



BHC Meeting

February 13, 2020, 3-4pm

Chimacum Fire Station
9193 Rhody Dr, Chimacum, WA



BHC Meeting Agenda – Feb 13, 2020 3pm

- Introductions
- Review Strategic Plan – Final submitted Feb 7, 2020 - **LF**
- HRSA’s Workforce Plan Development - **LF/JN**
- March Meeting focus: Data - **Lisa Grundl**
- Update on Telecare Tour – Regional Collaborative Discussion - **LF/JN**
- Update on HRSA RCORP-P Grant Application due 4/24 - **LF**
- Update of CHA Prioritization Process - **JN**



Strategic Plan

Overview



BHC Strategic Plan –Review of Key Updates

- Current / Future State graphic as an anchor for understanding how these effort address improving our county's access to behavioral health services
- Section overviews relevant federal to county level landscape (reviewed by Jolene Kron)
- Future state graphic added for each priority



Priority 1 - Overview


Enhance support to Law/EMS for call-subject navigation and behavioral health service connection

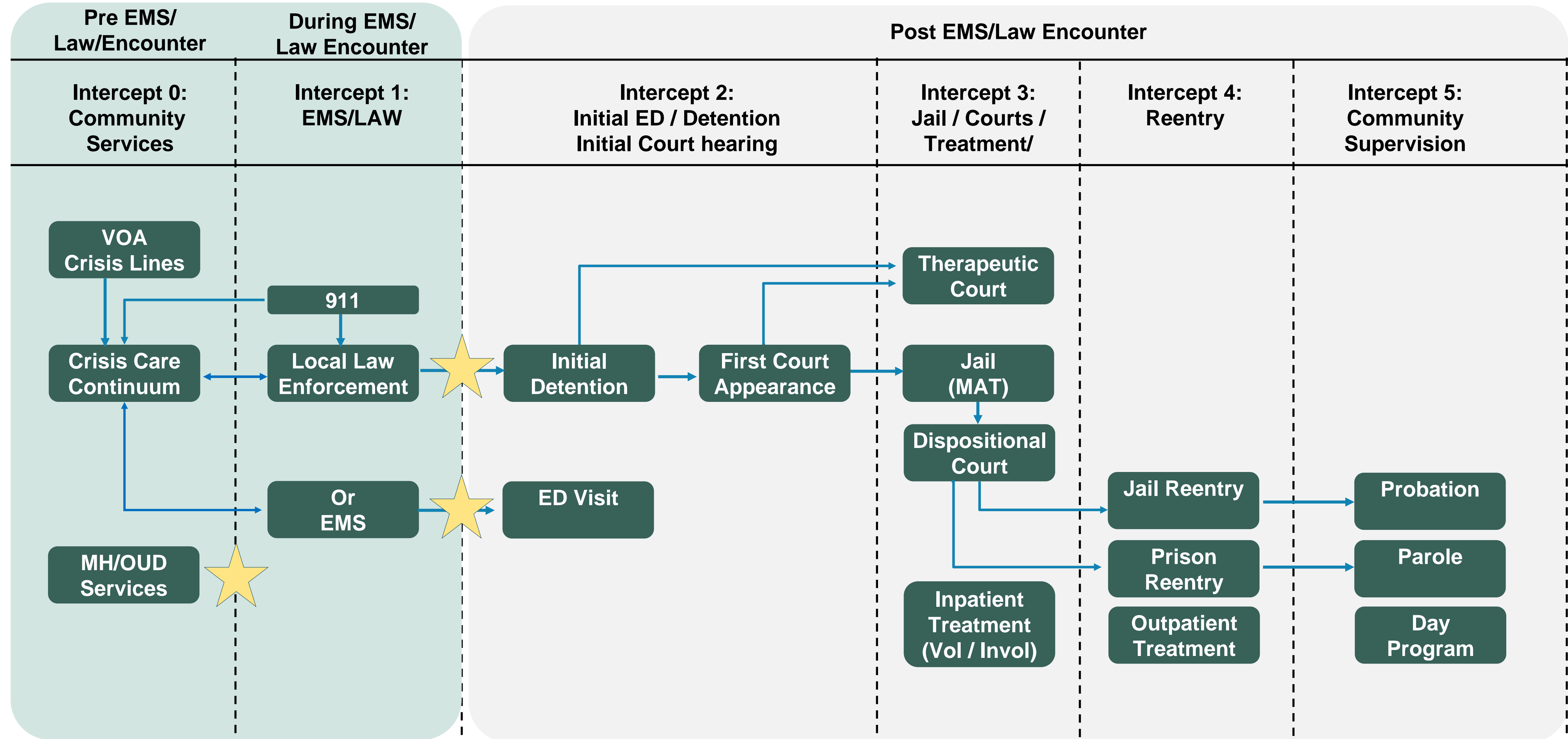
- **Obj 1:** Implement a proactive community mobile integrated healthcare delivery program utilizing a BH Navigator to assist in earlier diversion and reduction of BH-related 911 calls.
- **Obj 2:** Improved access to resources that divert target population to services outside of admission ED or jail.
- **Obj 3:** Improved patient coordination between Law/EMS, and community medical and behavioral health care providers.
- **Obj 4:** A community-wide care plan for those who trend as high utilizers and are ill-served by the County's Law/EMS/ED/Jail services



