3 -

BHC Meeting

November 9, 2023, 3pm

Jefferson County's Behavioral Health Consortium (BHC) is funded by HRSA's RCORP-Implementation Grant through August 2023, and has been Awarded a No Cost Extension through August 2024



Agenda – 11/09/23 BHC Meeting

- Introductions & Updates 15 Minutes
- BHC's Mar-Sep '23 Data Analysis 30 Minutes
 - HFPD Presents Data Analysis/Insight Generation
 - Next Steps on Data Effort
- Updates on BHC Sustainability Funding- 5 Minutes
 - Opioid Settlement Funding
 - Potential Planning Grant to Pursue
- Next BHC Meeting February 8th @ 3:00 on Zoom
- Other Upcoming Meetings
 - South County Harm Reduction Group meeting 11/17 @ 1pm
 - Data Subgroup meeting 11/20 @ 2p

Link For Today's Meeting

Padlet with relevant informationAND the space to enter your

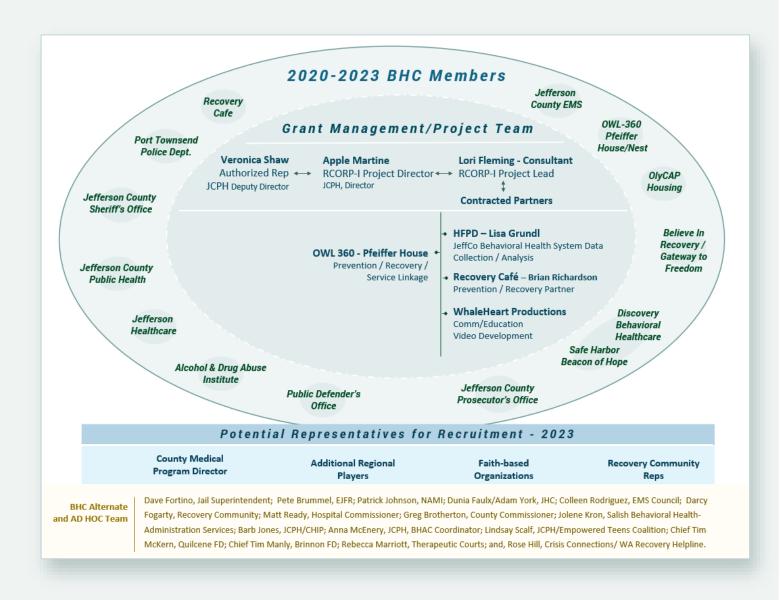
Questions and Feedback

during the Data Presentation



BHC Overview





The BHC is focused on collaboratively developing and funding a collective seamless behavioral health system that allows our community members to navigate smoothly to needed services.

We have grown from 4 voting members in 2018, to 14 voting members in 2023.

The BHC and its work is supported by a federal HRSA RCORP-Implementation grant awarded to JCPH that continues through August 2024.



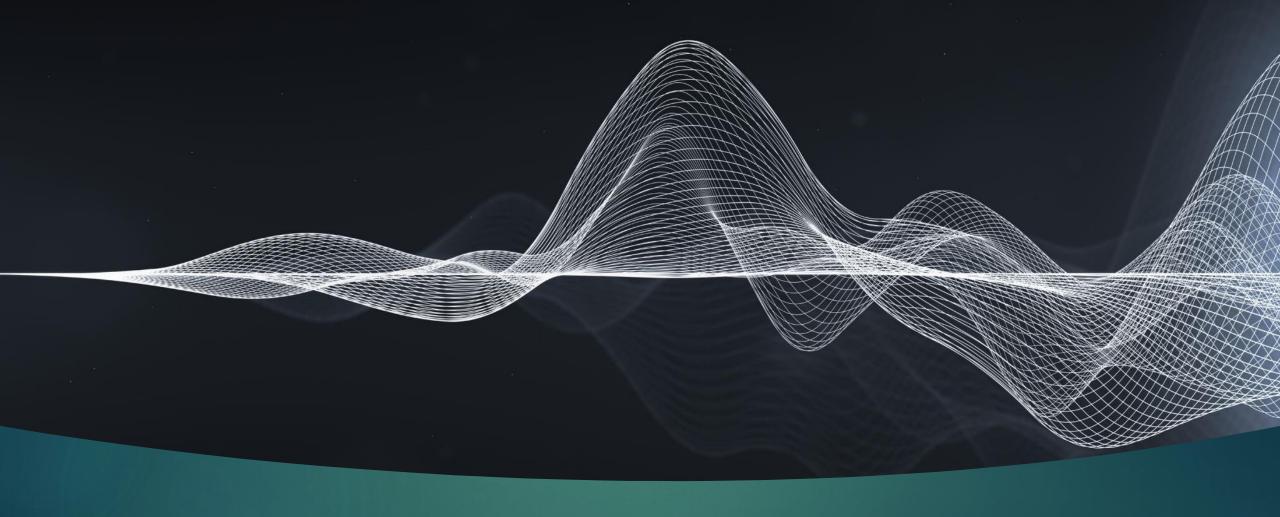
Data Effort: Next Steps Post 11/9 Discussion?



Share your questions and Feedback

Use this Padlet Link to enter your Questions and

Feedback to Today's Data Presentation:



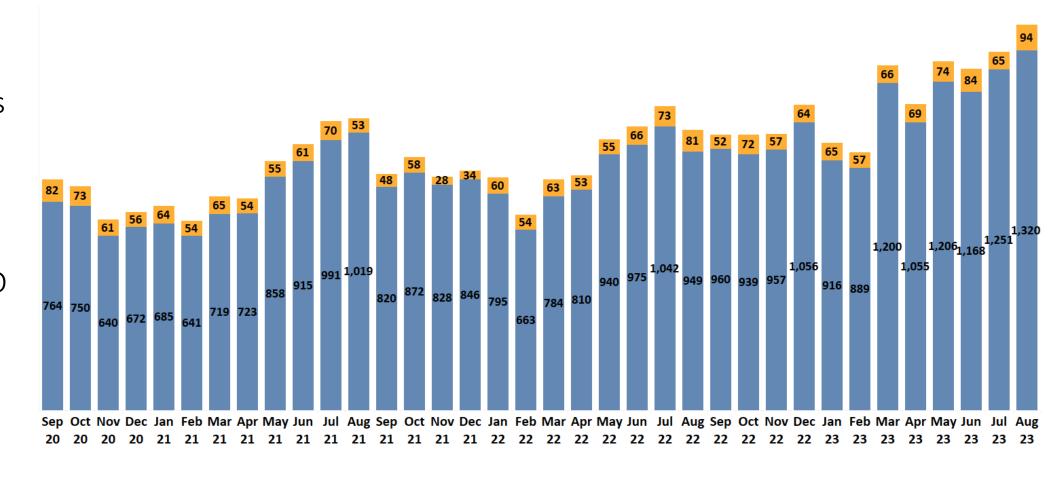
Jefferson County BHC Data November 9, 2023

Jefferson Healthcare Total Emergency Department Encounters

September 2020 - August 2023

Jefferson Healthcare's overall ED visits have increased by nearly 70% over the last three years. About 7% of ED visits are behavioral health related.

