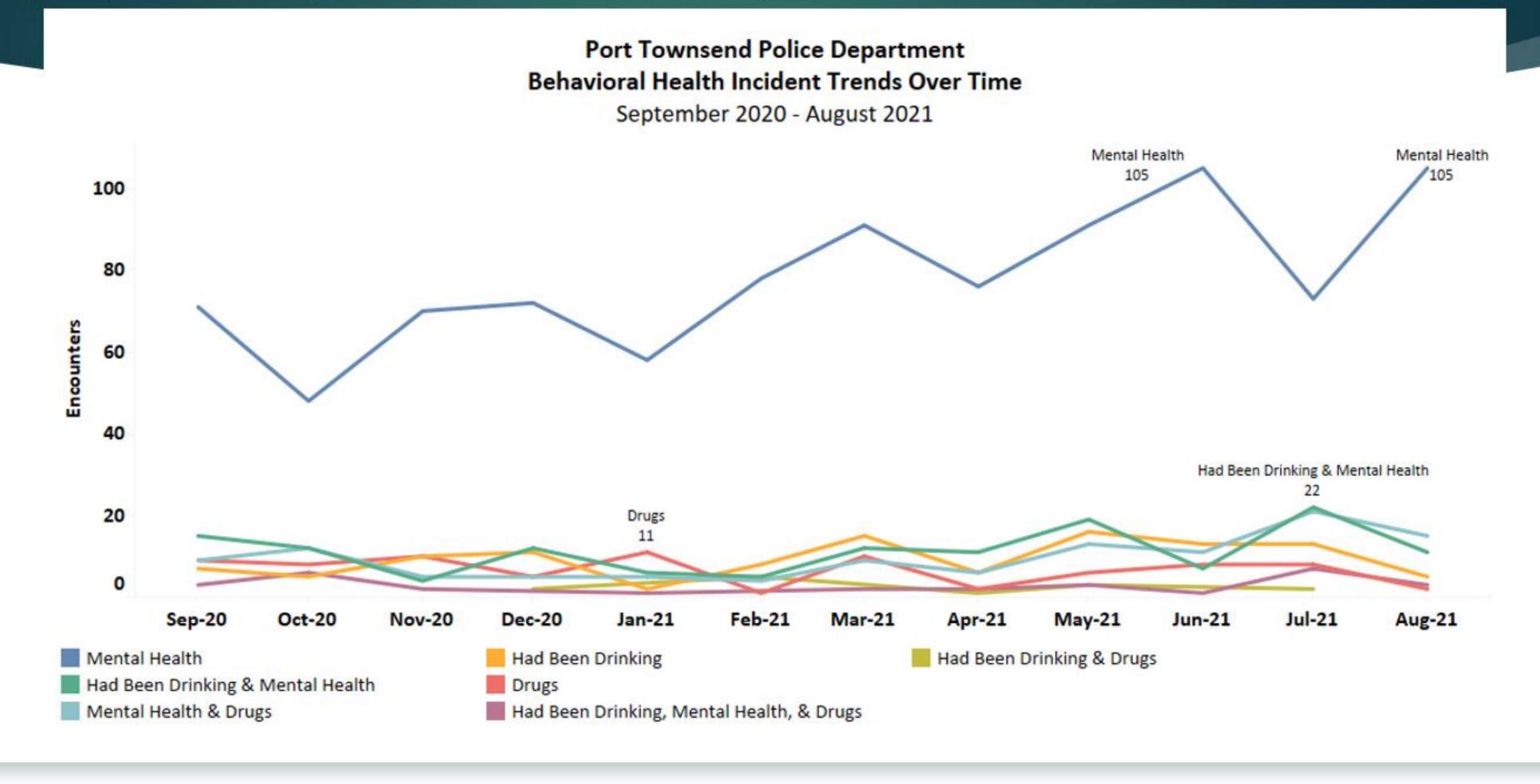


- ▶ 85.6% include a mental health component
  - ► Of that, 12% include alcohol and 9% include drugs
- ▶ 21% include alcohol
- ▶ 16% include drugs





While there is significant differences by month, mental health incidents have increased by 47% between September 2020 and August 2021, and all behavioral health incidents (many also including a mental health component) have been stable.





