



BHC Monthly Meeting

October 8, 2020, 3pm

The BHC is funded by HRSA's RCORP-Implementation Grant
through September, 2023



Agenda

- Introductions/Updates (Grants, Services, Collaborations) – All
- HRSA RCORP-I – Deliverables Overview, Next Steps – L. Fleming
- Past RCORP-P Grant – Final Update – L. Fleming
- ICC Funding Tie-Ins / Meeting Streamline Update – J. Nowak
- Data Collection Results through 8/31/2020 – L. Grundl/HFPD
- Addictionary! – All
- Next Meeting – November 12, 2020



Andrew Nelson Graduates From Behavioral Health Court





RCORP-Implementation

Overview



F O C U S

Improve access to behavioral health services throughout Jefferson County

Prevention

Treatment

Recovery

Jefferson County's

Behavioral Health Consortium Members

Alcohol & Drug Abuse Institute

Believe In Recovery/Gateway to Freedom

Discovery Behavioral Healthcare

East Jefferson Fire Rescue

Jefferson County Prosecutor's Office

Jefferson County Public Health

Jefferson County Sheriff's Office

Jefferson Healthcare

Port Townsend Police Department

Recovery Cafe

Safe Harbor / Beacon of Hope

Ad Hoc and Alternate Members: Denise Banker, JCPH Prevention; Dave Fortino, Jail Superintendent; Pete Brummel, EJFR; Patrick Johnson, NAMI; Jud Haynes, PTPD Navigator; Adam York, JHC Data; Darcy Fogarty, Recovery Community; , Anna McEnery, JCPH, BH Coordinator; Matt Ready, Hospital Commissioner; Greg Brotherton, County Commissioner; Jolene Kron, Salish Behavioral Health-Administration Services; Apple Martine, JCPH Community Health Director



BEHEALTHYJEFFERSON.COM



Grant-Required Core Activities



Prevention

P.1

Linguistic / Cultural Efforts to Reduce Stigma

P.2

Increase Naloxone Access and Training

P.3

Support Drug Take Back Programs

P.4

Support School Community Prevention Programs

P.5

Improve ID/Screening for SUD/ODU; provide referrals to providers, harm reduction, early intervention, treatment, and support

Treatment

T.1

Screen/Provide/Refer Patients with infectious implications

T.2

Recruit/Train/Mentor interdisciplinary teams of SUD/ODU Clinical and Service Providers

T.3

Increase # of providers and social service professionals who treat/identify SUD/ODU through professional development and recruiting incentives

T.4

Reduce Treatment Barriers

T.5

Strengthen collaboration with law enforcement and first responders to enhance response and emergency treatment to those with SUD/ODU.

T.6

Train Providers and Admin staff to optimize reimbursement for treatment through proper coding/billing across insurances to ensure service provider sustainability

T.7

Enable individuals, family and caregivers to find, access and navigate treatment for SUD/ODU as well as home and community-based services and social supports

Recovery

R.1

Enhance discharge coordination from inpatient treatment facilities and/or criminal justice system – linkages to home and community-based services, social supports.

R.2

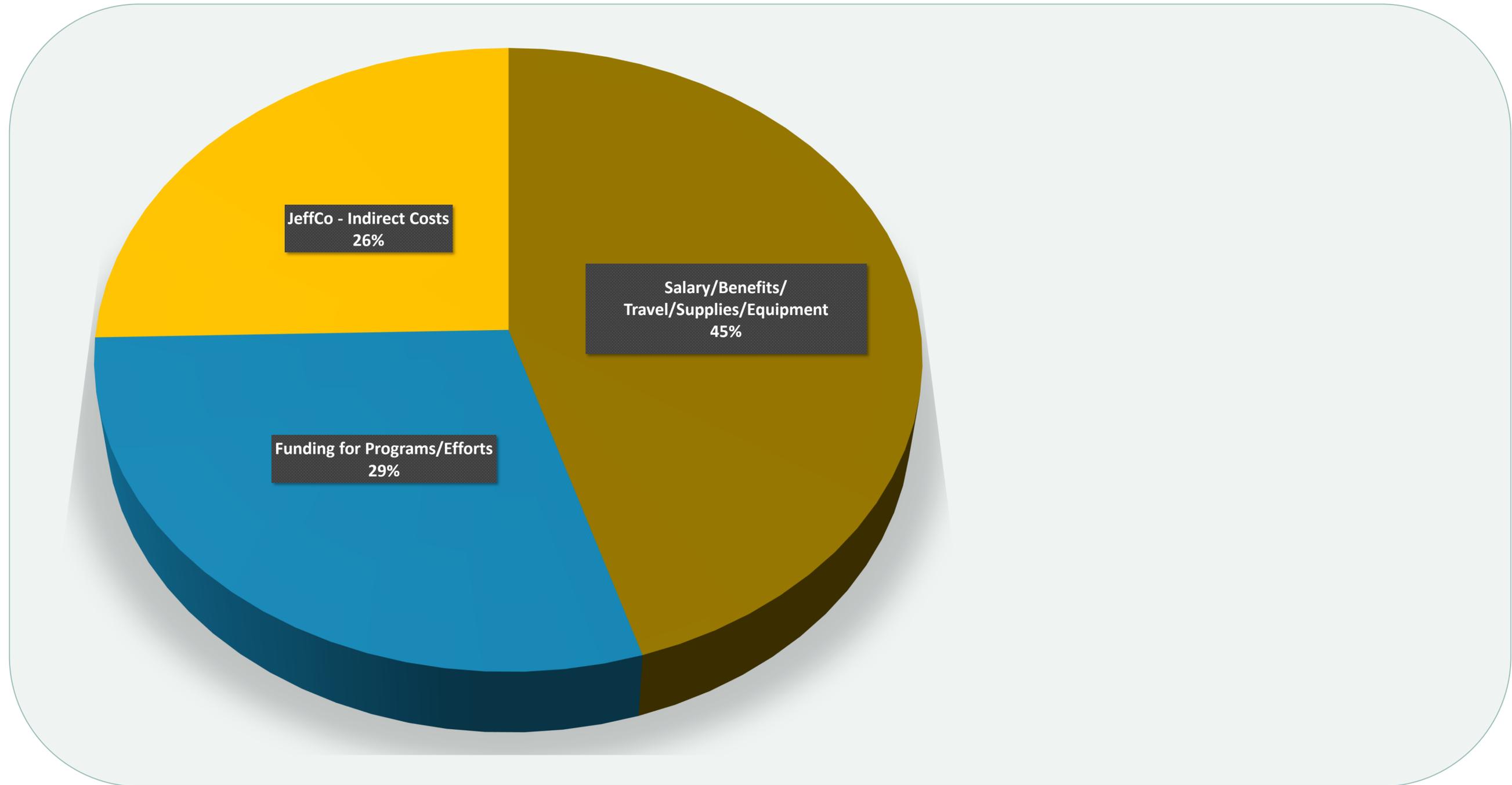
Enable individuals, family and caregivers to find, access and navigate treatment for SUD/ODU as well as home and community-based services and social supports

R.3

Support development of recovery communities, recovery coaches, and recovery community organizations to expand the availability of and access to recovery support services



RCORP-Implementation Fund Allocation





		Year 1 RCORP-I Grant Deliverables													
		Qtrly Rpt		Qtrly Rpt		6 Mos PIMS		Qtrly Rpt		Qtrly Rpt		6 Mos PIMS		Year 1 Sustainability	
		Due 12/15/20		Due 03/15/21		Due 03/15/21		Due 06/15/21		Due 09/15/21		Due 09/15/21		Due 9/15/21	
		RE: 9/30-11/30/20		RE: 12/01 -2/28/21		9/01/20 - 2/28/21		03/01-5/31/21		6/01-8/31/21		03/01-8/31/21			
Organization	Contact	Contributes	Complete	Contributes	Complete	Contributes	Complete	Contributes	Complete	Contributes	Complete	Contributes	Complete	Contributes	Complete
JCPH	Martine	x		x		x		x		x		x		x	
JHC	Nowak	x		x		x		x		x		x		x	
DBH	Novelli	x		x		x		x		x		x		x	
EJFR	Brummel	x		x		x		x		x		x		x	
JSCO/Jail	Fortino	x		x		x		x		x		x		x	
PTPD	Haynes	x		x		x		x		x		x		x	
SH/BoH	Kessler	x		x		x		x		x		x		x	
BiR/GtF	Caudill	x		x		x		x		x		x		x	
JCPO	Kennedy	x		x		x		x		x		x		x	
Recovery Café	Richardson	x		x		x		x		x		x		x	
ADAI	Rey-Thomas	x		x		x		x		x		x		x	
Youth Prev	Banker	x		x				x		x				x	
NAMI	Johnson	x		x				x		x				x	
Hospital	Wharton	x		x				x		x				x	
County	Brotherton	x		x				x		x				x	
Hospital	Fortino	x		x				x		x				x	
SBH-ASO	Kron	x		x				x		x				x	
BHAC	McEnery	x		x				x		x				x	



Information Required for PIMS Report

Service Area & Consortium_Aug20

PIMS Section	Measure	Instructions and Answer Options in PIMS	Information to report:
Service Area and Consortium	Consortium Composition	Identify the types and number of organizations in the consortium	Organization type:
			If other medical agency or organization, specify:
Service Area States/Territories	Define your Service Area	Please select the option that best describes your project's service area: single county, multiple counties, state, multiple states, national. Identify the State(s) included in the project service area. Write in the abbreviation for each state.	If other social service or non-medical agency or organization, specify:
Service Area Population	Total Population in the Project's	Please report the number of people that live in the project's service area	
Consortium Meetings	Total Number of Consortium Meetings Conducted in	Please report the total number of consortium meetings conducted in the past 6-months in which the majority of consortium members (> 75%) participated.	
Sources of Sustainability	Funding Sources for Sustainability	Please indicate the type(s) of sources of funding that you plan to use to sustain the consortium and/or its activities using the following categories (please check all that apply)	
		Contractual Services (e.g. Fee For Service, Bundled Payment, Per	
		Federal grant - RCORP-Implementation	
		Federal grant - RCORP MAT-Expansion	
		Federal grant - Other HRSA grants (non-RCORP)	
		Federal grant - non-HRSA	
		Insurance - Separate Children's Health Insurance Program (CHIP)	
		Insurance - Medicaid/CHIP	
		Insurance - Medicare	
		Insurance - Private Insurance	
		Insurance - Tricare	
		In-kind contributions (defined as donations of anything other than money, including goods or services/time.)	
		Foundations	
		Fundraising/ Monetary donations	
		Program Revenue, Membership Fees/Dues	
State grants			
Self-Pay			
Other Type 1	Specify Other Type 1:		
Other Type 2	Specify Other Type 2:		
Other Type 3	Specify Other Type 3:		

Demographics_Aug20

PIMS Section Name	Measure Name	Instructions and Answer Options in PIMS	Total to report (Autosum)	If P Organ (M)
Age	Number of People Served by Age	Please report the number of people served, by age, during the past 6-months.		
		0-12	0	
		13-17	0	
		18-24	0	
		25-34	0	
		35-44	0	
		45-54	0	
		55-64	0	
		65 and over	0	
		Unknown	0	
	Total	0		
Insurance Status	Number of People Served by Insurance Status	Please report the number of people served, by insurance status, during the past 6-months.		
		Self-pay	0	
		None/Uninsured	0	
		Dual Eligible (covered by both Medicaid and Medicare)	0	
		Medicaid/CHIP only	0	
		Medicare only	0	
		Medicare plus supplemental	0	
		Tricare	0	
		Other third party (e.g., privately insured)	0	
		Unknown	0	
	Total	0		



Information Required for PIMS Report

Prevalence_Aug20

Section Name	Measure	Instructions and Answer Options in PIMS	Total to report (from lead applicant)	Data Source	Data Notes/Comments
Non-Fatal Opioid Overdoses	Number of Non-Fatal Opioid Overdoses in the Project's Service Area	<i>Please report the total number of non-fatal overdoses from opioid poisoning in your project's service area in the past 6-months.</i>			
Fatal Opioid Overdoses	Number of Fatal Opioid Overdoses in the Project's Service Area	<i>Please report the total number of fatal overdoses from opioid poisoning in your project's service area in the past 6-months.</i>			
NAS/NOW-related Birth in Project's Service Area	Number of NAS/NOW-related Births in the Project's Service Area	<i>Please report the total number of infants born with Neonatal Abstinence Syndrome (NAS)/Neonatal Opioid Withdrawal (NOW) Syndrome-related symptoms in the project service area in the past 6-months</i>			



Information Required for PIMS Report

Direct Services_Aug20				
Section Name in PIMS	Measure	Instructions and Answer Options in PIMS	Total to report (Autosum)	Partner Org: 1 (Nan
and Diagnosis	Patients with a Diagnosis of SUD Who Were Tested for HCV	Please report the total number of patients with a diagnosis of substance use disorder who were also tested for the Hepatitis C Virus (HCV) during the past 6-months.	0	
	Patients with a Diagnosis of SUD Who Were Referred to Treatment	Please report the total number of patients with a diagnosis of substance use disorder (SUD) who were referred for SUD treatment during the past 6-months.	0	
Patients with a Diagnosis of SUD Who Were Referred to Support Services	Patients with a Diagnosis of SUD Who Were Referred to Support Services	Please report the total number of patients with a diagnosis of SUD who were referred to support services within the past 6-months, by type of service.		
		Childcare	0	
		Employment services	0	
		Prenatal/postpartum care services	0	
		Recovery housing	0	
		Transportation to treatment	0	
		Other Support Services - Type 1	0	
		Specify Other Type 1 (if applicable):		
		Other Support Services - Type 2	0	
		Specify Other Type 2 (if applicable):		
Other Support Services - Type 3	0			
Specify Other Type 3 (if applicable):				
Patients Who Received MAT	Number of Patients Who Have Received MAT	Please report the total number of patients who have received medication assisted treatment (MAT) only or MAT with psychosocial therapy within the past 6-months.		
		Number of patients who received MAT AND psychosocial therapy in the past 6-months	0	
		Number of patients who received MAT ONLY in the past 6-months	0	
Patients Who Received MAT for 3 Months or More	Number of Patients Who Have Received MAT for 3 Months or More without Interruption	Please report the total number of patients who have received MAT (including both medication AND psychosocial therapy) for a period of 3 months or more without interruption in the past 6 months.	0	



Information Required for PIMS Report

Workforce_Aug20

PIMS Section Name	Measure	Instructions and Answer Options in PIMS
Number of Healthcare Providers who have DATA Waiver	Number of Healthcare Providers within the Project's Service Area who have a DATA Waiver	<i>Please report the total number of healthcare providers within the service area who have a Data Treatment Act 2000 (DATA) waiver to prescribe buprenorphine-containing products for medication assisted treatment (MAT). Additionally, please report the total number of health care providers within your consortium who have a DATA Waiver.</i>
		WITHIN THE SERVICE AREA Column
		Certified nurse-midwives
		Certified registered nurse anesthetists
		Clinical nurse specialists
		Nurse practitioners
		Physician (MD/DOs, including internal medicine, primary care, family medicine, pediatrics, and other specialties)
		Physician Assistant
		Psychiatrist (i.e. physician in the specialty of psychiatry)
		Total
		WITHIN THE CONSORTIUM Column
		Certified nurse-midwives
		Certified registered nurse anesthetists
		Clinical nurse specialists
		Nurse practitioners
Physician (MD/DOs, including internal medicine, primary care, family medicine, pediatrics, and other specialties)		
Physician Assistant		
Psychiatrist (i.e. physician in the specialty of psychiatry)		
Total		