■ Total Behavioral Health Encounters

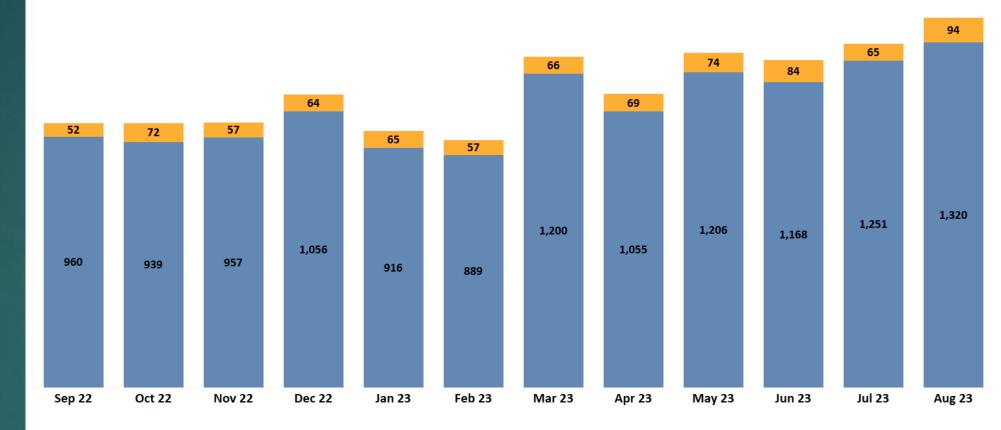


■ Total Non-Behavioral Health Encounters

Jefferson Healthcare Total Emergency Department Encounters

September 2022 - August 2023

Over just the last year, total ED visits have increased by nearly 40%, and BH related encounters account for about 6% of the total.

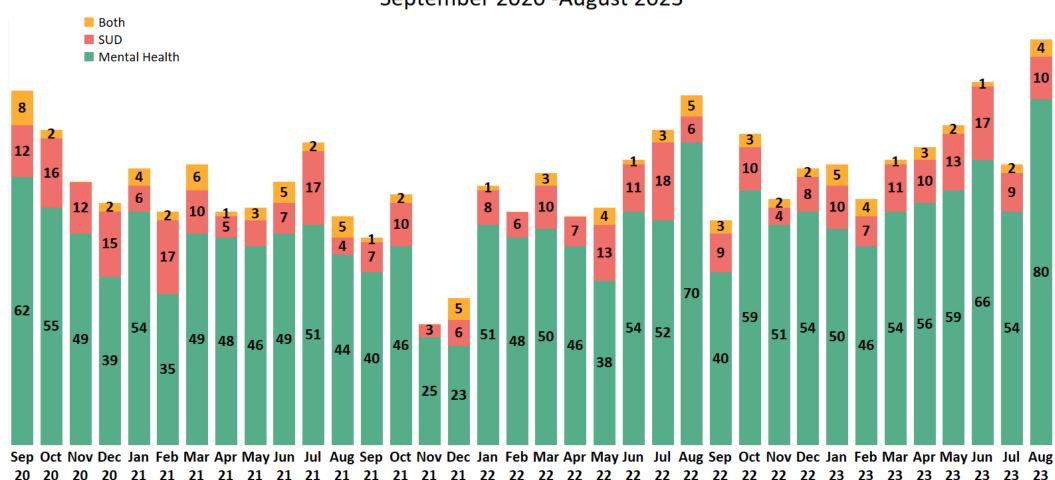


■ Total Behavioral Health Encounters

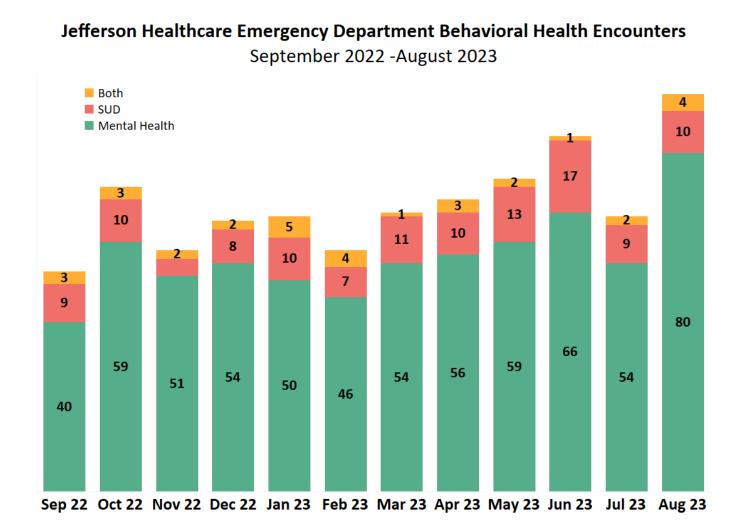
■ Total Non-Behavioral Health Encounters

While ED visits have increased by nearly 70%, over the last three years, BH encounters have increased by only 15%. Mental health accounted for the majority of BH encounters, increasing by over 40% while SUD and both SUD & MH related visits declined.

Jefferson Healthcare Emergency Department Behavioral Health Encounters



In the last year, over 80% of Jefferson Healthcare's Behavioral Health Related ED Visits were mental health related. Jefferson's total behavioral health encounters in the ED increased by over 60% in the same timeframe (with mental health related visits increasing by 100%) – with significant monthly variation.



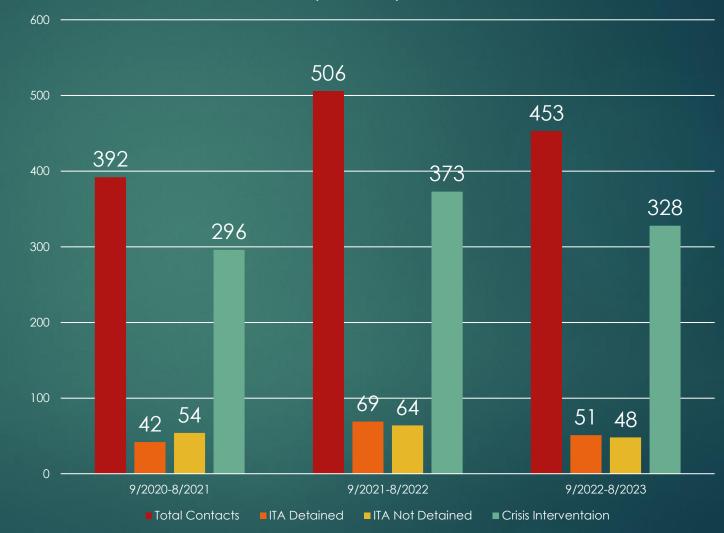
Jefferson Healthcare Behavioral Health Encounters 9/2022 - 8/2023 3.9% 14.4% 81.7%

Mental Health

Discovery Behavioral Health Total Contacts Over Time 9/2020 – 8/2023

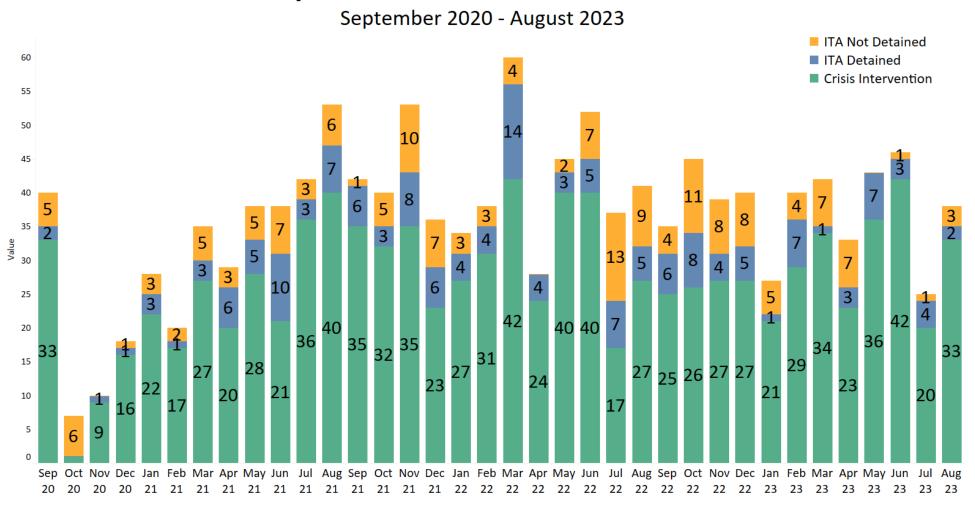
Discovery Behavioral Health's annual face to face contacts have increased by 16% over the last three years, with the highest volume occurring between 9/21-8/22.

