

BHC Meeting

August 12, 2021, 3pm



Agenda – 8/12/21 BHC Meeting

- Introductions 10 Minutes
- SBH-ASO Update and Q&A: 20 Minutes
 - Jolene Kron, Clinical Director, Salish Behavioral Health
- Pfeiffer House Overview 15 Minutes, Kelli Parcher
- RCORP-I Grant-related Updates 10 Minutes
 - Reports due, OCH Survey, SBH-ASO Advisory Board, 8/31 Opioid Awareness Day
- OCH Stigma Assessment Results Preview
- Next Meeting: September 9th, 3pm Zoom





Type in the Chat Box...

 A Success and Challenge you/your organization has had over the past 3 months related to prevention, treatment, and/or recovery?



BHC-Relevant Updates

Jolene Kron, Administrator/Clinical Director

Salish Behavioral Health Administrative Services Organization



SBH-ASO Updates – HB 1310

Impact on Crisis System

- Law enforcement has a long-standing role supporting the safe delivery of crisis services, including involuntary treatment services, in the community.
- Crisis teams across the state have been supported by law enforcement when conducting community-based crisis outreaches. Law enforcement also assists with transporting individuals that meet criteria for involuntary detention (ITA).
- On a routine basis, law enforcement has provided support to Designated Crisis
 Responders (DCRs) in the community by securing the scene, supporting EMS for
 transport, and providing direct transport.
- Law enforcement has also picked up individuals who had court orders mandating inpatient care. Independent of crisis teams, law enforcement would also transport someone they encountered who was in distress and transport to an emergency department, if they felt that was appropriate.



SBH-ASO Updates – HB 1310

Impact on Crisis System

Expected changes due to HB1310 will, and in many cases already have, disrupted the current process. Also, law enforcement interpretation on this law is in flux.

The consequences seen so far include some/many jurisdictions:

- will not respond to any behavioral health call,
- responding but acting in an observational role, or
- responding but leaving if no crime is being committed or imminent risk identified.
- no longer providing transport or responding for pick up orders. This has also impacted EMS response in some areas as they will not transport without law enforcement participation.



SBH-ASO Updates – HB 1310

Community Impact

The crux of the situation appears to be variance in law enforcement interpretation and law enforcement officer's concern about professional liability.

- Some legislators and organizations, such as Disability Rights Washington (DRW), have indicated that existing Involuntary Commitment Law (RCW 71.05) is not impacted by this new legislation.
- However, there seems to be a difference in the interpretation of imminent risk/danger by mental health professionals and law enforcement.

These changes have led to crisis teams across the state expressing concerns about:

- Being able to complete community outreaches in a safe manor.
- Situations where the person may meet criteria for involuntary detention but is left in the community due to lack of ability to be transported.
- Escalation of behaviors in the community due to the inability to engage earlier intervention to manage crises prior to imminent risk. Differentiate types of service from MCOT and ITA eval

Crisis teams and law enforcement are working to develop plans and protocols in a continuously changing landscape. What we have done to support our region. LE reach out, LE response tracking to monitor community impact



SBH-ASO Updates

2020 SBH-ASO Quality Management Program Evaluation

Achievements in 2020

- Completed first year as the ASO in the middle of pandemic.
- Implementation of the Salish Regional Crisis Line.
- Development and Implementation of a new utilization management program.
- Successful maintenance of ASO operations and Provider support despite the decentralizing office operations due to COVID.

Areas of focus for 2021:

- Increased monitoring of over and under utilization of services for the non-Medicaid population.
- Increased monitoring and care coordination for Medicaid individuals accessing crisis services.
- Continued monitoring of crisis line performance.



