Pre-Hospital Behavioral Health Summit – 09/27/2022 Agenda

September 27, 2022
3p-4:30p

3:00 – 3:15 **Welcome and Introductions**
– David Carlbom & Participants

3:15 – 3:30 **Case review & Use of Behavioral Health Response Patient Care Protocol**
– David Carlbom
– Discussion by Group

- What went well?
- What were the challenges?

3:30 – 4:00 **Agency Highlights**
- Jefferson Healthcare
  – Mary Fortman
- Salish BH-ASO
  – Jolene Kron

4:00 – 4:10 **Review Action Items from 4/26/2022 Meeting**
– Facilitated by David Carlbom

4:10 – 4:20 **Discuss Education Opportunities for Behavioral Health**
– David Carlbom & Participants

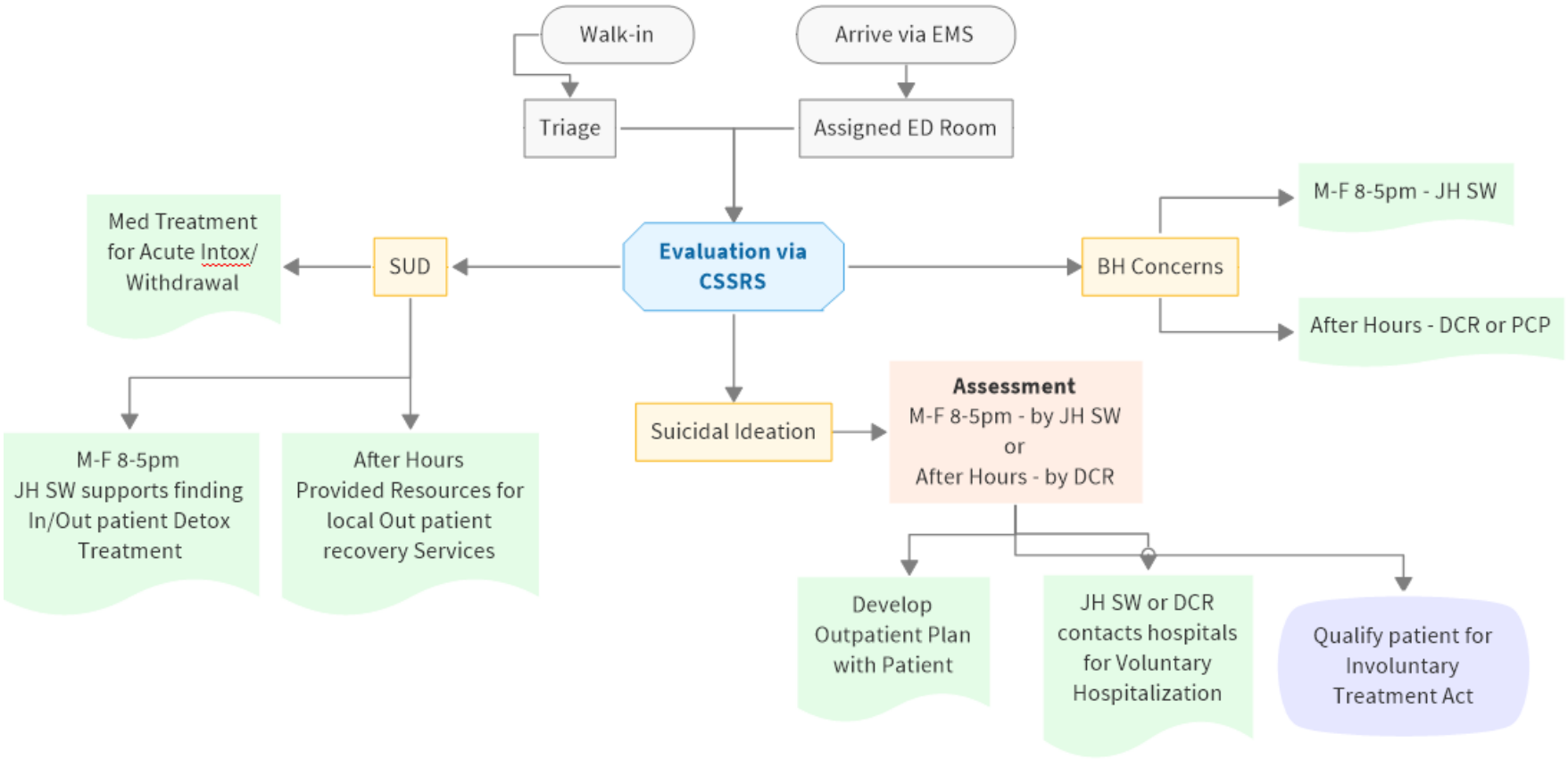
4:20 – 4:30 **Summit Wrap-Up & Next Steps**
? Next meeting: January 24, 2023 ?

