Attendees: Dave Fortino, County Jail; Dunia Faulx, JHC; Ford Kessler, Safe Harbor; Gabbie Caudill, Believe in Recovery; James Kennedy, County Prosecutor; JD Aldrich, OPHS; Jim Walkowski, EJFR; Jody Carona, Health Facilities Planning & Development; Joe Nole, County Sheriff; John Nowak, Grant Team; Lori Fleming, Grant Team; Micah Knox, Jefferson Chaplain/Pastor; Mike Evans, PTPD; Natalie Gray, DBH; Bernadette Smyth, Grant Team.

Notes:

All Consortium members were introduced and new members were welcomed.

Vision/Mission: Consortium members provided a five-finger vote of confidence in old Network Vision and Mission, with votes mostly 4 and 5 (on a 1-5 scale), and one lower vote of 3. On members' recommendation, the ByLaws quorum was reduced from 75% to 60% and the language softened around removal of members.

Consortium Organization Structure: The four original members—Jefferson County Public Health, Jefferson Healthcare, East Jefferson Fire Rescue and Discovery Behavioral Health—are joined as a result of this new grant by people who could help the group explore the feasibility of a crisis stabilization center and act as ambassadors in the community for the work. Ad hoc members, who will not be voting members, will also be added as needed (see ad hoc list). The Consortium, while a separate group funded by a HRSA grant with a focus on opioid morbidity and mortality, will incorporate as subgroups the Diversion Data group and the Navigator group, and work in concert with the Mental Health Field Response Group and CHIP.

Strategic Plan: Overview of Primary Goals from previous Network's Strategic Plan can be used as a jumping off point for new goals and objectives for the Consortium. Members were asked to review these goals in preparation for our next meeting.

Crisis Stabilization Facility / Alternate Project: John Nowak outlined his hopes for what the Consortium can do—really look at alternatives to improve emergency care for behavioral health/chemical dependency in Jefferson County. At the low end is buffering up the navigator program already in place. At the high end, a stand-alone facility with either E&T or crisis stabilization.

Jody Carona of Health Facilities Planning & Development outlined how she will support the Consortium's efforts to provide better access to emergency behavioral health services in Jefferson County (see presentation slides) through the collection of data, identification of cost and financial viability of a crisis stabilization center or alternative, and understanding of necessary licensure and certification options. She said her biggest challenge right now is quantifying demand for a crisis stabilization center, and welcomed any help around that from the Consortium (the Diversion Data group had some data for her—see below).

Jody outlined three ways a facility can be licensed and the requirements for each, including how there is a licensure requirement for both the physical building and for the services provided. The Evaluation and Treatment option allows for services beyond crisis stabilization; however, while the same facility can provide both services, their functions must be kept physically and programmatically separate. Sheriff

Nole asked if this was something that DBH could take on, and Natalie Gray pointed out that, while DBH has the expertise to carry this project out, much would depend on the funding stream for the project.

Jody also presented on from where other facilities have received their funding (Dept Commerce, legislative appropriations, etc.), how much they received, and when they will be/were open. Most of these are rural 16-bed evaluation and treatment facilities. The legislature has approved another significant bucket of funding, and have not yet issued the new guidelines for this year. Jefferson County, where there are no emergency treatment facilities, are well poised to get in line for funding. Jody will keep the Consortium advised of upcoming deadlines.

Jody outlined the status of the recent Department of Health rulemaking around the new legislative bill, HB 1394 "concerning community facilities needed to ensure a continuum of care for behavioral health patients," which creates two kinds of licensure categories: Intensive Behavioral Health Treatment and Mental Health Peer Respite Centers. Natalie Gray of DBH said that she was on the board of Washington Behavioral Health, that a lot of their meetings focus around legislative issues, and that she would report back to the Consortium on these. Unfortunately, those meetings are held on the same day as the Consortium meetings, which created an unresolved discussion around whether or not to change the Consortium meeting dates to facilitate this.

John Nowak pointed out that, while Jody can provide a lot of help for this project around regulations and types of centers, members of the Consortium have a specific local expertise that can help us understand what is going on in our community and how we might address that. The outcomes of all this will become our game plan and will be included in the Strategic Plan, a grant deliverable due on January 1st, 2020. Jody will provide support in the development of this Strategic Plan.

Diversion Data group is developing baseline of data so that we can provide validation of need and measure impact of Consortium project outcomes.

Jim Walkowski provided an overview of EJFR opioid and behavioral responses in their response area from June 2017 to 1 August 2019. What was interesting was the increase in behavioral health responses over the three years, so that the number for 2019 was already higher than for the two previous full years. Because this information is driven by staff data input, he considers that the overdose numbers may be low, as may be the behavioral health numbers.

Mike Evans said that the Port Townsend Police Department had 36 behavioral health calls last week alone—more even than traffic stops (24). This was out of 251 total calls for the week (approx. 12-15%). Because data is only as accurate as the officer recording it, Chief Evans is working with his officers to help them efficiently code calls, so that the data we are getting now is more accurate than it ever has been. The PTPD navigator, a licensed mental health professional, has been doing great work in the community in the last months, and is tracking his data; outcomes for clients often include referring a person to services or giving them a ride somewhere.

Joe Nole, Sheriff said that his department had 9 BH/SUD day shift calls during the last week. He said that this data collection is new, so he hopes to get better data over time, but that Chief Evans' data sounded about right, for his area.

Dave Fortino, Jail Superintendent said that the jail's intake form captures a lot of that information, as does the service requests made by inmates.

MOU: Voting members of the Consortium will each sign the same MOU, which is a grant deliverable due on September 1. This is based on a HRSA template that was amended to suit this Consortium. Members will review the MOU and Berni will bring it around to members for signature before the due date.

GAP Analysis Tool: HRSA provided us with a CDC document that outlines strategies that have been successful at reducing opioid mortality. The grant team used the 10 strategies in this document to develop our GAP Analysis, and added two more: Crisis Stabilization Center and Navigators. Consortium members were asked to review this document, add any new information on what's going on in Jefferson County and the gaps and barriers , and rate their appetite for taking on these issues. Berni will follow up with members in the next couple of weeks.

Communication Points/Talking Points: Members were provided with a draft of talking points to use if they are in a situation where they need to talk about what the group is doing, and were asked for feedback on it—particularly given the pushback in Sequim, which was well covered by the local press.

Other opioid funding: If any member has received (or will receive) federal funding around opioid issues, please let Berni know so that she can keep HRSA updated.

Actions:

- Lori to send contact information for Diversion Data Team members to Jody, who will work with the group to get the data needed for BHC's work.
- Berni has sent out MOU for BHC member review, which must be completed by BHC members by Monday, 19 August (document was sent in a separate email to members). Once review is complete and the Hospital and County have signed it, Berni will bring the document around to each member for signature (all signatures need to be on one copy).
- BHC/Ad hoc members to fill out and return Gap Analysis document by Wednesday, 21 August (document was sent in a separate email to members). Berni will follow up and work with each member as necessary to ensure everyone has filled it out in time for discussion at our next meeting. The grant team will bring a full bucket of feedback to the group for discussion at the next BHC Meeting on September 12th. All this is to develop our Gap Analysis content for the HRSA deliverable, due December 1st.
- BHC Members to review draft Communication Points (document was sent in a separate email to members) and provide relevant feedback to Lori by Friday, 23 August 2019. Lori will update and distribute to BHC Members and Ad hoc Team.
- Berni to provide BHC members with grant deliverables deadlines (attached), for information purposes.

Next Meeting: Thursday, 12 September 2019.
Uptown Firehouse, 701 Harrison Street, Port Townsend