



BHC Meeting

August 13, 2020, 3pm

Zoom Conference Room



BHC Meeting Agenda – August 13 - 3pm

- Introductions/Member Updates
- HRSA RCORP-I Grant Application Status
- 2018-present - Recap & What's Evolved
- Current Grant (RCORP-P) -Deliverables
- RCORP-Planning - Your Feedback
- Looking Forward
- Next Meeting - August 13, 2020



RCORP-I Grant

Application Status



RCORP-Implementation - Grant Application

HRSA -20-031 GRANT APPLICATION

May 29, 2020

Rural Communities Opioid Response Program - Implementation

to improve access to behavioral health services in Jefferson County by:

- ⇒ Funding specific ratified efforts in the arenas of prevention, treatment, and recovery
- ⇒ Executing BHC's Member-led initiatives using low capital and available resources, and
 - ⇒ Determining feasibility of, and if feasible, the generation and implementation of capital intensive initiatives to stand up a local, regionally-connected Crisis Stabilization Center.



Submitted by Jefferson County Public Health, on behalf of the County's CHIP Team and the **Behavioral Health Consortium (BHC)**



BHC Receives \$1M Award!

Jefferson County's CHIP Program Receives \$1,000,000 Federal Grant

Port Townsend, WA – Jefferson County's Community Health Improvement Plan (CHIP) has been awarded a \$1,000,000 federal grant to continue work with the Behavioral Health Consortium (BHC), which was created with funds from a planning grant awarded in 2019. The focus of these efforts are Opioid and Behavioral Health Treatment and Recovery. The grant, a Rural Communities Opioid Response Program Implementation (RCORP-I) grant, has been awarded by HRSA, the federal Health Resources and Services Administration. The grant period runs from September 1, 2020 through August 31, 2023.

The grant provides funding to support strategies outlined in the BHC's strategic plan. Those strategies include implementation, enhancement, and improved coordination of programming and service efforts focused on Opioid and Behavioral Health Treatment and Recovery in Jefferson County. The continuation of this project will allow the BHC to engage activities such as support of Recovery Café; extending services in south county; developing integrated case management; and promotion of already existing Community Prevention and Wellness Initiative activities throughout the county. The BHC will also continue to explore the feasibility of a crisis stabilization center located in Jefferson County.

"The BHC has identified several initiatives that take a comprehensive look at what originally began as an exploration to establish the feasibility of a crisis stabilization center," said Lori Fleming. "While that exploration is still ongoing, this grant's funding also allows us to enact several strategies to move the County's behavioral health-related interactions to ever earlier intercept points. There are multiple benefits to connecting an individual with programs or services before they are at a crisis point: prevention improves the lives and outcomes for individuals, families, and our community as a whole; and at the same time, reduces the use of costly Law Enforcement and EMS services."

The grant's work plan, developed over the past year, is a joint effort of the BHC, led by Lori Fleming and John Nowak, co-executive directors of CHIP. Representatives from ten Jefferson County Stakeholder sectors comprise the BHC. "These stakeholders came together to address OUD/SUD treatment and recovery," said John Nowak, "they have created a strong foundation that will allow the BHC to build programs to assist our community in OUD/SUD issues."