Zoom
https://us02web.zoom.us/j/89157533436
891 5753 3436

Behavioral Health Patients at Jefferson Healthcare

Jefferson Healthcare

Behavioral Health Patient Process



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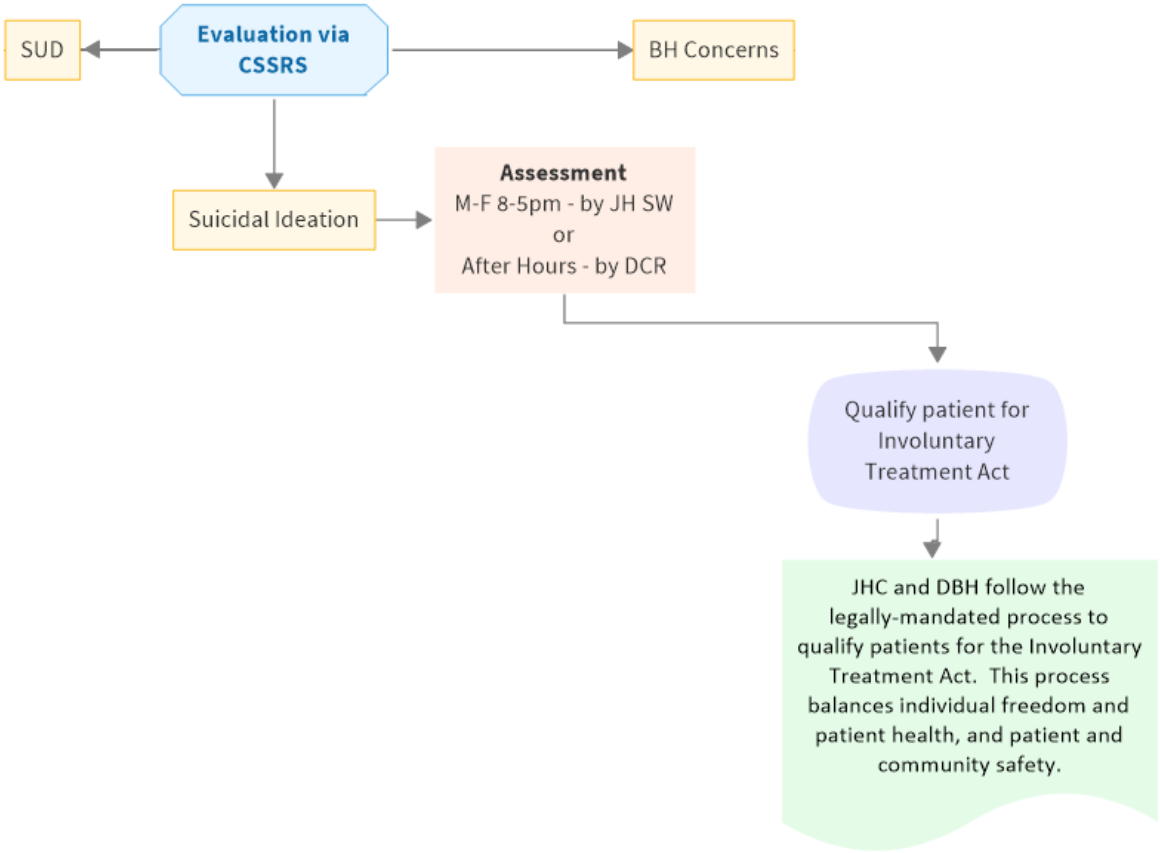
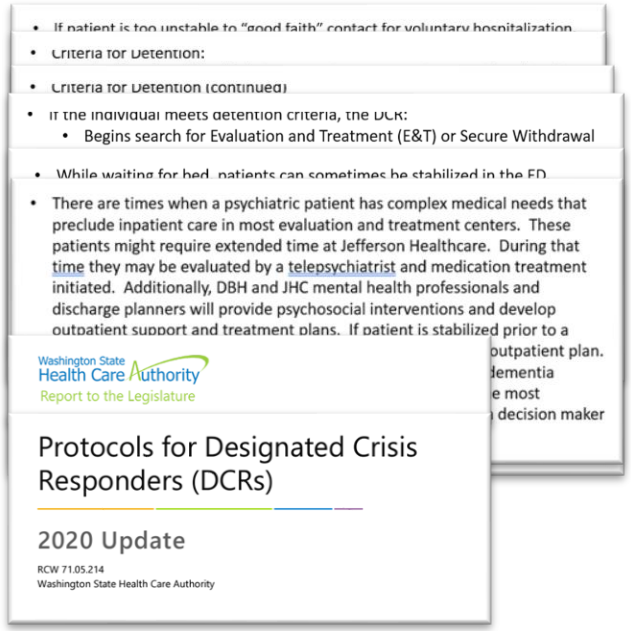
Behavioral Health Patient Process