SBH-ASO Update

Salish BH-ASO Block Grant RFP Update

- Two RFPs were released 7/6/21 and shared across our current network, additional community service providers, publicly in a newspaper announcement, and on the Kitsap County purchasing website.
- The RFP closed on 8/5/21.
 - There were 4 agencies requesting funding for 12 programs for Substance Abuse Block Grant
 - There were 0 proposals submitted for Mental Health Block Grant
- Determination of how funds will be allocated is pending





SBH-ASO Update

Jefferson CJTA Update

- Spending for 2021 is below expected. The committee discussed options for spending
- SBH-ASO released the SUD Need Survey.
 - 14 responses from Jefferson County
 - Treatment needs: Outpatient treatment, Case Management, Youth services and MAT
 - Recovery Support needs: Housing Support, Transportation, Relapse Prevention and Childcare
- > The intent is to assist in identification of community priorities.





SBH-ASO Update

Recovery Navigator Program Update

- Uniform Standards Draft
 - Expect final version in the next week or two
- Still do not have specific funding information
- Currently receiving letters of interest from our current network
- This program is expected to be on-going. The funding is in the budget as on-going.



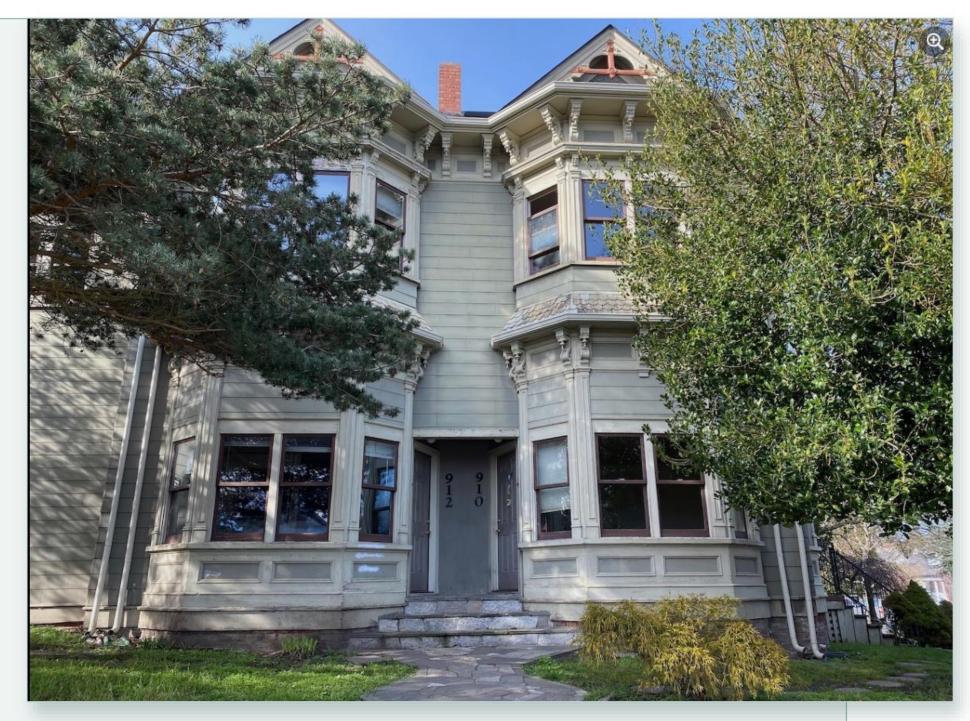
Pfeiffer House

Kelli Parcher



Pfeiffer House – Sustainable Living Project - Young Adults aged 18-24

- Living space for up to 5-10 emerging adult and/or young families (children)
- A Resource Center for meetings and shared events for residents and community providers
- A drop-in support/resource center for 16-24
 youth and young adults
- Full support services to help residents transition successfully towards meeting the full responsibilities necessary for adult independent living
- On site mental health support with LMHP



Pfeiffer House - Sustainable Living Project 910 Lawrence St. Port Townsend Kelli Dillingham Parcher | 360-301-355



Pfeiffer House – Path to Housing

April 15 th	Building Renovation Start
April 15 th - July 16 th	Sub-Contractors 174 Community Volunteer Hours
July 6 th - 7 th	Open House Residential Referrals
July 16 th	Unit Inspection
July 23 rd	ALL Units filled 1 year Residential Leases