### Port Townsend Police Department Behavioral Health Incident Trends Over Time

September 2020 - August 2021

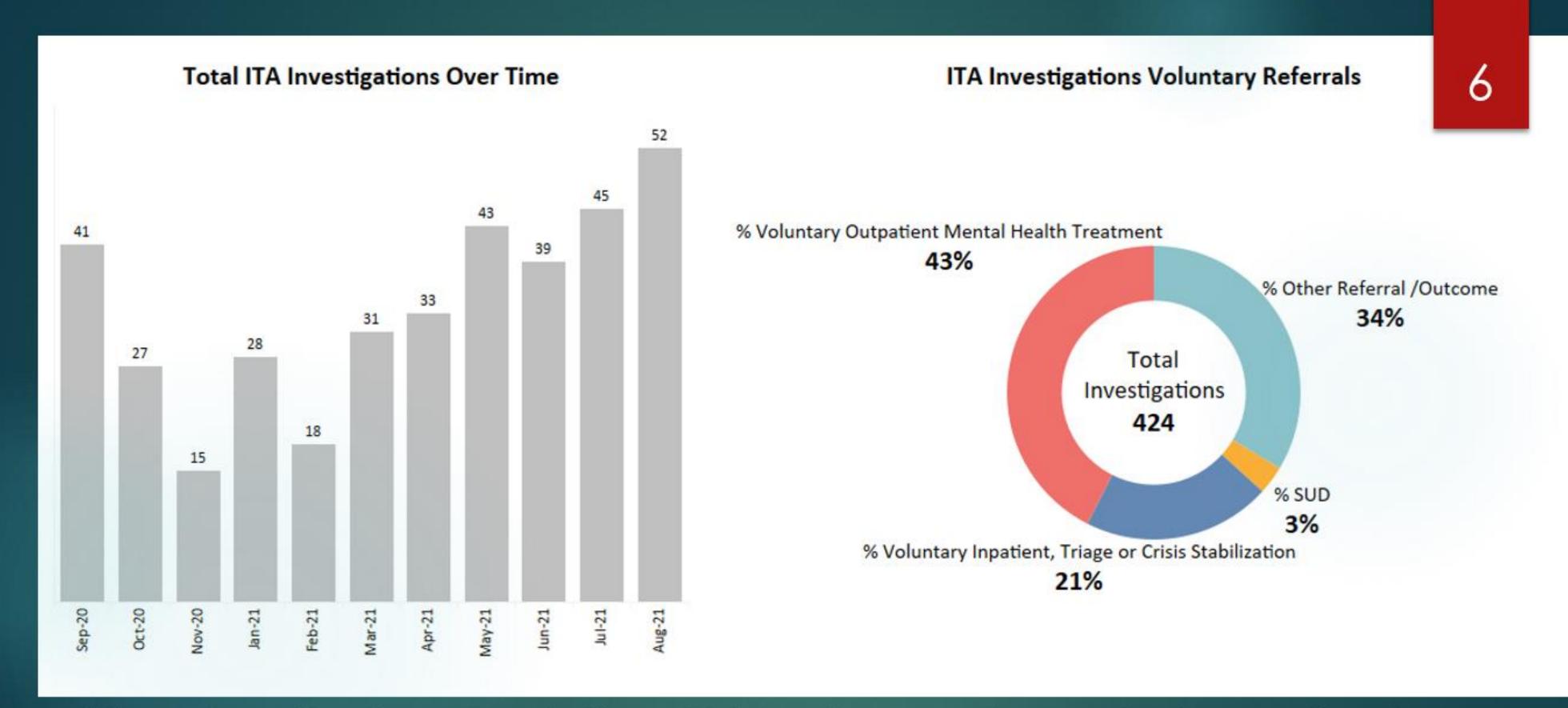
	Mental Health	Had Been Drinking & Mental Health	Mental Health & Drugs	Had Been Drinking	Drugs	Had Been Drinking, Mental Health, & Drugs	Had Been Drinking & Drugs
Sep-20	71	15	9	7	9	3	
Oct-20	48	12	12	5	8	6	
Nov-20	70	4	5	10	10	2	
Dec-20	72	12	5	11	5		2
Jan-21	58	6	5	2	11	1	
Feb-21	78	5	4	8	1		5
Mar-21	91	12	9	15	10	2	
Apr-21	76	11	6	6	2	2	1
May-21	91	19	13	16	6	3	3
Jun-21	105	7	11	13	8	1	
Jul-21	73	22	21	13	8	7	2
Aug-21	105	11	15	5	2	3	
Grand Total	938	136	115	111	80	30	13
Average Encounters per Month	78	11	10	9	7	3	3



13% of ITA Investigations result in an involuntary commitment. The outcomes for the other 87% of investigations include voluntary inpatient, crisis stabilization, outpatient mental health, and other referrals. Referrals for outpatient mental health treatment have increased over the past 12 month. August's referrals were nearly double the referrals in September and October.

## Discovery Behavioral Health's ITA Investigation Voluntary Referrals September 2020 - August 2021 Referred to Voluntary Inpatient, Triage, or Referred to Voluntary Outpatient MH Referred to SUD treatment Other Referral /Outcome **Crisis Stabilization** Treatment 18 13 13 Feb-21 Mar-21 May-21 May-21 Jun-21 Jun-21





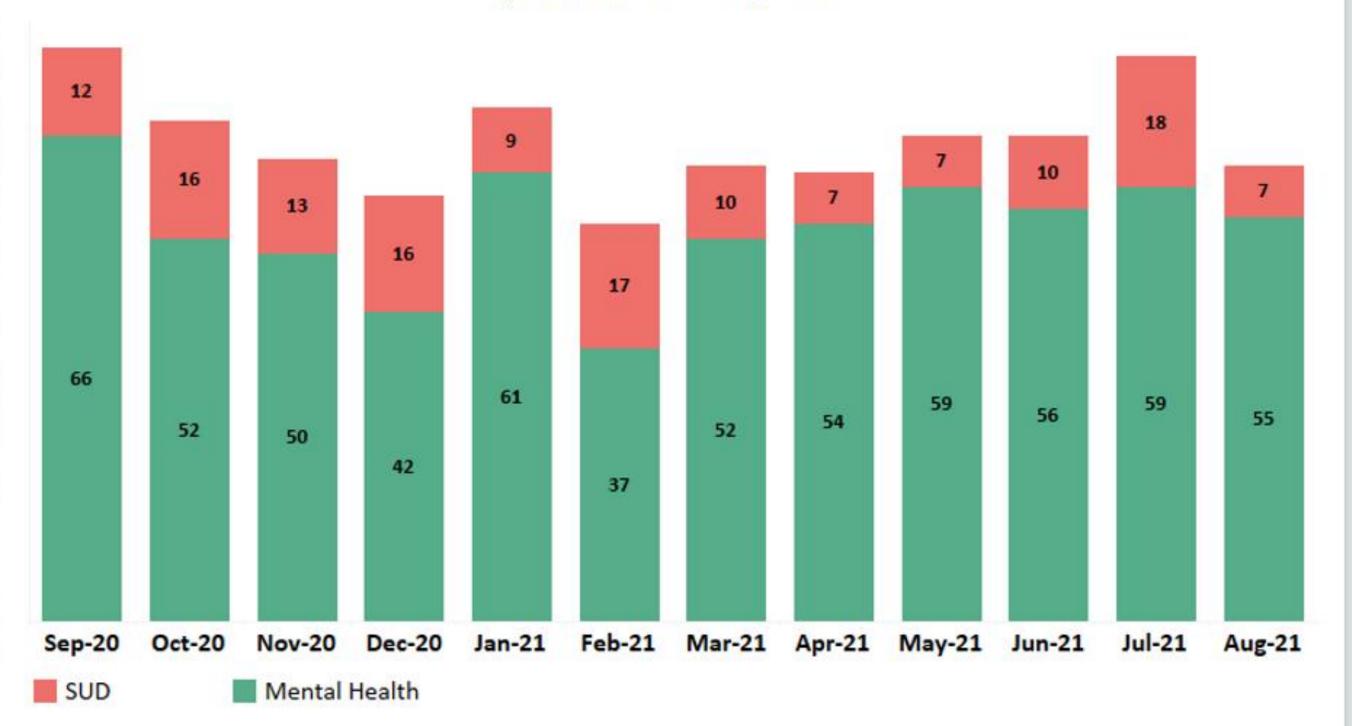
While ITA investigations were in the mid-teens in November and February, they have increased steadily since March, reaching a high of 52 in August. Over the last year, of those not detained, 43% of referrals were referred to outpatient mental health, 31% to inpatient mental health, triage or crisis stabilization – and only 3% to SUD.