Current State – System Overview

2020 Behavioral Health Service Access and Diversion Intercept Points – Priority 1

 = Impact





Priority 2 - Overview

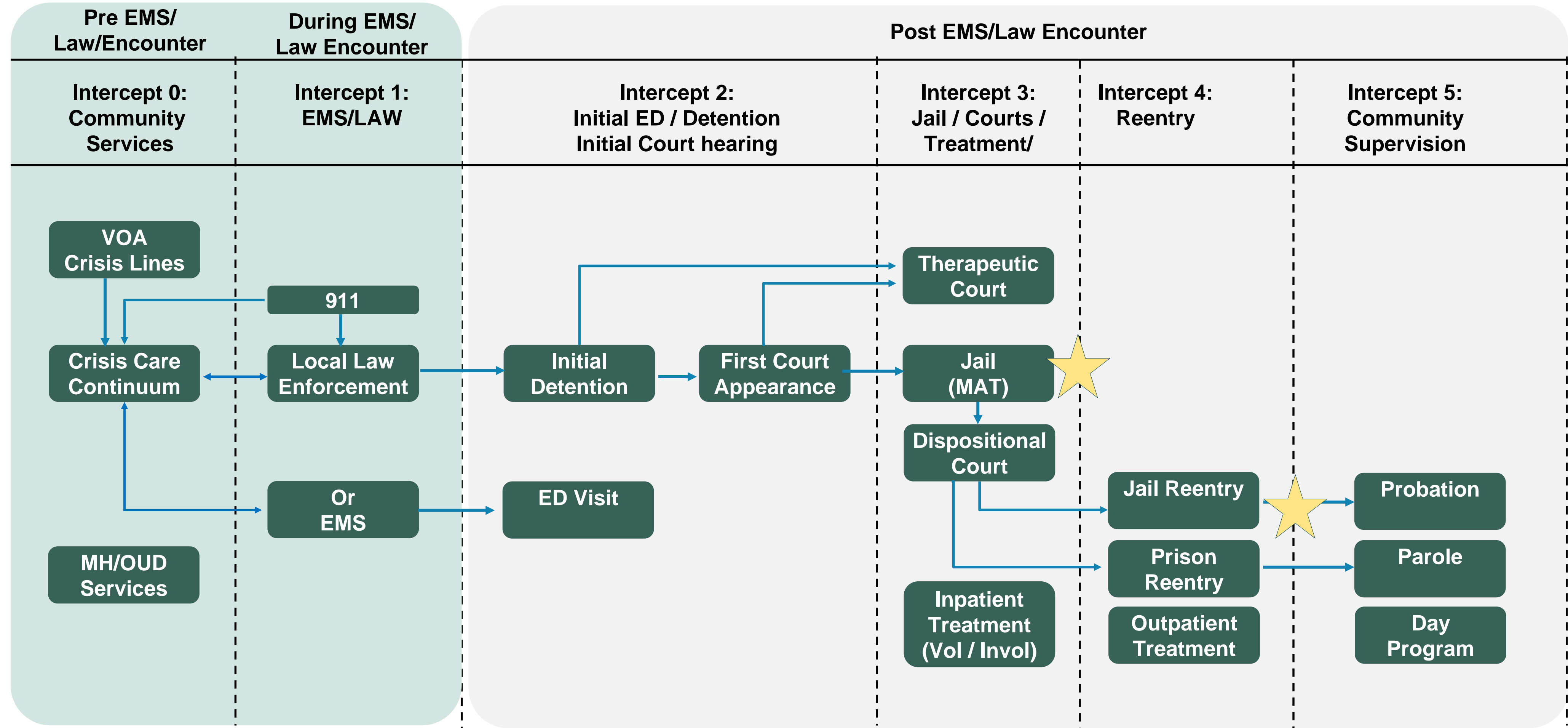
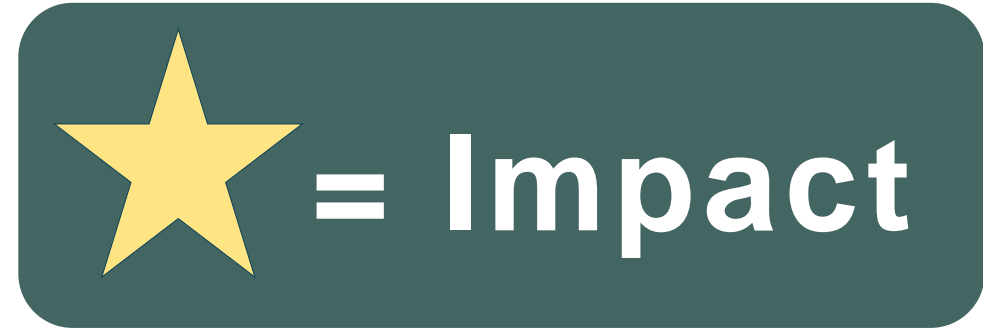
Improve Jail to Community Transitions