		<i>Please report the total number and full-time equivalent (FTE) of providers within your consortium who have prescribed medications that are used to treat OUD in the past 6-months, by provider type. Please provide FTE in (00.00) format.</i>
Number of Providers Who Have Provided MAT	Number of Providers Who Have Provided MAT	TOTAL NUMBER Column
		Certified nurse-midwives
		Certified registered nurse anesthetists
		Clinical nurse specialists
		Nurse practitioners
		Physician (MD/DOs, including internal medicine, primary care, family medicine, pediatrics, and other specialties)
		Physician Assistant
		Psychiatrist (i.e. physician in the specialty of psychiatry)
		Other Type 1:
		Specify Other Type 1 (if applicable):
		Other Type 2:
		Specify Other Type 2 (if applicable):
		Other Type 3:
		Specify Other Type 3 (if applicable):
		Total
FTE Column		
Certified nurse-midwives		
Certified registered nurse anesthetists		
Clinical nurse specialists		
Nurse practitioners		
Physician (MD/DOs, including internal medicine, primary care, family medicine, pediatrics, and other specialties)		
Physician Assistant		
Psychiatrist (i.e. physician in the specialty of psychiatry)		
Other Type 1:		
Specify Other Type 1 (if applicable):		
Other Type 2:		
Specify Other Type 2 (if applicable):		
Other Type 3:		
Specify Other Type 3 (if applicable):		
Total		



Information Required for PIMS Report

Workforce_Aug20

Number of Eligible Providers without a DATA Waiver	Number of Eligible Providers without a DATA Waiver	<p>Please report the total number and full-time equivalent (FTE) of providers within your consortium who are eligible for the Data Treatment Act 2000 (DATA) waiver but <u>have not yet</u> completed the necessary training to receive a waiver. Please specify by provider type and provide FTE in (00.00) format.</p> <p><i>NOTE: This is the full list of provider types eligible to receive the DATA waiver at this time. If policy changes, we may use this response option to gather additional information on providers who become eligible.</i></p>
		TOTAL NUMBER Column
		Certified nurse-midwives
		Certified registered nurse anesthetists
		Clinical nurse specialists
		Nurse practitioners
		Physician (MD/DOs, including internal medicine, primary care, family medicine, pediatrics, and other specialties)
		Physician Assistant
		Psychiatrist (i.e. physician in the specialty of psychiatry)
		Total
FTE Column		
Certified nurse-midwives		
Certified registered nurse anesthetists		
Clinical nurse specialists		
Nurse practitioners		
Physician (MD/DOs, including internal medicine, primary care, family medicine, pediatrics, and other specialties)		
Physician Assistant		
Psychiatrist (i.e. physician in the specialty of psychiatry)		
Total		

Number of Providers Currently Providing SUD/OD Treatment Services	Number and FTE Currently Providing SUD/OD Treatment Services	<p>Please report the total number and full time equivalent (FTE) of providers within your consortium who serve the grant service area and are currently implementing SUD/OD services, including MAT. Please specify by provider type. Please provide FTE in (00.00) format.</p>
		TOTAL NUMBER Column
		Certified nurse-midwife
		Certified registered nurse anesthetists
		Clinical nurse specialist
		Clinical psychologists
		Counseling psychologists
		Licensed clinical social workers
		Licensed professional counselors
		Marriage and family therapists
Nurse practitioners		
Peer support specialists		
Pharmacists		
Physicians (MD/DOs, including internal medicine, family medicine, pediatrics, and other specialties)		
Physician assistants		
Psychiatric nurse specialists		
Psychiatrists (i.e. physician in the specialty of psychiatry)		
Registered nurses		
SUD counselors		
Other Type 1:	Specify Other Type 1 (if applicable):	
Other Type 2:	Specify Other Type 2 (if applicable):	
Other Type 3:	Specify Other Type 3 (if applicable):	
FTE Column		
Certified nurse-midwife		
Certified registered nurse anesthetists		
Clinical nurse specialist		
Clinical psychologists		
Counseling psychologists		
Licensed clinical social workers		
Licensed professional counselors		
Marriage and family therapists		
Nurse practitioners		
Peer support specialists		
Pharmacists		
Physicians (MD/DOs, including internal medicine, family medicine, pediatrics, and other specialties)		
Physician assistants		
Psychiatric nurse specialists		
Psychiatrists (i.e. physician in the specialty of psychiatry)		
Registered nurses		
SUD counselors		
Other Type 1:	Specify Other Type 1 (if applicable):	
Other Type 2:	Specify Other Type 2 (if applicable):	
Other Type 3:	Specify Other Type 3 (if applicable):	



Information Required for PIMS Report

Workforce_Aug20

Number of Providers, Paraprofessionals, and Community Members (Non-providers) Who Received General SUD Education or Training	Number of Providers, Paraprofessionals, and Community Members (Non-providers) Who Received General SUD Education or Training	Please report the total number of providers , paraprofessional staff , and community members (non-providers) who participated in direct substance use disorder education or training activities within the past 6-months as a result of FCCRF funding. For each topic area, please provide the number of participants in each category: Providers, paraprofessional staff (e.g. peer support staff, care managers, care navigators, other recovery support staff) and community members (neither providers nor paraprofessional staff).	
		<p>PROVIDERS Column</p> <p>Mental health first aid</p> <p>Naloxone training</p> <p>Opioid prescribing guidelines</p> <p>Stigma reduction</p> <p>Other Type 1: _____ Specify Other Type 1 (if applicable): _____</p> <p>Other Type 2: _____ Specify Other Type 2 (if applicable): _____</p> <p>Other Type 3: _____ Specify Other Type 3 (if applicable): _____</p> <p>Other Type 4: _____ Specify Other Type 4 (if applicable): _____</p>	
<p>PARAPROFESSIONAL STAFF Column</p> <p>Mental health first aid</p> <p>Naloxone training</p> <p>Opioid prescribing guidelines</p> <p>Stigma reduction</p> <p>Other Type 1: _____ Specify Other Type 1 (if applicable): _____</p> <p>Other Type 2: _____ Specify Other Type 2 (if applicable): _____</p> <p>Other Type 3: _____ Specify Other Type 3 (if applicable): _____</p> <p>Other Type 4: _____ Specify Other Type 4 (if applicable): _____</p>			
<p>COMMUNITY MEMBERS Column</p> <p>Mental health first aid</p> <p>Naloxone training</p> <p>Opioid prescribing guidelines</p> <p>Stigma reduction</p> <p>Other Type 1: _____ Specify Other Type 1 (if applicable): _____</p> <p>Other Type 2: _____ Specify Other Type 2 (if applicable): _____</p> <p>Other Type 3: _____ Specify Other Type 3 (if applicable): _____</p> <p>Other Type 4: _____ Specify Other Type 4 (if applicable): _____</p>			



Grant-Required Core Activities



Prevention

- P.1 Linguistic / Cultural Efforts to Reduce Stigma
- P.2 Increase Naloxone Access and Training
- P.3 Support Drug Take Back Programs
- P.4 Support School Community Prevention Programs
- P.5 Improve ID/Screening for SUD/ODU; provide referrals to providers, harm reduction, early intervention, treatment, and support

Treatment

- T.1 Screen/Provide/Refer Patients with infectious implications
- T.2 Recruit/Train/Mentor interdisciplinary teams of SUD/ODU Clinical and Service Providers
- T.3 Increase # of providers and social service professionals who treat/identify SUD/ODU through professional development and recruiting incentives
- T.4 Reduce Treatment Barriers
- T.5 Strengthen collaboration with law enforcement and first responders to enhance response and emergency treatment to those with SUD/ODU.
- T.6 Train Providers and Admin staff to optimize reimbursement for treatment through proper coding/billing across insurances to ensure service provider sustainability
- T.7 Enable individuals, family and caregivers to find, access and navigate treatment for SUD/ODU as well as home and community based services and social supports

Recovery

- P.1 Enhance discharge coordination from inpatient treatment facilities and/or criminal justice system – linkages to home and community-based services, social supports.
- P.2 Enable individuals, family and caregivers to find, access and navigate treatment for SUD/ODU as well as home and community based services and social supports
- P.3 Support development of recovery communities, recovery coaches, and recovery community organizations to expand the availability of and access to recovery support services

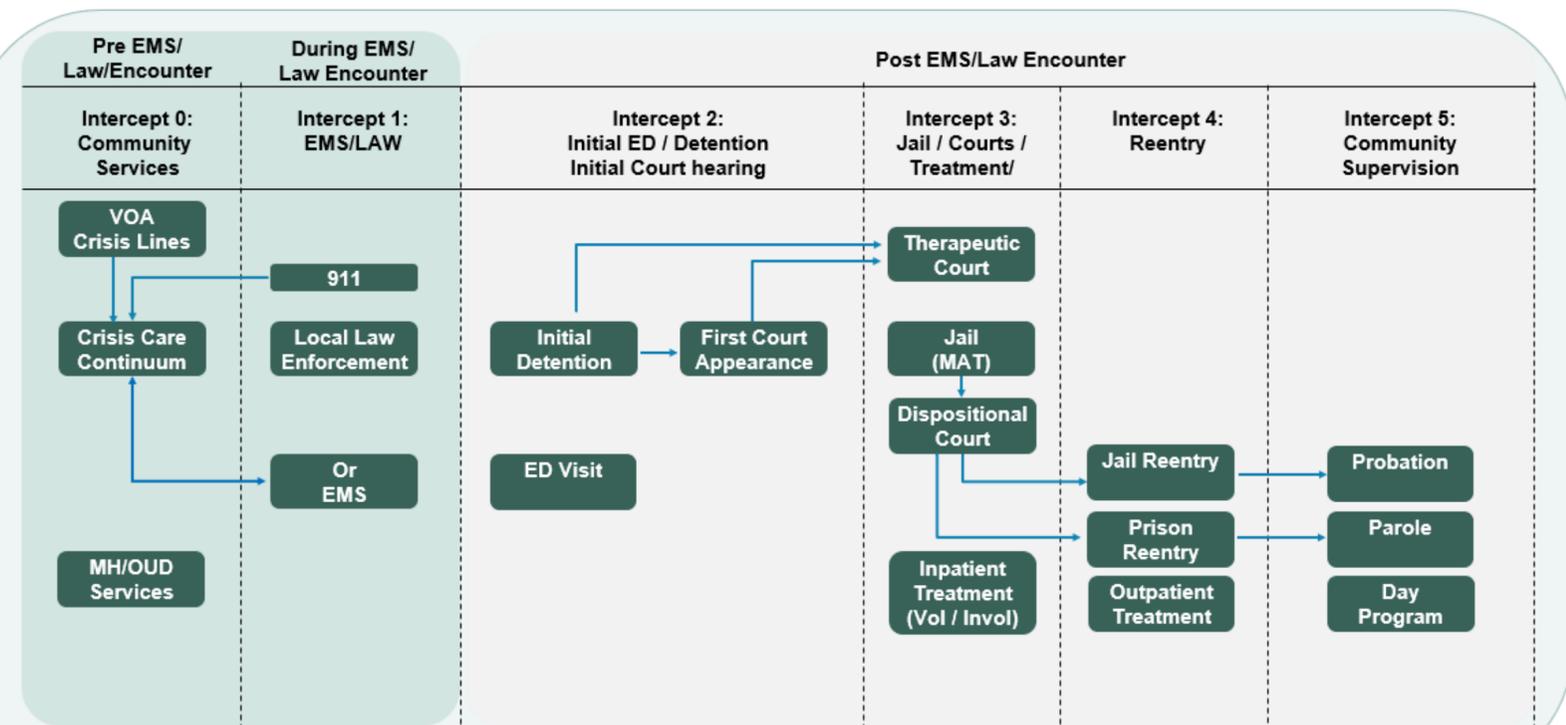


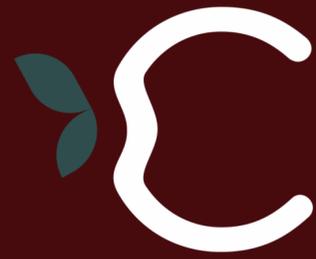
RCORP-I Grant App – Overview of BHC Strategic Actions

- Increase Navigator and Care Coordination Services
(Including Friendly Faces Program)
- Improved Jail-to-Community Service Connections
- Update DBH Day Program
- Maintain Online/Printed Resource Directory
- Develop Crisis Stabilization Center Feasibility and, if appropriate, Implementation Plan

Sequential Intercept Model Used to Visualize Impacts

Improved Behavioral Health Service Access and Diversion Intercept Points





Prevention



Relevant Prevention-related BHC Strategic Plan Actions

- Support/Incorporate JCPH Prev Team's "Starts With One" campaign into BHC Communication Action Plan (CAP)
- Practice Recovery Dialects' recommended language @ BHC
- Implement PAX Good Behavior Game in Chimacum Schools
- Enlist review in BHC products for positive cultural/linguistic impact
- Support track Naloxone supplies/training from jail, SEP, library, and School Districts
- Raise awareness of naloxone used by Law Enforcement (LE)
- Work with Youth Prev to brainstorm/execute other areas to offer Naloxone
- Raise profile of Drug Takebacks, JCPH Prev Team's CPWI effort
- Start-up Quilcene SEP Program & wraparound services
- Fund Recovery Café Advocate position
- Create Friendly Faces/Hi Utilizer care management program
- Support, trouble-shoot, intensify, raise the profile and endorsement of ongoing efforts of jail personnel, county medical and behavioral health care providers, waived medical personnel throughout the county, JHC medical providers, JCPH Clinic staff, the School-based Health Care staff and faith-based organizational leaders as they work **collectively to improve how individual, family and caregiver** locate, access and navigate connection to SUD/ODU treatment, as well as medical, therapeutic, home- and community-based services, and social supports.
- Broaden existing EMS and hospital team to include Law and Behavioral Health care providers to **address navigation** & behavioral health service connection
- Create Care Coordination Team
- Improve Jail to community transitions
- Fund HFPD for continued feasibility assessment
- Track efforts, assess, evolve
- Comprehensive CAP to convey pro-recovery messaging and BHC Prevention work underway.



FOCUS

Improve access to behavioral health services throughout Jefferson County

Prevention

Treatment

Recovery

Action Notes - 09/01/20 – 10/08/20

- P.1 **Linguistic / Cultural Efforts to Reduce Stigma**
- P.2 **Increase Naloxone Access and Training**
- P.3 **Support Drug Take Back Programs**
- P.4 **Support School Community Prevention Programs**
- P.5 **Improve ID/Screening for SUD/ODU; provide referrals to providers, harm reduction, early intervention, treatment, and support**

P.1

10/8/20 – Addictionary Exercise @ BHC Mtg; Brainstorm other places we can address this;

08/00/20 - JCPH Prev Team attended Peer-to-Peer Conference – LGBTQ Cultural efforts to understand language and reduce stigma

09/24/20 – JCPH Prev Team – Kitsap STRONG’s ACES Resilience 1 day Conference. Focus: Education around undoing racism - white supremacy/black/brown/native experience (Denise getting name of conference)

P.2

10/00/20 – Naloxone Training to be presented at PT High School –?confirm dates?

10/00/20 – OSPI – Supports/Advocates Naloxone Supplies and Training be available/presented in all of the schools. (Denise getting policy #)

P.3

10/24/20 – Two Drug Take Back Events – 10-2pm @QFC-Hadlock, @JCPH Parking Lot Partnering with Sheriff’s Office and PTPD.

P.4

10/8/20 – Funded Character Strong Curriculum in Chimacum Junior/Sr High School Teaching in their Advisories 2-3 days a week, Social/Emotional Development Program that bolsters everything going on with Positive Behavioral Intervention Supports (PBIS).

10 -11/2020 5 week Parenting program Guiding Good Choices.

