JEFFERSON COUNTY COMMUNITY HEALTH ASSESSMENT REPORT: QUALITATIVE FINDINGS FROM COMMUNITY INPUT, MAY 2019

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Introduction

In 2019 Jefferson Healthcare and Jefferson County Public Health conducted a Community Health Assessment (CHA) to inform the development of the next Jefferson County Community Health Improvement Plan (CHIP). In addition to the primary CHA activities involving quantitative data collection on indicators of health status, behaviors and outcomes, we solicited qualitative input from the community to gain a richer understanding. This report summarizes findings from the community input activities, involving two community forums and twelve key informant interviews. We describe overall key findings as well as indicator-specific insights that supplement the quantitative CHA indicators.

Methods

The primary qualitative data collection methods were key informant interviews and community forums . We used the existing quantitative data collection tools (e.g. community survey) to identify a complementary qualitative approach. We adapted materials from neighboring counties to develop discussion questions to achieve the following aims:

1) Describe the main health concerns of Jefferson County residents
2) Understand specific concerns regarding behavioral health outcomes and services
3) Identify significant gaps in resources and coordination related to those concerns
4) Explore key elements that promote the health and safety of Jefferson County residents

KEY INFORMANT INTERVIEWS

The CHIP/CHA leadership identified key informants based on their community involvement, leadership roles, representation of a health service provider, and/or direct involvement with a sub-group or population. Twelve key informants were identified and all participated in the interviews. Key informants represented stakeholder perspectives including emergency services, the justice system, healthcare providers, affordable housing, public health, public schools, local government, social services and others.

For consistency, all interviews were conducted in May 2019 and by the same individual. Each lasted 45-60 minutes. Eleven interviews occurred in person, and one was conducted over the phone. We audio-recorded and transcribed all interviews for accurate collection of responses. Key informants provided written consent prior to participating.

COMMUNITY FORUMS

To gather input from different populations across the county, we identified three areas to host community forums: Port Townsend, Quilcene and Chimacum. The forums were promoted through email, local newspaper, flyers and existing community meetings. One forum attracted only two participants; both were able to provide input in individual conversations. The other two forums each hosted approximately fifteen participants. Participant age, gender, community of residence, and length of residence in Jefferson County varied within each group.

Both forums were held in May 2019 and took place in centrally located community buildings. The same individual facilitated each 60-minute forum. We audio-recorded and transcribed one forum, and a note-

taker documented the other forum due to technical difficulties. All community members provided written consent prior to participating.

We used Otter.ai, a voice recognition and transcription software, to transcribe the audio recordings from the interviews and forums. We used Dedoose software (Version 8.2.14, 2019) to analyze the transcripts and notes. Indicators from the quantitative data informed the analysis framework and coding.

This project was considered a public health surveillance activity for the purpose of directly informing local health improvement efforts and was therefore exempt from review by the Washington State Institutional Review Board.

Key Findings

Key informants and community members broadly identified **access to health care** as the main driver of health concerns in Jefferson County. Health care access concerns were identified across the healthcare system: youth and adult behavioral health services (mental health and substance use), preventive care, geriatric services, crisis stabilization and emergency medical care, dental care, and medical and behavioral specialists. Most respondents considered mental illness and substance use as significant health concerns in the county.

The most commonly cited **barriers to accessing care** included limited county-wide public transportation, hours of clinic operation, care options with Medicaid and Medicare, provider capacity, awareness of available services, as well as having to travel beyond the county for specialty care and feeling stigmatized for seeking behavioral health care. While respondents from Port Townsend and rural communities alike mentioned health care access as a priority concern, it appeared to be a stronger need in rural communities. Key informants also identified significant need for senior care and independent living options to support the large aging population in Jefferson County.

Recent advances towards increasing health care access in the county Mobile youth dental services, school based health clinics and the new dental clinic were noted as. Community members were supportive of telehealth as an opportunity to further increase access to care. Women's health, pregnancy services, and Jefferson Healthcare's responsiveness to community needs were identified as strengths of the healthcare system.