Local Behavioral Health Consortium Awarded Federal Grant for Opioid Response

- **\$1M over 3 years**
- **9/2020 – 8/2023**



2018 - 2020

Recap and What's Evolved

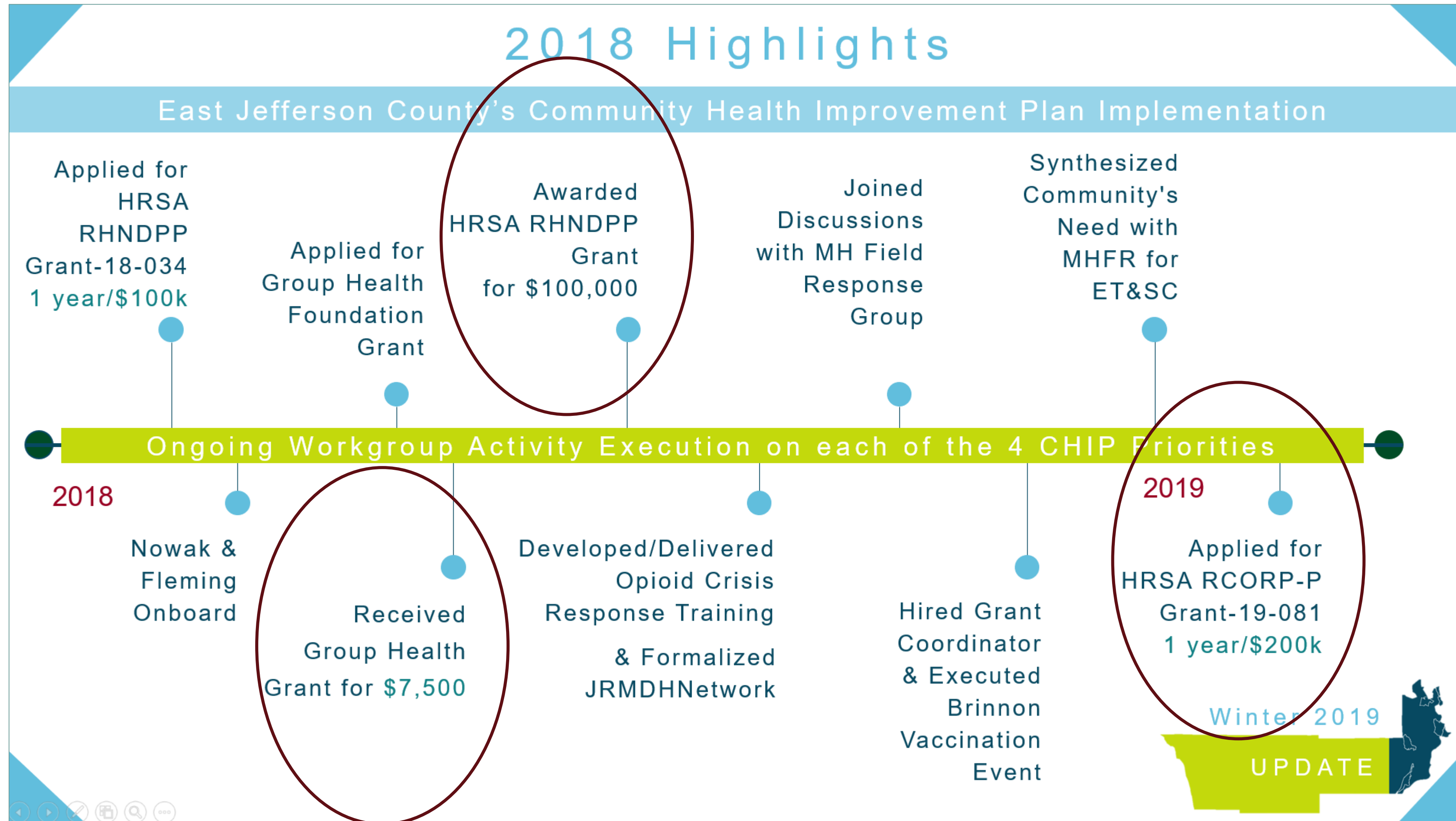


Debrief Interview Feedback Samples

RE: What didn't work: It is a convoluted problem the BHC is addressing. So even getting everyone in the same room was more about people catching up, making sure everyone was on the same page. And sometimes people were missing who were key players, and the landscape is changing so much. While on the surface the BHC's work has what might sound like a narrow focus on opioids, that landscape is actually quite broad. It's our entire medical community, our entire behavioral health community. So I would say it was a limited success because it is a hard topic. Wait, did I really say it was a limited success? That seems harsh. Sorry. You did a TON of work and it ended up really paying off and being amazing!



