

**ATTENDEES:** Annie Failoni, OPHS; JD Aldrich, OPHS; Vicki Kirkpatrick JCPH; Ford Kessler, Safe Harbor; Brian Richardson, Recovery Café/Dove House; Ben Castor, Americorps/Recovery Café; Sarah Martin, County Prosecutor’s office (for James Kennedy); Dave Fortino, Jefferson County Jail; Jenn Wharton, JHC; Gabbie Caudill, Believe in Recovery; Joe Nole, County Sheriff; Greg Brotherton, County Commissioner; Matt Ready, JHC; Mike Evans, PTPD; Natalie Gray, DBH; John Nowak and Lori Fleming, CHIP/Grant Project Director

**CONFERENCE CALL IN:** Lisa Grundl, HFPD; Lisa Rey Thomas, Regional Representative

**APOLOGIES:** Apple Martine, Ford Kessler, Safe Haven, Darcy Fogarty, Recovery Community; Jim Walkowski, EJFR; Jolene Kron, BH-ASO; James Kennedy, County Prosecutor

**NOT IN ATTENDANCE:** Patrick Johnson, NAMI; Darcy Fogarty, Community Rep

**LINKS FOR MEETING DOCUMENTS:** [Agenda](#), [Meeting Slides](#), [Readiness/Needs Assessment Document](#)

## Notes

### READINESS / NEEDS ASSESSMENT

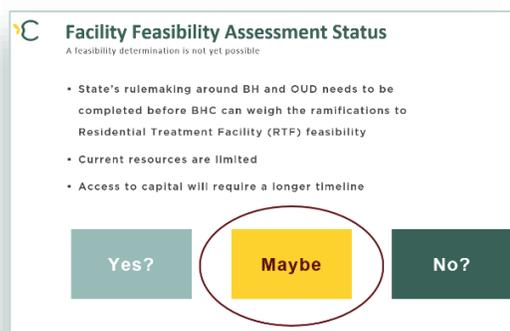
The [Readiness / Needs Assessment](#) deliverable was submitted to HRSA on February 3, 2020. Lori Fleming, Grant Project director, took the group through the document and highlighted the major updates and key takeaways for each section. The document overviews findings and [links to detail data](#) relevant to this county’s service access for the prevention, treatment and recovery of OUD/SUD. (All grant related documents and meetings are hosted on [behealthyjefferson.com](#) under the “Library>>Behavioral Health Consortium” dropdown menu.)

While the [Readiness / Needs Assessment](#) deliverable has already been submitted, John invited BHC attendees to review and submit anything that could use improved, or more accurate narration, or other content they believe would be useful in the context of the document’s purpose.