Pfeiffer House – Current Support Demographics

Male:	3 - 18-24 y.o.a
Female:	4 - 19-23 y.o.a
Children:	1 - 3 weeks ago
	1 - 2 years old
	1 - Child due in February 2022

Pfeiffer House has 18 pending referrals as of August 10th





Pfeiffer House – Supported services accessed in first 15 days

On Site Support

Community Connection

Mental Health Work Source

Transportation Food Bank

Basic Life Skills Support Nurse Family Partnership

Resume Writing DSHS

Employment Interview Support Jefferson Mental Health

Supportive Community (Building Agreements) Jefferson Health Care

Educational Contact Job Corps

Legal System Support Skillmation

Life Skill Navigation Employment Opportunities

o 3 resident gained new employment

Medical Coverage 2 residents previously employed



Pfeiffer House – Funding to Date

- 2021-2022 148/149 Grant awarded \$182,660
 - Capital Project Renovation
 - Capital Project Management
 - Program Start up
- 2021-2-22 Department of Commerce Award winner Amount TBD
 - Major Capital Renovation
- 2022-2023 Seeking
 - Jefferson County 149 Funds
 - DOC Homeless Youth Funds Transitional Housing
 - Jefferson County 1590 Funds Long Term Sustainability of Pfeiffer House





Pfeiffer House – Funding Gaps

- Prevention/Intervention Specialist
- Resource Center Programing Staff
- Provide on site programing for Pfeiffer House residents.
- Offer community serves to local youth and young adults (16-24)
- Community Education Platforms
- Youth advisory board for programing recommendations
- Educational and Service Gaps Programing
- Administrative Support





Explore Developing a Project with Pfeiffer House?

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Grant-Required Core Activities

Prevention

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

Treatment

- Screen/Provide/Refer Patients with infectious implications
- T.2 Recruit/Train/Mentor interdisciplinary teams of SUD/OUD Clinical and Service Providers
- Increase # of providers and social service professionals who treat/identify SUD/OUD 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/OUD.
- Train Providers and Admin staff to optimize reimbursement for treatment through proper coding/billing across insurances to ensure service provider sustainability
 - Enable individuals, family and caregivers to find, access and navigate treatment for SUD/OUD as well as home and community-based services and social

Recovery

- 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/OUD 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



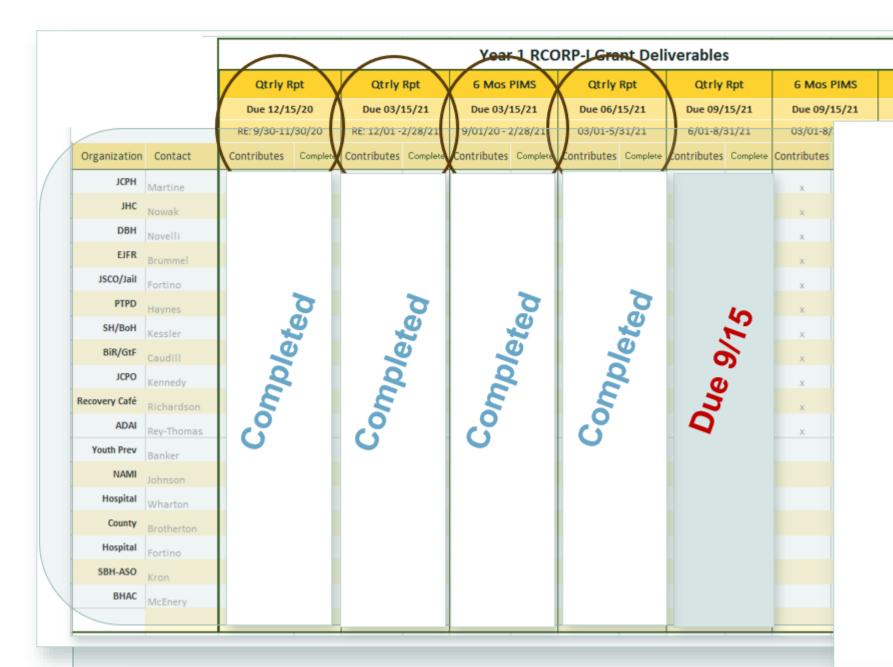
RCORP-I Grant Updates



RCORP-I Grant Reporting Due September 2022

Sustainability

Due 9/15/21



1. Final Sustainability Plan

a. <u>Draft</u> Sustainability Plan is due to your respective TEL and PO via email by August 15th, 2021.