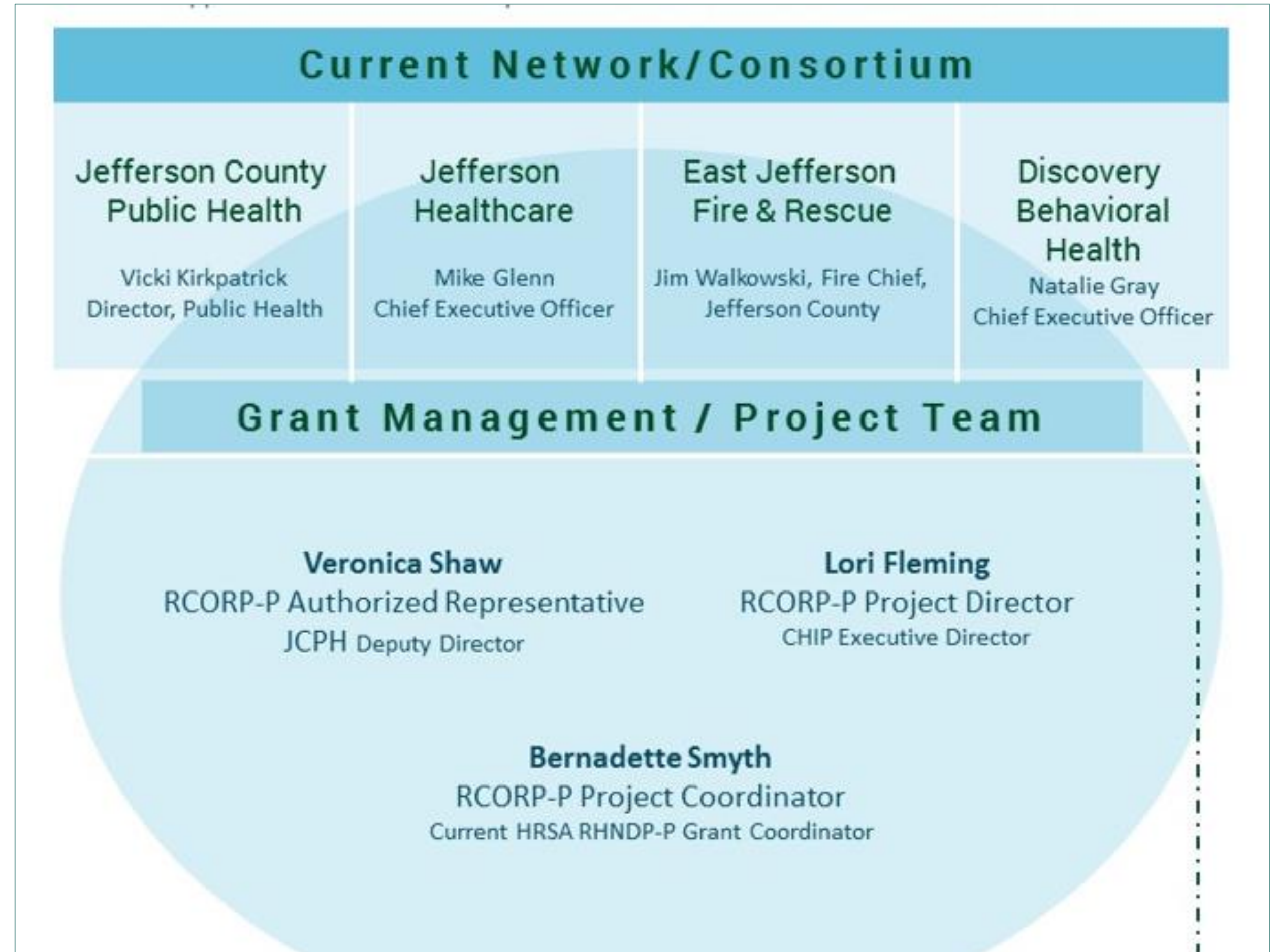
Grant Awards – 2018 through 2019





Grant Awards – 2018

- HRSA RHNDP-P grant for \$100k
- July 2018 – June 2019
- **Purpose: Develop a Rural Health Network Program of, and with, relevant County Stakeholders**





Grant Awards – 2019 - 2020

HRSA RCORP-P 19-081

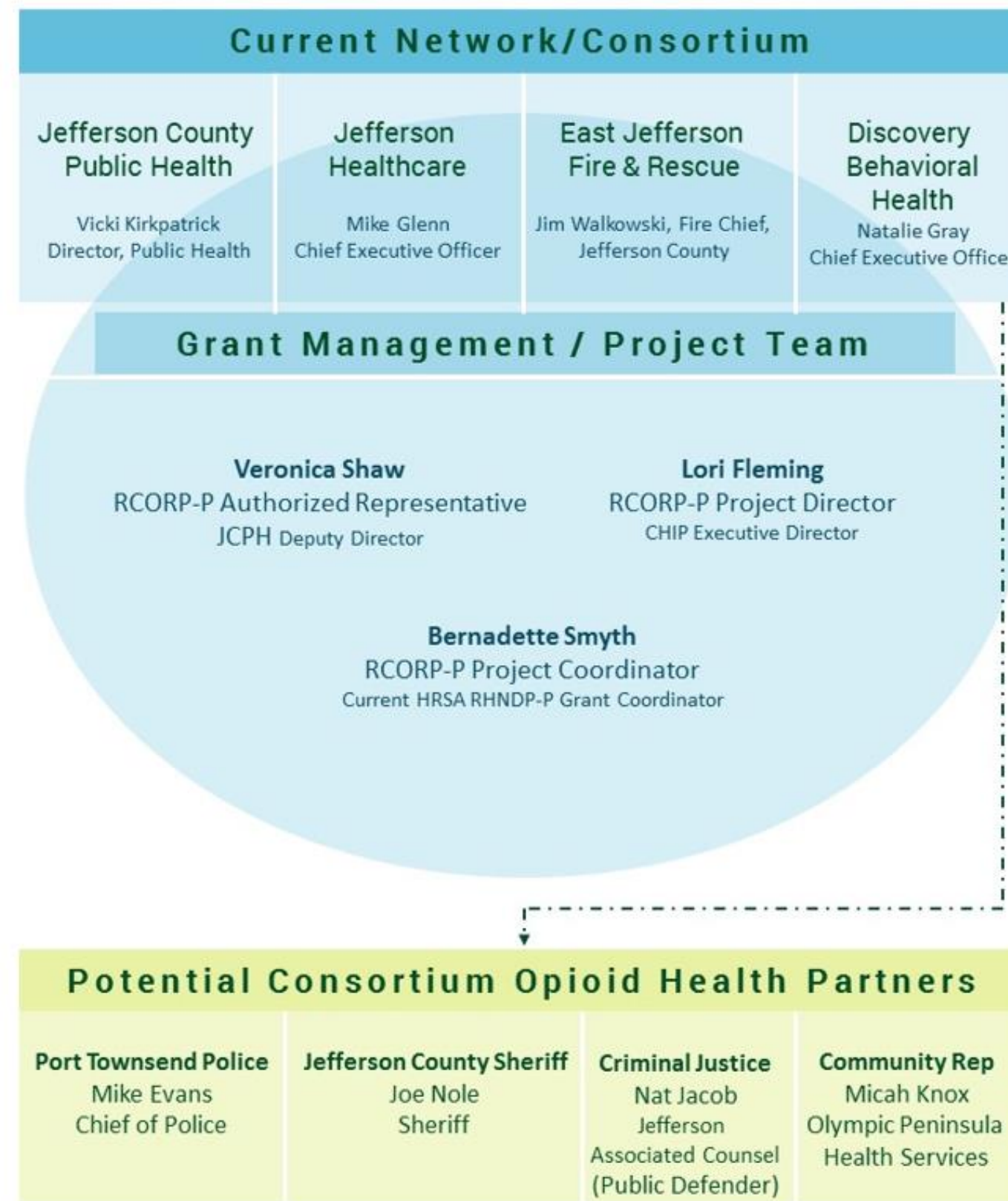
One year/\$200K – June 1st, 2019 – May 31, 2020