A second major concern among respondents was **affordable housing.** Respondents felt that housing was unaffordable for many populations, including working class county residents, young families, seniors, people seeking mental health treatment and people in the therapeutic court system seeking transitional housing. Growing socioeconomic disparities within the county, cycles of poverty, and adverse childhood experiences were recognized as underlying factors to the issue of affordable housing in addition to unit availability. Other significant concerns related to this were **affordable childcare and support for families with young children.** One key informant shared a common challenge for young families:

> "Housing is really difficult. [...] It's that part of getting into that hole, and then trying to dig yourself out. So they might have had a history of poor credit, or some kind of criminal background, which then prevents them from being able to even start at any kind of level of looking [for housing]. So there's that personal piece, as well as just the overall availability of units. So I think that combination is not helpful. Some of us often talk about being able to have

> some kind of support network for young families that could help provide some of those things like housing and childcare, and so then the parents are able to actually go out and work, or look for work, without having to worry about who's watching their kid and those kinds of things. Those support resources are just really minimal."

In addition to affordability, **rural infrastructure challenges** were noted as barriers to housing. Key informants cited limitations in certain rural communities, including no sewer system, internet access, and limited public transportation. **Aging in place** was another significant health-related housing concern. Key informants felt the county is not developed to support an aging population which requires varying levels of assisted living, specialty care, transportation services, and mobility access in the build environment. Affordable, independent and assisted living facilities for the senior population as well as county-wide infrastructure changes were among the priority needs.

A third overarching health concern was the need for better **coordination across behavioral health, medical, justice and emergency response systems**. Attributed partly to underfunded and siloed behavioral health agencies, respondents identified gaps in the behavioral health care system that result in crisis-oriented care and limited capacity to treat moderate, common conditions that help prevent such crises. Key informants felt it is challenging to reach vulnerable populations at risk for health crises (e.g. people experiencing homelessness, mental illness or substance use disorders) until they are admitted to the Emergency Department (ED) or county jail. Key informants expressed need for an alternative to these endpoints. They suggested improving linkages between agencies to help provide care and services efficiently. One key informant reiterated the need to coordinate limited services:

> "If we don't consciously collaborate, we'll end up competing and duplicate what we're doing; we'll end up kind of trying to market ourselves to the same populations. And just at this level, at this scale of a rural community, that's a very wasteful thing to do. We just do not have the abundance of resources that allows that kind of competition--you can get away with it in urban areas, where you have excess capacity and have sort of a survival of the fittest kind of thing."

Another respondent expressed the need to integrate behavioral health care with medical care to prevent emergency department (ED) admissions:

> "If you want to reduce ED utilization, particularly unnecessary ED utilization, you have to get ahead of mental health issues. Because otherwise, when you don't, the ED is the result. And that's not just directly for the suicide attempts that come in, but the person who doesn't control their diabetes or heart failure because their mental health issues are not controlled. They're going to end up in your hospital--it's going to look like it's a physical health issue, but a lot of times it's driven by mental health, or substance abuse, or things like that. So, some of the work is not necessarily recognized as something a critical access hospital should do, but yet, if you want to improve the health of community, you want to get more upstream."

Furthermore, navigating the behavioral health system appeared to be challenging for residents seeking care. Common concerns included few providers accepting Medicaid, long waits for referrals, transportation to clinics, and lack of inpatient treatment in the county. Key informants felt that system-wide behavioral health integration as well as employing more social workers and navigators would begin to address these concerns. The recently added navigator role with law enforcement, provision of

Medically Assisted Treatment (MAT), and increased number of school counselors were noted as strong points in the behavioral health system.

Community members and key informants felt positively about access to healthy foods and physical activity opportunities in Jefferson County. Proximity to farms and fresh produce, outdoor recreation, and fresh, clean air were considered key elements that promote the health and wellbeing of residents. However, some disparities in healthy food access and indoor recreation opportunities were recognized in rural, remote communities.

Additional health concerns, gaps, strengths and quotes relating to the 2019 Community Health Assessment indicators are provided below in the **Themes** and **Findings** columns. The purpose of presenting these results is to supplement quantitative indicators with community voice.