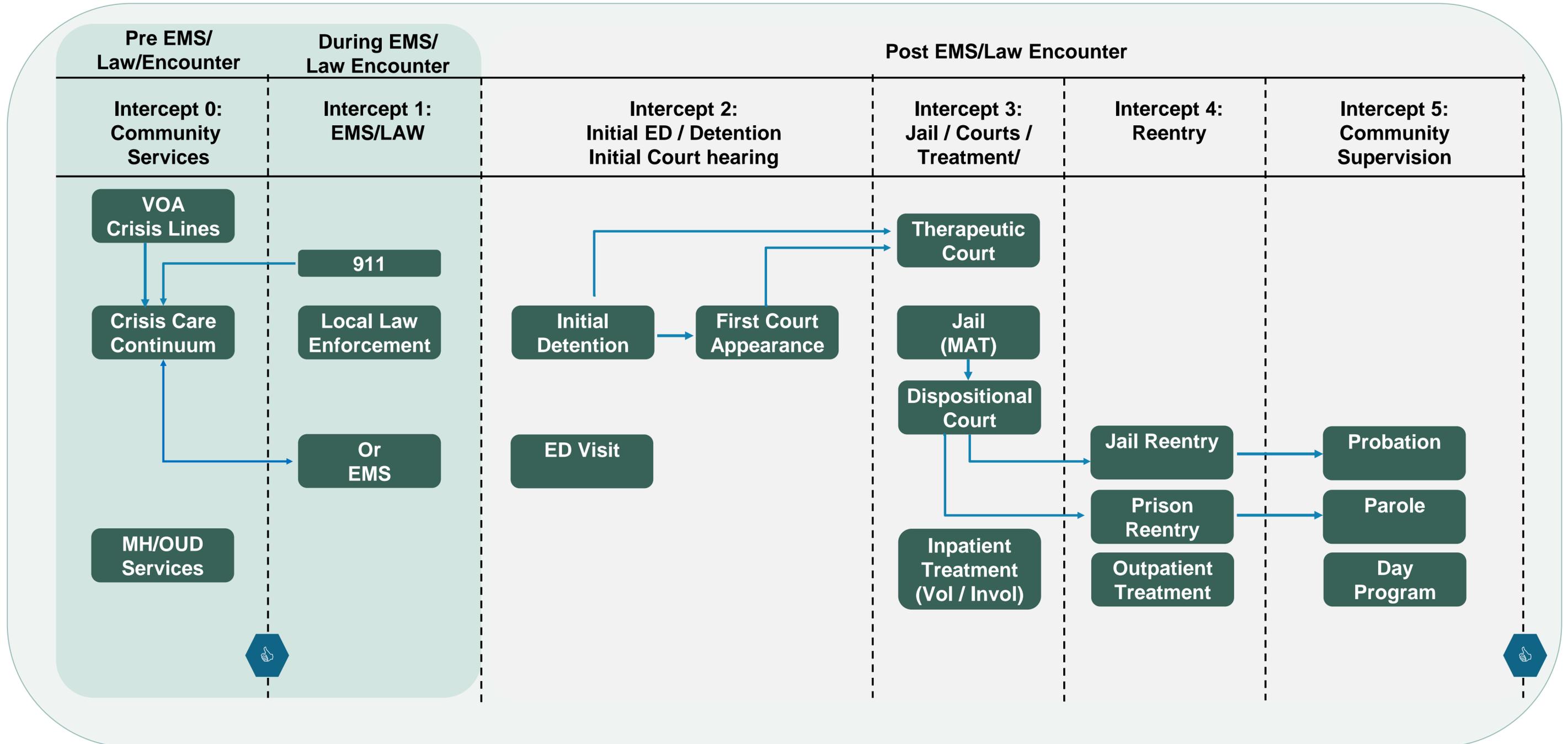
P.5

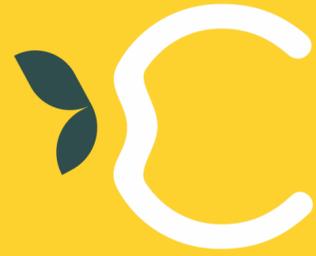
10/8/20 – Integration Effort – DBH/SH-BoH – Presentation to OCH



Sequential Intercept Model Used to Visualize Impacts

Improved Behavioral Health Service Access and Diversion Intercept Points





Treatment



Relevant **Treatment-related** BHC Strategic Plan Actions

- Fund Recovery Café Advocate position – eventual peer network training and connect those trained to key points
- Start-up Quilcene SEP Program & wraparound services
- Track PT-based SEP program
- Engage more waived MAT providers to increase volume of service; increase service connection; address barriers to MAT in PCP offices; establish metrics; assess and evolve action plan
- Review SIMS model, address where wraparound services can be improved; improve them; establish metrics; assess and evolve action plan
- Ensure full bio-psycho assessment at counseling services at primary or behavioral health care setting, jail and MAT clinic.
- Broaden existing EMS and hospital team to include Law and Behavioral Health are providers to [address navigation](#) & behavioral health service connection
- Develop Community mobile integrated healthcare delivery program
- Develop resource directory pamphlet and distribute
- Create Friendly Faces/Hi Utilizer care management program
- Prescriber/Provider Integration
- Create Care Coordination Team
- Improve Jail to community transitions
- Fund HFPD for continued feasibility assessment
- Track treatment efforts, assess, evolve
- Comprehensive CAP to convey pro-recovery messaging and BHC Treatment work underway.



FOCUS

Improve access to behavioral health services throughout Jefferson County



Action Notes - 09/01/20 – 10/08/20

- T.1 **Screen/Provide/Refer Patients with infectious implications**
- T.2 **Recruit/Train/Mentor interdisciplinary teams of SUD/ODU Clinical and Service Providers**
- T.3 **Increase # of providers and social service professionals who treat/identify SUD/ODU through professional development and recruiting incentives**
- T.4 **Reduce Treatment Barriers**
- T.5 **Strengthen collaboration with law enforcement and first responders to enhance response and emergency treatment to those with SUD/ODU**

- T.1 10/8/20 – Solicit input from BHC Members on where this is occurring, where we can ramp it up in the coming weeks/months.
- T.2 10/8/20 – Integration Effort – DBH/SH-BoH – Presentation to OCH
Solicit input from BHC Members on where this is occurring, where we can ramp it up in the coming weeks/months.
- T.3 10/8/20 – Solicit input from BHC Members on where this is occurring, where we can ramp it up in the coming weeks/months.
- T.4 10/8/20 – Award of Jail’s RSAT Grant and the program it will fund. Solicit input from BHC Members on where this is occurring, where we can ramp it up in the coming weeks/months.
Solicit input from BHC Members on where this is occurring, where we can ramp it up in the coming weeks/months.
- T.5 10/8/20 – Presentation to PT Public Safety group on 9/28 on to overview BHC’s RCORP-I grant. Will present relevant work-to-date and upcoming planned actions.
Solicit input from BHC Members on where this is occurring, where we can ramp it up in the coming weeks/months.



FOCUS

Improve access to behavioral health services throughout Jefferson County

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Recovery

Action Notes - 09/01/20 – 10/08/20

T.6

Train Providers and Admin staff to optimize reimbursement for treatment through proper coding/billing across insurances to ensure service provider sustainability

T.7

Enable individuals, family and caregivers to find, access and navigate treatment for SUD/ODU as well as home and community based services and social supports

T.6

10/8/20 – Solicit input from BHC Members on where this is occurring, where we can ramp it up in the coming weeks/months.

T.7

10/8/20 – OCH's Save a Life Campaign – Using on JCPH Social Media...Where else can it be used? <https://www.olympicch.org/savealifecampaign>

Solicit input from BHC Members on where this is occurring, where we can ramp it up in the coming weeks/months.



Prescriber/Provider Integration

MAT, Treatment, and Recovery Supports

Presented to OCH Treatment Workgroup, September 16, 2020, by:

Ford Kessler, President, Safe Harbor / Beacon of Hope

Jim Novelli, Executive Director, Discovery Behavioral Healthcare

Lori Fleming, Co-CEO, Jefferson County CHIP





Overview of Presentation to OCH

- Integration Approach / Overview
 - Safe Harbor / Beacon of Hope (SHRC/BoH)
 - Discovery Behavioral Healthcare (DBH)
- Jefferson County's Petite Brainstorm Results
- Regional Application Trampoline
- Discussion/Next Steps



Approach / Overview

First Steps

○ ○ ○

- Developed one-on-one professional rapport to understand the vision each had for their agency
- Explored their specific philosophy around prescription and treatment integration
- Set out a plan to establish a working inter-agency relationship between MAT Prescriber

**Each Agency
had something key**



Inventory - DBH

DBH has 3 waived Prescribers and a goal to become an active prescribing Agency – but was lacking an SUD Therapy program

Inventory – SHRC/BoH

SHRC/BoH has clients with SUD who would benefit from a three-prong service approach

Integration

Rather than DBH growing a SUD Program, DBH and SHRC/BoH are integrating their strengths to provide clients with complete treatment and recovery services



Jefferson County's Petite Brainstorm Results



Pre-Collaboration Challenges

- 1 An openness, priority and philosophy needs to be shared between potential collaborators
- 2 Clinics motivation to develop relationships with SUD therapy providers
- 3 Dichotomy between Federal and State requirements for clinics reveal inconsistency and lack of priority placed on prescribers to develop relationships with therapeutic agencies
- 4 Prescribers don't have time to be part of the treatment team to develop the shared understanding and content for successful integration because of medical "in-and-out" model

Some Basics

- 1 We can't expect providers to develop this type of program, it needs to be driven at the management level
- 2 Be aware of the difference between therapy and SUD/ODU-specific therapy. Our clients need the SUD/ODU specific therapy.
- 3 Use JeffCo's three Therapeutic Courts as a base to communicate message of goal to have clients receiving MAT always engaged in counseling between prescription visits.
- 4 Relevant JeffCo Therapeutic Court stakeholders could inventory what barriers exist (and how to overcome them) for participants to keep therapy appointments

Worthy Next Steps

- 1 Ford/ Jim to develop messaging that outlines they are collaborating to offer a program in Jefferson County that follows SAMHSA's guidelines for best practices
- 2 Ford and Jim's to lead their teams in good, ongoing, timely communication to establish foundation who is doing what, what therapies will be offered, who will do UAs, protocol for information transfer, etc.
- 3 Inventory JeffCo's other prescriber / therapy providers and see where we could be intentional about developing solid integrations between prescribers and UD-ODU therapy providers.



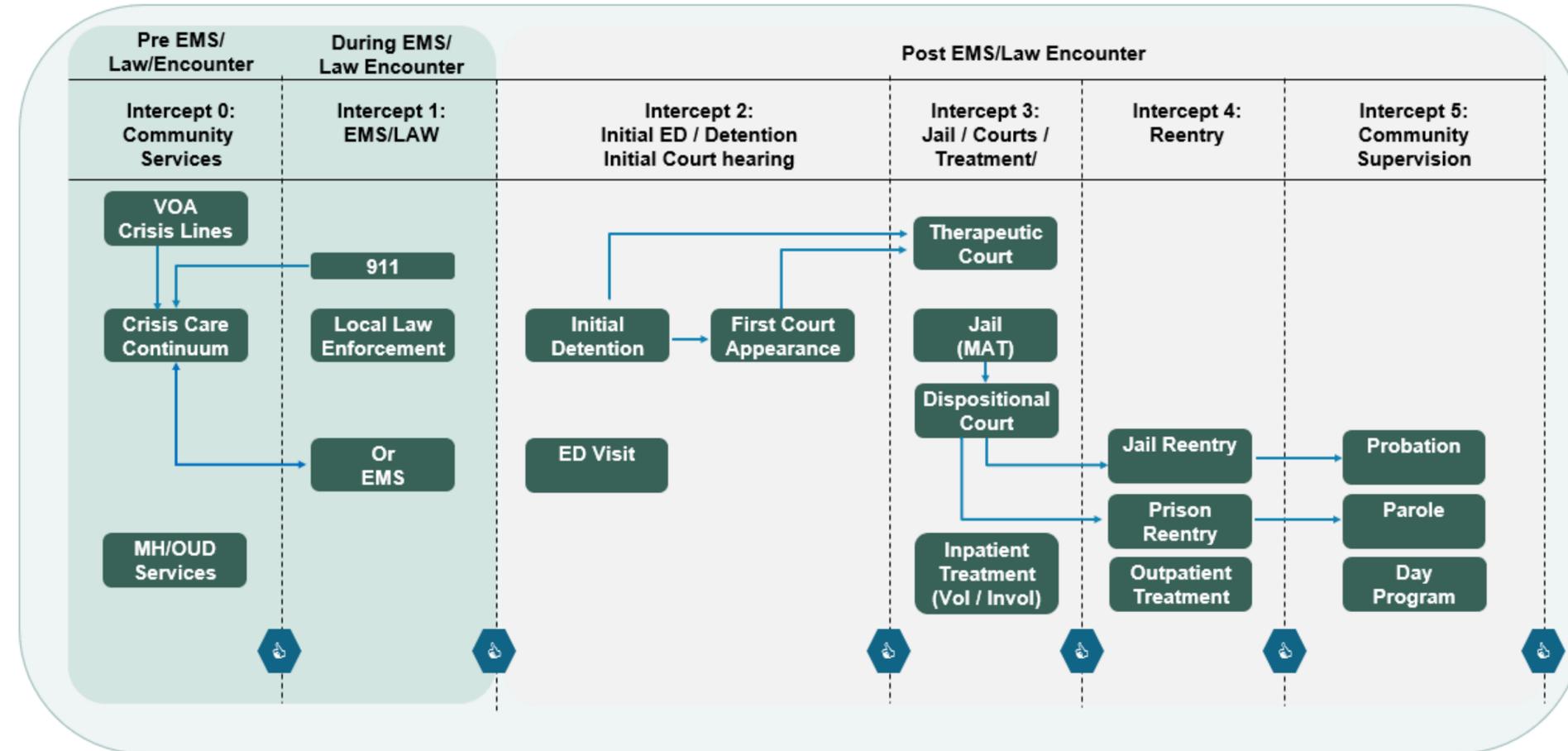
How Does the SH / BoH-DBH Collaboration Improve Our BH System?

- Impacts can be seen across the system.



Sequential Intercept Model Used to Visualize Impacts

Improved Behavioral Health Service Access and Diversion Intercept Points





RSAT Grant Overview

Residential Substance Abuse Treatment (RSAT)

Jail-Based and Aftercare Treatment for Incarcerated Individuals

Presented to:

Port Townsend's Public Safety Committee, Sept. 28, 2020

By:

David Fortino, Jefferson County Jail Superintendent



\$200,000 RSAT Grant Award – Oct 1, 2020 – Sep 30, 2021

Purpose

Develop a Residential Substance Abuse Treatment (RSAT) Program at the Jefferson County Correctional Facility.

This Program will provide an opportunity for incarcerated individuals to engage in inpatient treatment services locally, gain a head start on their road to recovery, and benefit from Aftercare Services.