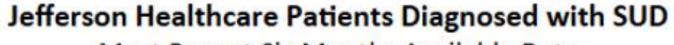
- More than 80% of Jefferson Healthcare's behavioral health related emergency visits are related to mental health.
- ► While encounters have been relatively stable over the past year, September 2020 and July 2021 represented the largest number of month encounters at 78 and 77, respectively.

### **Emergency Department Behavioral Health Encounters**

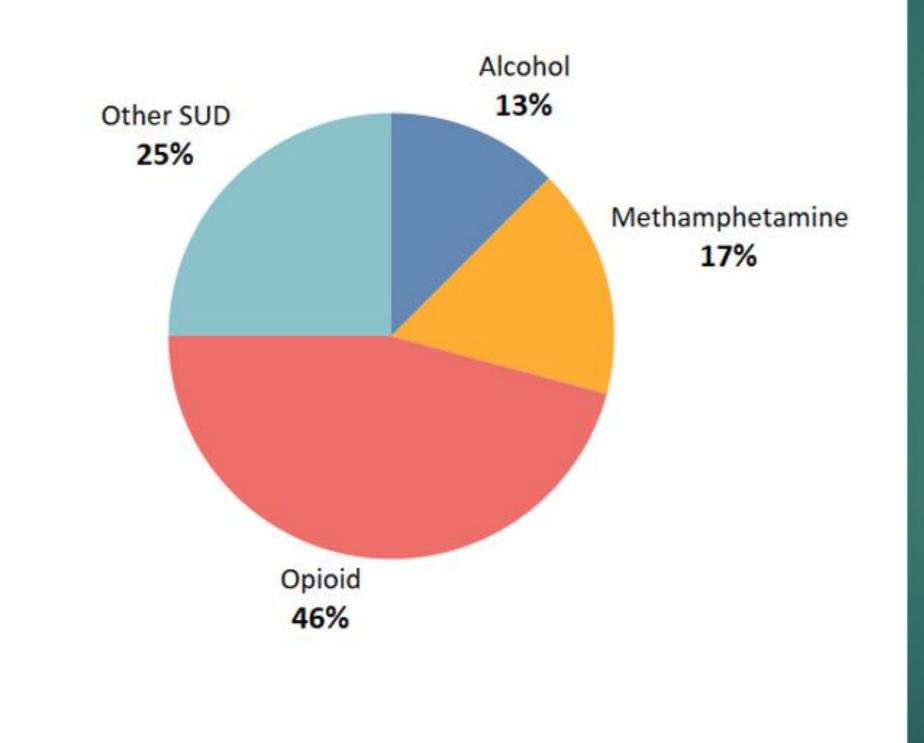
September 2020 - August 2021







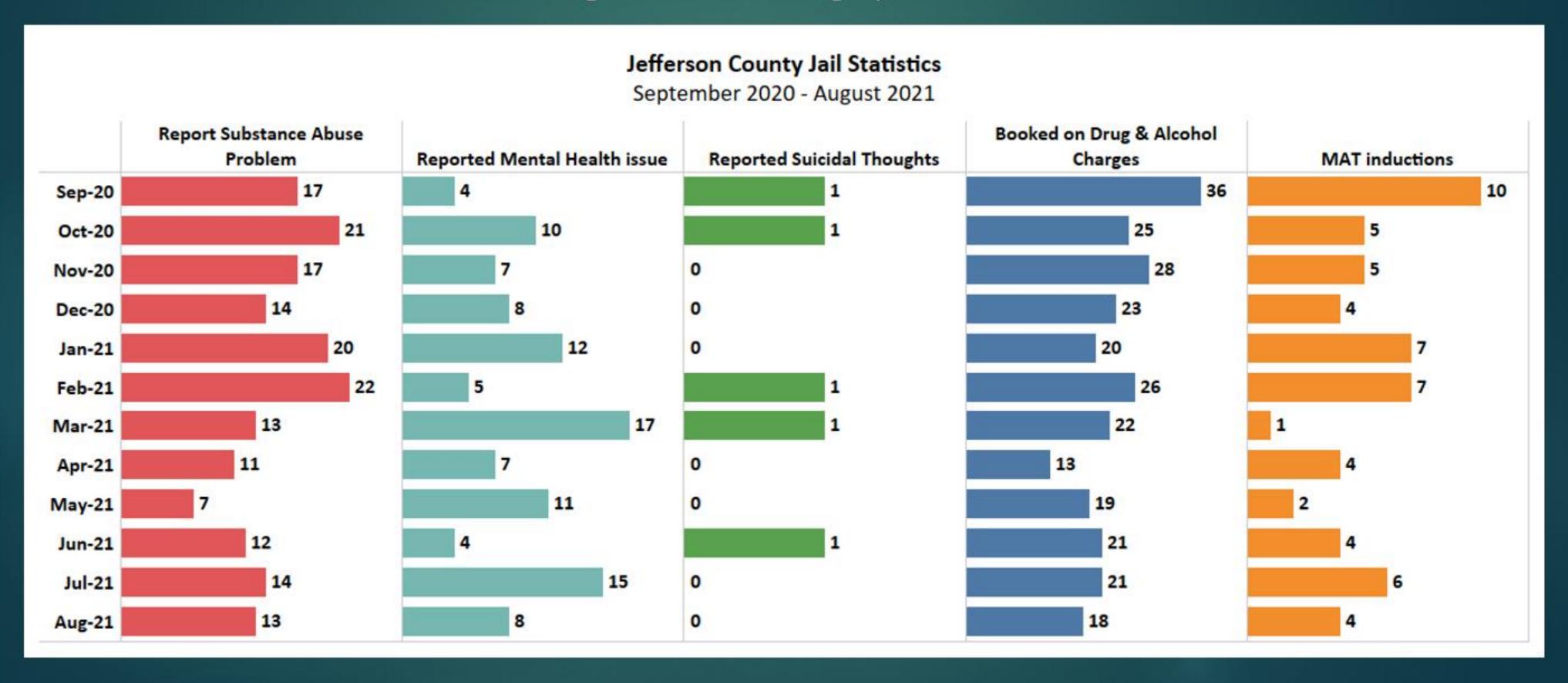
Most Recent Six Months Available Data



Approximately 46% of Jefferson Healthcare's ED and clinic patients diagnosed with a SUD over the last 6 months of available data were diagnosed with Opioid Use Disorder.



Jefferson County Jail data demonstrates a moderation of substance use related issues over the past quarter from the peaks in 2020. There has been a gradual decrease in drug and alcohol issues over the 12 months. Significant monthly variations exist, and data includes duplication (e.g., the same individual that has a reported substance abuse problem also may have had a MAT induction and been booked on drug and alcohol charges).