HRSA -19-081 GRANT APPLICATION

Rural Communities Opioid Response Program - Planning



Applicant: Jefferson County Public Health - HRSA R-CORP-P Grant-19-081



Submitted by Jefferson County Public Health, on behalf of Jefferson County's Community Health Improvement Plan Implementation Team

This grant application requests HRSA RCORP-P funding to address the opioid crisis in Jefferson County through the expansion of our current Network and the development of a comprehensive plan for an Emergency Treatment and Stabilization Center to be located in Jefferson County, Washington.



RCORP-I Grant Application – Org Chart





Survey Says....!

Continuing Network-to-Consortium Formalization – Also very successful! Lori and John have provided excellent leadership and facilitation of the meetings while always creating the space for the consortium members to be the true drivers of the process including prioritizing needs and strengths and making decisions. **The pace of network to consortium provided the opportunity for relationships and trust between sectors to develop.** This resulted in consortium members' increased commitment to agree to a formalization of the group.

~ Lisa Rey Thomas



RCORP-Implementation Grant Award

Local Behavioral Health Consortium Awarded Federal Grant for Opioid Response

The grant provides funding to support strategies outlined in the BHC's strategic plan. Those strategies include implementation, enhancement, and improved coordination of programming and service efforts focused on Opioid and Behavioral Health Treatment and Recovery in Jefferson County. The continuation of this project will allow the BHC to engage activities such as support of Recovery Café; extending services in south county; developing integrated case management; and promotion of already existing Community Prevention and Wellness Initiative activities throughout the county. The BHC will also continue to explore the feasibility of a crisis stabilization center located in Jefferson County.



Current RCORP-P Grant

Deliverables



RCORP-Planning Grant – Final Deliverables Approved

WORKFORCE PLAN TO IMPROVE ACCESS TO COUNTY BEHAVIORAL HEALTH SERVICES

Submitted by:
WASHINGTON'S JEFFERSON COUNTY
BEHAVIORAL HEALTH CONSORTIUM

Behavioral Health Consortium (BHC)
Facilitated & Led by:
LORI FLEMING
JOHN NOWAK



SUSTAINABILITY PLAN TO IMPROVE ACCESS TO COUNTY BEHAVIORAL HEALTH SERVICES

Submitted by:
WASHINGTON'S JEFFERSON COUNTY
BEHAVIORAL HEALTH CONSORTIUM

Behavioral Health Consortium (BHC)
Facilitated & Led by:
LORI FLEMING
JOHN NOWAK





RCORP-Planning Grant – Sustainability Plan Highlights

PROBLEM STATEMENT #1 ADDRESSING THE PROGRAM'S ENVIRONMENTAL SUSTAINABILITY

Law Enforcement, First Responder, and County Behavioral Health Agency services program champions and contributors have recently vacated their leadership positions for retirement or other job opportunities, leaving the program at risk for a lack of depth in understanding and commitment where credible, respected and powerful support and contribution once existed. For the purpose of this document will refer to the new incumbent in each of these positions as “successors”.

GOAL 1: A BHC-led behavioral health service access expansion program with strong champions, leadership who ably support the BHC's ability to garner strong public support and generate relevant monetary resources.