2. Year End Report

- a. Further guidance is forthcoming. However, the deliverables are similar to the Quarterly Progress Reports.
 - i. The following documents will be requested from each grantee:
 - Updated Work plan that indicates progress for all core activities
 - 2. Request for Information
 - 3. Updated Data Supplemental Spreadsheet

PIMS Report

a. Further guidance is forthcoming. However, The data request will be the same as the previous PIMS Report that was due in March 2021. As a reference, the RCORP Data Collection Resources are here: https://www.rcorp-ta.org/resources/rcorp-grantee-data-collection-resources

The attached file also includes the spreadsheets to be completed with DBH data. Naturally, just to make things complicated HRSA's quarters are one month off what we usually think of - so this next HRSA reporting period covers the two quarters defined as 3/01/2021 through 08/31/2021. Hence, these new spreadsheets need to be populated with data covering 03/01/2021 - 08/31/2021:



2021 Sustainability Plan

Funding Year:	2020-2021
Consortium Definition of	The ongoing financial support of, and intentional
Sustainability: [Briefly describe	agency/organizational engagement around, improving accessibility to
how your consortium defines	Behavioral Health Services and programs; ultimately to reduce fatal
sustainability in the context of the	and non-fatal Opioid Overdose by positively redirecting the journey of
RCORP grant. Your consortium is	county residents who have been, or could be, on a trajectory to one
encouraged to address both	of those outcomes.
financial sustainability and the	
sustainability of the consortium	
itself.]	
Description of Internal	Productively engage the evolving leadership at various BHC Member
Challenges and Assets	organizations in the BHC's work
Hindering/Aiding Sustainability:	
[E.g., organizational or intra-	Coordinated, or ideally, a collaborative approach to funding the
consortium barriers or assets. It is	County's Behavioral Health System across various
recommended that you use the	agencies/providers and organizations that maximizes funding we
results of the Sustainability	know is coming and where it fits, where the gaps are and funding
Assessment to inform this	we'll need to identify/pursue/win
process.]	
	Establishing data norms between various law enforcement and EMS
	agencies
	Need improved workforce recruitment/retention
Description of External	Need for software solution for bi-directional communication between
_	Consortium players regarding patients.
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_	
_	agencies
Challenges and Assets Hindering/Aiding Sustainability: [E.g., policies and regulations, insurance coverage. It is recommended that you use the	Consortium players regarding patients. Address stigma challenge at various levels in our constituents and agencies

Sustainability
Self Assessment
Survey

C

OCH's Community-Information Exchange Survey

Community-information exchange survey (CIE)

The purpose of this survey is to connect with health serving (physical, behavioral, dental, social) organizations and Tribes throughout the Olympic region to learn about the functions, purpose, interest, and commitment to a closed-loop, bi-directional, digital communications platform. Results from this survey will be compiled and presented to the OCH Board of Directors to inform next steps. OCH recognizes that this has been a long-standing priority of the region and that there have already been a few attempts to identify a path forward. We appreciate your time in continuing this important conversation. OCH will pay your organization or Tribe \$100 for participating (one payment per organization/Tribe regardless of how many people complete the survey) if you provide your name and email while submitting the survey.