Awarded by HCA's Division of Behavioral Health and Recovery (DBHR), through

- Dept. of Justice (DOJ)
- Office of Justice Programs (OJP)
- Bureau of Justice Assistance (BJA)



RSAT Jail-Based Requirements

- Provide **separate housing** or **dedicated space** for incarcerated individuals in the program
- Use a **standardized risk and needs screening** instrument to help determine program eligibility
- Develop **individualized treatment plans** that are periodically updated with progress and amended accordingly
- **Focus on holistic needs of the incarcerated individual**, substance use disorder and mental health diagnosis and other behavioral health-related needs to include successful reintegration into the community
- **Provide Medications for treatment of Opioid Use Disorder (MOUD)** if indicated by relative screening or clinical determination



RSAT Aftercare Services

- Per 34 U.S.C. 10422(c), eligibility for funding under the RSAT Program requires **individuals who participate in the jail-based treatment program to also be provided with aftercare services**
- Services must involve **coordination between the correctional treatment program and community behavioral health agencies.**
- Services can include:
 - Education and job training
 - Recovery based housing
 - Self-help and Recovery Support programs
 - Ongoing behavioral health treatment
- **Continuing** any **medication** that was initiated while in-custody

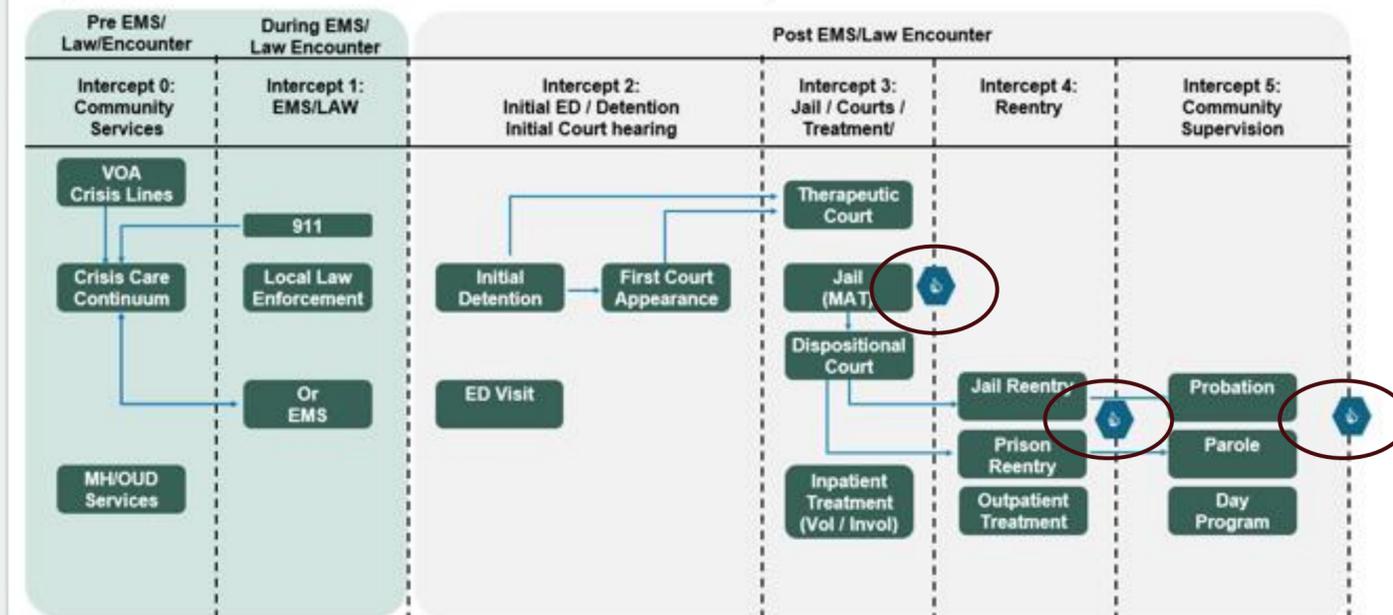


How Will The RSAT Program Impact Improved BH Services?

- Lowers existing barriers to incarcerated individuals participating in an inpatient Substance/Opioid Use treatment program
- Supports improved interception at points 3, 4, and 5 - with the aftercare component of RSAT.

Future State – System Overview

Improved Behavioral Health Service Access and Diversion Intercept Points





Recovery



Relevant Recovery-related BHC Strategic Plan Actions

- Expand case management, navigator and initiate mental health care services in Jail and Law/EMS first responder teams to ensure coverage on City and County landscapes.
- Work with Recovery Café to coordinate Peer Network Training and connect those trained into strategic points and efforts throughout the community.
- Contribute to funding a Recovery Café Advocate role, ⇒ Work with that individual to leverage Café as an intercept point to connect and integrate Recovery Café clients into wraparound social, medical and behavioral health-related services, ⇒ explore engaging providers to do bio-psych assessment services in a private room at the Café.



FOCUS

Improve access to behavioral health services throughout Jefferson County

Prevention

Treatment

○○○
Recovery

Action Notes - 09/01/20 – 10/08/20

R.1

Train Providers and Admin staff to optimize reimbursement for treatment through proper coding/billing across insurances to ensure service provider sustainability

R.2

Enable individuals, family and caregivers to find, access and navigate treatment for SUD/ODD as well as home and community based services and social supports

R.3

Support development of recovery communities, recovery coaches, and recovery community organizations to expand the availability of and access to recovery support services

R.1

10/8/20 – Solicit input from BHC Members on where this is occurring, where we can ramp it up in the coming weeks/months.

R.2

10/8/20 – DBH / SH_BoH Integration Effort – See Presentation to OCH

Solicit input from BHC Members on where this is occurring, where we can ramp it up in the coming weeks/months.

R.3

10/8/20 – Recovery Café – LF/B Richardson working to get grant funds under contract to support day-to-day operations person and development of Peer Network.

- Start-up of Recovery Café's hybrid Recovery Circles - Women's Circle led by Annie Lovato and Cat Zeccha.

Solicit input from BHC Members on where this is occurring, where we can ramp it up in the coming weeks/months.



Recovery Café

October 2020 - Highlights



Brian Richardson
Recovery Café
Program Manager



Recovery Café - 2020 Impacts

- 26 active Members who attended 67 Recovery Circle meetings
 - Current Recovery Circles:
 - Monday 4pm, Thursday 4pm
 - Women's Recovery Circle on Wednesdays at 3pm
- 34 Community Volunteers who contributed 691 hours of service
- Staff provided 462 services to 56 unique individuals (some Members, some not)
 - Services include:
 - Teleconnection check-in via phone/e-mail/text
 - Resource Support (referrals), and Case Management
- An AmeriCorps position who provided 1700 hours of service doing outreach & referrals in-person at places like our local Fairgrounds where the unsheltered population in our community was relocated during the pandemic.

Women's Recovery Circle Co-Facilitators



Annie Lovato - Staff
Recovery Advocate



Kat Zecca
Peer Leader
Trained Recovery Coach



Recovery Café - 2020 Impacts

- Attendance of 84 people at 5 virtual Volunteer Trainings (<https://www.recoverycafejc.org/blog/category/volunteer-trainings>)
- Held our very first class in the School for Recovery (virtual only) on the topic of “Nature Journaling and Meditation.”
- Continued our forms of Member and Volunteer empowerment via:
 - 7-person monthly Advisory Committee meetings who provide feedback and guidance of program elements
 - A new Kitchen Volunteer Crew where several people obtained their food handlers’ permit
 - A new Advocacy Group addressing issues of stigma who contributed to telling stories of recovery on our website <https://www.recoverycafejc.org/blog/category/people>



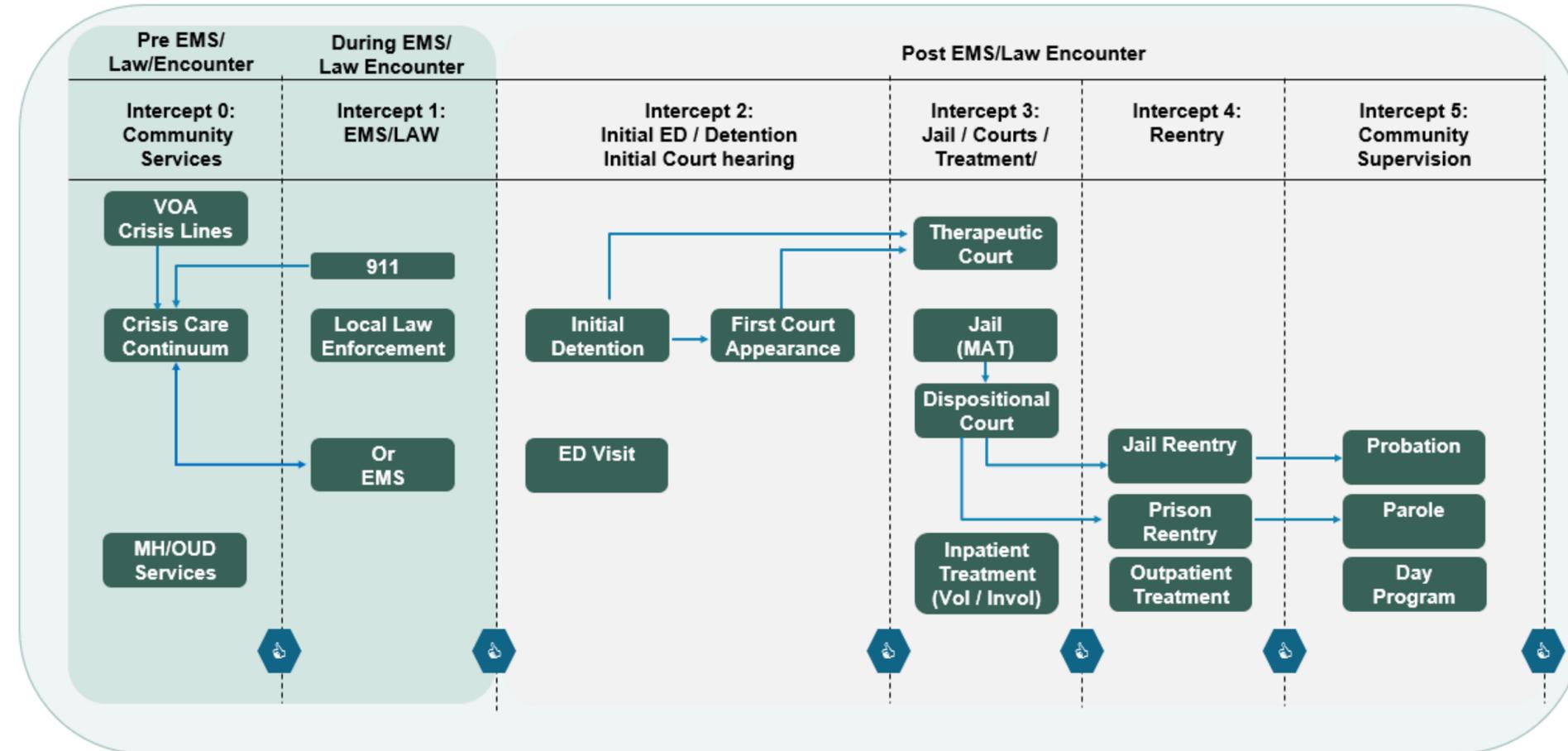
How do the Recovery Café's Programs Improve Our BH System?

- Impacts can be seen across the system.



Sequential Intercept Model Used to Visualize Impacts

Improved Behavioral Health Service Access and Diversion Intercept Points





BHC Grant - October 2020 Focus

- Prevention
 - Get Recovery Café contract in for legal review
 - Drug Takeback Program Executed
 - SEP Exploration with JHC's Quilcene Clinic
- Treatment
 - Continued initiation of DBH/SH-BoH prescriber/provider integration
 - Participation in OCH's regional
 - RSAT program initiated at Jail
- Recovery
 - Submit Recovery Café contract in for legal review
- Intersection of Prevention, Treatment and Recovery
 - Community Comm re RCORP-I Grant Plan (OCH, PTPubSafety)
 - Identify Communications Action Plan Development Resource
 - Get HFPD / JHC Contracts to Approval Queue

- Build solid delivery pathways with each BHC Member for the data required on the various grant deliverables
- Clarify 6 month priorities for BHC Members in the time of Covid and how that impacts our Strategic Plan



Cross County Partnerships

Jolene Kron, SBH – ASO

Deputy Administrator/Clinical Director



Cross County Partnership Possibilities

- Mental Health
- Suicide
- Covid
- Domestic Violence





RCORP-P Grant

Close-out Status



RCORP-Planning Grant

- Final Performance/Closeout submitted in August and processed by HRSA
- The Final Financial Report will be generated by Veronica. (Due by April 30, 2021)
- The FFR will complete this grant.

Fri 8/21/2020 11:11 AM
Lori Fleming
FW: RCORP-Planning Grant G25RH32596 - Final Performance/Closeout Report submitted to I

To Veronica K. Shaw; Debra Fountain

20200818_G25RH32956_PIICloseoutRptDataSupplement.xlsx
118 KB

20200818_G25RH32956_RCORP Planning II Closeout- Request for Information-Review.pdf
68 KB

Good morning,

The Final Narrative and Data Reports have been uploaded into EHB for the RCORP-Planning Grant. I sent them to my HRSA Program Director to get her review and approval before uploading, so I feel confident these will be processed at the EHB level quickly.

Welcome, Lori Fleming

My Tasks	
18	All
0	Late
0	Due Within 30 Days

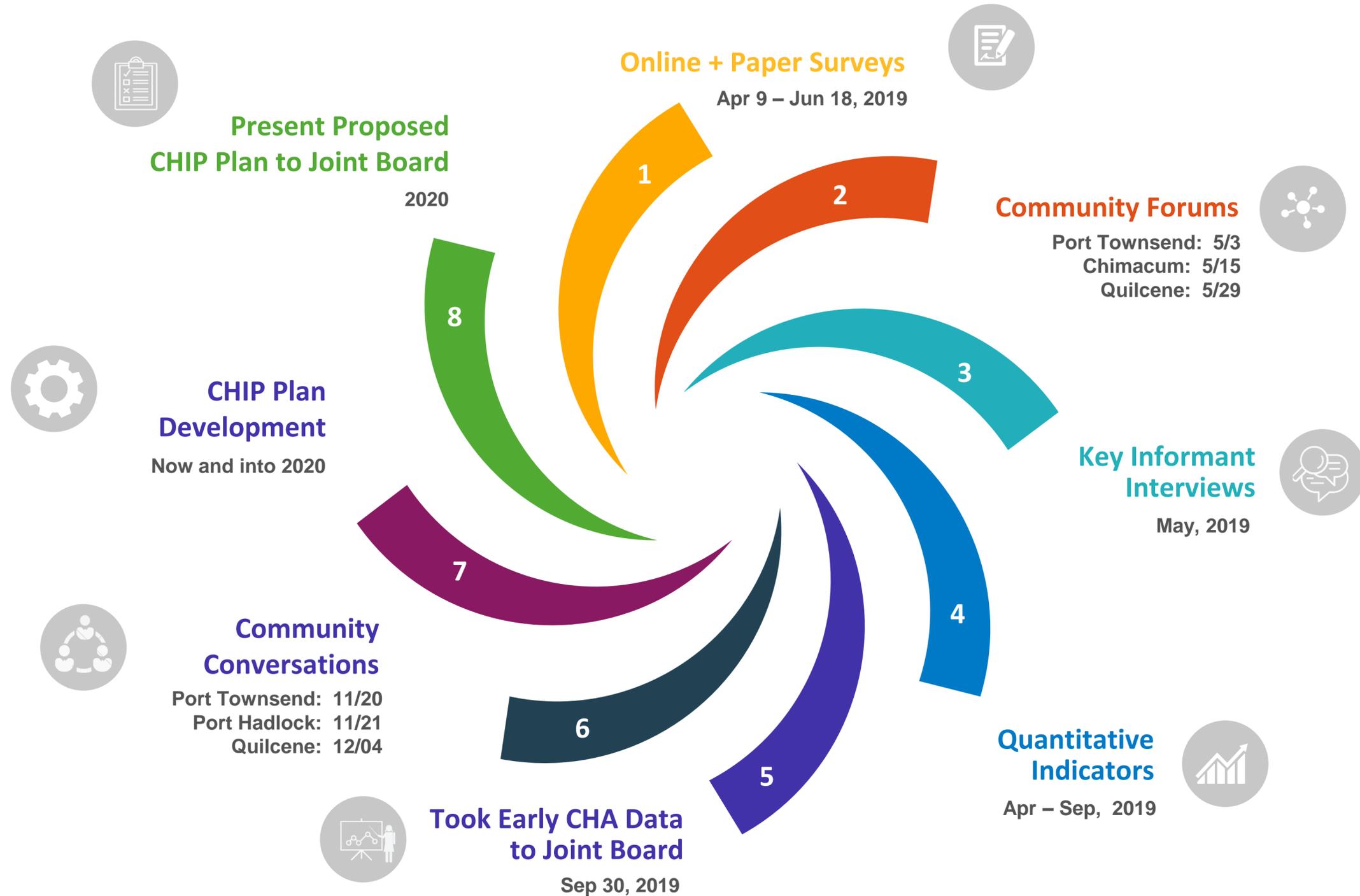
Tracking			
Category	Submitted Tasks	Submitted	Status
Other Submissions	Revised Budget - Revised Budget	09/21/2020	Processed
Other Submissions	Other Substance Use Disorder Funding, Consortium Membership and Staffing Updates -...	09/14/2020	Processed
Performance Reports	Final Performance/Closeout Report - Final Performance/Closeout Report	08/21/2020	Processed
Other Submissions	Sustainability Plan - Sustainability Plan	08/06/2020	Processed
Performance Reports	FORHP Report	07/02/2020	Under Review



CHA / CHIP Priorities



Developing Insight Using Narrative and Numbers





Post 2/6 CHA Prioritization Meeting Results – Youth

Goals as of 2/6

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

CHA-Youth



2/6 CHA Prioritization Meeting Results – Working Age

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



2/6 CHA Prioritization Meeting Results – Seniors

Goals as of 2/6

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



CHIP Integration



Next Steps in a COVID World?