OBJECTIVE 1: Integrate successors at the Law Enforcement, First Responder and County Behavioral Health Agency Services into the existing BHC cultural norms so they can be motivated BHC program champions and contributors within their agencies, at the various stakeholder tables they attend, and throughout the community.



RCORP-Planning Grant – Sustainability Plan Highlights

PROBLEM STATEMENT #2 ADDRESSING THE PROGRAM'S FUNDING SUSTAINABILITY

2A. The BHC lacks funding for Grant Team and partners to execute the ratified Plan developed 2019-2020 to improve access to county behavioral health services by ⇒ Funding specific ratified efforts in the arenas of prevention, treatment, and recovery, ⇒ Executing BHC's Member-led initiatives using low capital and available resources, and ⇒ Determining feasibility of, and if feasible, the generation and implementation of capital intensive initiatives to stand up a local, regionally-connected Crisis Stabilization Center.

2B. There is a lack of funding to address Jefferson County's service and care coordination goals identified in the ratified Strategic Plan, including the addition of care navigator and coordination roles.

2C. There is a need for increased affordability and accessibility of OUD/SUD services to support decreased OUD/SUD-related mortality.

GOAL: 2.A A consistent financial base for the BHC's staff and partners to facilitate and execute the ratified three-year Plan to improve access to behavioral health services in Jefferson County.

GOAL: 2.B. A financial base to fund care coordination program components that support the detection, assessment, appropriate placement and treatment for the target population at earlier interception points along their recovery journey.

GOAL: 2.C. Improve affordability and accessibility of OUD/SUD-related programs and services.

OBJECTIVE 2.A: Procure RCORP-Implementation Grant for performance period 2020 – Q2 2023.

OBJECTIVE 2.B: A financial base to fund care coordination program components that support the detection, assessment, appropriate placement and treatment for the target population at earlier interception points along their recovery journey.

OBJECTIVE 2.C: Ensure operationalization, access and affordability of programs and services that support individuals with OUD/SUD.



RCORP-Planning Grant – Sustainability Plan Highlights

PROBLEM STATEMENT #3 ADDRESSING THE PROGRAM'S COMMUNICATION PLAN

The BHC does not have enough robust communications, integration, or education strategies in place to address the palpable prejudice and discrimination results in fear of stigmatization, hopelessness, shame and a bias against relevant healthcare services. Additionally, citizen disengagement, or forceful anti-engagement, has the potential to prevent the Olympic Region, including Jefferson County, from fully exploring and implementing potential solutions to expand SUD/ODU services and service connection at various community levels. This reality leads to existing resources being underutilized and inhibits our ability to reduce the rate of Opioid Overdose deaths by 10% by 2025.

GOAL: Increased physician and community support for the recovery journeys of county residents who would benefit from SUD/ODU services and service connection throughout local healthcare and community landscapes.

OBJECTIVE: By Spring 2020, three programmatic messages will be developed for three key audiences (Physicians that prescribe MAT, residents who will use MAT, regional citizens)



RCORP-Planning Grant – Sustainability Plan Highlights

You guys did a great job with the CHA, getting qualitative input for the CHA, then taking your resulting presentations and forums around the County to put the results back out there. What I'm not sure about is how much the Community at large understands about the BHC – even though I know you've done a couple of Joint Board meetings – which are public meetings. It'll be an important part of the next phase to set on a message and get it out to the community.

requests). All consortium materials are always available to members and input/revisions/additions are always welcome. Communication out to the community has been primarily via community meetings (when possible) which were well attended by broader community members. Additional outgoing communication strategies might be helpful, e.g. a quarterly newsletter, and this is likely not possible yet due to lack of staff/member time.



Current RCORP-Planning Grant – Deliverables Due

- Current RCORP-Planning Grant Deliverables

- ~~- Needs Assessment~~

- ~~- Strategic Plan~~

- ~~- Workforce Plan~~

- ~~- Sustainability Plan~~

- ~~- PIMS Report~~

- Final Report**

- ~~▪ Coalesce the last two years work, develop consensus, wrangle into the RCORP Grant Application, and,~~

- ~~**WIN AWARD**~~

- RCORP-P Grant Deliverables submitted to HRSA can be found at BehealthyJefferson.com >> Library >> Behavioral Health Consortium.



R-CORP Planning

What You Had To Say...



Final Report – In Progress

- 10 Debrief Interviews Conducted
- Today review Feedback Sample of “What Worked”, “Explore Further”, and “Recommendations
- Discuss themes in Subgroups at September Meeting

What are the lessons learned you have gotten from the past year in your participation with the BHC? Confirmation that consistent, in person meetings of new partnership members is critical. Without that foundation, it would have been very challenging to continue the work under the conditions imposed by COVID-19/Corona Virus which has forced virtual meetings for an unknown period of time.

What is your perception of how the BHC work has been useful to how the BHC work

Building capacity – Challenge is understanding what and from where the current funding is – so it is hard to identify gaps if we don't understand what the funding structure looks like.