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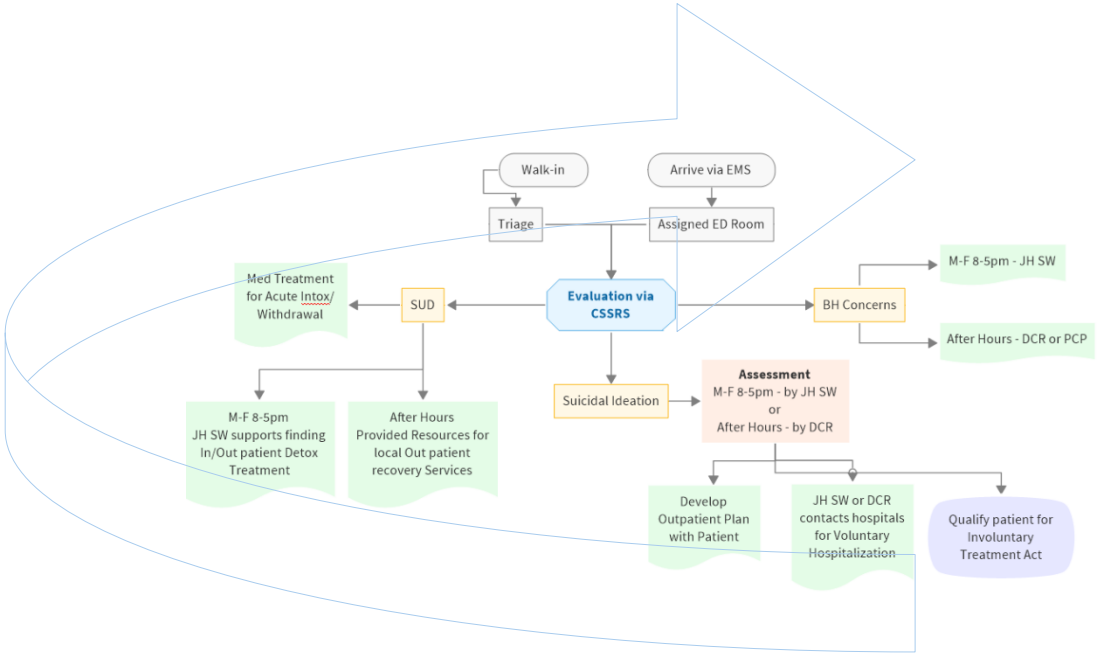
Behavioral Health Patient Process

The circularity of the process can be frustrating for:

- EMS
- Hospital Staff
- DBH Staff
- Families
- Community
- Patient



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Relevant Statistics

This table highlights the prevalent and recurring nature of SUD patients in the ED.

ED Patients Present with Behavioral Health as Chief Complaint

2022 Year-to-date

	SUD	Mental Health	Suicidal Ideation	Month total
January-22	10	3	5	18
February-22	5	4	7	16
March-22	11	4	8	23
April-22	4	3	5	12
May-22	12	2	2	16
June-22	13	4	7	24
July-22	11	3	8	22
August-22	9	0	3	12
Year to Date Totals	**75**	**23**	**45**	**143**

Data presented for Chief Complaints: Suicidal Thoughts, Suicidal Ideation, Mental Health Problem, Alcohol Problem, Alcohol Intoxication, Alcohol Use, Withdrawal (Alcohol), Withdrawal (drugs), Drug Overdose, Drug Problem

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ED Patients With Behavioral Health Diagnoses

(Not Necessarily Chief Complaint)

Behavioral Health challenges are represented broadly in our community.