- Community-Information Exchange (CIE): A network of partners social service agencies,
 community-based organizations, Tribes, government, physical and behavioral health organizations
 who commit to coordinating care so that individuals have better access to the care and supports
 needed to improve their health.
- Health-Information Exchange (HIE): Transmission of health-related data among health (physical, behavioral, dental) providers.
- Care coordination: Deliberate organization of patient/client care activities and sharing information to achieve safer and more effective care.
- Bi-directional: Information moving in two directions (to and from participating partners). Bi-directional systems result in communication that can be received and sent by all parties in compliance with HIPAA and 42 CFR Part 2 requirements.
- **Closed-loop referral:** The sending provider (referrer) receives communication from receiving provider (referee) on current status of referral with the ultimate goal of completion of service.
- Community-Clinical Linkages: Connections between community and clinical partners to improve
 population health. When clinical and community partners work together, we create better health
 outcomes for everyone.

Link: OCH's
CIE Survey



Communication Efforts

- Upcoming campaign on Fentanyl
- Overdose Awareness Day August 31st



WA state law protects those seeking help and assisting during an overdose.

#healthyinJeffCoWA (IG Users: Links in Bio)



jeffcopublichealth_wa Fentanyl overdose deaths in Washington increased by

on Monday (2-4 pm), Wednesday (11 am-1 pm) and Friday (2-4 pm), or call 360-385-9400. Naloxone Kits are also available at pharmacies with no prescription (to find a location near you, https://stopoverdose.org/section/find-

WA state law protects those seeking help and assisting during an overdose.



were lost to opioid related deaths in Washington



You can

numbers | Whereas: International Overdose Awareness Day, started in Melbourne by the Salvation Army

Narc

· HEPT

Carr Whereas: The State of Washington does affirm and acknowledge the harm ad hardship caused by

Whereas: We recognize the purpose of International Overdose Awareness Day as remembering loved ones lost to overdose and ending the stigma of drug-related deaths

Whereas: we resolve to play our part in reducing the toll of overdose in our community, which claimed the lives of more than 1259 in Washington State residents in 2019 with countless more PEOP

Whereas: we affirm that the people affected by overdose are our sons and daughters, our mothers * Memo and fathers, our brothers and sisters, and deserving of our love, compassion and support.

Whereas: More people die from overdoses than from gun violence and vehicle accidents

Whereas: There has been a 900% increase in deaths from overdoses in seniors since the

Whereas: Publicly funded treatment admissions for opioids as the primary drug has increased

Whereas: The State Crime lab has reported an 742% increase of opioids in drugs tested from Whereas: There continue to be deaths from stimulant use

Whereas: Overdoses continue to increase both medical and other economic costs greatly

Whereas: Death from drug overdose is preventable

Whereas: Addiction is a treatable condition, but the stigma and shame are often a barrier to

Whereas: When a loved one dies from a stigmatized behavior such as overdose the grieving process is often much harder for those left behind because of shame and guilt