2019 Jefferson Community Health Assessment – Key Informant Interview and Community Forum Themes and Findings	
THEMES	**FINDINGS**
Part 1. Demographics, Socioeconomics, Community Safety	
Section A: Population	
Older population Growing retiree population	<u>Infrastructure and wellbeing of an aging population</u> As seniors begin losing their functional capacity, key informants suggested improving social infrastructure, or better options for socialization and support, to help prolong their ability to thrive as active community members. "And you're seeing the age-related illness, and they moved here, away from possibly other friends and family, and maybe they established friends, but they don't necessarily have family locally. And what's happening as they age and become more fragile, is **you start to kind of reveal, well, it was good place to retire. But it's not necessarily fully developed to age in place**." "There are some home care options, we've got home health, nursing, private, and through Jefferson [Healthcare]. So these things are good, but they tend be targeted for specific episodes of care: you just came out of the hospital, you just got through kind of a recent illness. **Maintenance care is a different story**." <u>Retired population a significant resource to the community</u> Respondents considered the retiree population in Jefferson County as a valuable resource regarding volunteer capacity and community engagement. Respondents were supportive of additional efforts to engage retired residents in helping to fill community service gaps.
Section B: Education	
School districts differ by parental support, involvement limited funding	<u>Public schools serve as rural community centers</u> Schools were considered central hubs in rural communities and successful outreach points for increasing access to health services and fostering social support. There were clear disparities in school performance and health outcomes across the county. "Having strong, healthy, viable school districts is hugely important. We have one school district here that is just rocking it and having success with every turn. And you see what impact that has on families. They feel good about where the kids are going and their prospects for the future versus one school district that is like literally hemorrhaging students, hemorrhaging staff, hemorrhaging administrators. Morale is so low--it's going to be a make or break issue for that small community." Providing health care services through the schools was considered a successful model because parents are often outreached directly by the schools, costs are low, and transportation is mitigated. Examples include school based health clinic, Smile-mobile, immunization clinics, vision screenings, and mental health counselors. Community members and key informants expressed **strong need for continued and expanded provision of behavioral health and preventive care in the schools**. Assistance programs for students including the Fresh Fruit and Vegetable Program, summer food assistance, and transportation support were considered successful and well utilized in rural communities.

Section C: Employment		
	Health of low-wage workers – homeless	<u>High turnover in health services</u> Key informants expressed concern about staff turnover in health care and behavioral health facilities, which were attributed to high volume workload, burnout, and unaffordable housing. One key informant mentioned that many people who work in Jefferson County live in a neighboring county. Recruiting health care professionals to fill positions was a challenge as well. This raised concerns about the health system's ability to provide adequate hours of care and services to meet the needs of residents. <u>Poor working class</u> Respondents shared that many community members may be unaware that working class residents experience homelessness and live out of their cars because of the high housing costs.
	Employees not living in JC – unaffordable	
	HIGH turnover in health services jobs	
Section D: Income and Poverty		
	Poverty	<u>Social determinants of health</u> Key informants and community members felt that poverty and socioeconomic disparities were the main "upstream" factors to many health concerns in Jefferson County. "It's really kind of a **social fabric issue where families are under stress and having to make tough choices** with none of those choices being good choices in terms of health. So, you see a lot of kids who don't have parents around because they have to work three jobs to be able to afford rent here, and don't have time to cook. So, kids aren't eating well. Into to the teenage years, they're home alone a lot, not a lot of activity, and they are very drawn to substance use. **We have a lot of substance use in our adult population, so kids are seeing that. And then, you know, get into addiction. And it's the criminal response to that.** […] And so it again just puts that onus back on at the policy level of [asking], where are the economic and educational opportunities to change this trend of multi-generational poverty here?"
	Social determinants of health	
	Rural poverty vs. Port Townsend	
	Working poor	
	Homelessness	
	Child poverty	
Section E: Household Composition and Marital Status		
	Older adults living alone	<u>Isolation in the aging population (See Part I. A)</u> Many respondents identified **the health and safety of the aging populating as a priority health concern**. Isolation and living alone were considered risk factors for injury, hospital admission, as well as declining mental health, mobility, and social functioning. Key informants expressed need for a wide range of support services, housing, and infrastructure changes that support mobility and socialization.
	Isolation	
Section F: Housing		
	Affordability	<u>Affordable housing (See Part I. C, working poor)</u>
	Homelessness	