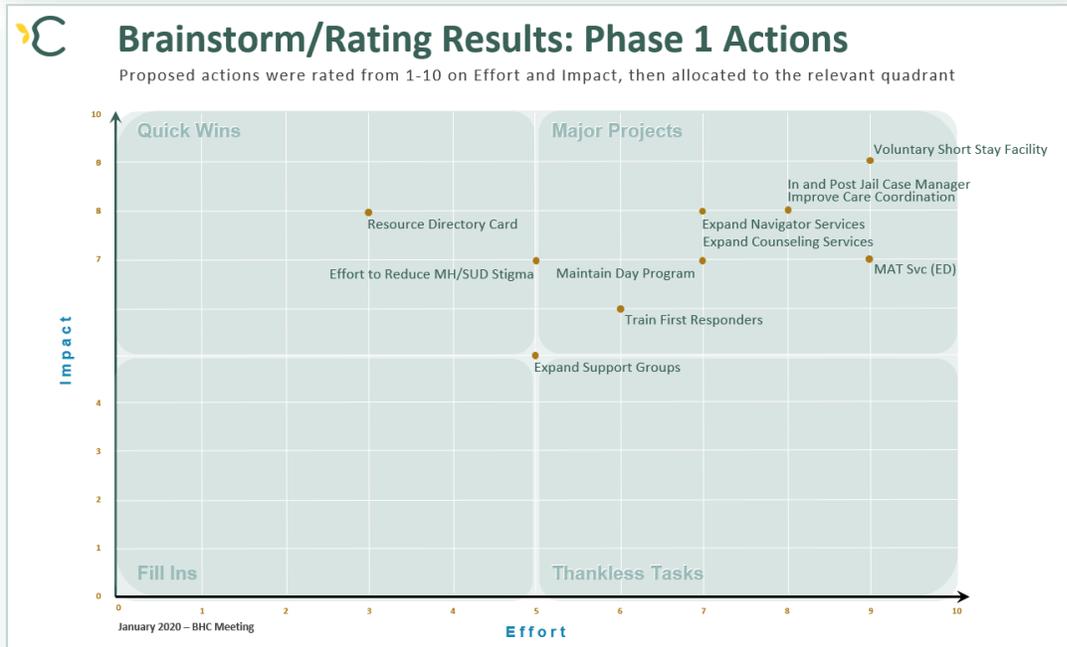
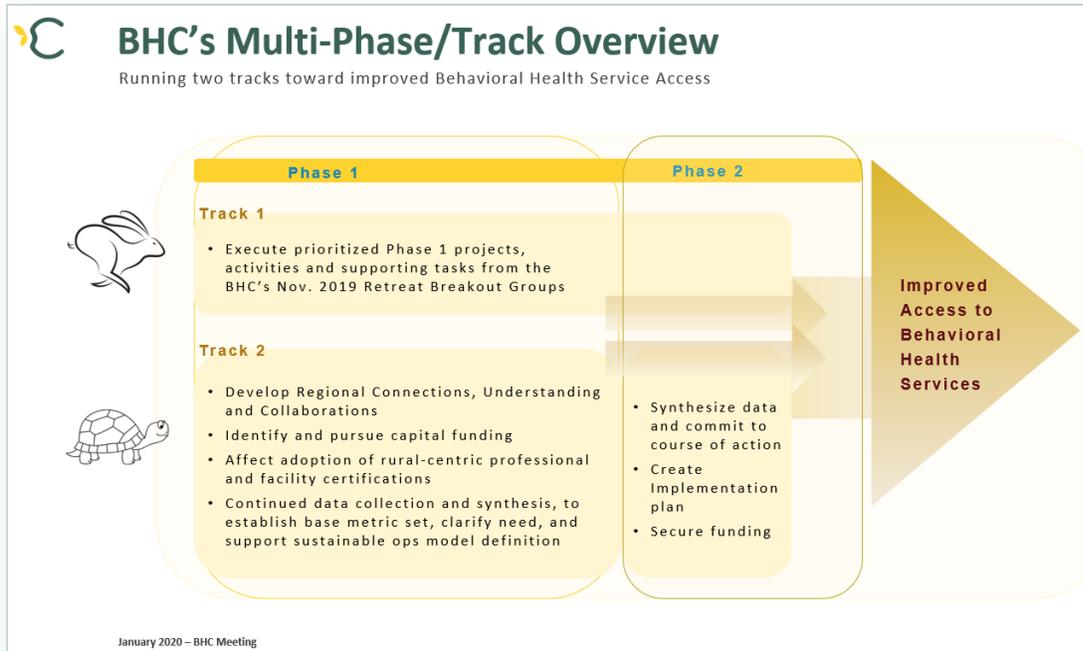
Lori highlighted she has already been made aware of a few resources that could be added (to section D.2 Assess Findings for Service Systems), that will be inserted to the document that is hosted on the website. The Grant Team’s intention is to have a living document we continue to add relevant content to, so it can serve as a repository for information that others in the county may refer to when potentially preparing own grant applications, etc.

### REVIEW/RATIFY PRIORITIZATION RESULTS FROM 12/12/2019’s BHC MEETING

John Nowak presented an overview of the BHC’s process to build concurrence on gaps and unmet needs, and to set priorities for the specific arenas of treatment and recovery. He noted because the Facility Feasibility Assessment status is at “Maybe”, the BHC has decided the progress to date supports a multi-track/multi-phase approach.