Development of a Strategic Plan to improve access to Behavioral Health Services in Jefferson County – It's a good start, there is still a lot of work to do to identify where the gaps and what is successful currently. For example, navigation is a successful program – having mental health awareness engaging at all levels of crisis (ie Jud Haynes and his ability to respond more quickly than mobile crisis outreach.) Also note: There is always a gap around post-crisis supports – Jolene has seen programs with a Fire/Rescue Navigator who went out post crisis helping folks to get MH or primary care service connection. And he also would be contacted by folks not engaged in the paper health crisis system who went to him instead of initiating a 911 call. It was a very successful way to provide another usable/useful door to services.

What are the benefits, in your mind, of the BHC and its work? - Just getting all those people in one room to develop the foundation of understanding and a common communication mechanism is a major benefit. Understanding various groups represented now have different expected or desired outcomes that might not ever align – but the “who we have at the table participating” is excellent.

What are the lessons learned you have gotten from the past year in your participation with the BHC? – I continue to be aware of the challenges systems face in meeting their goal and not fully understanding the intersection of other systems. Jefferson County systems are committed to assisting the residents of the area.





Debrief Feedback Samples – **What Worked**

What worked is what I've outlined above, and the most important, impactful and impressive is how this Consortium has been brought together. **To bring that many sectors to the table to consistently show up and do the work – to get them to provide the data, work with the data, and come up with a real plan - is just amazing.** That's not just a meeting a month, that's developing relationships, motivating action, working through tough subjects one-on-one and in groups. All of that has happened here, then been put together into collective action. It's incredible.



Debrief Feedback Samples – What Worked

really learning from each other. We can admit we all started out with different languages and a sense of how we even talk about the same situation or patient. For instance, we had a conversation about what “care manager” and “case management” meant to each of us that helped us get on the same page during one of those meetings. I think people found value and capacity within this work because they knew being together as a group added value to their day and enhanced what they were doing back in their office. Even if we're not able to move this stated objective we are able to continue that dialogue and do unduplicated coordinated work.

A great deal of time was spent in the BHC talking about the brick and mortar E&T or Crisis Stabilization Center. Then, because of how difficult that looked like from a feasibility point it ended up being a much smaller part of the strategic plan – like one section out of 15 sections. But in the absence of a true go or no-go on the E&T/CSC, strategically those other 14 sections were absolutely the right thing to do and it's a solid Strategic Plan.



Debrief Feedback Samples – What We Learned

There are a lot of lessons from the BHC. The events surround the BLM protests have gotten me thinking a lot about our community's law enforcement and emergency responder partners. We are super lucky to have who we have in those roles in our community. Having them at that table and knowing how they approach law enforcement and our community – they are good people and I trust them as our partners in this work.



Debrief Feedback Samples – Explore Further

Going after the grant was definitely the right thing to do. It gets back to what I said: CHIP got people together at the BHC table and set it up to go after the grant. And even as I read through the grant, if I were the owner of the sole behavioral health community clinic in this community, I'd kind of look at CHIP as just having done a part of my job – and I'd be very grateful for that because it was a lot of work. Also, we are aware the upcoming grant, if we get it, isn't enough to make a project sustainable over time.

watch people ask “should we do this or not” and they look at you, Lori. And there needs to be a clarified understanding that you/ CHIP are facilitating what needs doing, you aren't implementing it. Clarify who is responsible for the action vs. who is tracking the action that needs doing.



Debrief Feedback Samples – Explore Further

You guys did a great job with the CHA, getting qualitative input for the CHA, then taking your resulting presentations and forums around the County to put the results back out there. What I'm not sure about is how much the Community at large understands about the BHC – even though I know you've done a couple of Joint Board meetings – which are public meetings. It'll be an important part of the next phase to set on a message and get it out to the community.



Debrief Feedback Samples – Explore Further

- Realistically, looking at the data and numbers, it is possible the way the BHC is looking at the behavioral health data they've been collecting in comparison to other counties like King, Pierce or Kitsap is a flawed approach to accurately gauge the viability of a Crisis Stabilization Center in Jefferson County. Each of those counties are acting within very different realities from a small, rural county and will ultimately not provide a true measure of whether this is an effort that should be pursued.



Debrief Feedback Samples – Explore Further

Comparing EMS data with provider data could be quite interesting because the impression in the field vs. the DCR etc. doesn't always match up an encounter as a true Crisis Stabilization Center census possibility – which could mean we're posing optimistic census potential that won't bear out in the long run. It is also worth noting legislative-based funding can look a lot different in terms of prioritization, by the time it rolls through various agencies and lands on the ground in a community. That disparate definition generates frustration because the understanding on each other's system makes it hard to get “across the board” understanding.