		Affordable housing was considered a priority health concern for many populations in Jefferson County: working class residents, seniors, young families, people seeking mental health and substance use treatment, and people seeking transitional housing in the therapeutic court system. Barriers to affordable housing included **socioeconomic disparities in the county, cycles of poverty, limited access behavioral health treatment, and infrastructure challenges** (e.g. sewage). Limited number of available units was also a barrier. "Housing is really difficult. [...] It's that part of getting into that hole, and then trying to dig yourself out. So they might have had a history of poor credit, or some kind of criminal background, which then prevents them from being able to even start at any kind of level of looking [for housing]. So there's that personal piece, as well as just the overall availability of units. So I think that combination is not helpful. Some of us often talk about being able to have some kind of support network for young families that could help provide some of those things like housing and childcare, and so then the parents are able to actually go out and work, or look for work, without having to worry about who's watching their kid and those kinds of things. Those support resources are just really minimal."
Section G: Community Safety		
	Property theft	Key informants were concerned about high instances of child neglect and abuse, particularly in rural communities. Child Protective Services sometimes seemed to be understaffed and unable to respond effectively to each report that was filed. Some community members mentioned property theft as a consequence of substance use and mental health issues observed across the county. In general, community safety and a sense of a "**tight-knit" community were viewed as key elements that promote the health and wellbeing** of Jefferson County residents.
	Domestic violence	
	Child abuse	
Part II. Quality of Life		
Section A:		
	Quality of life	<u>Wellbeing of an aging population (See Part I. A)</u> Community members and key informants identified the aging population as at risk for declining quality of life. There is **need to provide maintenance care and services that bridge the gap between the "thriving" senior population and the in-home, end of life care needs**. Retirees that moved to Jefferson County experience **isolation** and lack of social support in these transition periods, which can lead to mental and physical health declines. Respondents suggested a more **purposeful network of social services to support aging in place efforts**. In particular, collaborations between churches and the healthcare system could be stronger to foster a network of support senior health needs. <u>Limited disability services</u> Respondents commonly cited the lack of care options for children with developmental disabilities or specialized medical care. Schools had limited ability to provide learning disability support.
	Elderly quality of life, Older adults living alone, isolation	
	Rural quality of life	
	Poverty and quality of life	
	ACEs	

		Transportation Transportation was widely considered a **major barrier to health care, financial stability, and overall quality of life**. Many respondents mentioned the infrequent (e.g. twice daily) public transportation available in and out of Port Townsend or to larger cities for care. Residents of rural communities had the most hardship, as a trip to Port Townsend could take a whole day on the bus. Access to personal transportation was financially limiting. Health and social services outreach **Public libraries were regarded as "second responders"** in the community in terms of direct engagement with vulnerable populations, particularly seniors and people experiencing homelessness. Key informants reported success in helping clients learn about available services and providing informational assistance. Key informants felt it is **challenging to communicate and conduct health outreach across the county**. There are pockets of communication networks, but not a central platform. For example respondents mentioned multiple newspapers, inconsistent internet, and multiple radio stations. They saw this as a contributing factor to some residents being unaware of existing services. ACEs (See Part I. D)
	Food Insecurity	
	Healthy food affordability Healthy food access WIC, SNAP	Food insecurity Respondents felt that residents of remote, **rural communities are more likely to experience food insecurity**. Living far away from a grocery store with fresh produce was a main reason, combined with transportation challenges. Existing food banks were considered very successful and substantial resources for food insecure individuals. The ability to use SNAP benefits at farmers markers also was considered helpful to addressing food insecurity. Furthermore, schools have been successful in securing funding to provide healthy food assistance programs. Community members and key informants would like to explore additional **partnering opportunities with local farmers and farmers markets to increase access in remote communities**.
Part III. Health Care		
Section A: Health Care Coverage		
	Health care access Medicaid Insurance coverage-- Medicaid: dental Medicaid dental - youth Insurance coverage-- Medicaid: MH, end of life	Medicaid uncertainties Key informants and community members felt that Medicaid expansion through the Affordable Care Act benefited many residents in Jefferson County, particularly young adults. **Uncertainties about which providers accept Medicaid (e.g. specialty care and behavioral health) was considered a barrier to seeking care**. Prescriptions, referrals, and follow up appointments were also thought to be concerning for Medicaid recipients regarding unexpected costs. Residents who barely do not qualify for Medicaid were noted as high risk for not seeking care or obtaining health insurance due to cost barriers.