Over all three years, crisis interventions consistently accounted for 70-75% of total contacts.

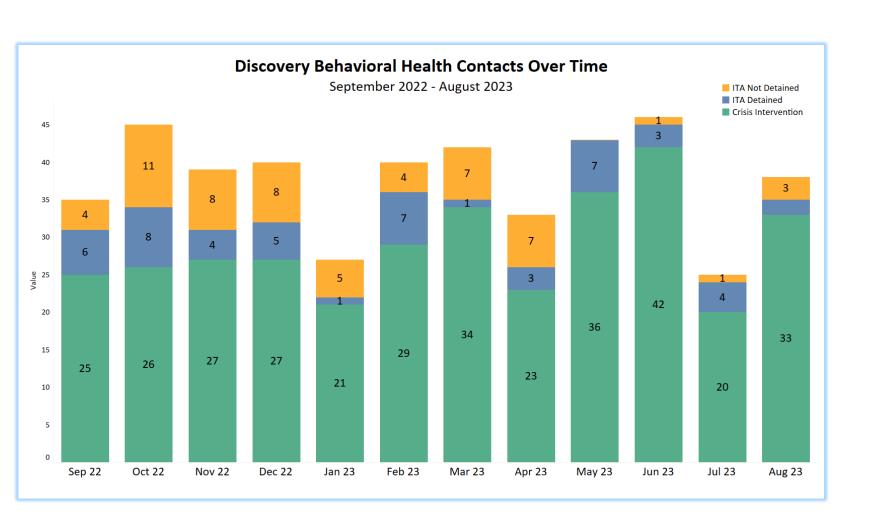


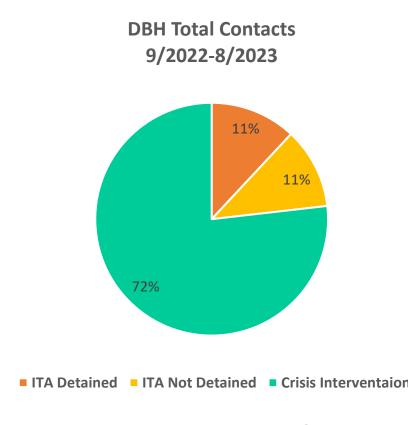
Over the last three years, significant monthly variation in the number of DBH face to face contacts is evident - ranging from a low of 7 in October 2020 to a high of 60 in March 2022.

Discovery Behavioral Health Contacts Over Time



Discovery Behavioral Health total contacts increased by 9% over the last year, with continued significant monthly variations – ranging from a low of 25 in July 2023 to a high of 46 in June. 72% of the DBH contacts in the same time period were crisis interventions.

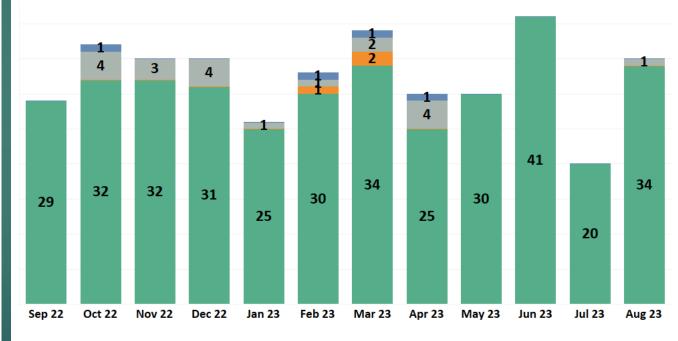




The majority (90%) of DBH's voluntary referrals fall into the "other referral/outcome category", with very few referrals to SUD treatment (1%), voluntary inpatient, triage or crisis stabilization (4%) or mental health outpatient treatment.

Discovery Behavioral Health's Voluntary Referrals September 2022 - August 2023 Total DBH Behavioral Health Contacts 453 90% % Voluntary Inpatient, Triage or Crisis Stabilization ■ % Voluntary Outpatient Mental Health Treatment % Other Referral /Outcome

Discovery Behavioral Health's Voluntary Referrals

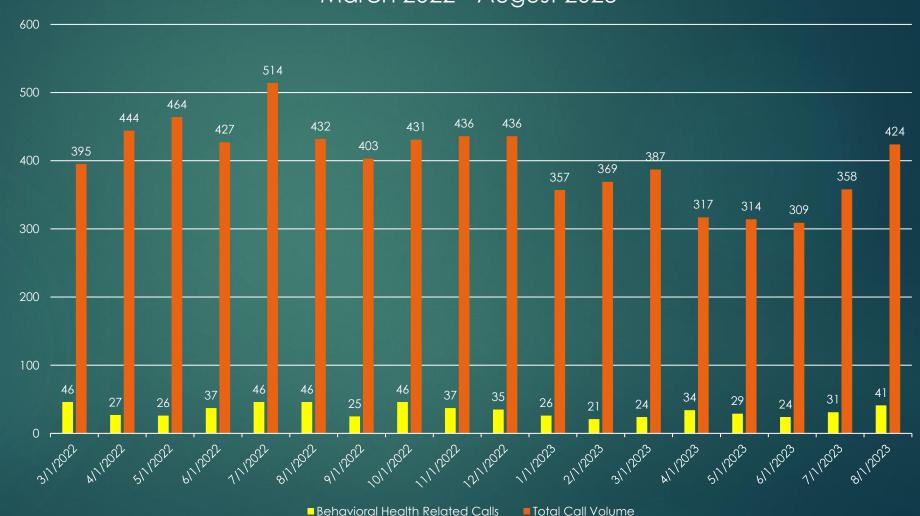


- Referred to Voluntary Inpatient
- Referred to Voluntary Outpatient MH Treatment
- Referred to SUD treatment
- Other Referral /Outcome

East Jefferson/Port Ludlow Fire & Rescue Behavioral Health Related Calls Compared to Total Calls

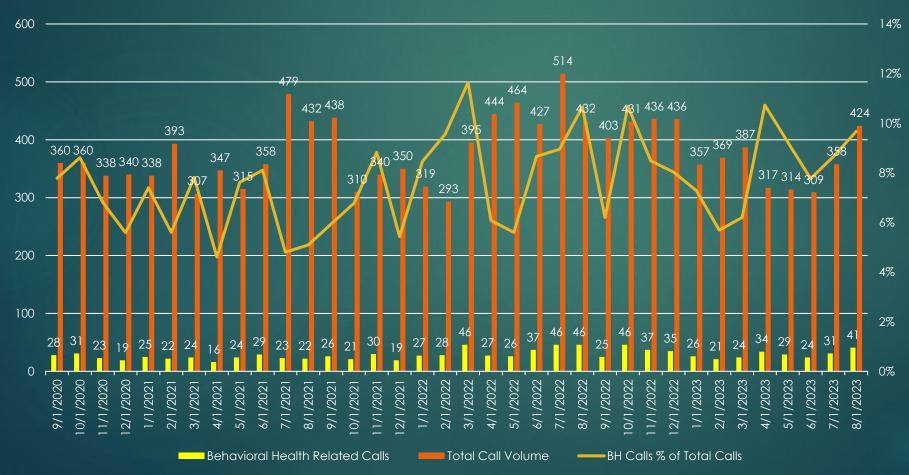
March 2022 - August 2023

Since March 2022, EJFR and PLFR's total calls increased by 7%, while during the same time period, behavioral health related calls declined by 12%.