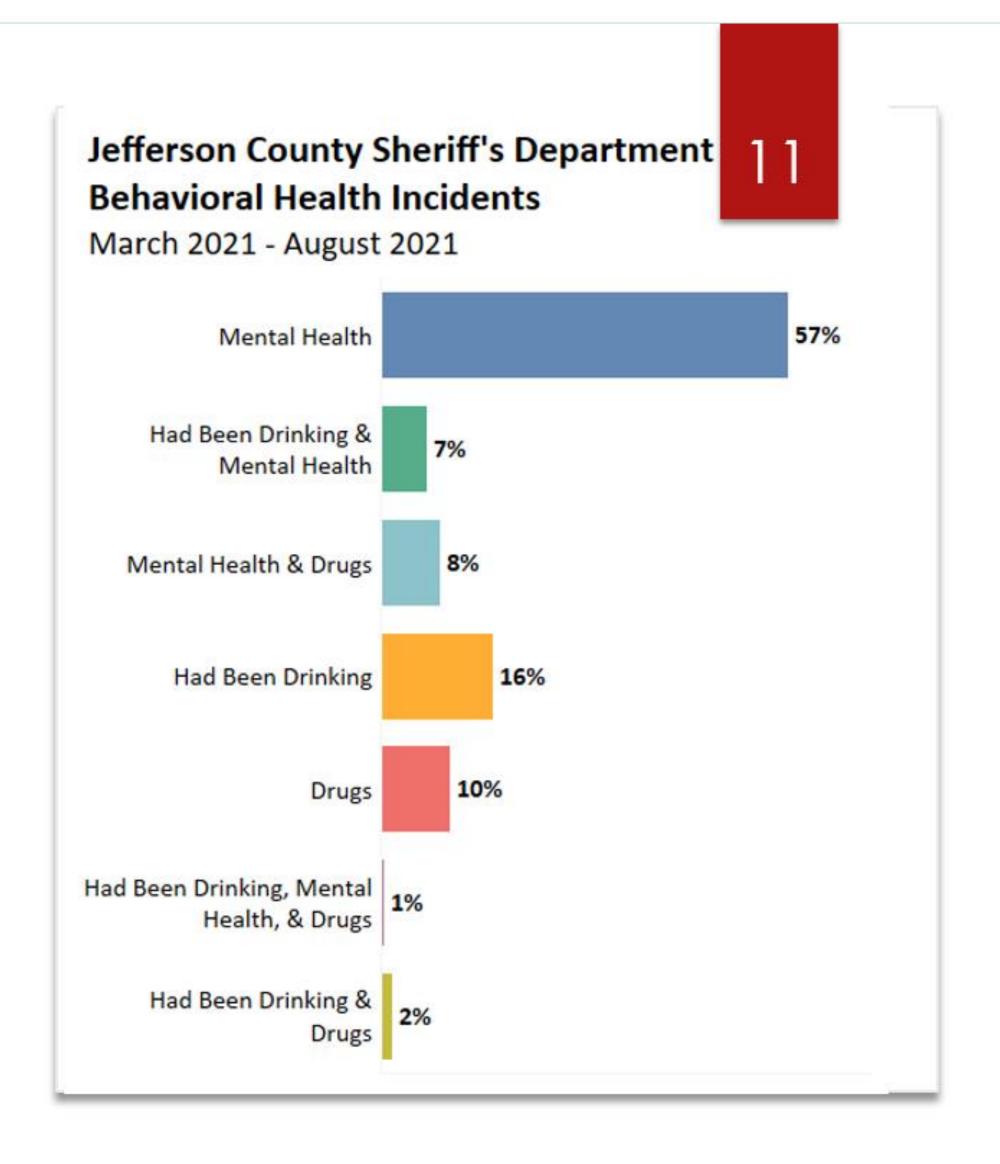
### Jail Intake - Monthly Encounters

September 2020 - August 2021

	Report Substance Abuse Problem	Reported Mental Health Issue	Reported Suicidal Thoughts	Booked on Drug & Alcohol Charges	MAT Inductions
September 2020	17	4	1	36	10
October 2020	21	10	1	25	5
November 2020	17	7	0	28	5
December 2020	14	8	0	23	4
January 2021	20	12	0	20	7
February 2021	22	5	1	26	7
March 2021	13	17	1	22	1
April 2021	11	7	0	13	4
May 2021	7	11	0	19	2
June 2021	12	4	1	21	4
July 2021	14	15	0	21	6
August 2021	13	8	0	18	4
Average Monthly Encounters	15.1	9.0	0.4	22.7	4.9



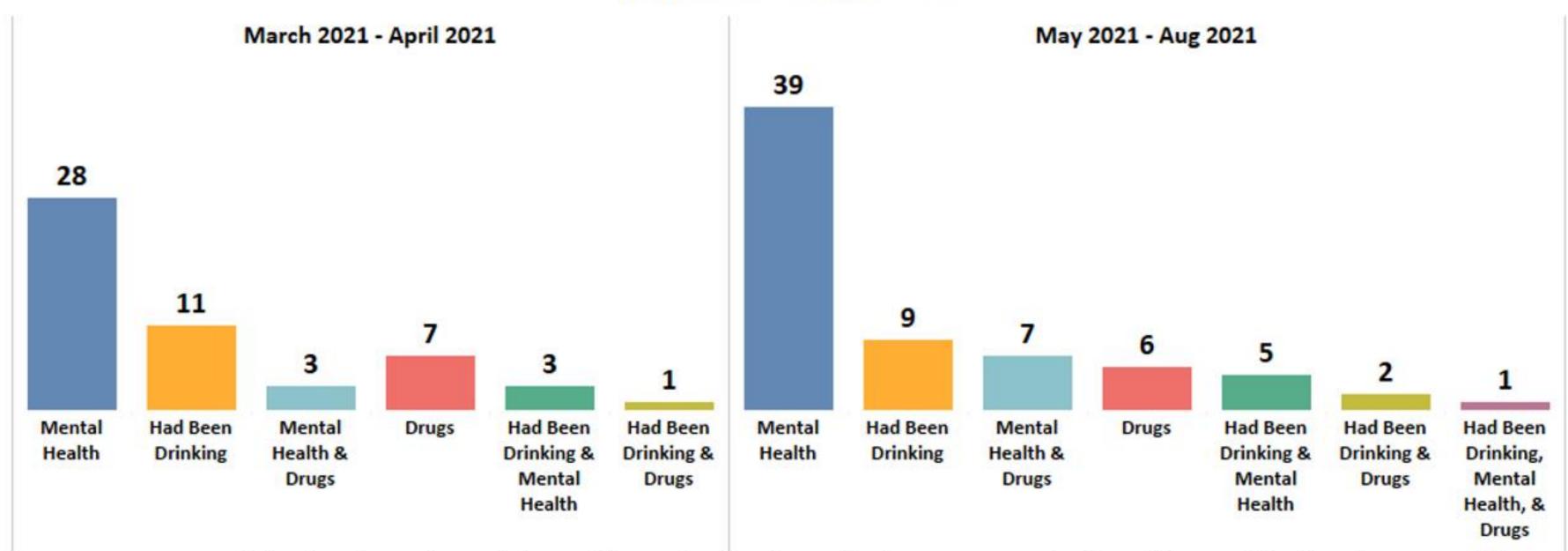
- ► 72% of Jefferson County Sheriff's Office Behavioral Health Calls are mental health related, and the remaining calls associated with substance use.
- Note, data collection platforms changed and only six months of data is available.