Action: Set up space in the BHC meeting for small group conversation that allow for back and forth conversation in the implementation of supportive services. And THIS IS WHERE FUNDING is available, more so than say, funding for a facility.

Debrief Feedback Samples – Recommendations

Clallam County has a 6 bed facility, and is stretched to support that.

Action: Get Clallam County's Wendy Sisk to come talk to BHC about the realities of supporting a Crisis Stabilization Facility in Clallam, census requirements for sustainability, etc.
– then have a discussion with BHC Members about the size of JeffCo in comparison?



Debrief Feedback Samples – Recommendations

Recently a few placements of Jefferson folks in need of Crisis Stabilization have been made at Kitsap (which has only been open a year) through DBH. There is limited funding through SBH-ASO for the non-Medicaid population to get that type of triage service in Kitsap.

Action: Highlight this to BHC – as a solution that is available, and endorse the creativity of DBH for thinking outside the box on this one.



Debrief Feedback Samples – Recommendations

It's a comprehensive group and I feel good about the size now. In my experience, sometimes when you expand the group out too much, it's hard to get things done. Adding a housing rep would be important. And, if we propose to add any others, we need to really consider and be clear what their role is and ensure we don't have redundancies.

Consider ways to educate the BHC members, these questions need to be addressed: When we talk about Behavioral Health concerns, what are we specifically trying to address? What do we need to address that isn't being addressed? Have those BHC members who are working directly with patients explained their perspective. Then have the other agencies that are indirectly related to Behavioral Health - (Public Health, etc.) explain their perspective and specifically what they see they can contribute to the BH landscape.



Debrief Feedback Samples – Recommendations

The reason the BHC is successful is because you dependably/consistently went above and beyond the expectations of the grant do whatever needed to be done – both to build a strong Consortium, and an endorsed consensus around what we'll do next to help our communities. This is evident in how many Consortium members from multiple sectors continue to attend the meetings and provide data, guidance, leadership, and partnership to serve the community. **I strongly recommend that going forward the budget support the Project Director position to ensure that the work continues.** It would be very unfortunate if, without this support, the work of the Consortium might come to a halt which would be a disservice to the members and to the community they serve.



Looking Forward

Next Steps



Next Steps Overview

- Continued Data Collection - Next Installment
- **RCORP-Implementation Grant - Start-up**
- Updates to BHC Member and Ad Hoc Teams
- **Where Can County Efforts Be Streamlined**
- **Next Meeting - September 10th, 2020 @ 3pm on Zoom**



Data Needed by September 14th, 2020

Thanks for your continued data contributions!

- Raw Monthly Data for **5/01/2020 - 8/31/2020**
(includes EJFR, JSCO, Jail, BiR, PTPD, and JH data)
- Grant team will send out Excel file templates we are using for your data, in case that is useful
- Grant Team/HFPD will do the work of totaling, charts, drill down, etc.
- Will review data at October Meeting