In contrast, over just the last year, total calls have increased by nearly 20%, and BH related calls have increased by 100%. BH related calls account for between 5% and 12% of total monthly calls.

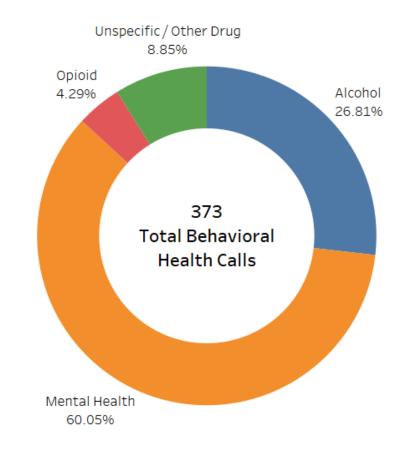
East Jefferson/Port Ludlow Fire & Rescue Behavioral Health Related Calls Compared to Total Calls



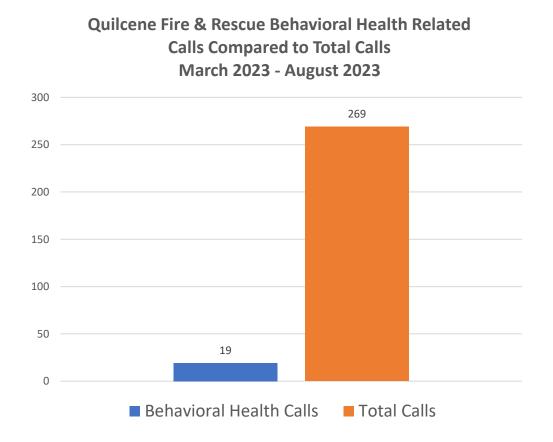
East Jefferson/Port Ludlow Fire & Rescue Behavioral Health Related Calls

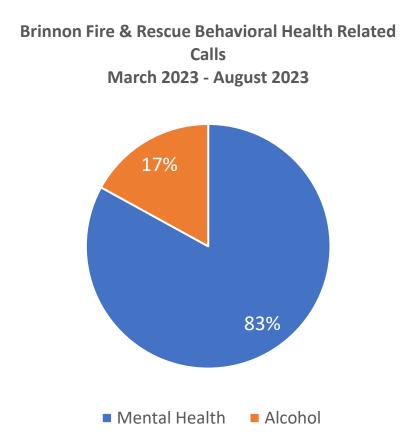
September 2022 - August 2023

In the last year, EJFR and PLFR had a total of 373 BH related calls. 60% were related to mental health, 27% alcohol, 4% opioids, and 9% other drugs.

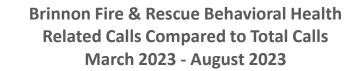


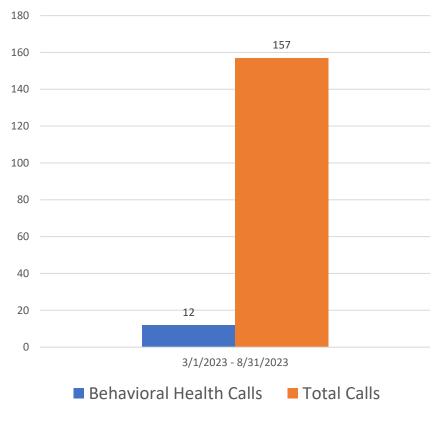
7% of Quilcene Fire & Rescue's total calls are Behavioral Health related. Of those, 83% are mental health related and 17% alcohol.



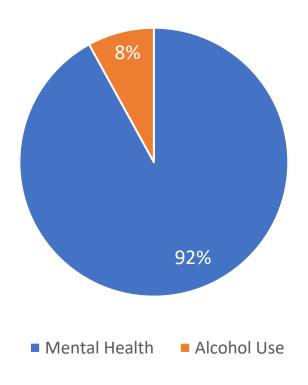


8% of Brinnon Fire & Rescue's total calls are Behavioral Health related. Of those, 83% are mental health related and 17% alcohol.



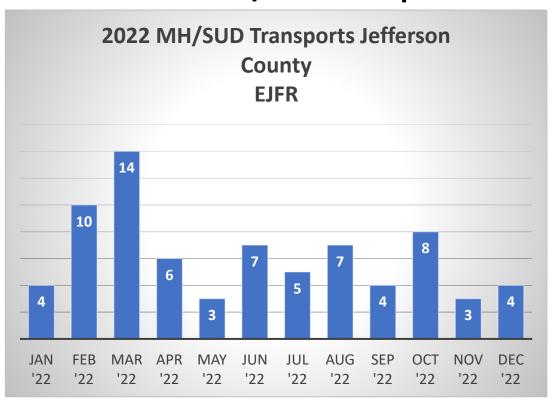


Quilcene Fire & Rescue Behavioral Health Related Calls March 2023 - August 2023

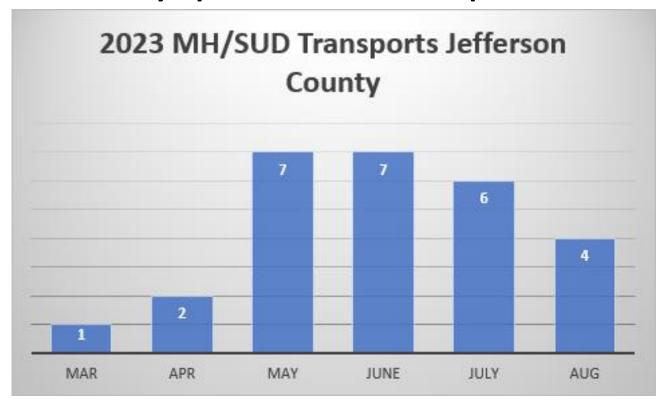


Interfacility Behavioral Health related transports average 5-6 per month; with a range of 1 to 14.