### Jefferson County Sheriff's Office Average Behavioral Health Related Calls per Month

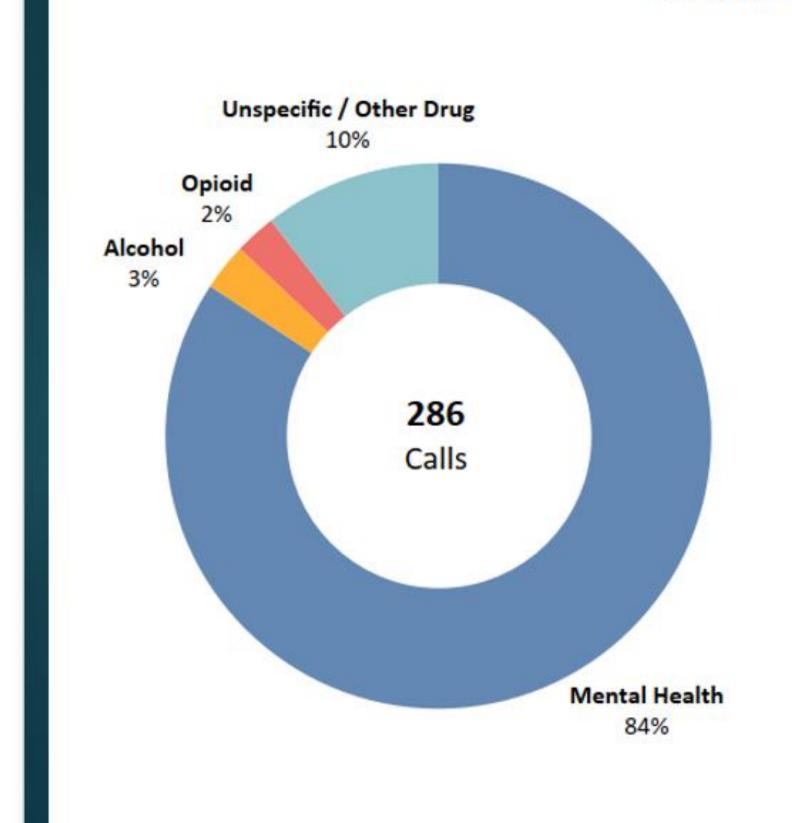
March 2021 - August 2021



Average monthly behavioral health related calls increased significantly between the comparison period (March and April 2021 compared to May 2021 – August 2021). Calls for issues related including mental health increased by more than 50% per month.

### East Jefferson Fire & Rescue Behavioral Health Related Calls

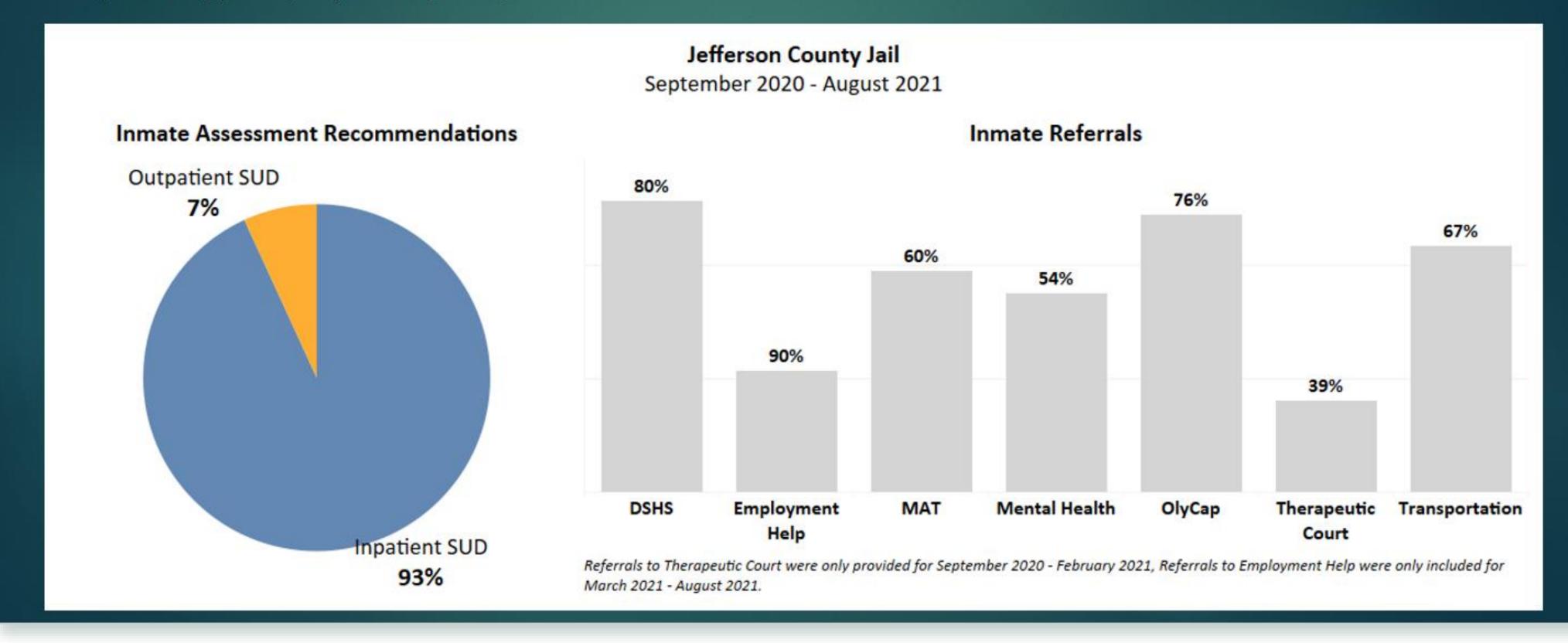
September 2020 - August 2021



	Mental Health	Alcohol	Opioid	Unspecific / Other Drug
Sep-20	26		1	1
Oct-20	26			5
Nov-20	19	1	1	2
Dec-20	16	1		2
Jan-21	21	4		
Feb-21	17		1	4
Mar-21	19	1		4
Apr-21	15		1	
May-21	20		1	3
Jun-21	23			6
Jul-21	19		1	3
Aug-21	20	1	1	
Average Monthly Volume	20.1	0.7	0.6	2.5