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

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

EJFR - BEHAVIORAL HEALTH RESPONSES

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

EJFR - OPIOID & BEHAVIORAL HEALTH OCCURENCES

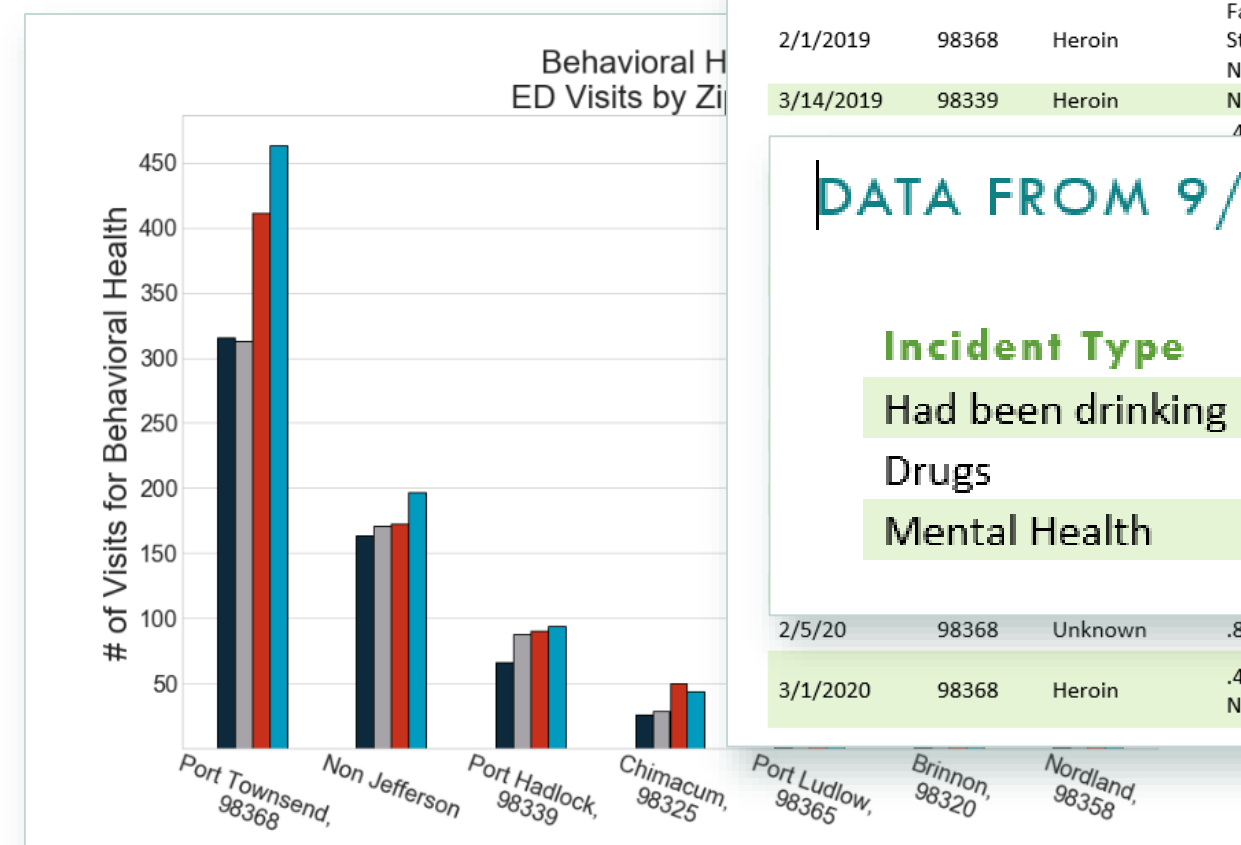
Date	Zip Code	Incident Type	# Narcan Administered	Patient Outcome
1/2/2019	98368	Unknown, Oxycodone	2 doses narcan from friend	Tx to JGH
2/1/2019	98368	Heroin	Family gave x3 Narcan, State Patrol - 2 nasal Narcan	Tx to Harrison
3/14/2019	98339	Heroin	Nasal Narcan by family 4m narcan by law	Airlift to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

JAIL - 2019 STATS

JAIL - 2020 STATS	
6	Evaluated by DCR
88	Booked on drug and alcohol charges
42	Interested in MAT (AT BOOKING)
3	Reported Suicidal Ideation (AT BOOKING)
27	Reported Prior Suicide Attempts (AT BOOKING)
50	Reported Behavior health Problem (AT BOOKING)
9	Reported Developmental Disability (AT BOOKING)
127	Reported Drug or Alcohol Use in last week (AT BOOKING)
65	Reported Drug Problem (AT BOOKING)
13	Reported Alcohol Problem (AT BOOKING)
19	Reported Both Drug and Alcohol Problem (AT BOOKING)- 19
68	Currently Under the influence of Drugs or Alcohol - UA or Admission (AT BOOKING)
31	Opiates or Suboxone
37	None or none opiates
28	Reported TBI (AT BOOKING) - 28
15	Reported having Hepatitis (AT BOOKING)
16	MAT Inductions
246	Total bookings YTD

DATA FROM 9/2019 - 2/29/2020

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





BHC Member / Ad Hoc Updates and Additions

- Update EJFR, PTPD and DBH Member Names on MOU
- Add Youth Prevention - Denise Banker to Ad Hoc Team
- Identify/Request Housing Representative
- Identify/Request Chamber of Commerce Representative



R-CORP-Implementation Grant Start-up Activities

- Develop contract vehicles to distribute funding out to Recovery Café, HFPD/Lisa Grundl
- Develop, Secure County Approval for Grant's Data/Admin Coordinator job description, then recruit/hire
- Identify Communications Consultant to work with BHC/Jamestown S'Klallam to
- Review of Strategic Plan/Grant Work Plan in relation to current landscape
- Lay out detailed action plan for next 6 to 12 months



Streamline Efforts?

- Multiplicity of groups with similar members working on the same challenges
 - BHC / CHIP
 - ICC - Human Services
 - Mental Health Field Response - MHFR
 - 1/10th of 1% (BHAC)
 - Affordable Housing (re: Navigators)

Sometimes it's confusing in all these meetings. There's a need for delineation between where one begins or another ends – like MHFR, ICC, Jumping Mouse's Round Table, even Affordable Housing is having some of the same conversations as it seems is going on in all the other groups. There's got to be a way for all of us to use our time more effectively.



Did We Mention? **Together We Brought the County \$1M!!**

- **Learned the Landscape**
- **Shaped the Consortium**
- **Executed a Community Health Assessment**
- **Built our Awareness, Engagement, Answers**
- **Developed Regional Ties**
- **Found, Wrote, Won Major Grant Application**





Next BHC Meeting

Thursday, September 10, 3pm
Zoom Conference Call



Discussion



Thank You