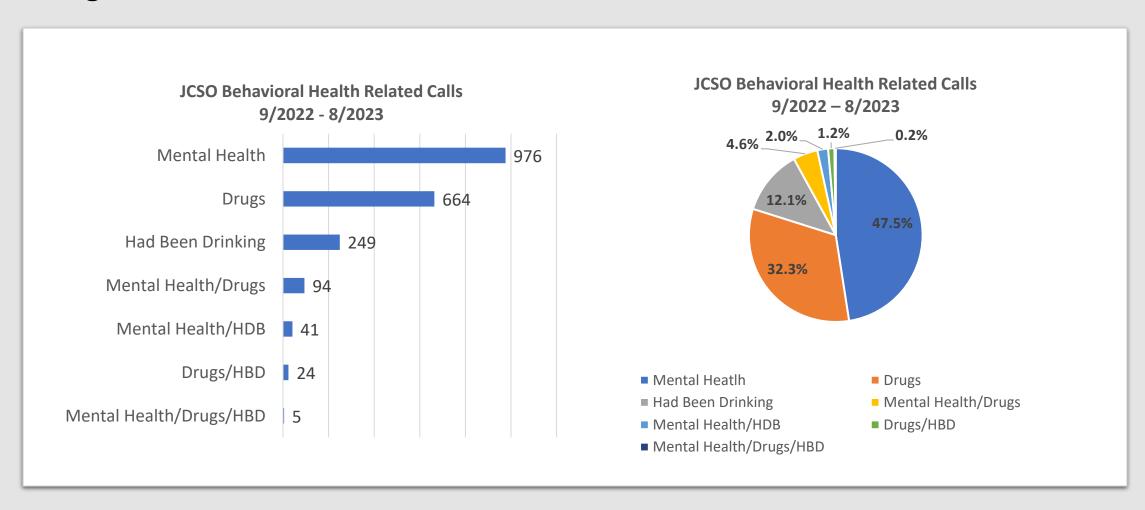
EJFR MH/SUD Transports



Olympic Ambulance Transports

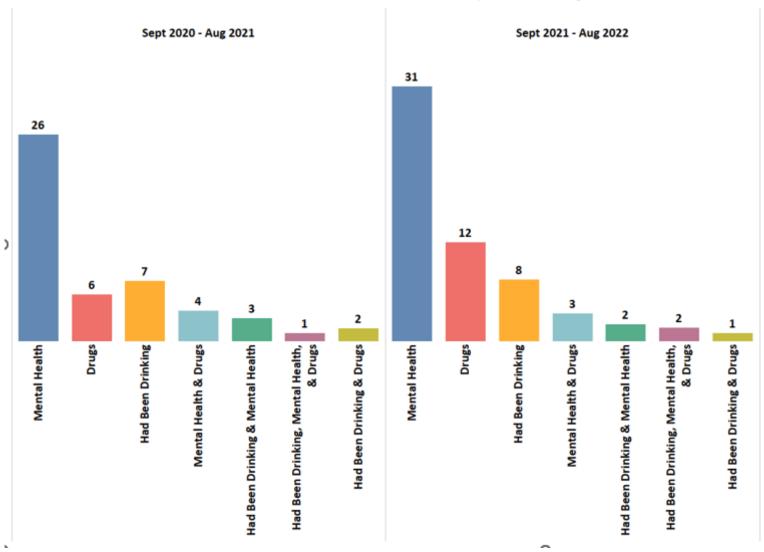


JCSO had a total of 2,053 Behavioral Health Related calls in the last year, over 50% were mental health or a combination of mental health and drugs and/or alcohol.

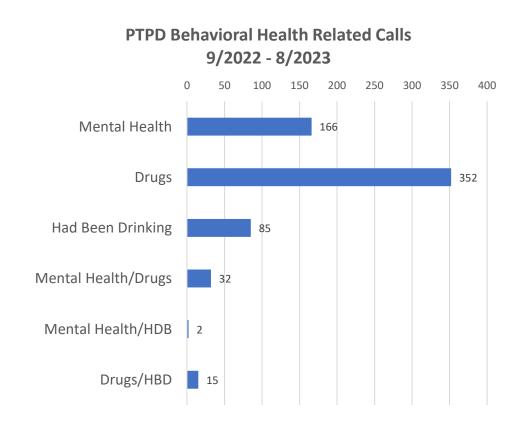


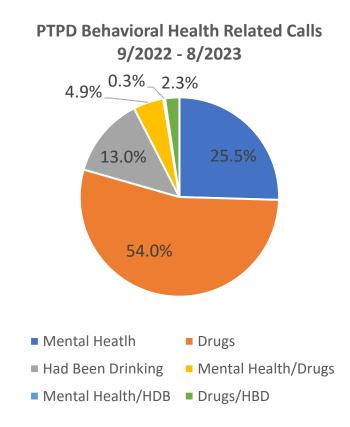
JCSO's
Behavioral
Health related
have historically
been
significantly
underreported.

Jefferson County Sheriff's Office Average Behavioral Health Related Calls per Month



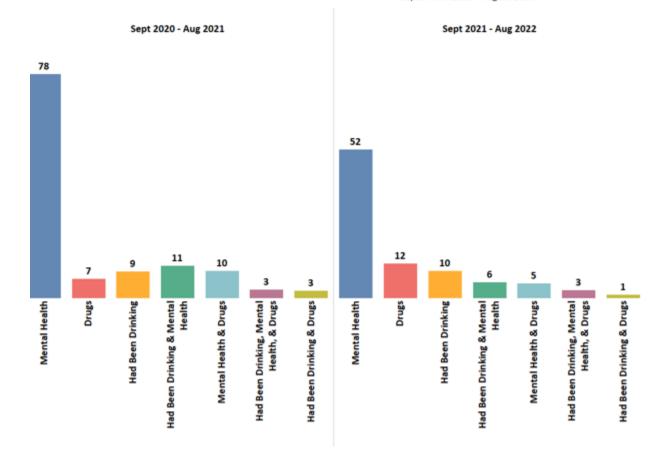
PTPD had a total of 652 Behavioral Health Related calls in the last year, over 60% were related to drugs or drugs with a combination of mental health/alcohol.





PTPD's
Behavioral
Health related
calls have
historically been
significantly
underreported.

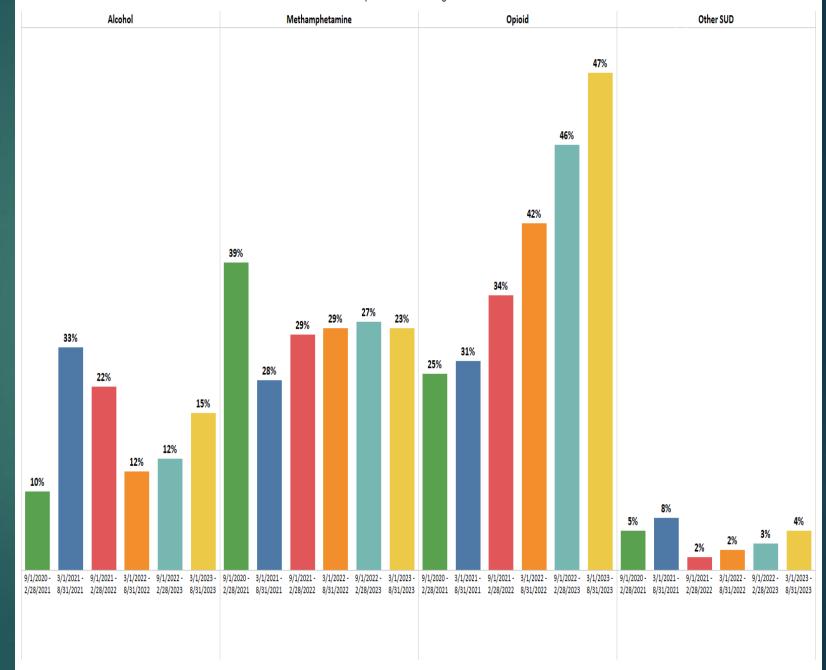
Port Townsend Police Department Average Behavioral Health Related Calls per Month