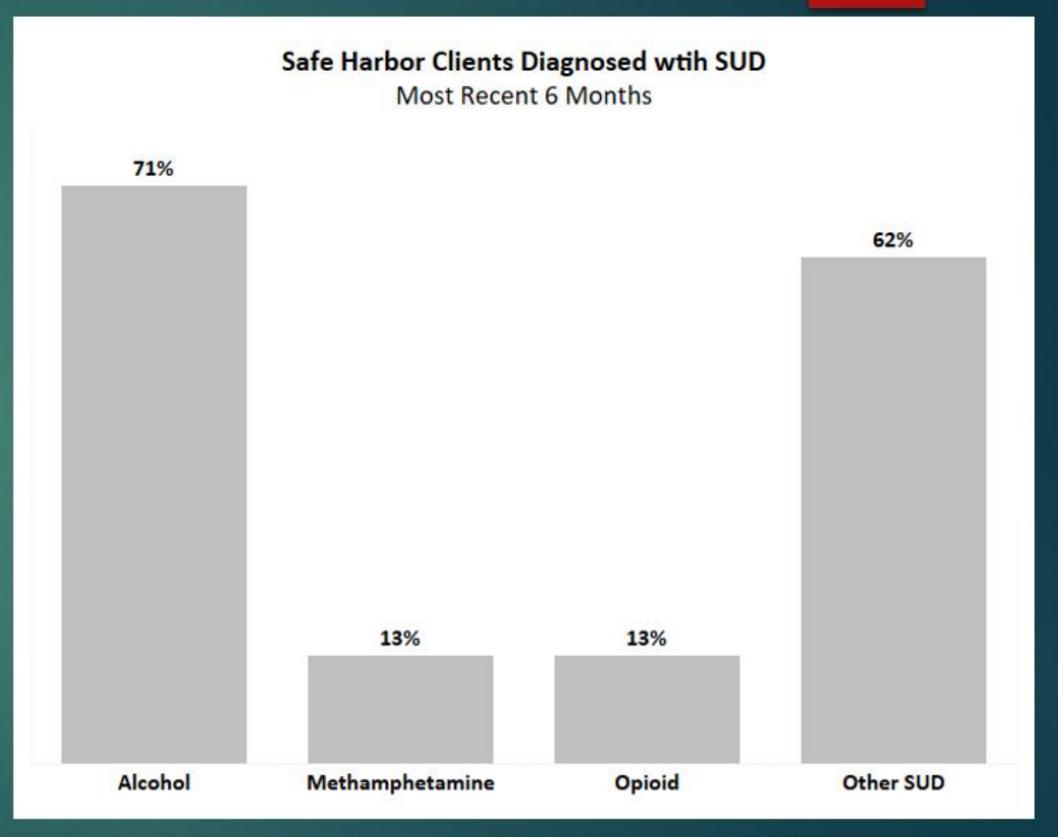
More than 90% of Jefferson County Jail inmate assessments result in recommendations for inpatient SUD treatment. 60% of assessments also result in a referral to MAT and 54% to mental health services. Importantly, the vast majority also need assistance with transportation and other social determinants of health (housing, employment, etc.)





## Safe Harbor

- Of the clients screened for SUD by Safe Harbor in the most recent 6 months:
  - Over 70% were diagnosed with alcohol use disorder
  - ▶ 13% with Opioid use disorder
  - 13% with Methamphetamine use disorder
  - ▶ 62% were diagnosed with "other SUD".
  - These numbers include duplication – with the majority of clients being diagnosed with more than one category of SUD.



75% of Safe Harbor Clients receiving MAT services have been receiving MAT for 3 or more months without interruption.



Recovery Café Member data demonstrates a wide range of issues/needs.

Between January 2021 and June 2021

- 46 Current Members
- 5 Weekly Recovery Circles
- 1,056 Meals Served
- 210 Outreach Hours
- 717 Member Contacts
- 2 School for Recovery Classes

57% Struggle with Substance Abuse 45% Struggle with Alcohol Use 44% Have Been Homeless in the Past 40% Struggle with Mental Health 31% Experience "a lot" of Trauma 19% Are Experiencing Homelessness 18% Experienced Domestic Violence and/or Sexual **Assault** 



### Data Focus Areas for Sept '21 - Feb '22

- Integrate evolving players in data collection standardization and strategy
- Quantify impacts of folks moving from the Fairgrounds (City) to Mill Street
   Property (County)
- Celebrate improvements: Consistency between City and County data collection report - build on that with the addition of Recovery Navigator program
- Use the longer term set of consistent data to identify trends (ex: HB1310/SB 5467 impacts, others?)
- Gather "total calls" data for EMS and law enforcement data
- Referral issues how can we improve/measure success
- Drill down on COVID impacts.
- Explore having EMS track co-morbidities for a month?
- Explore how to procure data from the broader Jefferson County Fire and Rescue teams to gain a more accurate picture of East-Jefferson-wide Behavioral Health encounters and service connection.