		"I think a lot of our kids are on Medicaid. And so that takes away some of the financial fear. But there are still some mysteries, you know, and they're still, you know, once you go to the doctor, then you got to get your prescription filled, and then, you know, getting just regular maintenance care is tough." The new dental clinic is considered a significant success regarding increasing Medicaid coverage for dental care.
Section B: Health Care Access		
	Health Professionals	<u>Health care access</u> Access to health care was broadly considered a main health concern in the county. Access issues included: – Traveling beyond the county for care – Limited specialty care (especially youth) – Limited community clinics – Limited provider capacity, long wait times – Financial barriers, transportation – Stigma (behavioral health treatment) – Lack of crisis stabilization center or inpatient treatment facilities – Vision services for youth (beyond screening) Mobile clinics, school based health clinics, dental care, and integrated behavioral health services in law enforcement were noted as recent advances towards increasing health care access in the county. Women's health and pregnancy services were also identified as strong points in the healthcare system. Key informants reported success in leveraging resources from well-funded health care services to support dental, palliative care, other pilot programs and needs voiced by the community. <u>Geriatric Services</u> Respondents felt that senior care was particularly difficult to access. Many seniors do not drive, especially at night. Public transit is very limited and does not run at night. Furthermore, respondents felt that **geriatric specialty services** were not available in the county to address the needs of an aging population.
	Mental health professional shortage	
	Mental health professional burnout	
	Geriatric care	
	Cost barriers	
	School Based Health Clinic	
Part IV. Pregnancy and Births		
Section A		
	Access to contraception	<u>Minimal services and support for young families</u> Community members and key informants alike felt that there is minimal support for families with young children. "I feel sometimes that the **population [is] almost invisible to the community, that families with young children, and especially the families who are lower income, and struggling with, you know, many things often do not rise to the top of community concern**. It's really been kind of a shift, I think, in the just the general demographics of the population with so many, people moving into the town that are more of retired age. And so I think that families with children just don't see as many of the schools sizes have decreased."
	Education about services	
	WIC well used	
	Services for families with young children	
	Child care	
	Social support	

		Childcare Childcare was a major need. There were thought to be only three licensed childcare providers in the county. Additional programs and social support activities would benefit this population as well. "Childcare providers, that's a huge gap in our early childhood wellness and family wellness, and fitness. **It is often easier for parents to stay home than it is to find affordable childcare that will enable them to move into meaningful long-term work**. That actually is a huge gap right now."
Part V. Behaviors, Illness, Injury, Hospitalizations, Deaths		
Section A. Communicable Diseases		
		N/A
Section B. Immunizations		
	Anti-vaccine	Community members and key informants expressed some concerns about anti-vaccine views in the county. However, their outlook was relatively optimistic and they mentioned the recent statewide legislation that they think may increase immunization rates. Key informants believed that mistrust of government institutions, education, and misinformation were possible drivers of anti-vaccine views in Jefferson County. **The traveling immunization clinics that visit schools were considered a strength in promoting health and safety among residents.**
	Traveling vaccine clinic	
Section C. Chronic Disease		
	physical activity outside--recreation activities for kids	Physical Activity Community members and key informants felt that having access to outdoor recreation, including hiking trails, hunting and fishing are key elements to promoting physical activity in the community. However, respondents reported challenges in the winter when indoor facilities are unavailable. **"It's hard to get adequate exercise when lots of days in the winter, when I get home, it's already dark, and I think our students are like that, too. By the time we get them dropped off in the buses or when they get home, it's already dark.** We don't live in proximity to any facilities that have health clubs or any other facilities within an hour drive. […] There are months where it's kind of hard, it's wet, it's cold, it's dark. So those are challenges, I think for me and also for the community." In rural communities, residents would like to use community centers, school gyms, and/or leverage healthcare system resources to rent existing spaces for exercise classes to address physical activity challenges in the winter. Building a pool, a basketball court, renovating the community center were also mentioned as strategies for improving physical activity.
	Farm to table	
	Access to fresh foods (good and bad in diff areas)	