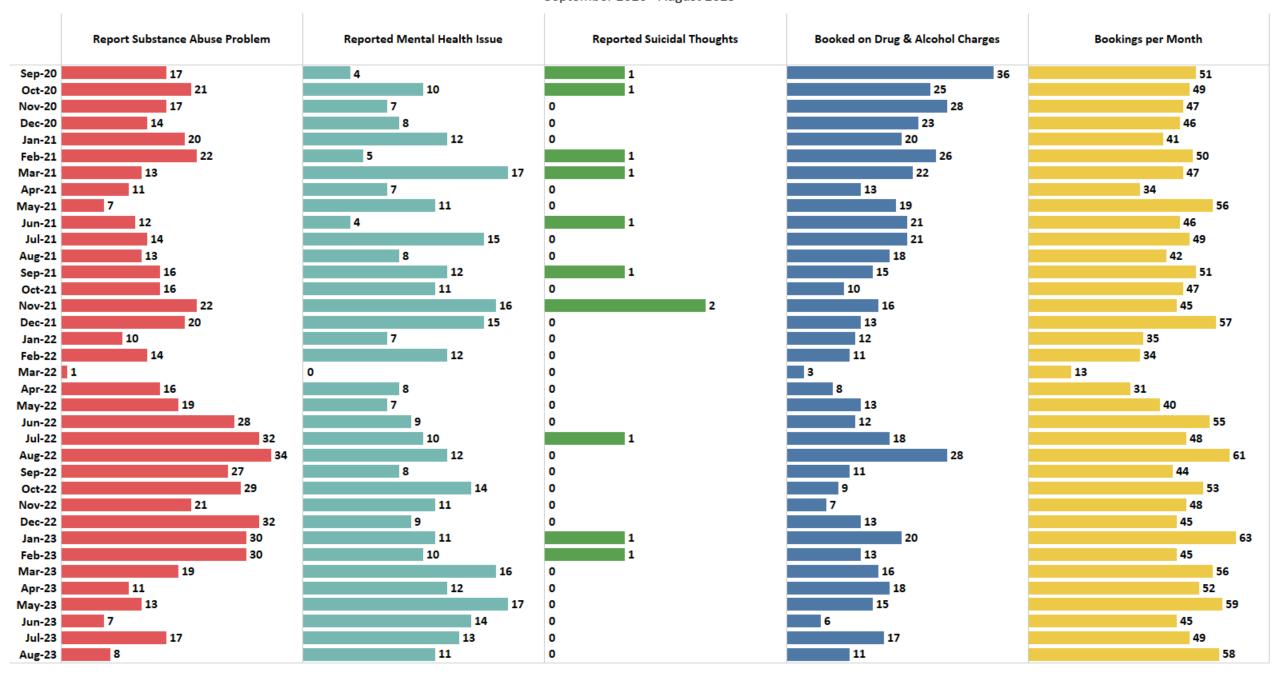
Believe in Recovery

- The percentage of Believe in Recovery Clients diagnosed with Opioid Use Disorder has increased by nearly 90% over the last three years.
- Of all of the clients screened for SUD by Believe in Recovery in the last 6 months:
 - 19% were diagnosed with alcohol use disorder.
 - 47% with Opioid use disorder
 - 23% withMethamphetamineuse disorder
 - 4% were diagnosed with "other SUD".

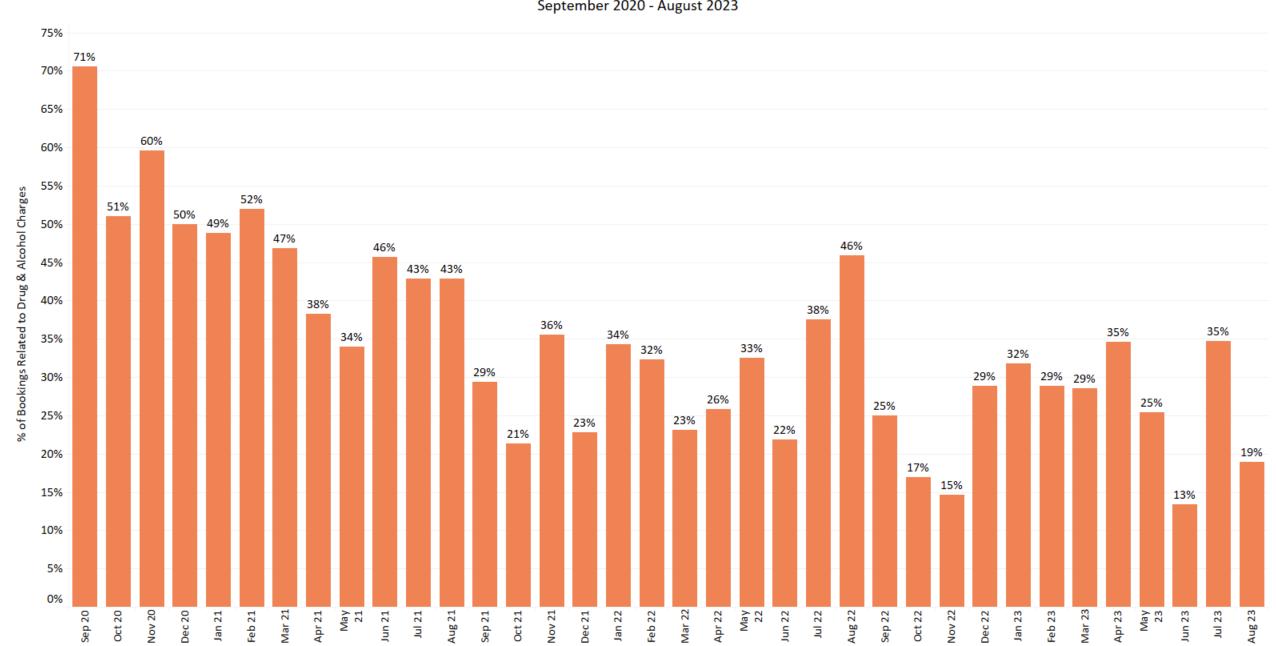
Believe in Recovery Clients Diagnosed with SUD