- **Obj 1:** Address length of stay issues to allow for appropriate assessment and referral
- **Obj 2:** Improve assessment and referral process



Current State – System Overview

2020 Behavioral Health Service Access and Diversion Intercept Points – Priority 2





Priority 3 - Overview

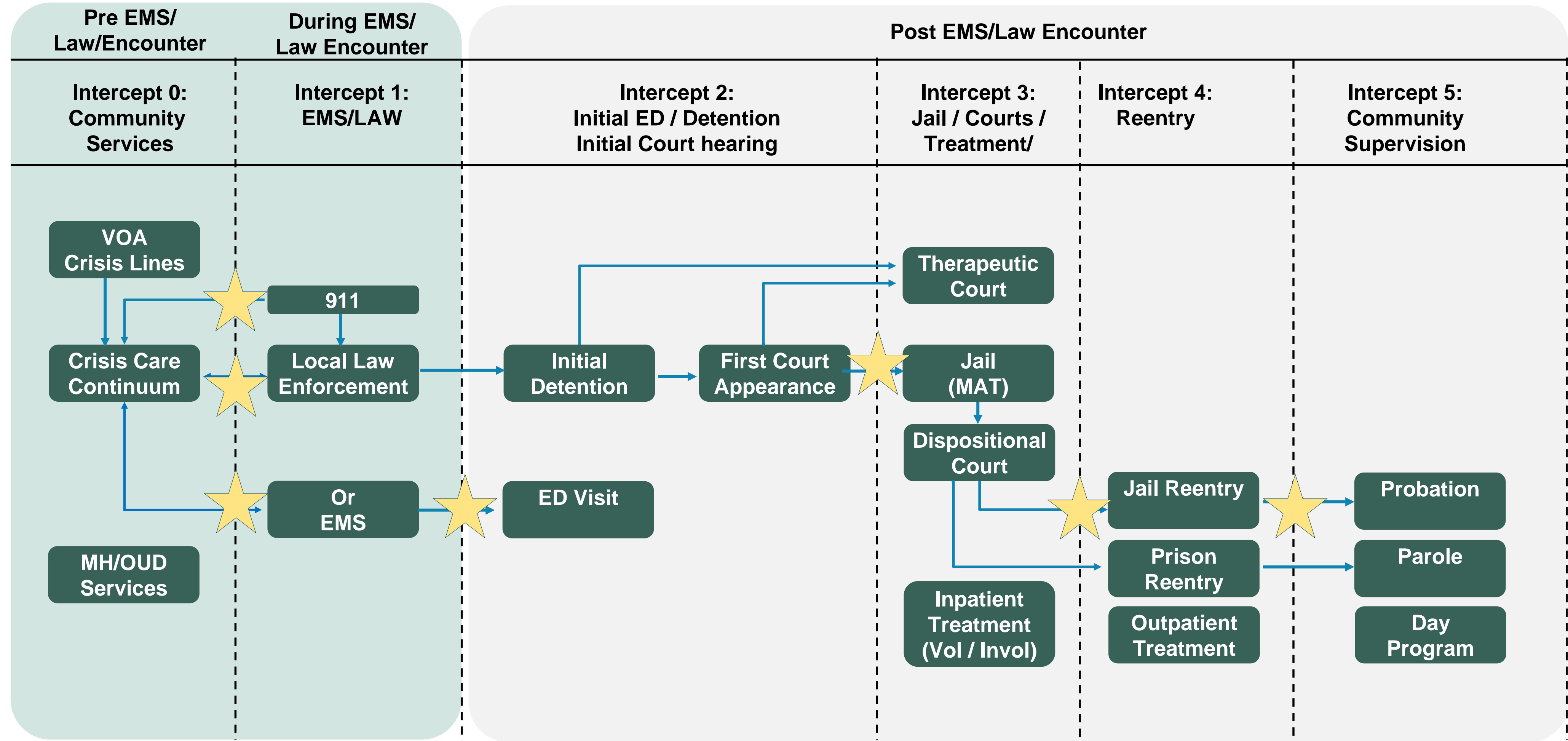
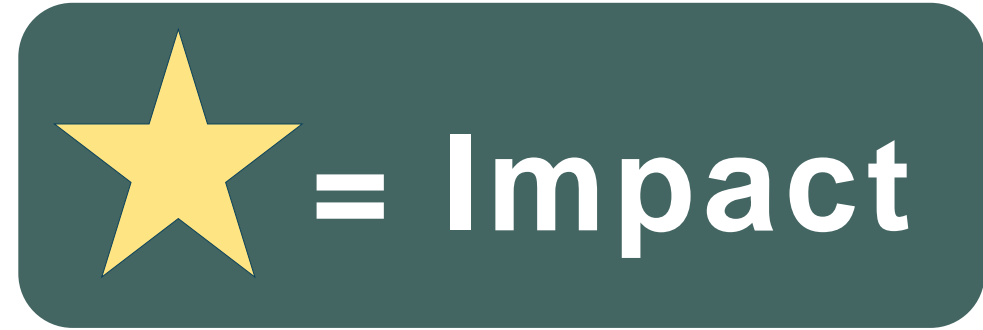
Maintain DBH's Behavioral Health Day Program