		Healthy Food Access Proximity to farms and an active farmers market network were considered key elements that provide access to healthy food in Jefferson County. Some disparities in healthy food access were recognized in rural, remote communities. **Schools help bridge the gap in low-income communities**: "Access to fresh foods is also a challenge. We're lucky to have a really great food bank for our families. They do a good job of trying to bring in produce and things like that. But we just got the local store. And that's chips, a loose apple or loose orange, or your big trips to Poulsbo or Sequim to shop. […] And I think that puts pressure on us at school to try to do a good job with foods, make sure we've got salads and fruits and veggies and things like that."
Section D. Tobacco & Vaping		
	Substance use	Youth One key informant felt that rural communities lack activities for kids and there is a need for more focus on prevention of substance use (including tobacco and vaping). "We see a lot of vaping. We know that's a problem in the schools. We know that there's just not a lot for our kids to do. So, I would have to come back to that preventative piece. Education, prevention, other alternatives, really being able to dive in […], seeing it as a need that's pressing now, rather than waiting for things to happen."
	Alcohol	
	teen tobacco	
	teen vaping	
Section E. Alcohol Use		
		Adult alcohol use Community members felt that alcoholism is a big problem in the community. They are concerned about a lack of support services, especially in the rural communities. Youth alcohol use One key informant felt that among youth, it seems that marijuana use is going up, and alcohol use is going down**.**
Section F. Drug Use		
	Harm reduction	Overall, community members and key informants believed substance use and mental health were significant health concerns in the county. A **major treatment concern was the lack of inpatient substance use and mental health treatment facilities.** Respondents felt it is a barrier to treatment to have to travel outside of the county, as well endure long wait times for treatment referrals or beds to become available. Opioid use and treatment Respondents were supportive about recent additions of medically assisted treatment (MAT) services available in Jefferson County. Respondents were also supportive of existing harm reduction efforts in the community, including needle exchanges and sharps containers installed in public restrooms.
	Opioid treatment	
	Therapeutic Court is a success	
	Drug-related hospitalizations	
	ER admissions for drug or alcohol/ EMS transports	
	Coordination of services	

	One key informant shared that healthcare providers were slow to uptake MAT and support its provision in clinics and hospitals: "It's been very **difficult getting the primary care providers to embrace medication assisted treatment**. I mean, it's happening. But there's just a lot of, you know, kicking and screaming […]I think part of it is, they're very busy. So it's seen as taking on another really challenging, complicated problem--which really is much easier to do than a lot of the stuff you're doing. This is heroin addiction, much easier to treat than diabetes, or congestive heart failure or a lot of other things. And I think they lack experience in that realm. So, the key is to get them to dive in. And once they do, and I know this from working on some projects, **once you can get them actually seeing patients and seeing results, then it becomes one of their favorite things to do. Because it's really gratifying**. And it's not complicated. It's all been worked out. The science is all there. But we've been slow to embrace it." <u>Drug-related hospitalizations/EMS transports</u> Hospitalizations and arrests due to behavioral health crises were common concerns regarding access to health care and behavioral health treatment. Key informants explained in crisis situations, there is no 24/7 accessible alternative to stabilize patients than at the Emergency Department or county jail. Key informants expressed a **strong need for crisis stabilization, as well and behavioral health integration in the health care system** to reduce crisis incidents in the first place. Trained mental health and social worker professionals are needed at all steps in the behavioral health, crisis prevention system. "We just started with a navigator program, which is a social worker, mental health worker embedded with police department. […] You know, we're asked to respond to people in crisis for these things and try and work with it. So, we have training, triage-type training, just like we have first aid training for medical things. […] **But we're still not mental health workers or social workers. And that's what these people need to have. Someone with the police that can do that is immensely beneficial**, because a lot of these contacts don't end up going to the ER or jail, or they may get released.[…] I think coordination is there--**what we lack is the resources from beginning to end."** <u>Agency coordination, behavioral health integration</u> Respondents experienced gaps as well and redundancies in the services offered by behavioral health agencies and non-profits. They felt that some agencies seem to be seeking the same clients, while also not having enough capacity to meet all clients' needs. Key informants suggested **additional efforts to coordinate funds, services, linkages to address gaps and sustain existing programs**.
Section G. Mental Health and Suicide	
Youth mental health services Adult mental health services Suicide Mental illness hospitalizations Medicaid coverage Repeat clients Justice system, recidivism	Community leaders and members considered mental illness and substance use as significant health concerns in the county. Barriers and challenges to getting treatment included: – Limited outpatient options with Medicaid/Medicare coverage – Long referral periods; limited walk-in opportunities – Minimal treatment options for youth – Stigma associated with needing/seeking mental health care – High staff turnover, inconsistent case management and care – Adverse childhood experiences, inter-generational trauma