Month /Year	Mental Health	SUD	Both	Total BH	Non BH
2021-01	55	7	4	66	683
2021-02	36	17	2	55	640
2021-03	50	10	6	66	718
2021-04	49	5	1	55	722
2021-05	46	6	3	55	858
2021-06	49	7	5	61	915
2021-07	51	17	2	70	991
2021-08	45	5	5	55	1017
2021-09	40	7	1	48	820
2021-10	50	11	2	63	867
2021-11	25	4	0	29	827
2021-12	27	6	5	38	842
2022-01	54	8	1	63	792
2022-02	53	6	0	59	682
2022-03	50	10	3	63	784
2022-04	46	7	0	53	809
2022-05	38	13	4	55	940
2022-06	54	11	1	66	975
2022-07	52	18	3	73	1042
2022-08	68	6	5	79	919
Total	**938**	**181**	**53**	**1172**	**16843**

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Local Behavioral Health Pain Points

JHC, as a critical access hospital, doesn't have the ability to staff a 24/7 behavioral health resource.

Additional Challenges:

- Shortage of statewide E&T, treatment and detox beds
- Rural BHO underfunded for community need
- Lack of County PACT Team to provide intensive services to individuals in behavioral health crisis

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Strengths

JHC is meeting the Emergency Department demand for County behavioral health assessment and service connection

Additional Strengths:

- JHC offers Integrated Behavioral Health (IBH) services where Primary Care connects medical and behavioral health clinicians to collaborate with patients and families to address medical conditions and related behavioral health factors that affect health and well-being.

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Opportunities

How can the representatives at the Behavioral Health Summit table **work together to address the challenges** associated with the management of high service utilizers?

- Reinstitute **quarterly case conferences** with relevant agencies, and hold **conferences as needed to address more challenging cases.**
- Continue communication with relevant legislators to support increased allocation and disbursement of funds focused on behavioral health.