- John and Lori have been consulting community resources on next steps
 - Concerns about duplication of efforts with all the work going on in our community
 - Ensure that CHIP resources are committed in places where they can do the most good



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.



Questions for Consideration

- Should CHIP continue with its Age Band teams?
- Can CHIP resources be leveraged to help with other activities in the community?
- Could some of the existing groups be transitioned into the Age Band teams – Like Children and Families becoming the Youth Age Band Team?
- We believe there is possibility to consolidate, combine or at least more clearly define the roles of some existing teams, your thoughts about how to do that?



Behavioral Health Data Update

October 2020

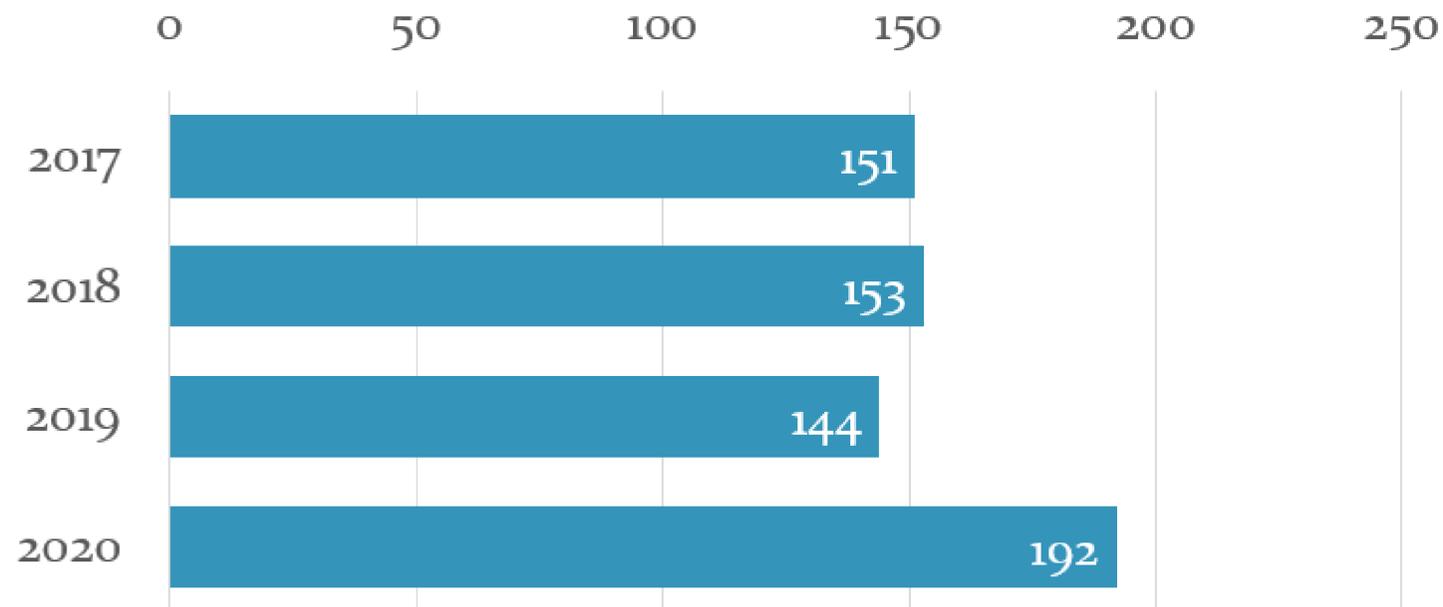


HEALTH FACILITIES PLANNING & DEVELOPMENT
RESEARCH · DATA · ANALYTICS · STRATEGY · IMPLEMENTATION

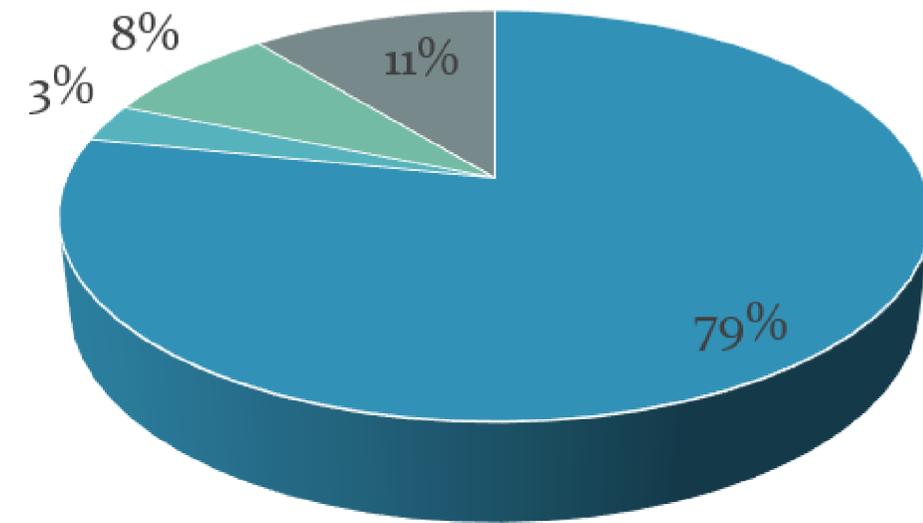


East Jefferson Fire Rescue has experienced an average of 160 behavioral health related responses per year over the last 4 years, 79% of which were mental health related. Total BH responses have increased in 2020.

East Jefferson Fire Rescue Behavioral Health Related Calls



Behavioral Health Related Calls By Type

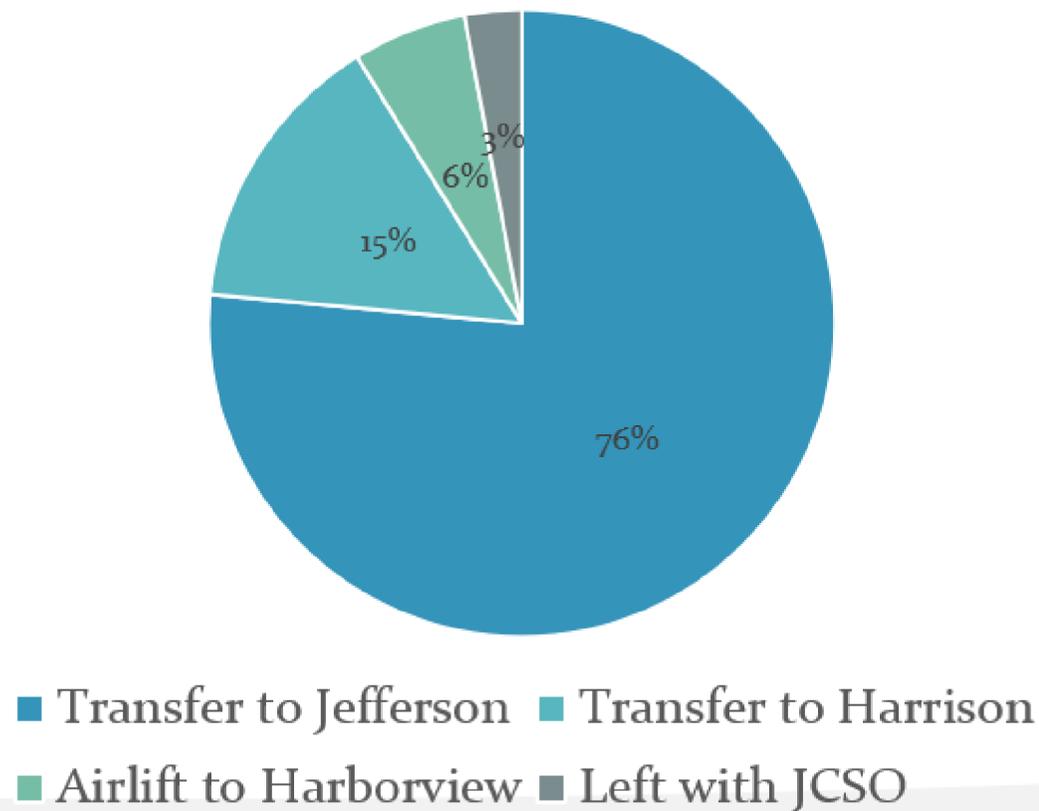


- Mental Health Related
- Alcohol Related
- Opioid Related
- Unspecified/Other Drug Related

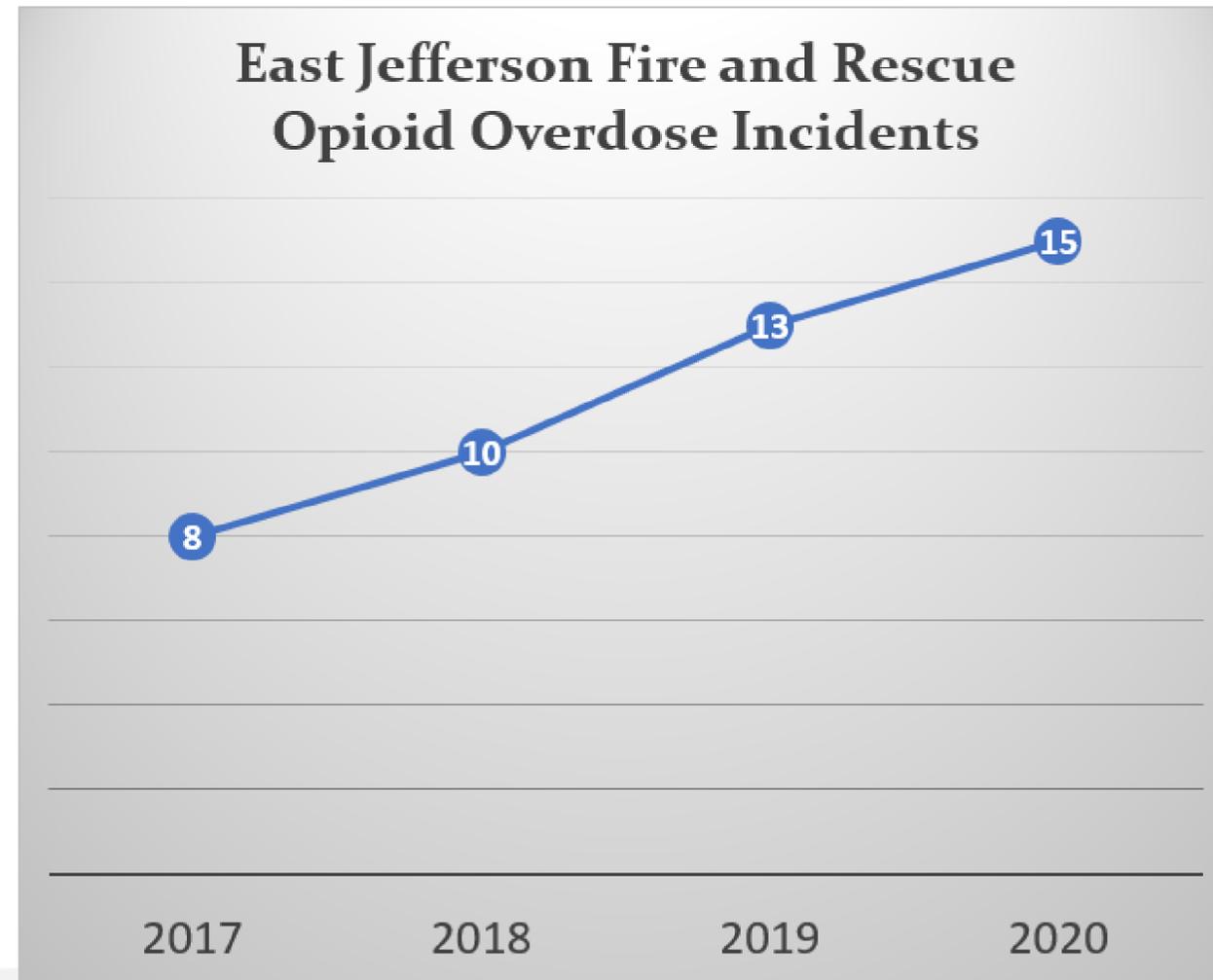


The number of opioid calls addressed by East Jefferson Fire Rescue has been increasing since 2017 (but numbers are still small). The majority (76%) of patients are transferred to Jefferson Healthcare, with 15% to Harrison Medical Center.