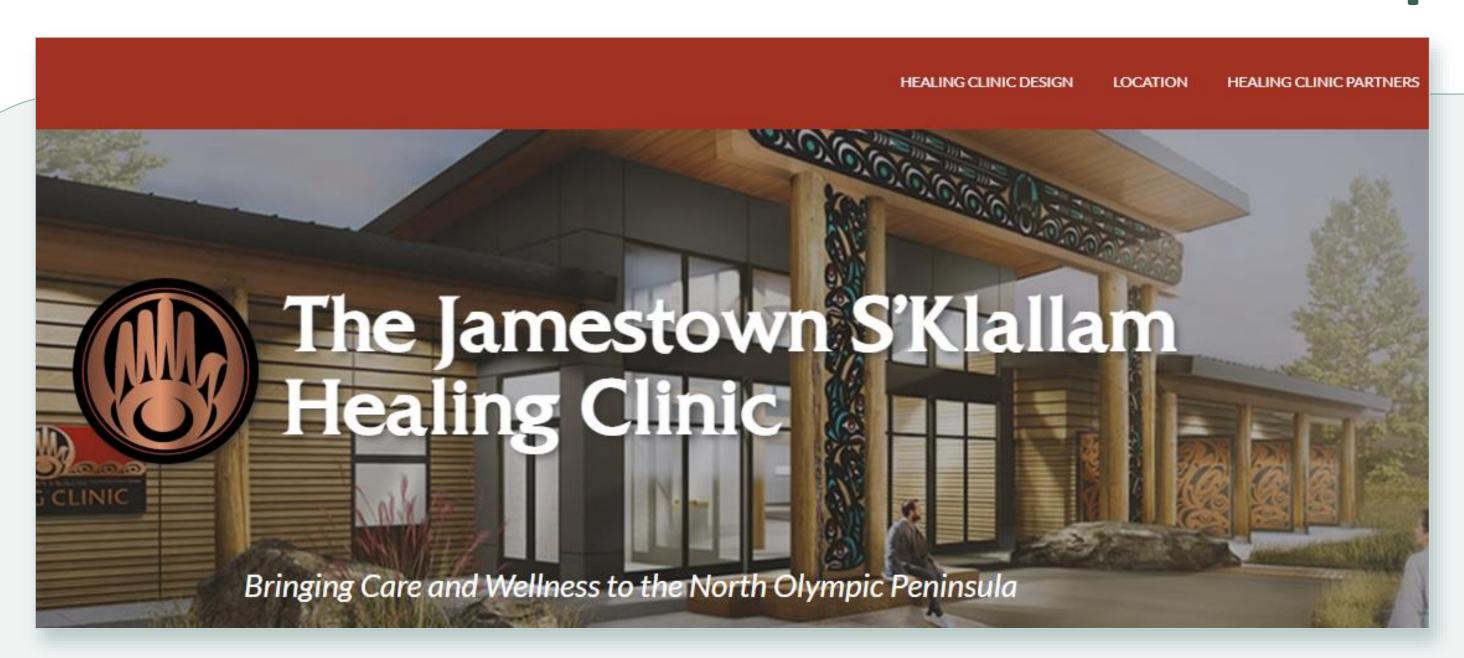
Therefore, be it resolved that the thirty-first of August 2021 be declared Overdose Awaren