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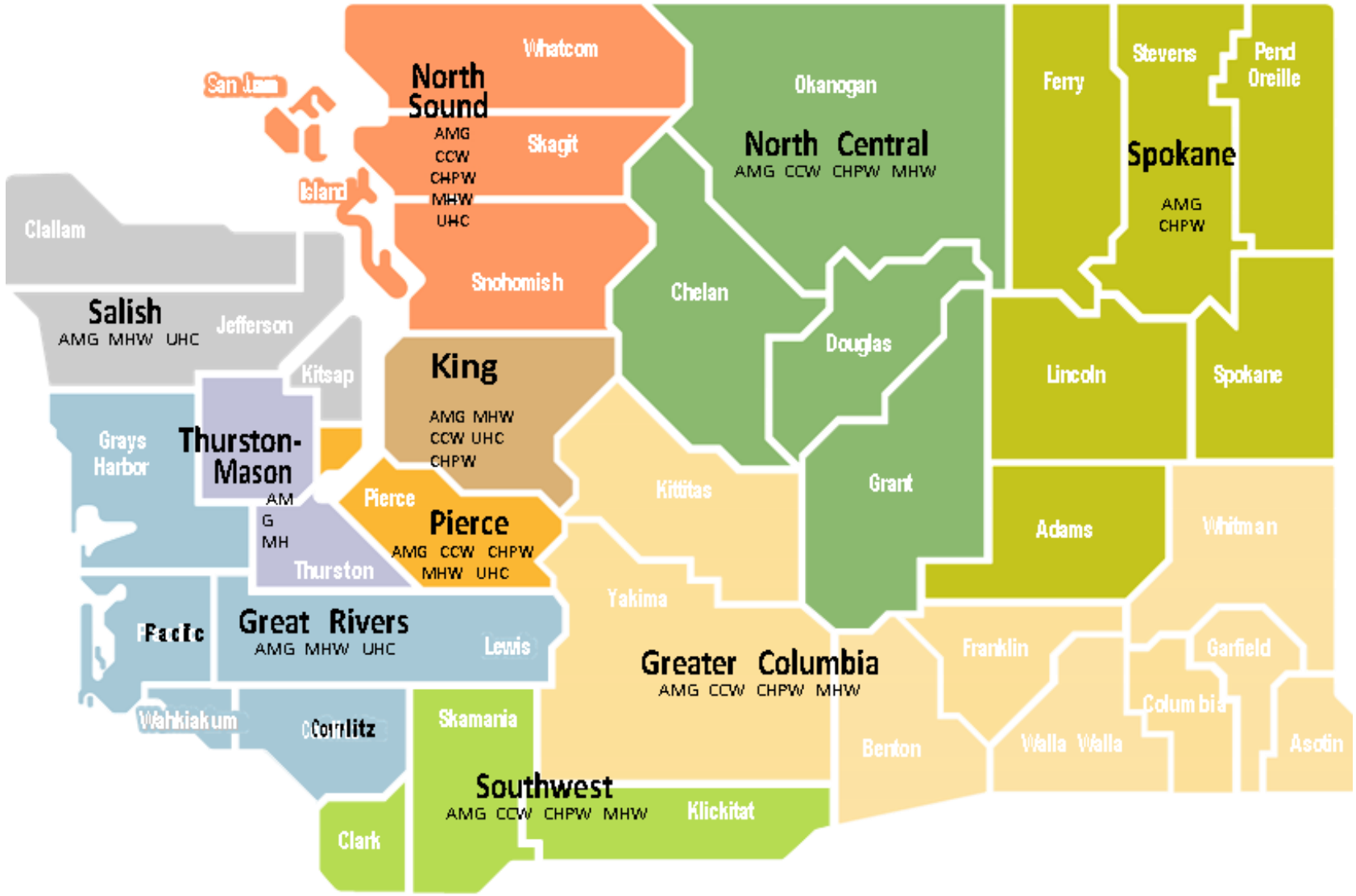
Behavioral Health Administrative Services Organization

- The Behavioral Health Administrative Services Organization (BH-ASO) structure was developed by the State to assume the responsibilities of managing the regional crisis system within the Integrated Managed Care Model.
  - The State is organized into 10 Regional Service Areas.
  - A single BH-ASO is responsible for its assigned Regional Service Area.

- In addition to managing the regional crisis system, BH-ASOs are responsible for administering a variety of non-Medicaid funds and programs such as Criminal Justice Treatment Account (CJTA) and Housing and Recovery though Peer Services (HARPs).

Regional Service Areas



Regional Crisis System

- BH-ASOs are responsible for ensuring the availability of crisis services to all individuals in the Regional Service Area regardless of income or insurance status.
  - Toll-free Crisis Hotline
  - Mobile Crisis Outreach
  - Involuntary Treatment Services (ITA Investigations RCW 71.05/71.34)

- BH-ASOs are responsible for involuntary behavioral health treatment for individuals without Medicaid (involuntary psychiatric treatment and secure withdrawal management).

Additional non-Medicaid Programs

- BH-ASOs also manage numerous non-Medicaid funds and programs. These special funds and programs vary across each region. Most of these funds must be utilized for non-Medicaid individuals at/below 220% federal poverty level.

- Some examples include:
  - New Journeys-Kitsap
  - PACT-Kitsap Only
  - Peer Bridgers
  - Discharge planners (AIU/YIU)

Current Programming

- Programs:
  - Jail Transition Services-- DBH
  - R.E.A.L. Program-- DBH
  - Criminal Justice Treatment Account (CJTA)--BiR and DBH
  - Housing and Recovery through Peer Services (HARPs)--OlyCAP
  - Federal Block Grants (SABG and MHBG) (RFP coming soon for 4/2023 funding)
  - Funding for specific services-PACT, Secure withdrawal management

Upcoming Programs

- Youth Behavioral health Navigator Program
- Youth Mobile Crisis Outreach Team-Kitsap only
- Assisted Outpatient Treatment Program

Contacts

- Jolene Kron, Deputy Administrator/Clinical Director
- jkron@kitsap.gov
- 360-337-4832

- Customer Service: 360-337-7050 or 800-525-5637

- Salish Regional Crisis Line: 888-910-0416