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### Funding Update

Jolene Kron, SBH-ASO Clinical Director



### SBH-ASO – Recovery Navigator Program

- Intended as referral source for law enforcement and community
- Funding is intended for a street outreach program; to fill gaps; to avoid overstepping existing programs; and to cohere on-the-ground efforts.
- Not a Crisis Response Program, or part of the crisis system.
- Program has separate requirements and responsibilities, including peer-oriented staffing requirements

#### MHBG RFP Services List

#### **Treatment Services**

Assessment

Engagement and Outreach

Treatment (outpatient-individual, group, brief, day)

Case Management

**Assertive Community Treatment** 

**Peer Services** 

#### Recovery Supports

Transportation

Supported Employment

Supportive Housing

Traditional Healing

#### **Facility-based Crisis Stabilization**

Services provided in a licensed facility

#### Training-Mental Health or Co-Occurring Specific

Training specific to agency staff (conferences, agency-sponsored)

Training provided to community partners



## SBH-ASO Funding-related Updates

- RFP funding
- Peer Pathfinder from Incarceration
- Peer Enhancement to Crisis Teams

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### OCH's Community-Information Exchange Survey

### Community-information exchange survey (CIE)

The purpose of this survey is to connect with health serving (physical, behavioral, dental, social) organizations and Tribes throughout the Olympic region to learn about the functions, purpose, interest, and commitment to a closed-loop, bi-directional, digital communications platform. Results from this survey will be compiled and presented to the OCH Board of Directors to inform next steps. OCH recognizes that this has been a long-standing priority of the region and that there have already been a few attempts to identify a path forward. We appreciate your time in continuing this important conversation. OCH will pay your organization or Tribe \$100 for participating (one payment per organization/Tribe regardless of how many people complete the survey) if you provide your name and email while submitting the survey.

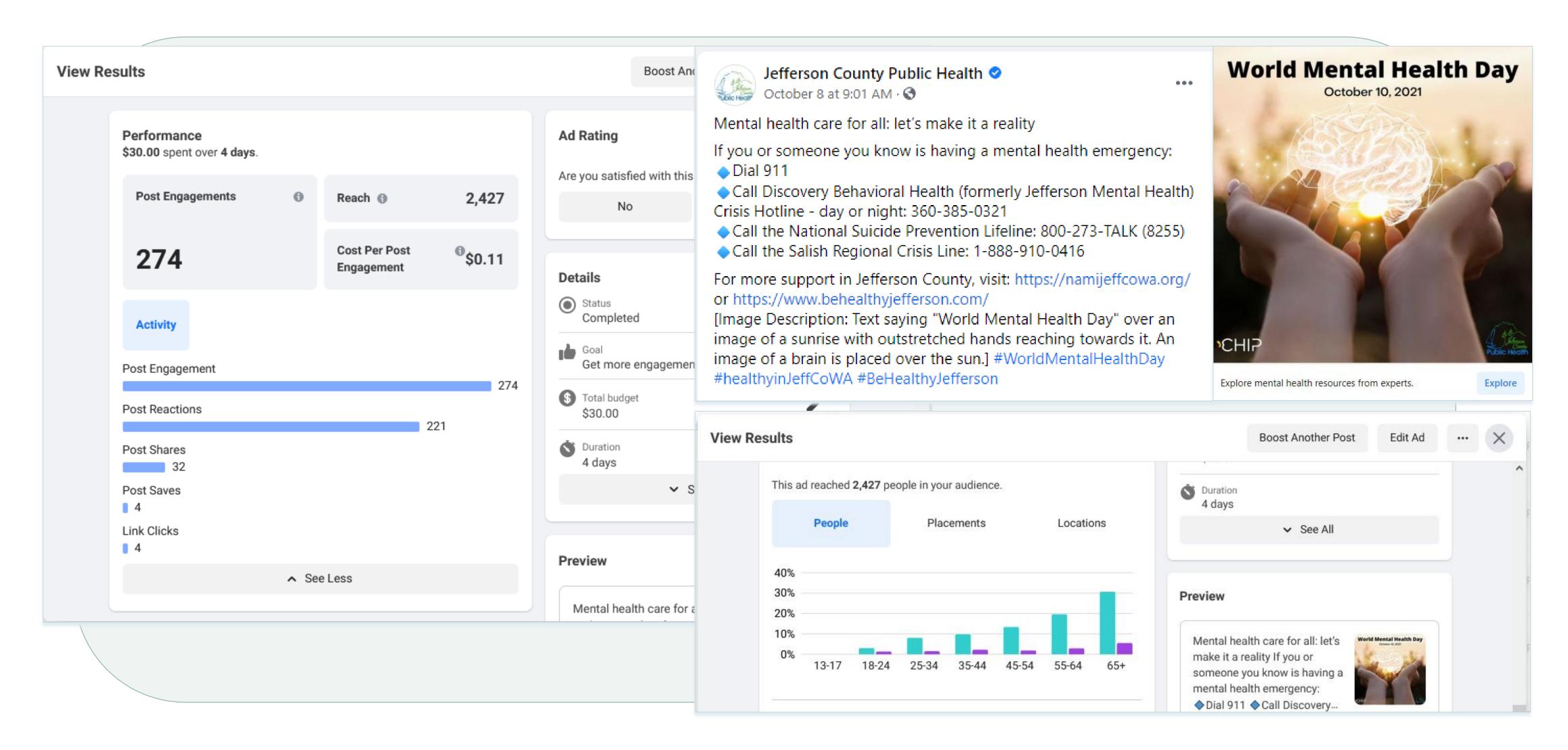
- Community-Information Exchange (CIE): A network of partners social service agencies,
  community-based organizations, Tribes, government, physical and behavioral health organizations
   who commit to coordinating care so that individuals have better access to the care and supports
  needed to improve their health.
- Health-Information Exchange (HIE): Transmission of health-related data among health (physical, behavioral, dental) providers.
- Care coordination: Deliberate organization of patient/client care activities and sharing information to achieve safer and more effective care.
- Bi-directional: Information moving in two directions (to and from participating partners). Bi-directional systems result in communication that can be received and sent by all parties in compliance with HIPAA and 42 CFR Part 2 requirements.
- **Closed-loop referral:** The sending provider (referrer) receives communication from receiving provider (referee) on current status of referral with the ultimate goal of completion of service.
- Community-Clinical Linkages: Connections between community and clinical partners to improve
  population health. When clinical and community partners work together, we create better health
  outcomes for everyone.