- **Obj 1:** Obtain adequate funding outside of available funding streams to maintain program.
- **Strategy A:** Pursue additional Behavioral Health Advisory Committee (BHAC) funding for DBH's Day Program
- **Strategy B:** Pursue additional partnerships and grant funding
- **Strategy C:** Explore federal block funding reclassification towards non-medic-aid, uninsured recipients.
- **Strategy D:** Explore evolvement of Day Program Services to better serve target



Current State – System Overview

2020 Behavioral Health Service Access and Diversion Intercept Points – Priority 3





Priority 4 - Overview

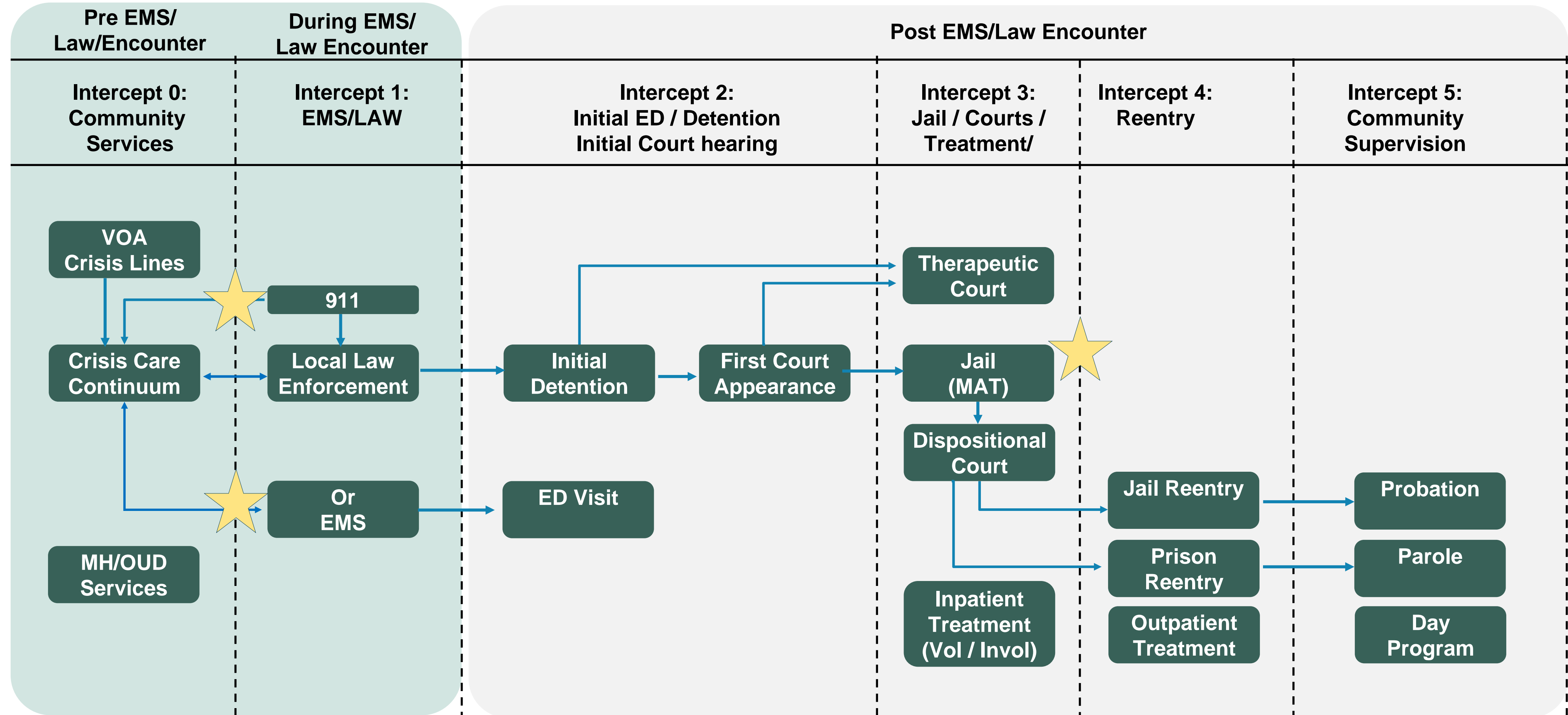
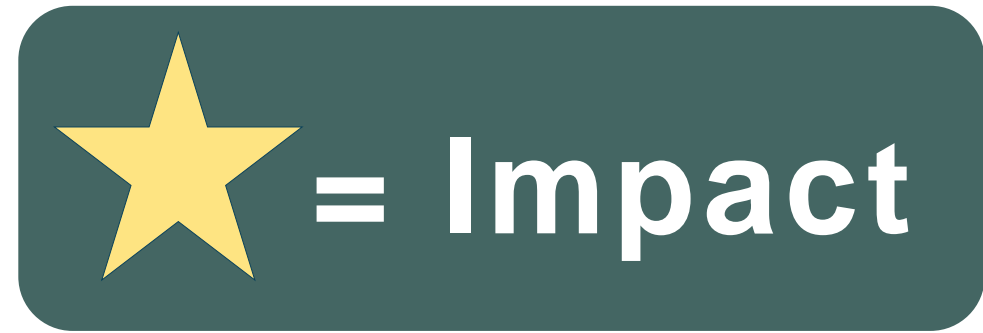
Improve access to resource directory lists.