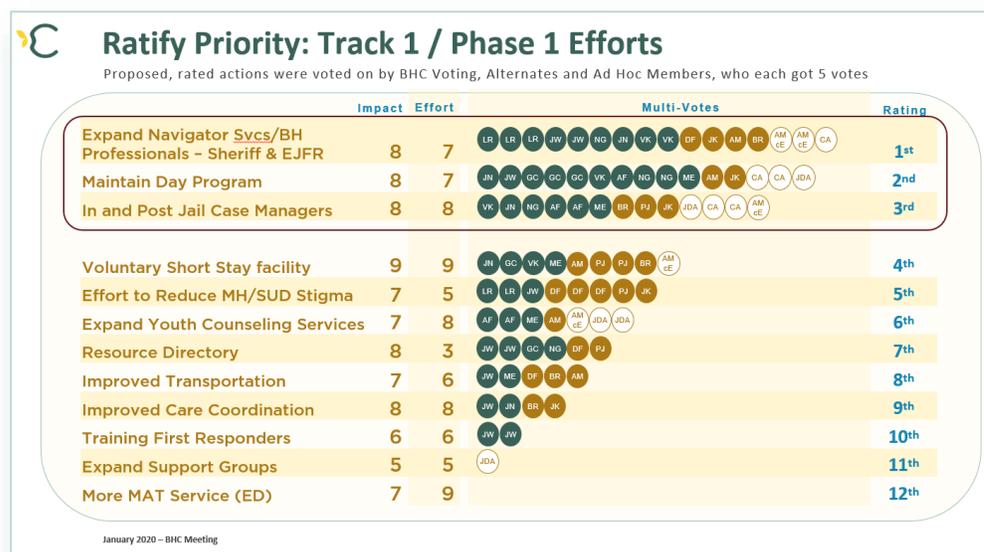


Track 1 & 2: Track 1 includes services we might implement, enhance, or improve coordination with to support how we care for people who are having substance use or mental health crises in our community. Concurrently the BHC (with HFPD) will work on the Track 2 focus of establishing feasibility for a crisis stabilization center and, if feasible, the subsequent implementation plan.



John outlined we would use the time to in this meeting to ratify 3-4 priorities from the list generated and prioritized at our last meeting. Subgroups will be formed around the 3-4 priorities who will meet over the next 10 days with Lori and John to develop action plans, identify resources to be secured to execute, and determine activity ownership. All this information will be crafted into the Strategic Plan, a HRSA deliverable that is due in draft on 1/15/2020, and in Final-form on Monday, 2/3/2020.

The three priorities that rose to the top after last meeting’s prioritization exercise are shown in this slide. The CHIP team proposed the BHC focus on the top three priorities shown in the slide, along with completing a



Resource Directory (# 7 priority on the list) that would take a moderate amount of effort and be useful to many people.

Discussion ensued. Sheriff Nole asked if priority #1, expand Navigator Services/BH Professionals in Sheriff and EJFR organizations, might be too similar to priority #3 that focuses on In and Post Jail Case Managers.

Vicki Kirkpatrick, JCPH, noted the MHFR team, led by Anna McEnery, was the initiator of bringing Navigator services into the County, which resulted in Jud Haynes working in the Navigator role with the PTPD. Her question was how the work of the BHC’s Priority #1 would dovetail with the MHFR group’s work to expand the Navigator role in the County.

Vicki also clarified the difference between Priority 1 and Priority 3 is that Priority 3 is about embedding someone in the jail who can do what Gabbie does in the jail (assessment, etc.), but who then stick with the previously-incarcerated-individual to develop and manage a transition plan that includes treatment, housing and employment support as they leave the jail.

Sheriff Nole noted he asked the question, because he’d really like to see Priority 4, voluntary short stay facility move up into the box of priorities the BHC will work on. On Priority 3 he is aware that in addition to the work Judd and Gabbie are doing, Olycap Navigators are going to help with housing and other things. He is aware there has been talk of having Jud access the jail as well – and that generally a navigator in the jail, doing what Jud is doing on the street, is an interesting thought. He

wonders if having a navigator on the county streets and also in the county jail might be doubling up on the role, a situation that would not be financially viable.

John Nowak noted the difference between a navigator, who plans for the care of a person, vs. a case manager who looks at more of the long-term care model and how to connect an individual with all the services they need, and coordinates those various services (for mental health, housing, etc.) The roles are similar, but different.

Vicki noted there are several definitions to navigator, care coordinator, case manager, etc. In Jud's navigator role, he brings and connects individuals to resources – but he doesn't carry a caseload, his involvement is short term. This approach differs from someone who has a long-term engagement with an individual and who manages and develops a relationship to help the individual get to their appointments, keep up with treatments, and provide support to help the individual gain access to a "new normal."

Chief Evans provided his take: The Navigator deals with individuals in crisis and works to navigate the individual to voluntarily avail themselves of services. The Navigator is not a clinician or a case manager. The PTPD is lucky with Jud, who has DCR credentials and can be used a bit beyond the scope of a navigator because of his credentials. The struggle with something like a Navigator Program is we need to pare it down from the larger version used in urban areas to something that works in our rural communities. [We might look at combining forces. For example, could we have Jud acting as a navigator for both the City and the County, then have a Case Manager in the jail that would work with people put in the jail by County, State Patrol or the City. Integrated models like this might address the reality of our unincorporated county-wide needs, yet allow us to fund fewer positions than would be mandated if we continued in a siloed approach. This integrated model could pave the way to better serve our county and community and generate improved outcomes.](#) Sheriff Nole thought Chief Evans idea made a lot of sense.