	Youth and adolescent mental health Respondents expressed specific concerns about mental health care for adolescents, which they felt is lacking in the county. Respondents were supportive of existing efforts to provide services in schools and they requested additional efforts in this area. Existing mental health programs such as Jumping Mouse were considered successful and effective in the community. "In poverty, sometimes there's a sense of hopelessness, and sometimes there's depression, with the parents and the kids, and accessing care for that is a challenge […] The problem with that care is, if you have strep throat and you go to the doctor, you can just go once and that it's fixed, […] but [with mental health care] you have to have a commitment to keep getting there. So **it's super important to bring those services to the school, core to the community. Because it's not going to be it's not a quick fix.** […] And if you want to get out of the poverty loop, you need to make sure that you're doing a great job educating the kids to give them opportunities and open some doors for them. But you can see how it's kind of a circle, you know, the behavioral health issues, the mental health issues, holds you back. And you're unable to maximize the education that's being offered, and then you're not able to get yourself out of this loop." Other respondents felt that community programs and activities play a key role in preventing mental illness and substance among youth, especially in transition periods after high school graduation. Respondents encouraged additional efforts to create community support and activities for active engagement. Behavioral health integration Many respondents spoke favorably about integrating behavioral health care in the health system to meet access needs. Key informants mentioned clear links between mental health and emergency department utilization, and suggested that continued efforts to provide services, prevent debilitating mental illness, and save costs. It was felt the behavioral health system needs to move away from crisis-oriented care and increase capacity to address the life disrupting, but not disabling, issues that affect more people. "The big problem is that the regional and the state system just are not to the point that they offer the kind of support, and another big problem is because of their history, the sort of endless crisis and lack of resources. The community behavioral health systems really tend to focus on the most severe problems. **[…] They have to put all their resources into that highest need population, they really don't have resources for much more common problems, you know, anxiety disorders, and bipolar disorder and things that are not disabling but are very life disrupting. And a high functioning system does both.** Because there's a lot of treatment opportunities there. There's a lot of opportunities for community health improvement, and treating conditions before they get disabling. And, in turning around that, that impact on a person's life and their productivity. So that [is] what a behavioral health system should do. Financial integration is the least important thing. It's this sort of functional integration as the goal." Mental health and justice system Mental health was a significant concern for populations in the justice system and therapeutic courts. Key informants believed strongly that behavioral health services integrated in the jails, and in the re-entry transition period, would reduce recidivism and help this population successfully rejoin the community. One key informant felt that the services offered currently in the jails are minimal and inconsistent; a greater focus on accountability and sustainability was a common concern regarding effectiveness of mental health care.

		"Our county jail is by far the largest mental health facility that we have. We are treating chronically, mentally ill and substance abuse populations there with little training resources as the people in crisis and that's a huge challenge for us. **We see repeat offenders over and over, because we have very few support services to ensure that they have housing and jobs and, some of the factors of stability that would allow them to stay out of the justice system**." <u>The case for providing MH services in the jails:</u> "So, you would prefer to avoid the jail. But once they're there, once you've identified the--and it's sort of like once someone's had a heart attack, they're more likely have another heart attack--and when we treat that population the same way, you know, we're not going to let you have another hard time, we're going to do everything we can to try and avoid you failing and so you don't end up back here. And those folks need unity, obviously, need social services, they often need medical care, they often need mental health care, a lot of substance use disorder treatment. **The problem, they lose their insurance when they go into jail, which means that there's not much incentive for healthcare systems or providers to work with them because the reimbursement has to come through the county budgets, and county budgets don't have the money to spend on health care for their inmates. But then you release them and you don't have a plan, and you've missed your opportunity."**
Section H. Injuries		
		N/A
Section I. Hospitalizations		
		Respondents reported common hospitalizations due to mental illness and substance use crises, as well as senior populations living in unsafe, isolated conditions. "Where we get stuck, and what we see in the hospital a lot is that we get people who come in […] with moderate dementia, not safe at home, can't discharge them back, and they end up stuck at the hospital […] because we can't quite find--they don't have the financial resources for one type of facility. […] So we have these tricky dispositions, and we try to send them back into the community trying to kind of do wraparound services, with intermittent success."
Section J. Deaths		
		N/A