- **Obj 1:** Gather information and put in standard format
- **Obj 2:** Print and distribute Resource Directory



Current State – System Overview

2020 Behavioral Health Service Access and Diversion Intercept Points – Priority 4





Priority 5 - Overview


Establish a Crisis Stabilization Center

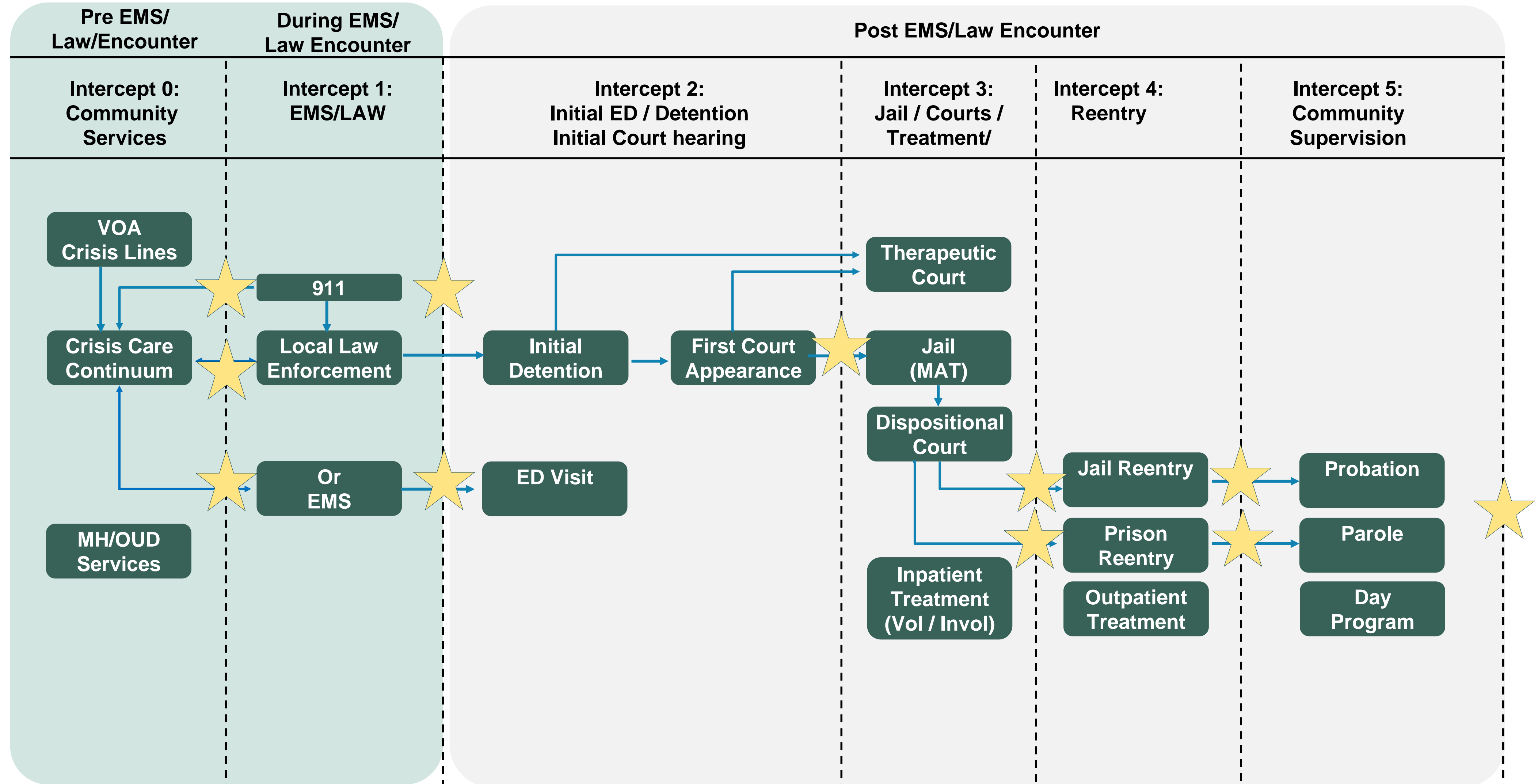
- **Obj 1:** Develop a local East Jefferson County based facility to serve as a resource to support residents in crisis
 - **Strategy A:** Analyze and develop recommendations based on other successful examples of rural crisis stabilization
 - **Strategy B:** Develop regional connections, understandings and collaborations
 - **Strategy C:** Actively participate and advocate for rural-centric crisis stabilization models
 - **Strategy D:** Determine appropriate facility type, size and licensure and service categories for a facility to serve JeffCo residents in crisis
 - **Strategy E:** Construct, license, staff and open Crisis Stabilization Facility