**Discharge Disposition
EJFR Opioid Overdose Incidents
2017 - 3/2020**



**East Jefferson Fire and Rescue
Opioid Overdose Incidents**

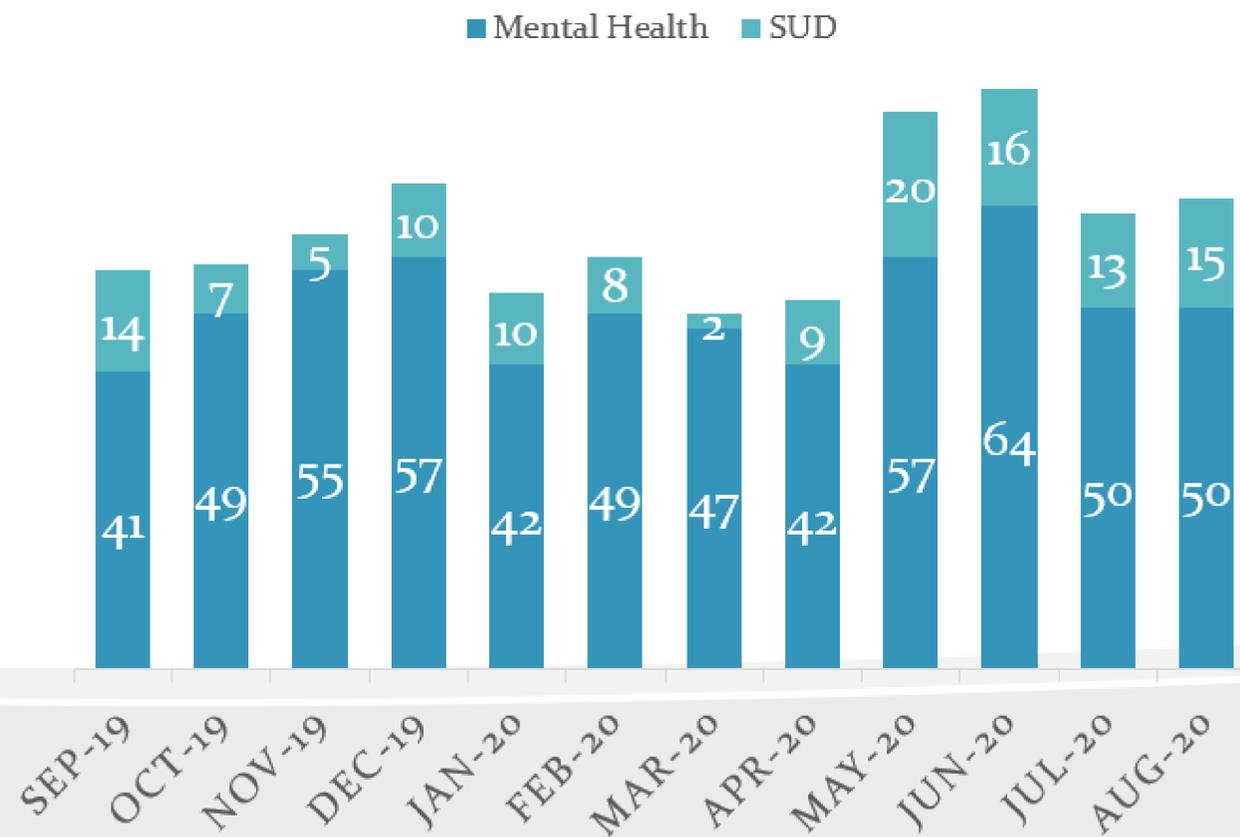


Note: 2020 data Annualized based on 1/20 – 8/20 data

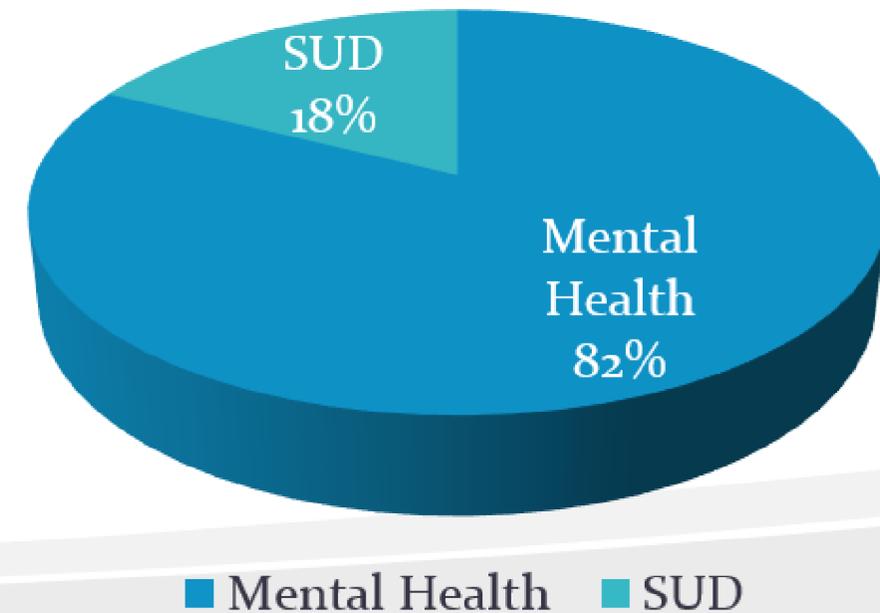


Jefferson Healthcare had a total of 732 Behavioral Health ER visits in the most recent 12-month period (through 8/2020). 82% of those were mental health related. May and June of 2020 had the highest volumes.

Jefferson Healthcare BH Emergency Arrivals by Month



Jefferson Healthcare BH Emergency Arrivals September 2019 - August 2020

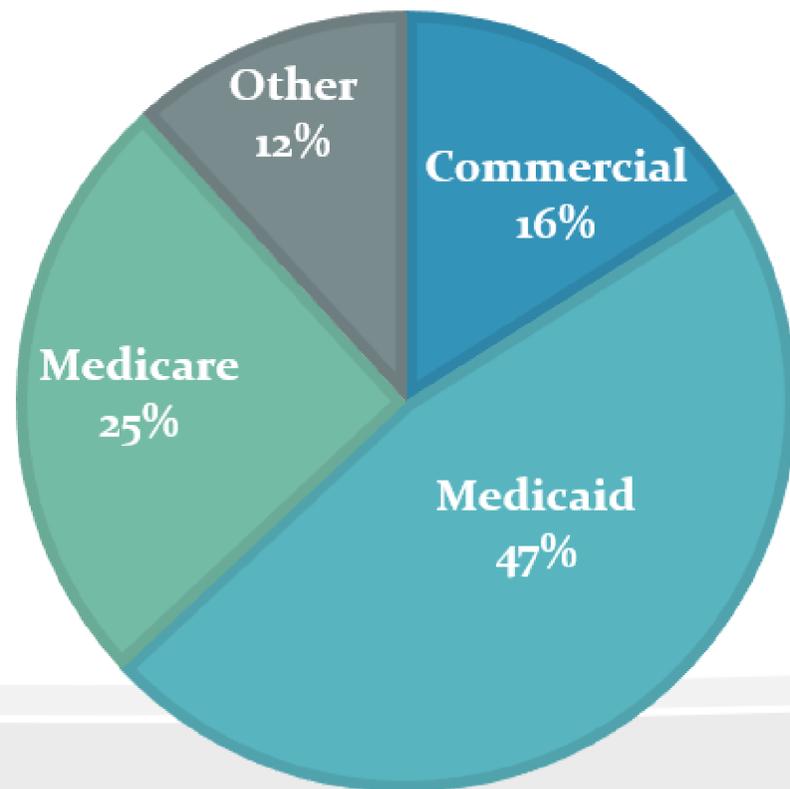




Jefferson Healthcare’s mental health patients are largely Medicare and Medicaid; SUD patients have a higher reliance on Medicaid. 80% of behavioral health ED patients are discharged “home” and just over 10% are discharged to inpatient psych (approximately 60 patients per year).

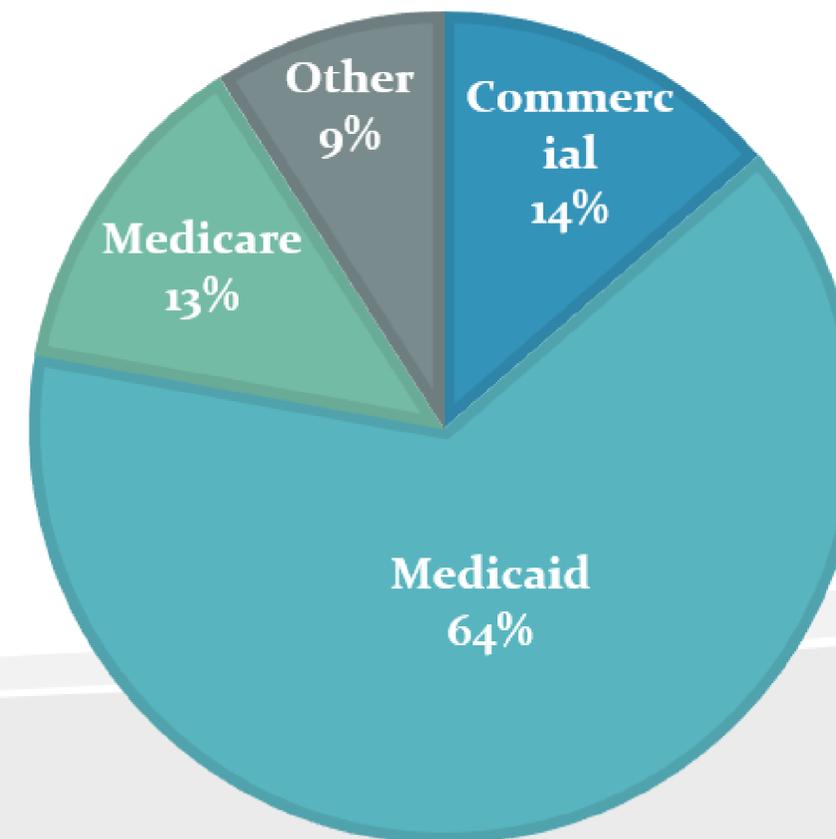
Mental Health

■ Commercial ■ Medicaid ■ Medicare ■ Other



SUD

■ Commercial ■ Medicaid ■ Medicare ■ Other

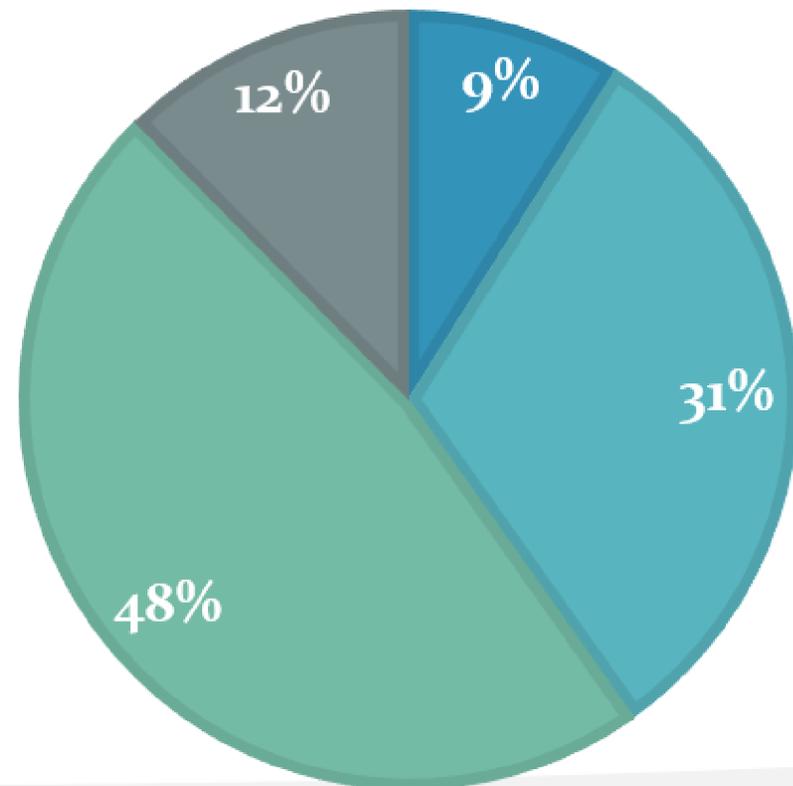




Nearly 80% of mental health related ED visits are for patients age 25-64; and almost 90% for SUD patients.

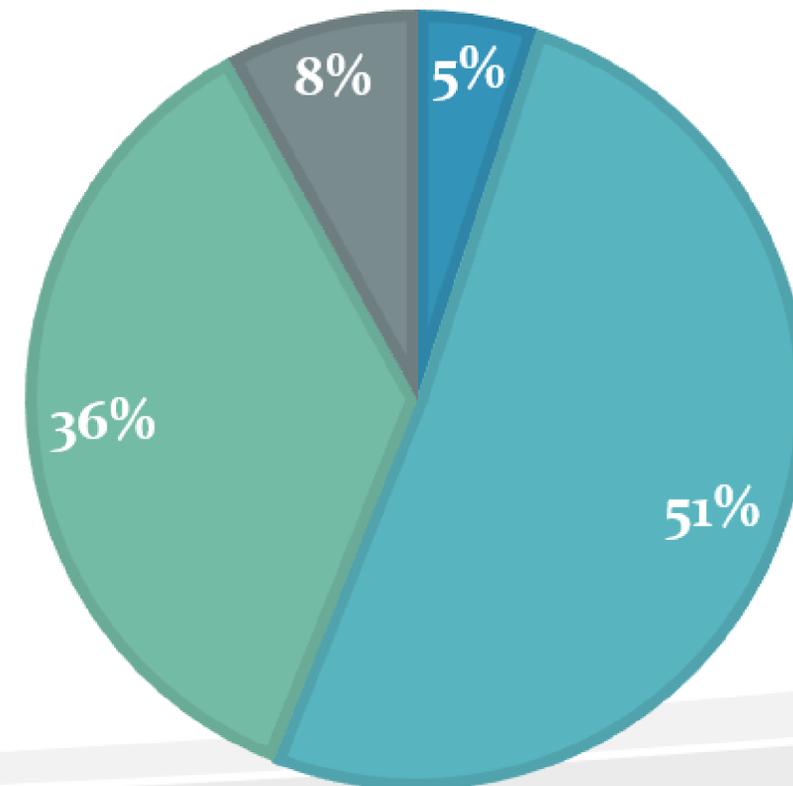
MENTAL HEALTH

■ 0-18 ■ 25-34 ■ 35-64 ■ 65+



SUD

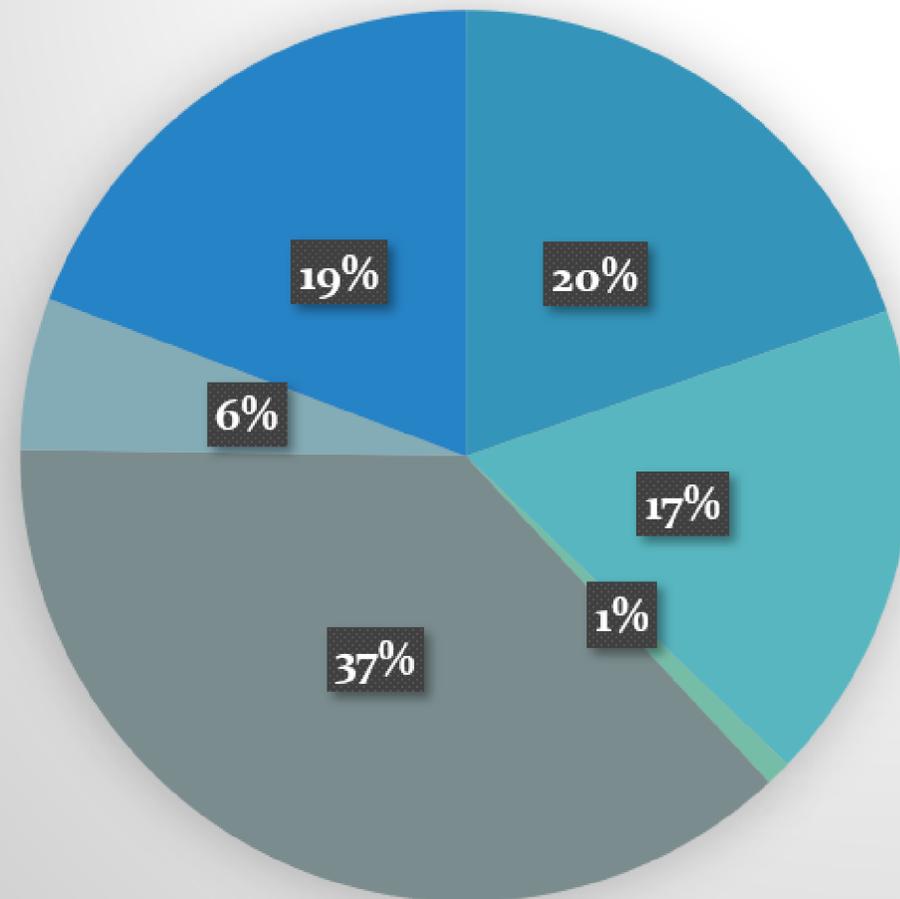
■ 0-18 ■ 25-34 ■ 35-64 ■ 65+





Of the Discovery Behavioral Health ITA investigations, 20% result in involuntary detention; the other 80% are referred to differing levels of mental health or SUD services.