N.COM

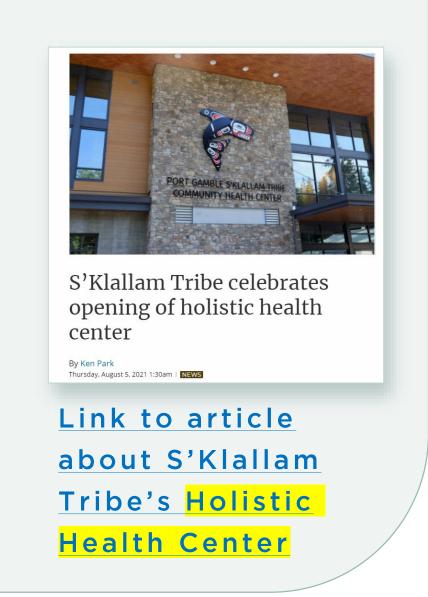




Preview: Jamestown S'Klallam Clinic Update

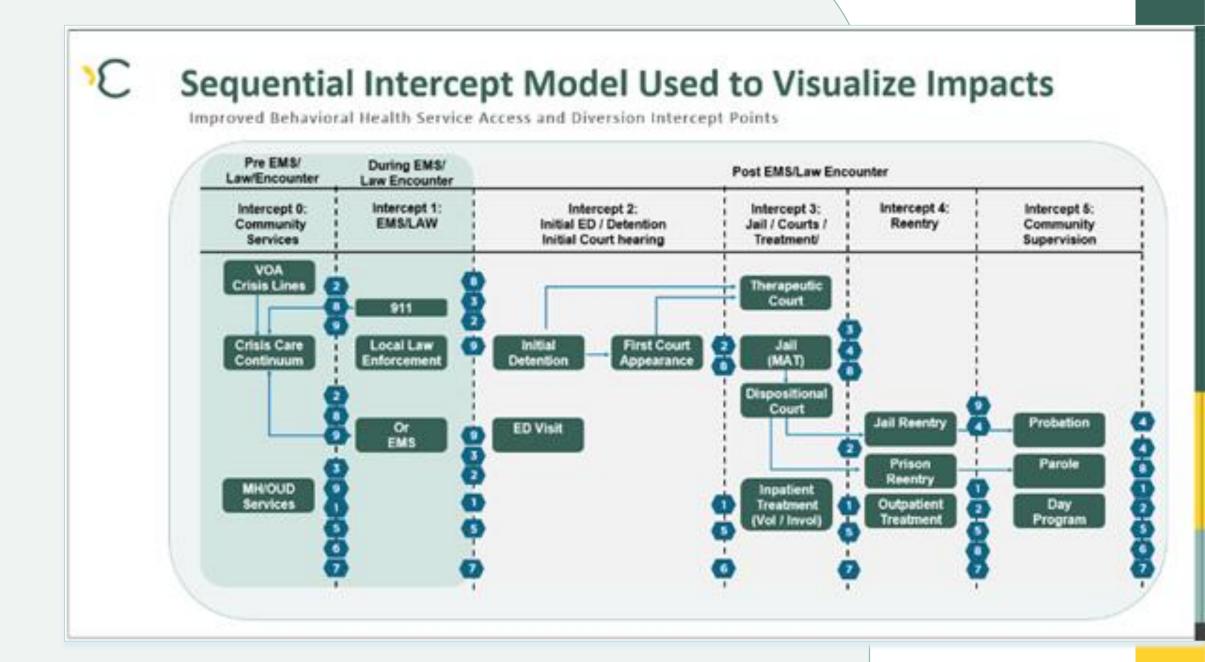


The Jamestown Healing Clinic, that includes Opioid Treatment Program with wrap around services, is on pace to open the latter part of first quarter 2022.



C BHC Projects

- Increase Integration of Behavioral Health Therapy Provider and MAT Prescription
- 2. Explore Crisis Stabilization Center Feasibility (determined not feasible at this time)
- 3. Develop/maintain online/printed Resource Directory
- 4. Improve Jail-to-Community service connection
- 5. Fund Recovery Café for peer network development and recovery/prevention environment
- 6. Extend Harm Reduction Program Services into South County
- 7. Execute communication/education/integration efforts to address regional stigma
- 8. Coordinate and optimize navigator services
 (8/5/21 HCA funding for Regional Navigation getting sorted)
- 9. Initiate collective case management for high utilizers of law enforcement/EMS services (8/5/21 OCH doing Survey)
- 10. ?Explore addition of funding toward appropriate program at the new Pfeiffer House's 18-24 year old transitional housing program)





Upcoming CHIP and BHC-Related Meetings

- Weekly Tuesdays and Thursdays BH Therapeutic Court and Therapeutic Drug Court respectively
- 08/12 BHC August Meeting
- 08/12 CHIP's Working Age Band Workgroup
- 08/16 Prevention Team Meeting
- 08/17 South County Harm Reduction Meeting
- 08/18 3CCORP Treatment Workgroup
- 08/18 AHT RFP Technical Call
- 08/19 Oversight Committee Meeting
- 08/19 Age-Friendly Public Health Training
- 08/19 JeffCO Board of Health

- 08/20 Housing RFP Evals Review
- 08/23 OCH Value-based Payment mtg
- 08/24 Overcoming Rural Transport JBS
- 08/25 Affordable Housing Taskforce
- 08/26 CHIP's Youth Age Band Team Meeting
- 08/26-09/07 Lori on Vacation
- 09/09 RCORP TA Meeting
- BHC September 2021 Meeting



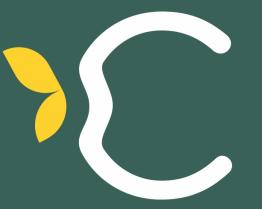


Next BHC Meeting

Thursday, September 9th, 2021

@3pm





Thank You