Current State – System Overview

2020 Behavioral Health Service Access and Diversion Intercept Points – Priority 5

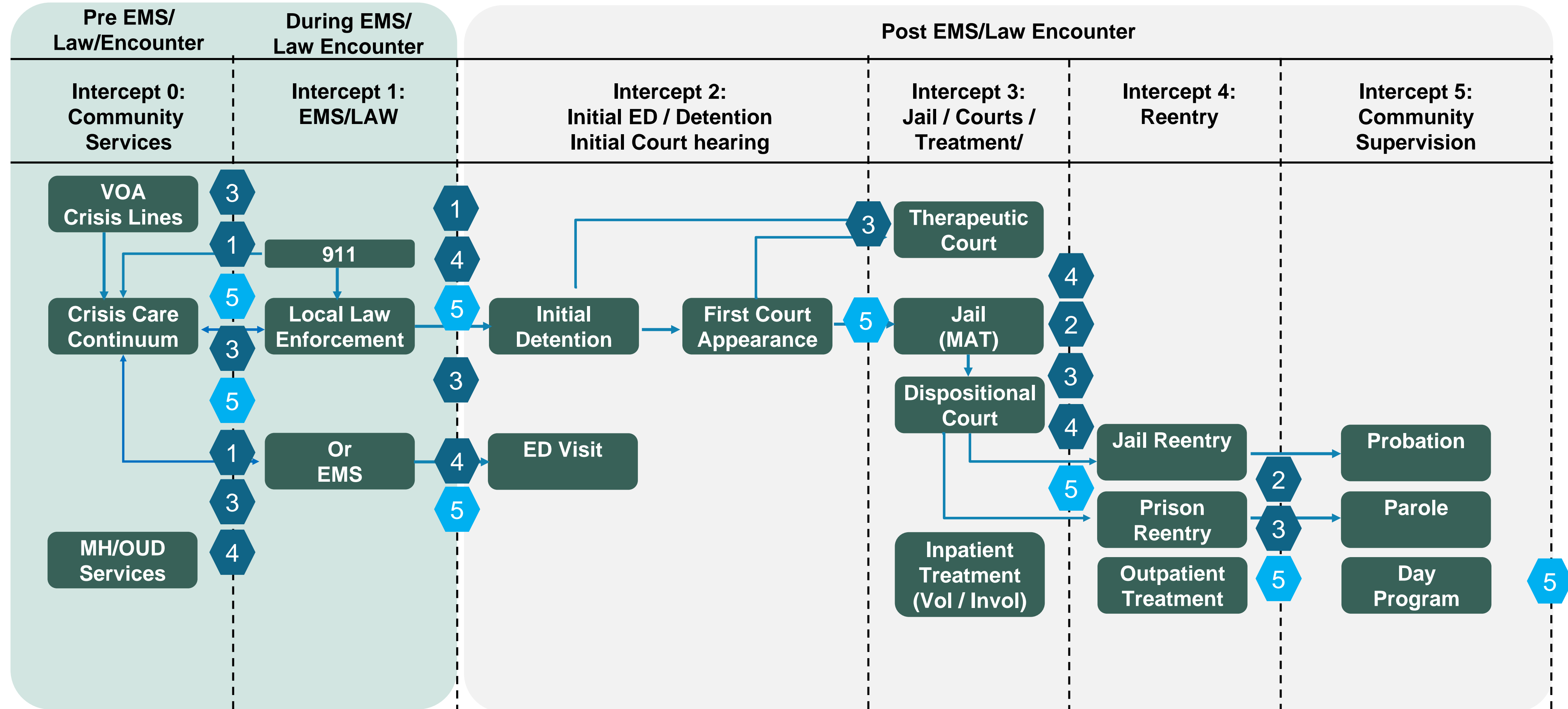
 = Impact





Future State – System Overview

Improved Behavioral Health Service Access and Diversion Intercept Points





Workforce Plan

Due March 1, 2020



Workforce Plan Development for each Priority/Obj

- Assessment Summary for each Priority's Workforce
- Problem Statement for each Priority's Workforce
- Goal for each Priority's Workforce - major changes that need to occur relative to the identified workforce objectives to address the problem
- Objectives for each Priority's Workforce - professions, services, and/or competencies that will be prioritized as a result of your problem statement above.
- Long-Term Outcomes - Define the change you are seeking
- Long-Term Outcome Indicators - numeric or measurable indicators that will demonstrate you are making progress toward your goal.