May 2019 - July 2020

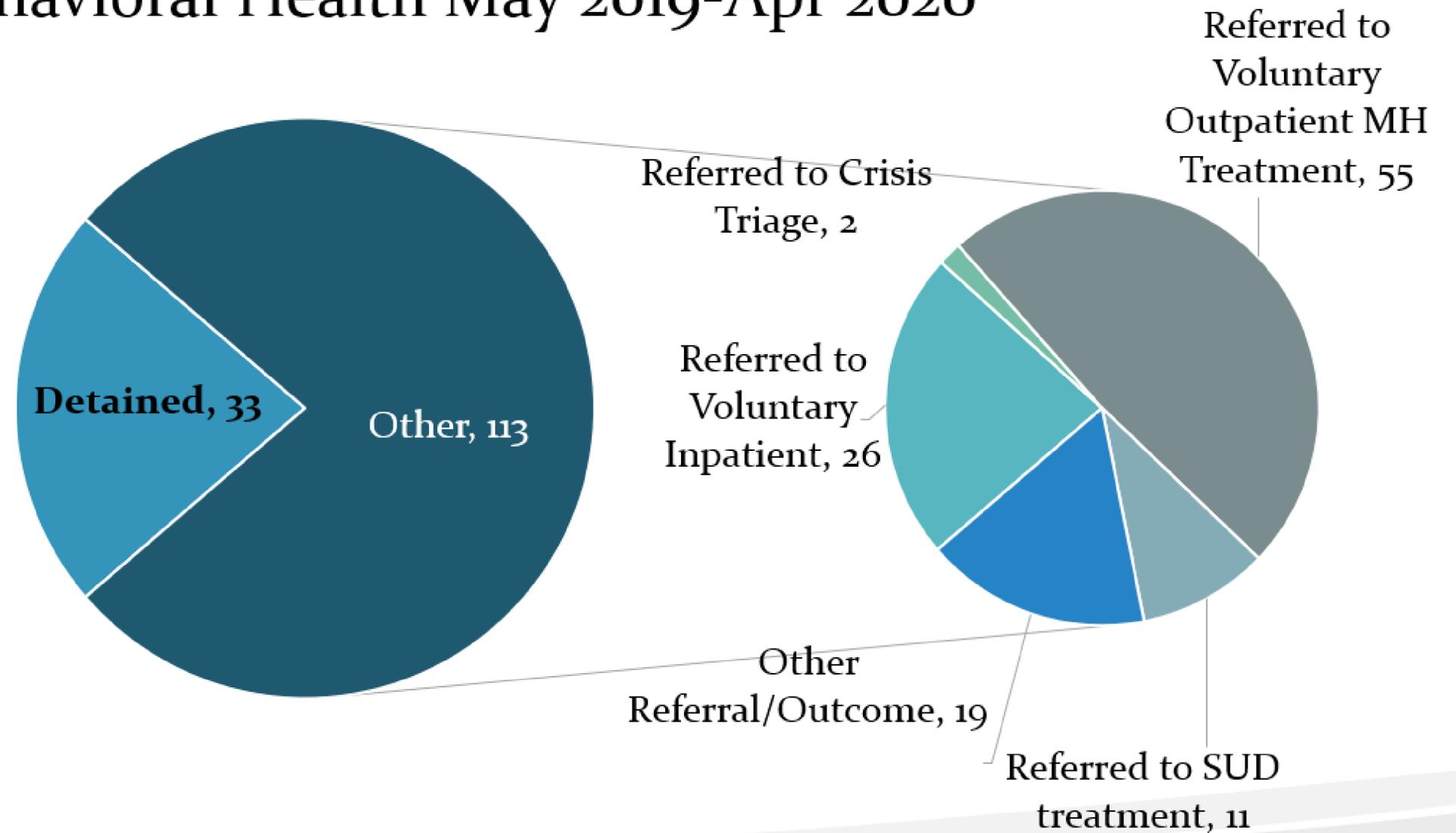


- Resulting in Involuntary Detention/Hospitalization
- Referred to Voluntary Inpatient
- Referred to Crisis Triage
- Referred to Voluntary Outpatient MH Treatment
- Referred to SUD treatment
- Other Referral/Outcome



Discovery Behavioral Health May 2019-Apr 2020

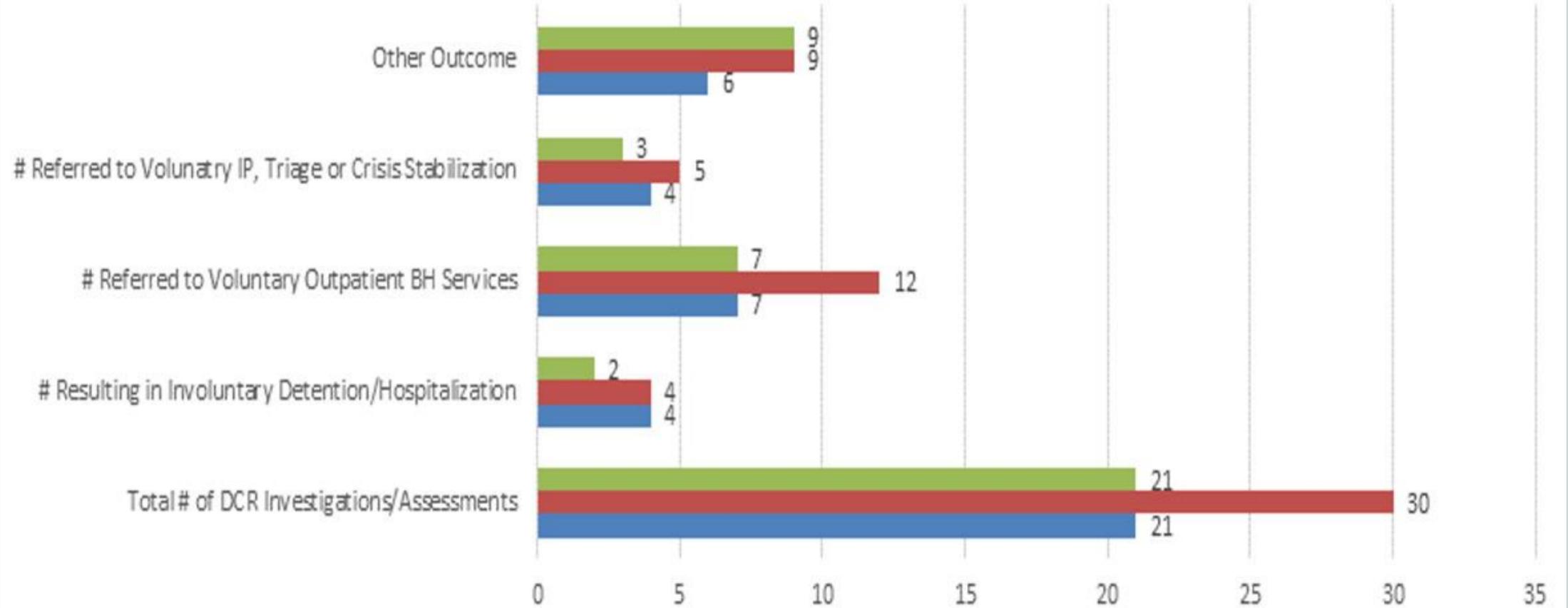
Of DBH's ITA investigations that don't result in involuntary treatment, the majority of patients are referred to voluntary outpatient and inpatient mental health services.





DBH experienced a spike in total ITA investigations in June - with a resultant significant increase in referrals to voluntary outpatient mental health services.

DBH DCR Investigations/Assessments



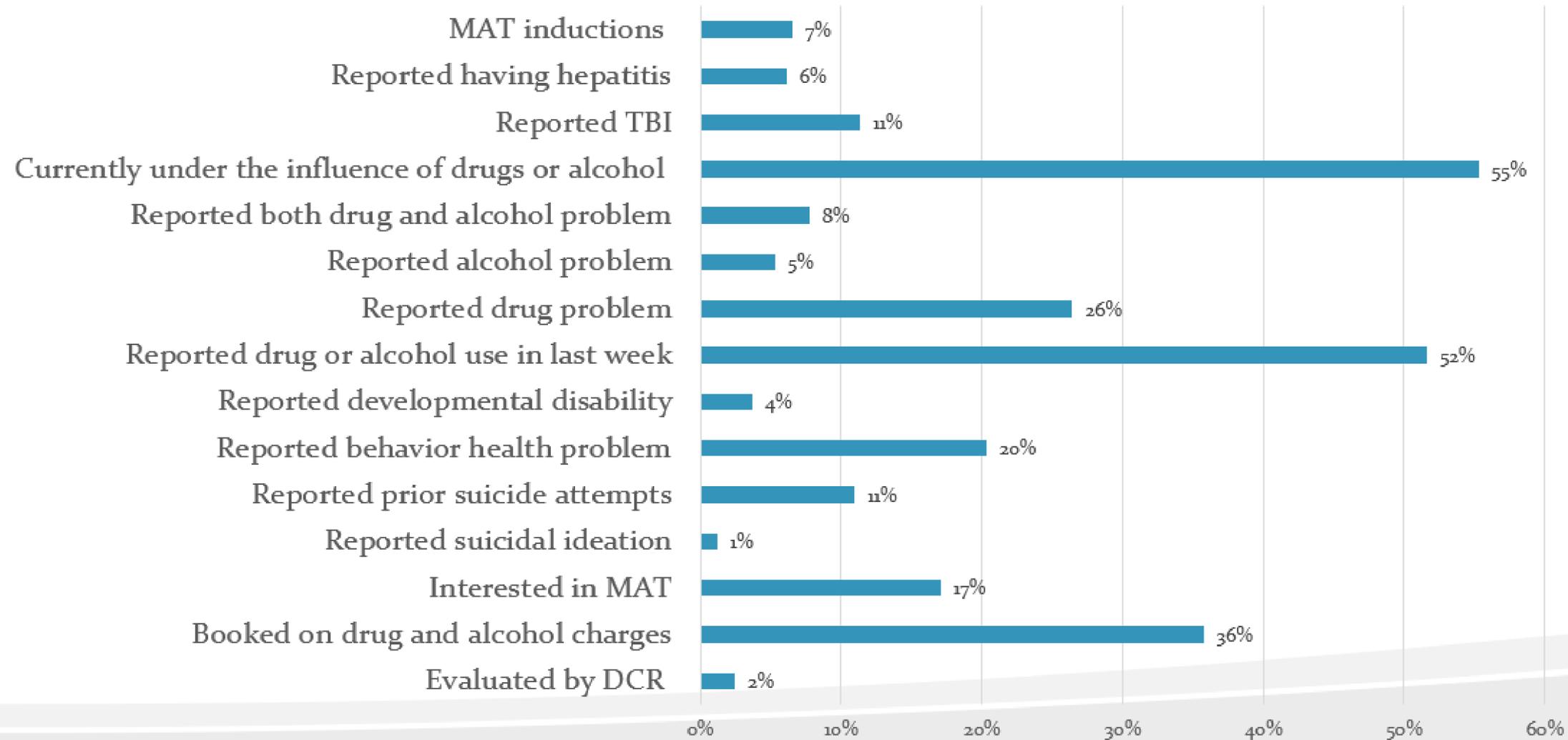
	Total # of DCR Investigations/Assessments	# Resulting in Involuntary Detention/Hospitalization	# Referred to Voluntary Outpatient BH Services	# Referred to Voluntary IP, Triage or Crisis Stabilization	Other Outcome
Jul-20	21	2	7	3	9
Jun-20	30	4	12	5	9
May-20	21	4	7	4	6

Jul-20 Jun-20 May-20



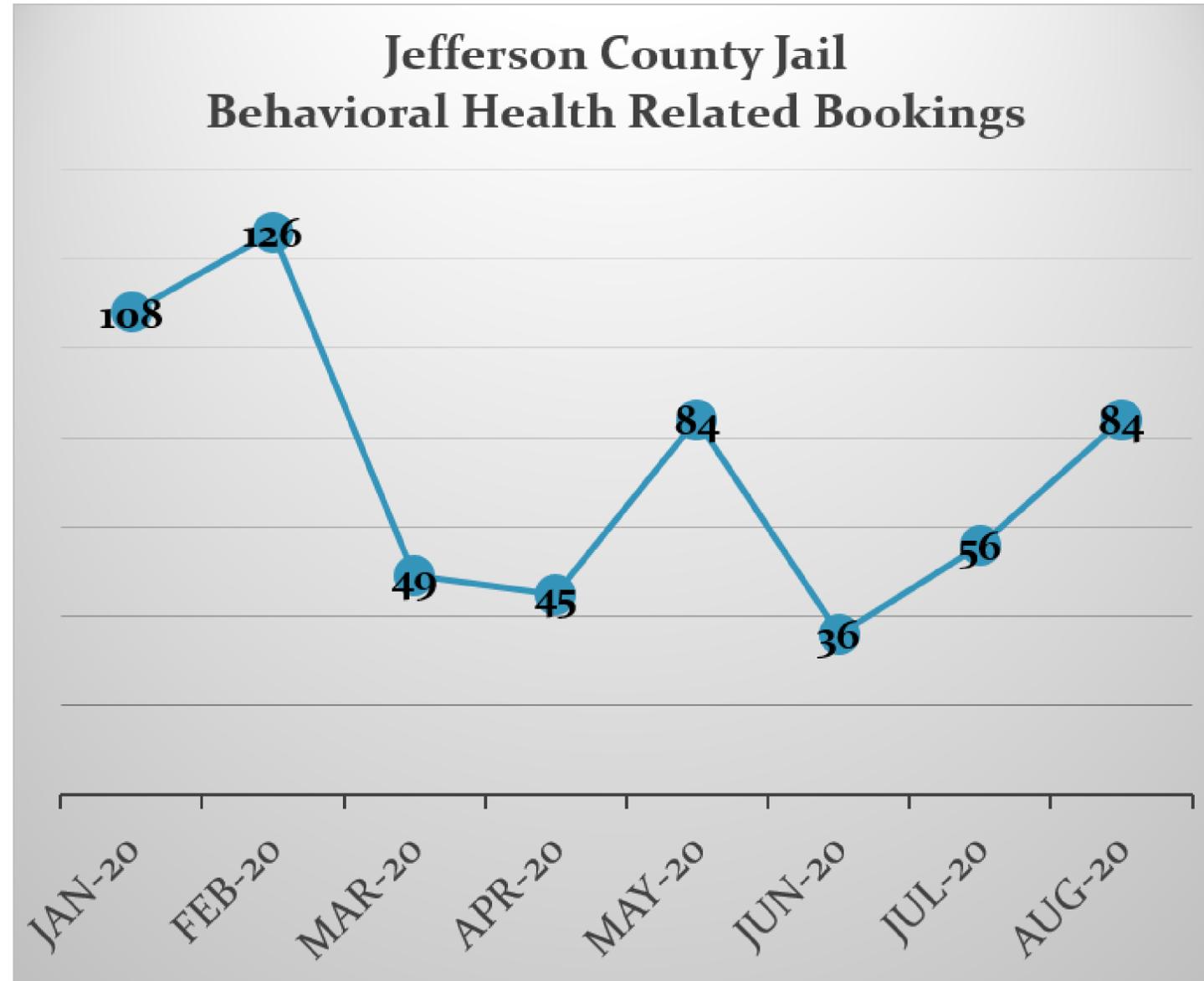
Over 75% of Jefferson County Jail's BH-related bookings in 2020 were SUD related .