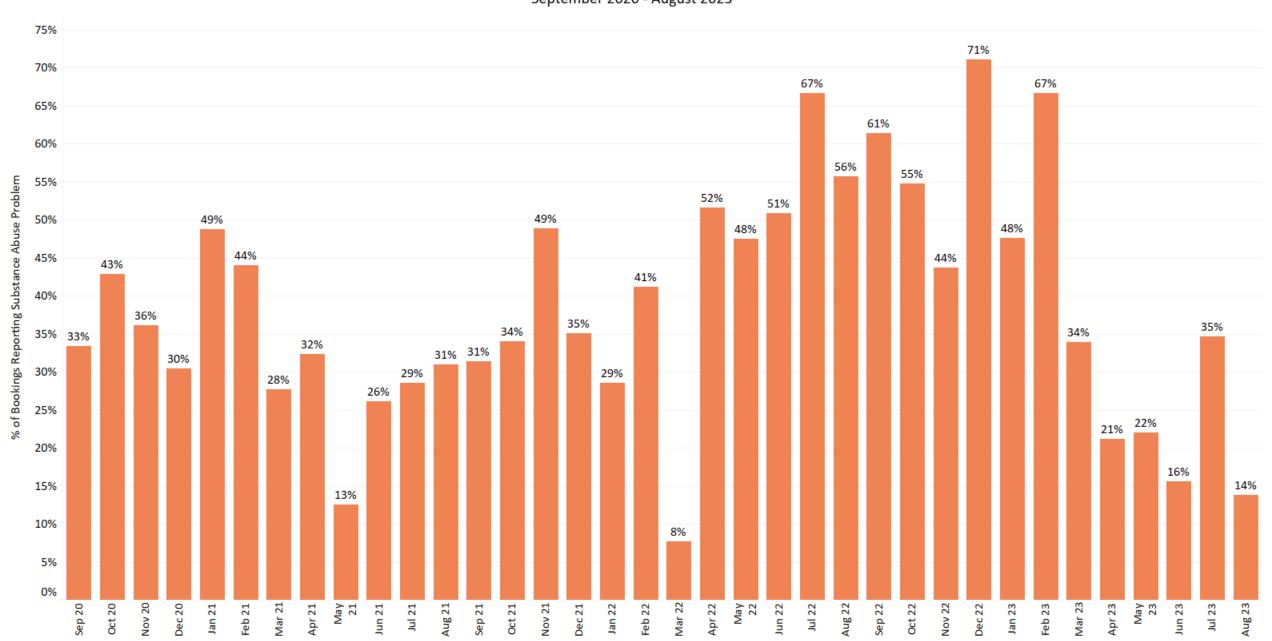
Jefferson County Jail Statistics



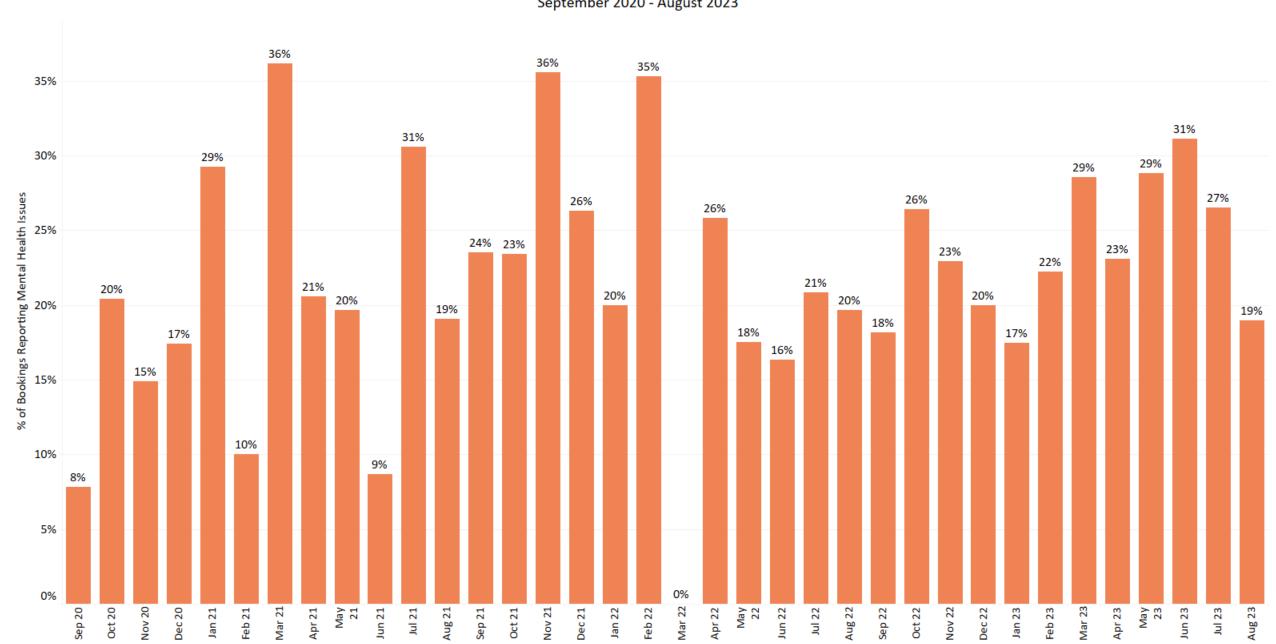
Jail Intake - Monthly Encounters % of Bookings Related to Drug & Alcohol Charges



Jail Intake - Monthly Encounters % of Bookings Reporting Substance Abuse Problem

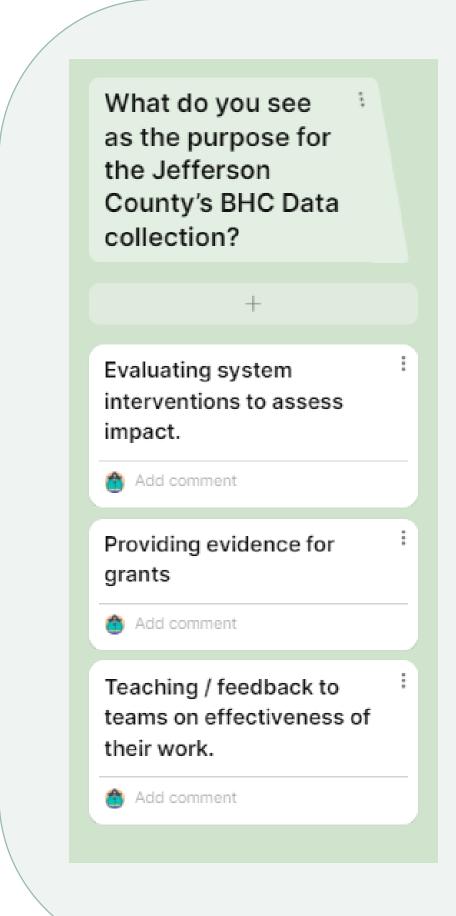


Jail Intake - Monthly Encounters % of Bookings Reporting Mental Health Issues





Developing Clarity for BHC Data Effort's Phase 2



- Identify specific population level questions for the Data Workgroup to address; determine process for the BHC to define the questions and who is needed at the table to pursue.
- Define questions and where the data is to
 incorporate Therapeutic Court Data into the BHC
 Data Efforts. (ex: track Drug Court
 entry/graduation/recidivism within 5 years from
 nationwide booking tool)
- Address sustainability challenges of Law
 Enforcement data collection and explore training
 needed to support true insight generation



10/16/23 Data Workgroup Meeting
 Video, Meeting Packet and Padlet

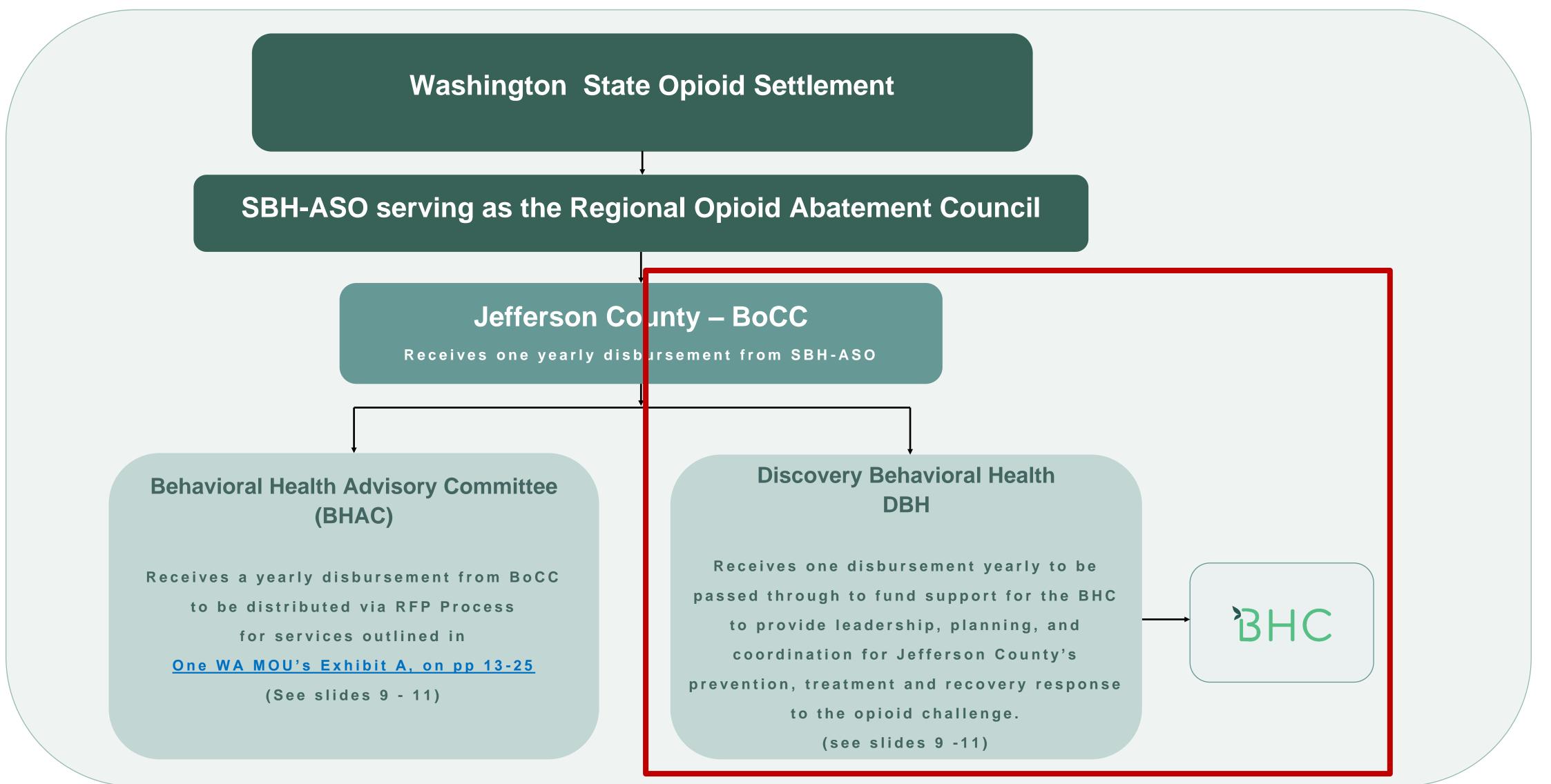
New

Phase!