Workforce Plan Development for each Priority/Obj

ASDFF - OBJECTIVE 1 ASDFSDF						
STRATEGY A: <u>ASDFF</u>						
Activities	Timeline		Who Is Responsible?	External Partners	Cost / Possible Funding Source	Metrics/Indicators
	Start Date	End Date				
1. <u>asdfsdf</u>						
2. <u>asdfsdf</u>						
3. <u>asdfsdf</u>						
4. <u>asdfsdf</u>						



Priority 3 - Overview

Maintain DBH's Behavioral Health Day Program

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March Data Update

Share at next BHC Meeting

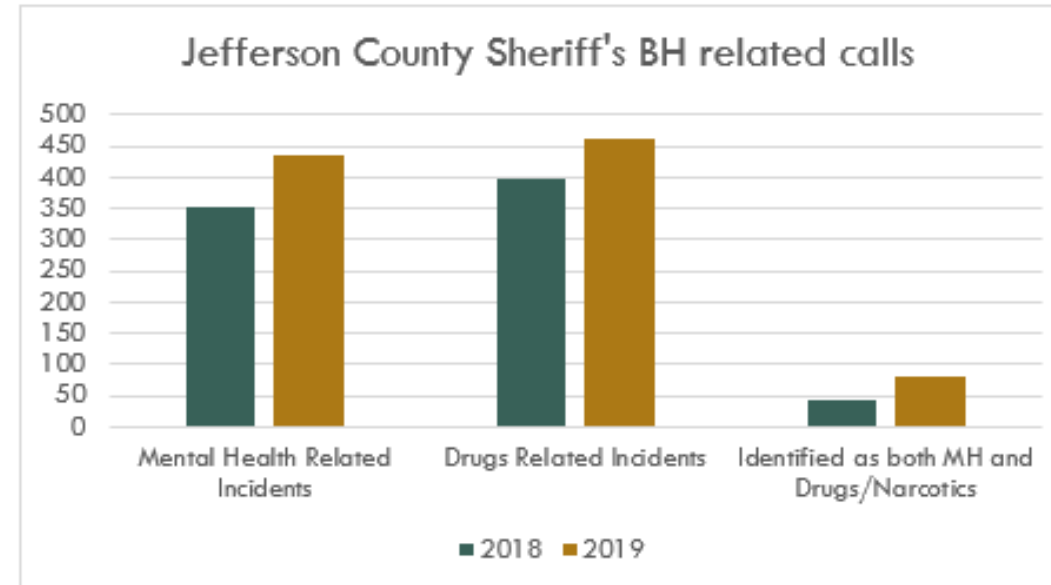


SHOW US THE DATA! (Next Month...please?)

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

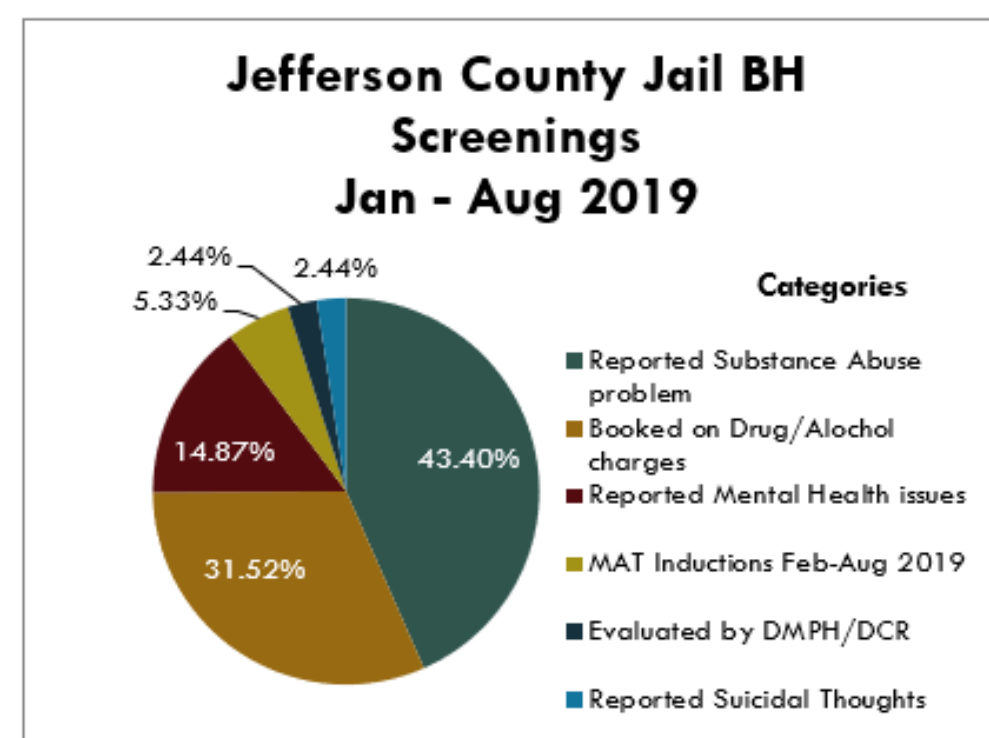


as more prevalent in both 2018 and 2019. Beginning in September of 2019, an additional category of alcohol-related incidents was added for tracking. Between September 1, 2019 and October 9, 2109 this new tracking system identified the following mix of related calls:

- 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.