2020 BH Related Jail Booking to Date



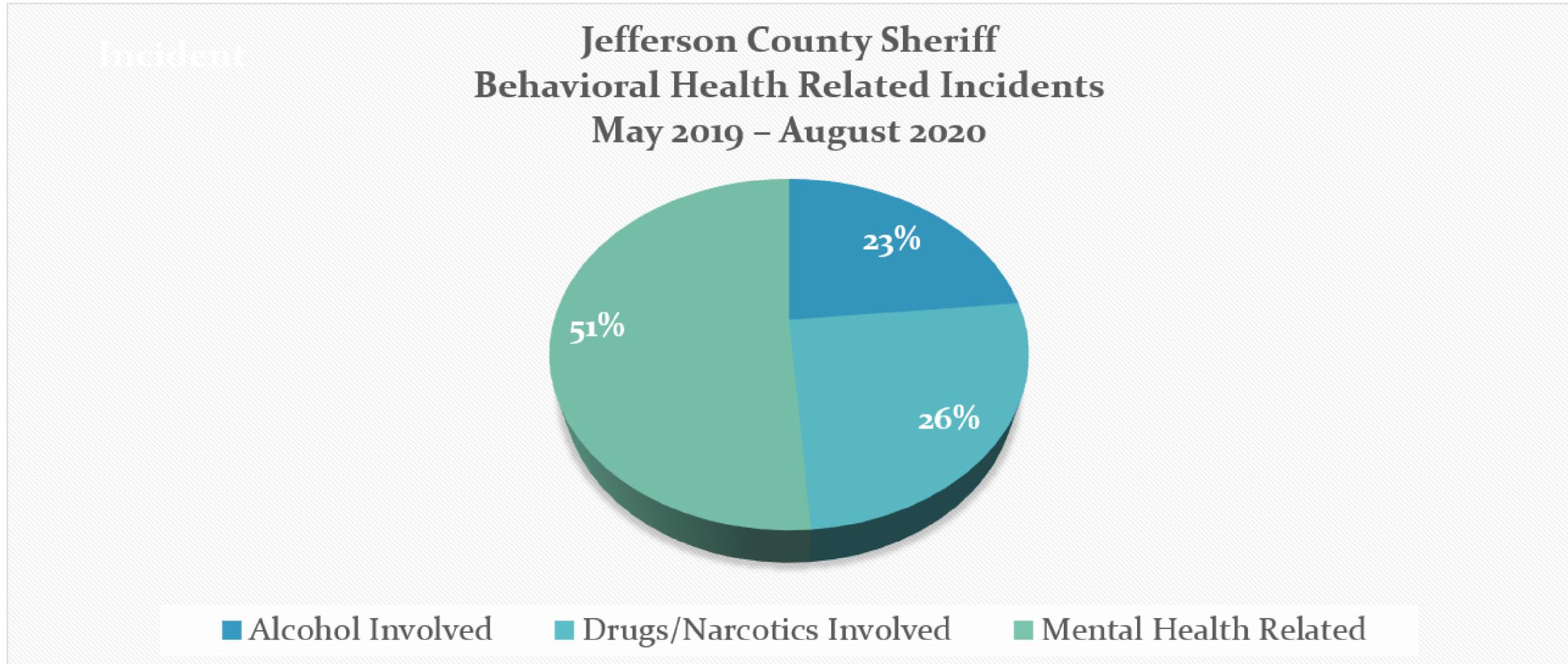


Jefferson County Jail's behavioral health related bookings saw a significant decrease in March and continue to remain below pre-Covid levels.





The majority of Jefferson County Sheriff's Behavioral Health Related Incidents are Mental Health Related

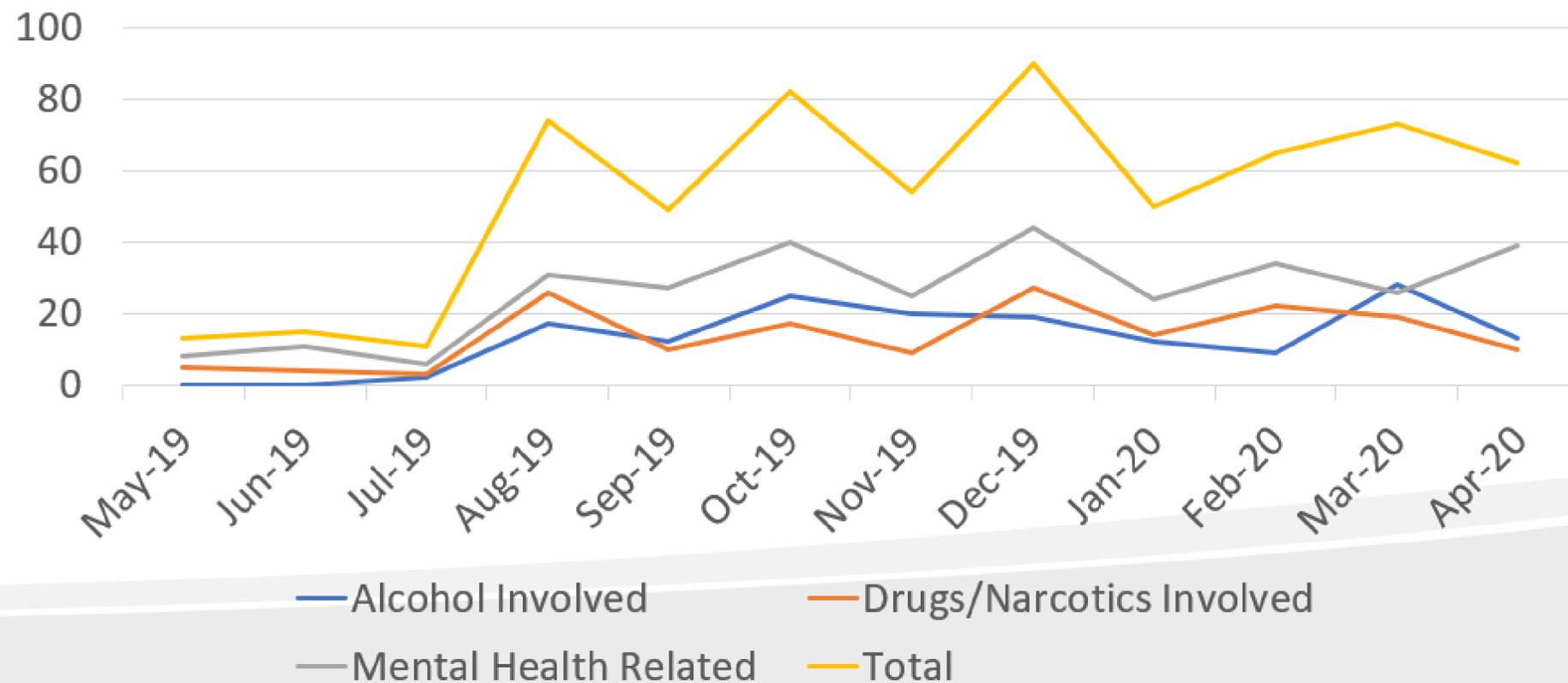




In March, Jefferson County alcohol related incidents spiked to an all time high but declined again in April; mental health incidents spiked in April. Data between May-August suggest numbers have stabilized again.

Incident	May - August 2020
Alcohol Involved	28
Drugs/Narcotics Involved	35
Mental Health Related	90
Total	153

Jefferson County Sheriff
Behavioral Health Related Incidents
May 2019 – April 2020

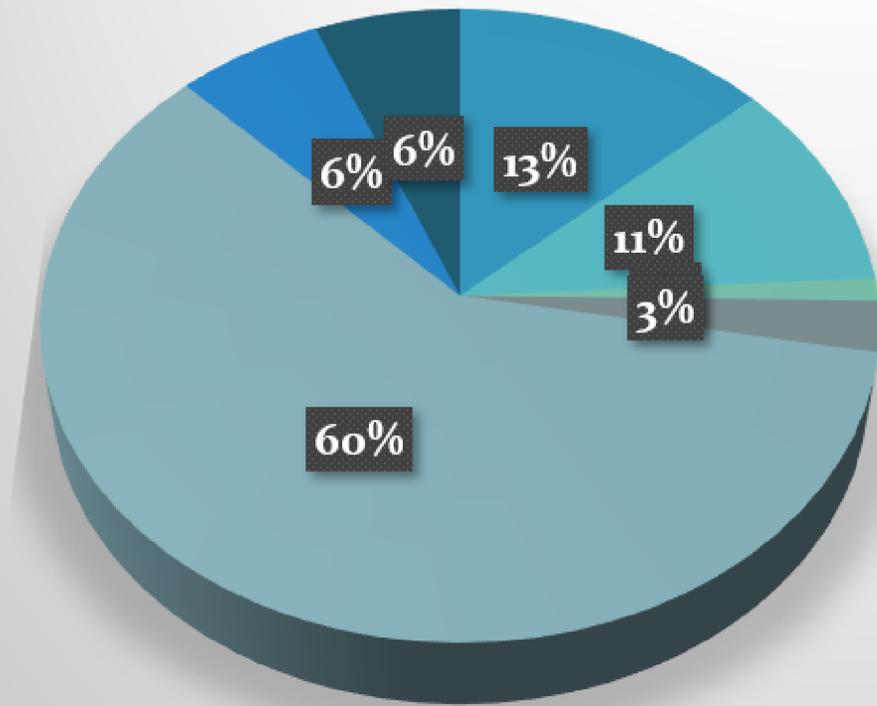




86% of Port Townsend Police Department behavioral health incidents have a mental health component; 27% include alcohol; and 10% include drugs.



Port Townsend Police
Behavioral Health Incidents
June 2019 - August 2020



- Had Been Drinking
- Had Been Drinking/Mental Health
- Had Been Drinking/Drugs
- Had Been Drinking/Mental Health/Drugs
- Mental Health
- Mental Health/Drugs
- Drugs



Further drill down in the last 4 months of PTPD data (May-August 2020) shows continued overlap between mental health and SUD incidents.

TOTAL INCIDENTS: 503

- 438 of these involved mental health (45%)
- 201 of these involved substance abuse (20%)
- 109 of these involved both substance abuse and mental health (22%)

INCIDENTS INVOLVING SUD: 201

- 120 involved alcohol
- 98 involved illicit drugs
- 17 involved both alcohol and illicit drugs

INCIDENTS INVOLVING SUD AND MH: 109

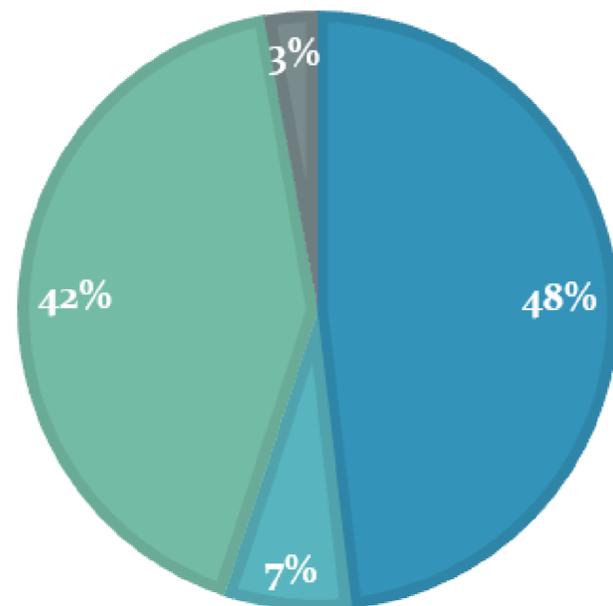
- 7 were domestic violence related
- 13 were reported assaults, not domestic violence
- 1 was a homicide
- 10 were suicide related
- 10 were reports of illicit drug activity
- 14 were DUIs



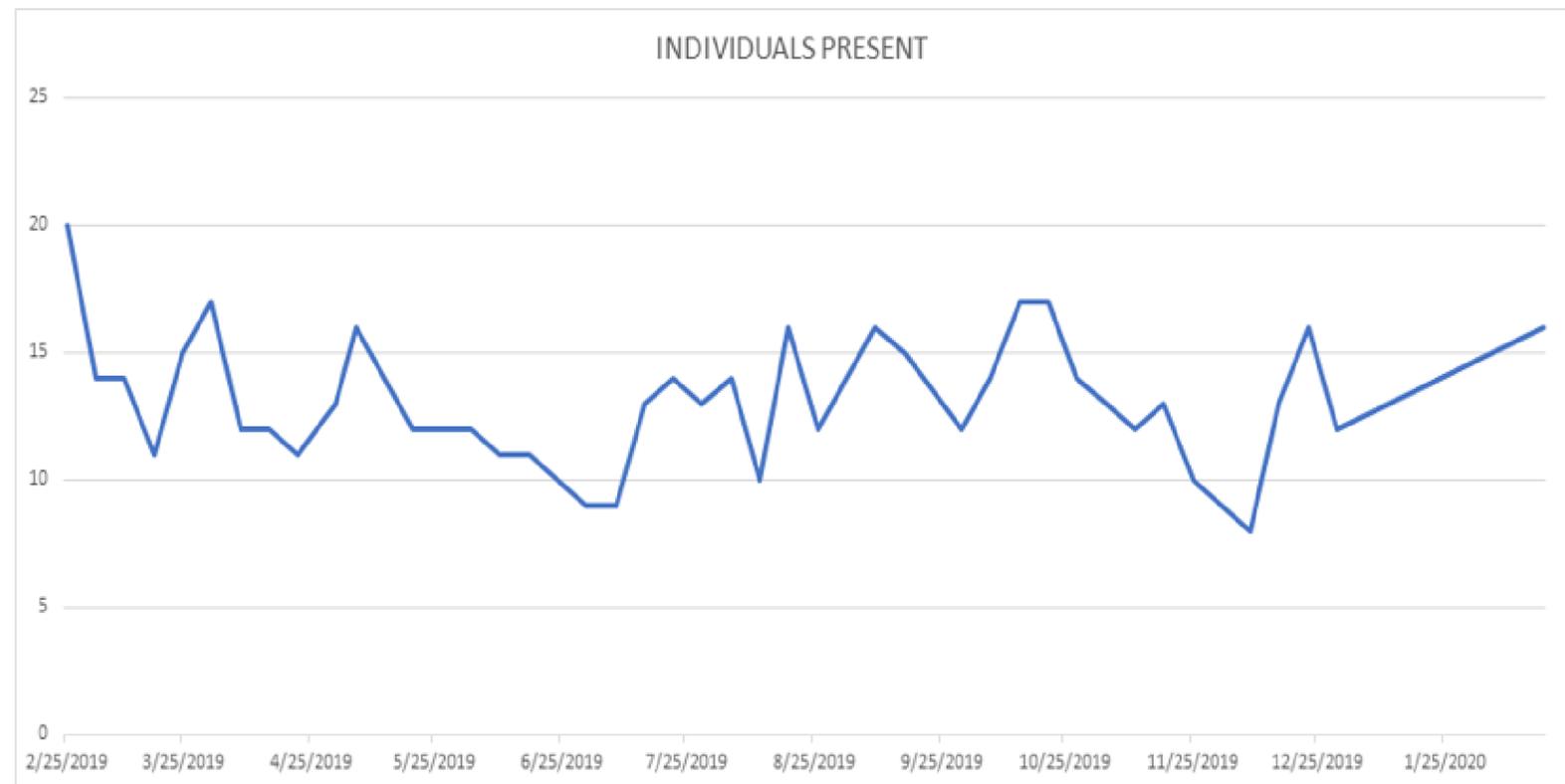
Believe in Recovery/Gateway to Freedom provides inmate assessments – the majority of the time resulting in recommendations for inpatient mental health (119 in 2020) and MAT services (104 in 2020). BiR and GtF also provide weekly relapse prevention classes with 13 participants per week on average.

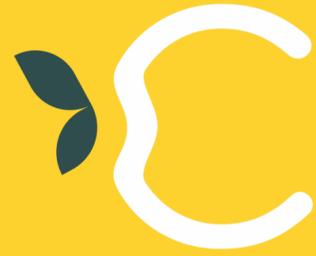
Inmate Evaluation Recommendations

■ INPATIENT ■ OUTPATIENT
■ MAT ■ REPEATED EVALUATION



Relapse Prevention – BiR/GtF – Jail Attendees @ Weekly Class





Addictionary!?



Addictionary!?

- Ask for someone to identify a relevant word they've heard to add to our Addictionary – which is really a “glossary of terms”
- Request a specific person define the word
- Go out for “popcorn answers” to gain more information or clarity
- BHC keeps a updated copy of the Addictionary



P.1

Linguistic / Cultural Efforts to Reduce Stigma

If we want addiction destigmatized, we need a language that's unified.

The words we use matter. Caution needs to be taken, especially when the disorders concerned are heavily stigmatized as substance use disorders are.



Success Working the Plan – Even Minus the Room and Table!





Upcoming Meetings

Thursday, November 12, 3pm

Zoom Conference Call

BHAC

Special Meeting

Friday, October 16, 3pm



Thank You