- 10/27/2023 Follow-on Mtg w/ JHC Rep to discussion approach to defining population level questions
 <u>Discussion Notes</u>
- Scheduled Follow-on 11/10 Mtg JHC
 Population Health Advocacy and
 County Medical Program Director to
 explore what formal and informal
 leadership could best serve the BHC's
 collective data effort.



Sustainability: Opioid Settlement Funds Update





Sustainability: Pursue Grant Opportunity?

Recommendation:

Identify and apply for a ~\$200k Planning Grant opportunity for that will support resources to successfully gather appropriate players to participate in Strengths, Weaknesses, Opportunities, Threats (SWOT) assessment, prioritize the resulting needs identified, develop a Strategic Plan to address those needs, and to ultimately work collaboratively to address those needs from a collective platform.

See the BHC
Sustainability
Work Group's Complete
Recommendations

Quick Stats:

The Rural Health Network Development Planning Program

Award is \$100k for 1 year (30 will be awarded)

RFP was Last Updated: October 25, 2023

Application Due Date: Jan 26, 2024

Award Date: July 2024

Project Start Date: | Jul 01, 2024 - June 30, 2025

The purpose the Rural Health Network Development Planning Program ("Network Planning Program") is to plan and develop integrated health care networks that collaborate to address the following legislative aims: (i) achieve efficiencies; (ii) expand access to and improve the quality of basic health care services and health outcomes; and (iii) strengthen the rural health care system. This program supports one year of planning and brings together members of the health care delivery system, particularly those entities that may not have collaborated in the past, to establish and/or improve local capacity in order to strengthen rural community health interventions and enhance care coordination. The Network Planning program uses the concept of developing networks as a strategy toward linking rural health care network members together to address local challenges, and help rural stakeholders achieve greater collective capacity to overcome challenges related to limited economies of scale for individual hospitals, clinics, or other key rural health care stakeholders. For more details, see Program Requirements and Expectations.

Link to RFP Overview

Link to full RFP



Next Steps



- Apply for NCE and submit a Work Plan Budget that reflects some degree of proposed grant-funded BHC management if the NCE is awarded.
- Confirm Seed funding to keep the BHC table open
- Collect the HRSA RFI & PIMS data, along with the BHC Member data for Mar through Aug 2023 by 9/30/2023; HFPD to analyze along with restored data and present in November.
- Generate contract between County and DBH for Opioid Settlement Fund
- Execute SCHR Subgroup meetings to determines next steps
- Execute Data Subgroup meeting to determine next steps
- Develop and institute an MOU that structures the BHC/BHAC linkages discussed at BoCC meeting
- Identify who is interested in BHC roles, and who we'd like to recruit additionally.
 See the BHC Sustainability Work Group's Recommendations.

3

Peer Support

JBS International, the group that provides Technical Assistance provides a "Peer Hour" that occurs four times monthly. If you have peers working that would like to connect with other peers for support and camaraderie, please directly email Donald McDonald at JBS for the schedule:

DMcDonald@jbsinternational.com

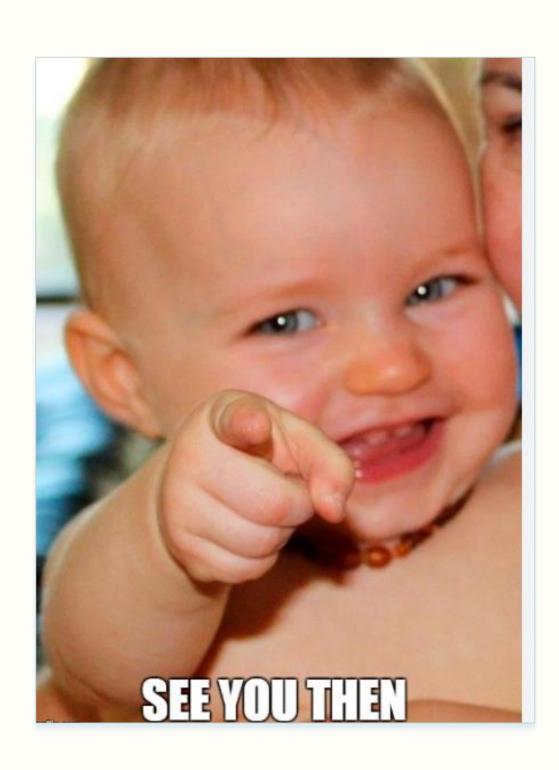
Those reaching out should indicate they are connected to:

Jefferson County, WA

HRSA RCORP-Implementation 2 - Grant # GA1RH39564



NEXT BHC Meeting



Thursday, February 8th, 2023

@3:00p on Zoom



Acronym Sheet

BH – Behavioral Health **MOUD** – Medications for Opioid Use Disorder **NAMI** – National Alliance of Mental Illness **BHAC** – Behavioral Health Advisory Committee **BHC** – Behavioral Health Consortium **OAC** – Opioid Abatement Council (SBH-ASO) **OUD** – Opioid Use Disorder **Bocc** – Board of County Commissioners **CAP** – Communication Action Plan PTPD – Port Townsend Police Department **CARES** – Community Assistance Referral & Education Service **PWUD** – People Who Use Drugs RHNDP-P1 - Rural Health Network Development Program -**DBH** – Discovery Behavioral Health **DCR** – Designated Crisis Responder Planning (HRSA Grant Awarded 2018-2019) **DUI** – Driving Under the Influence **RCORP-P2** – Rural Community Opioid Response Program – **ED** – Emergency Department Planning (HRSA Grant Awarded 2019-2020) **EJFR** – East Jefferson Fire Rescue RCORP-I – Rural Community Opioid Response Program – Implementation (HRSA) **EMS** – Emergency Medical Services Grant Awarded 2020-2023 w/ 1 year No Cost Extension thru 8/2024) JCPH – Jefferson County Public Health R.E.A.L. – Recovery, Empowerment, Advocacy, Linkage **JeffCo** – **Jefferson County SBH-ASO** – Salish Behavioral Health – Administrative Services Organization **JHC** – Jefferson Healthcare **SSP** – Syringe Service Exchange **JCSO** – Jefferson County Sheriff's Office **SUD** – Substance Use Disorder **HFPD** – Health Facilities Planning & Development Consultants **TBH** – To Be Hired **HRSA** – Health Resources and Services Administration **VOA** – Volunteers of America – Crisis Line (1-888-910-0416) **Vol** - Voluntary ITA – Involuntary Treatment Assessment **Invol** – **Involuntary** MAT – Medically Assisted Treatment

MH – Mental Health