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 Counties 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 include 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.



Recent Meetings

Telecare Tour

Regional Collaboration



Insight Gained from Telecare Tour

- Toured for profit E&T Center in Shelton, WA
- Joined with Members from the Jamestown Healing Campus effort, and Lisa Rey Thomas, who listened from both BHC and Jamestown perspectives
- Toured the center's layout and gained better understanding of physical building requirements
- Gathered insight the Center's Administrator about staffing, regulations, and operations



Regional Collaboration

- Post Tour meeting with the Sequim Healing Campus' Brent Simcosky and Dr. Joshua Jones
- We heard about their efforts, told them about ours and we agreed our shared intention is to work so our efforts complement rather than compete
- Willing to write a letter of support for the RCORP-Implementation grant applications



Related Update

CHA - Next

RCORP-I Grant Application



Next Steps on CHA

Meetings will be set for each Age-band to:

- Present the goals voted to date
- Review related CHA data
- Concur on one or two focus goals for the next CHIP plan
- Identify metric(s) for success



Age-Band: Youth – Ordered Multi-voting Results

	Multi-Votes
Teen Suicide / Mental Health	16
Bullying	14
Increase youth development opportunities	9
SUD – Marijuana, Vaping, Alcohol & Tobacco	7
Trauma Informed Care	6
Quality daycare for children	5
Impacts of screen time	3
Improve after school options	2
Funding uninsured and underinsured	1



Age-Band: Working Age – Ordered Multi-voting Results

	Multi-Votes
Improve Access to Behavioral Health Services	22
Social Determinants: Housing, Poverty, Transport, etc.	15
Crisis Stabilization Center	13
Funding uninsured, and underinsured	7
Chronic Disease Prevention	4
Improved Care Coordination	2
Health Impacts of Climate Change	1



Age-Band: Elderly– Ordered Multi-voting Results

	Multi-Votes
Preparation for Aging Population	26
Strategize Community-wide Advance Plan	6
Improved Care Coordination	5
Chronic Disease Prevention	5
Focus on Dementia Supports	2
Eldercare	1



RCORP-I Grant Application – Due 4/24/2020

Local Behavioral Health Consortium awarded Federal Grant for Opioid Response

August 23, 2020 | Press Releases

Jefferson County Public Health has been awarded a \$1,000,000 federal HRSA grant to address treatment, and recovery for Opioid Use Disorder and Substance Use Disorder.

The grant funds will go to support two inter-related tracks to improve behavioral health services for residents in Jefferson County. Track one focuses on services we can implement, enhance or improve coordination with, while continuing to determine the feasibility a local Crisis Stabilization Facility or equivalent option. Track 2 continues to determine the feasibility of, and options for, a Crisis Stabilization Facility, and to generate and execute the implementation plan for the resulting project.

The grant's work plan was developed by the Behavioral Health Consortium, which is led and facilitated by the Community Health Improvement Plan (CHIP) Team. The Consortium consists of representatives from 10 Jefferson County stakeholder sectors who came together to address OUD/SUD treatment, and recovery. This grant effort is one example of how the Consortium works to collaboratively address health issues in our community by breaking down silos and establishing better access to services.

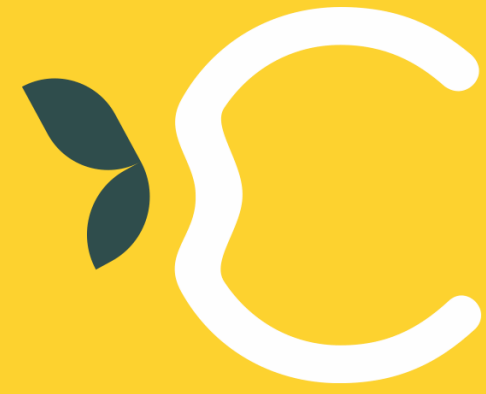
CHIP, through Jefferson County Public Health applied for and received the Health Resources and Services Administration (HRSA) Rural Communities Opioid Response Program (RCORP) - Planning Grant on behalf of the Behavioral Health Consortium in 2019-2020. They have now been awarded the HRSA RCORP Implementation Grant, which will allow them to implement



Next BHC Meeting

March 12, 3pm

@ Chimacum Fire Station



Discussion



Thank You



Current State – System Overview

2020 Behavioral Health Service Access and Diversion Intercept Points