Link: OCH's
CIE Survey



### World Mental Health Day - 10/10/2021

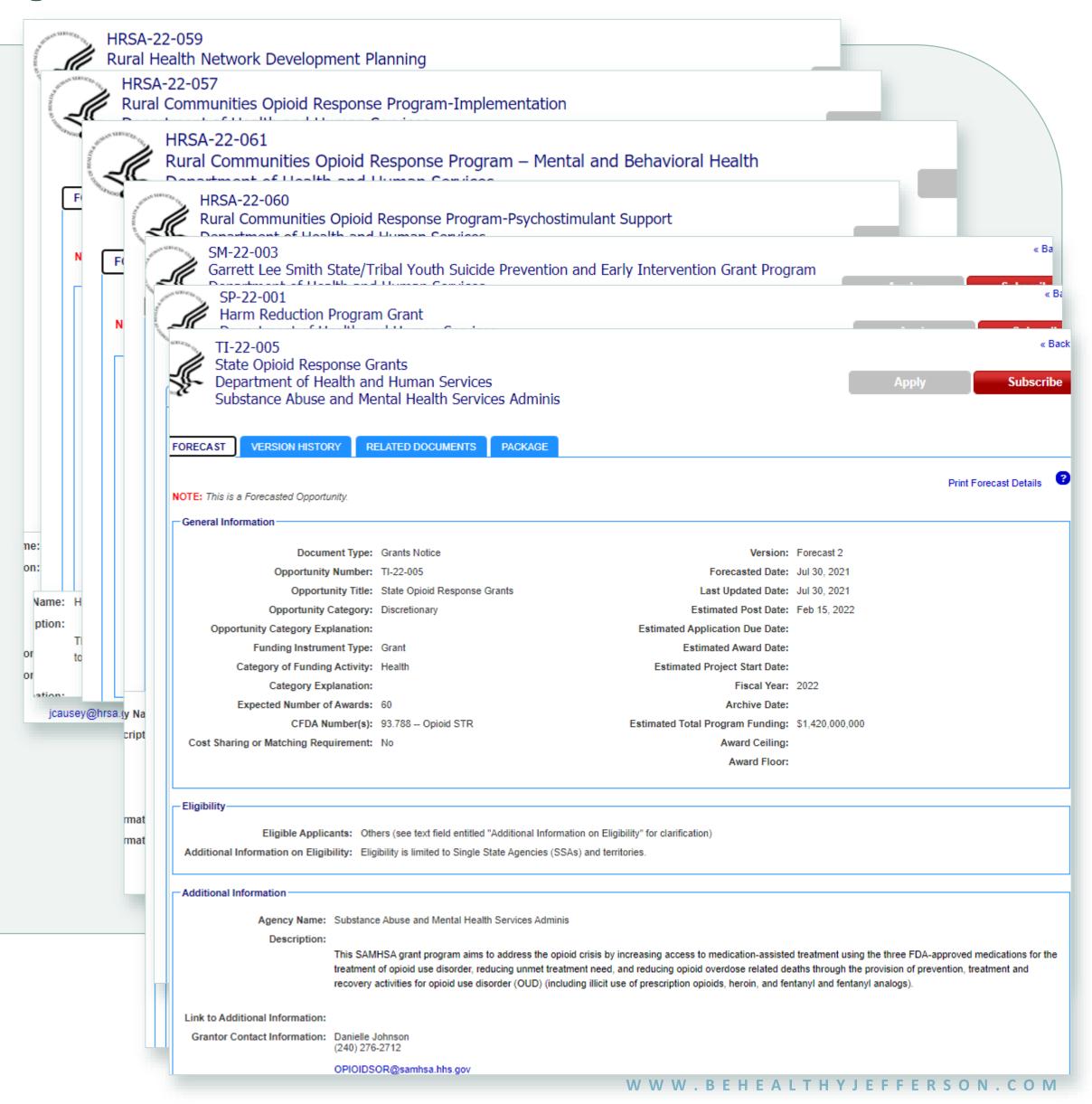
Social Media Campaign - Graphic and relevant narrative/resource ran 10/8-11/2021





## Potential Funding Opportunities

- HRSA-22-059 RHNDP \$100k
   Post: 10/29/21, Due: 1/28/22, Start: 7/1/22
- HRSA-22-057 RCORP-I \$714,285.00
   Post: 11/18/21, Due: 2/16/22, Start: 9/1/22
- HRSA 22-061 RCORP OU/MH/BH \$520k
   Post: 12/17/21, Due: 3/18/22, Start 9/1/2022
- HRSA 22-060 RCORP-PsychoStim \$520k
   Post 1/12/22, Due: 4/13/22, Start: 9/1/22
- SAHMSA SM-22-003 Youth Suicide/Early Prevention; \$733,333.33 Post 12/30/21; due: Unknown; Start: Unknown
- SAHMSA SP-22-001 Harm Reduct Program Suicide/Early Prevention; \$400,000 Post 11/30/21; due: Unknown; Start: Unknown
- SAMHSA TI-22-005 State Opioid Response-Regional; ?\$23,666,666? Post 2/15/22; due: Unknown; Start: Unknown.





### **Upcoming Meetings**

- Weekly Tuesdays and Thursdays BH Therapeutic Court and Therapeutic Drug Court respectively
- 10/14 BHC Meeting #14
- 10/19 JBS Outcomes Driven MOUD Webinar
- 10/18 Adaptive Leadership Academy
- 10/19 BHAC: School-Based Funding Special Mtg
- 10/19 South County Harm Reduction
- 10/20 EJFR Board of Fire Commissioners
- 10/21 YAB Workgroup Meeting
- 10/21 Jefferson County Board of Health

- 10/26-27 Nat'l Standards for Cultural/Linguistic
   Appropriate Services in Health and Health Care
- 10/27 Pre Hospital BH Summit
- 11/04 Advancing Health through
   Community Partnership HCA/ACH
- 11/04 RCORP-I TA Call
- 11/08 OCH BoD Meeting
- 11/10 NACCHO Budget Training
- 11/11 BHC Meeting #15



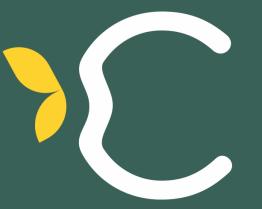


## Next BHC Meeting

## Thursday, November 11th, 2021

@3pm





# Thank You



### **Acronym Sheet**

**BH** – Behavioral Health

**BHC** – Behavioral Health Consortium

**CHIP** – Community Health Improvement Plan

**DUI** – Driving Under the Influence

**ED** – Emergency Department

**EJFR** – East Jefferson Fire Rescue

**EMS** – Emergency Medical Services

JCPH – Jefferson County Public Health

JeffCo – Jefferson County

JHC – Jefferson Healthcare

**HFPD** – Health Facilities Planning and

**Development Consultants** 

HRSA – Health Resources and Services

**Administration** 

MAT – Medically Assisted Treatment

**MH** – Mental Health

**OUD** – Opioid Use Disorder

PTPD – Port Townsend Police Department

RHNDP-P – Rural Health Network Development

**Program – Planning** 

**RCORP-P** – Rural Community Opioid Response

**Program – Planning** 

RCORP-I – Rural Community Opioid Response

**Program – Implementation** 

**SUD** – Substance Use Disorder

TBH – To Be Hired

**VOA** – Volunteers of America – Crisis Line

**Vol - Voluntary** 

**Invol** – **Involuntary** 