Lisa Grundl, HFPD, and Chief Evans suggested we rename Priorities 1 and 3 into one Priority, just with a bigger term, like "Expand/Coordinate Service and Care for the BH Crisis-Affected". Or some other title that infers the work on the priority will need to include multiple specifics such as expanding navigators, case management, etc.

Gabbie Caudill, of Believe In Recovery, who works in the jail currently, outlined people in jail are already getting referred to outside services, however many are in jail less than 24 hours. This isn't enough time to fully evaluate the person and get them referred to services we believe are needed. Then going forward, supposing they are in jail long enough to get them properly set up and referrals accomplished, the majority of them are not required to follow up after they are released. They likely won't show up at the services you've referred them to, and generally they don't want the services to which they are referred. We try our best to make sure they've got the ride to treatment or appointments, clothes and toiletries, but if they don't want the service at the end, there is nothing we can do. Especially if they aren't being put on active supervision or probation- there's nothing in place to require that these individuals follow up with any services offered.

Sheriff Nole said having seen numbers Dave Fortino has shown him from the jail, he is aware we don't particularly have a "captive audience" for long.

Brian Richardson, of Recovery Café, noted we had, through this discussion, made the distinction between case management and navigation, we've identified the challenge of doing case management post jail, given the short period of time most people are actually there, and we already have case managers in various social services across the county, and clearly motivation post-jail is a big challenge. With that said, he advocated to combine priorities 1 and 3, and bump Voluntary Short Stay facility into the 1<sup>st</sup> Phase priorities.

Vicki noted there is no one approach that will capture everyone that goes through the system, we want to ensure we don't overlook someone who may be at a place where they can make a change when they end up in jail. A case manager may be the one that is very effective in working to eliminate the barriers for an individual whose life is in chaos. Then when we consider those who are cycling in and out as they continue using, we are still actively building a relationship with them, so that down the road we are there to catch them when they are ready.

John Nowak suggested we should be aware whatever we do, the strategic plan must be developed in the next week and a half. He endorsed Chief Evans idea for the city and county to address the Navigator and Case Manager positions collaboratively would be incredibly powerful. In fact, this is exactly why CHIP/BHC has come together – to generate collaborative, rather than siloed, solutions.

Ford Kessler, Safe Harbor, noted that we have three behavioral health organizations on the BHC, each have case managers in their agencies. The gap is getting potential clients from jail to the BH organization, to where they will have case manager.

Dave Fortino, Jail Superintendent, noted the Sheriff's office has no authority, nor the ex-inmate any obligation to do anything once they leave the jail, unless the courts mandate something. When people are out the door, they aren't generally interested in a case manager's direction or assistance.

Vicki Kirkpatrick, JCPH, noted down the road we need to look at supportive housing for people in recovery. She also reiterated the need to assure the MHFR team and BHC are coordinated. John Nowak noted for the purposes of the upcoming BHC Strategic Plan, we just need to get a roadmap established, and whether MHFR or BHC leads or facilitates the other can be determined. He also mentioned the next MHFR meeting is coming up, and the discussion about what each group takes on in regards to this topic can be had and decided. (Many people at the BHC table are also at the MHFR table.)

Annie Failoni, OPHS, asked if we needed to make the funding of the Case Manager/Navigator role a priority. In her mind we do because the coverage avenues we have currently might potentially lapse. John noted we will want to discuss the funding as part of the strategic plan-making, and see what future avenues need to be assessed, including the possibility of RCORP-Implementation funds. Lori noted we will want to take inventory of where our current funding spots are throughout the

community, and create a funding timeline so we’re clear on what funding comes from where currently and when it will be up for renewal or potentially a new source needed.

Concurrence was established for the following priorities. Members volunteered, and in some cases, were volun-told the priority they will contribute to in terms of strategic planning and execution.

Priority	Lead & Team
<ul style="list-style-type: none"> <li>▪ <b>Priority #1: Enhance call-subject/patient navigation and behavioral health support to first responders</b></li> </ul>	Chief Evans, Sheriff Nole, Dave Fortino, Jail Superintendent Gabbie Caudill, Believe In Recovery Ford Kessler, Safe Harbor Annie Failloni, OPHS Natalie Gray, DBH
<ul style="list-style-type: none"> <li>▪ <b>Priority #2: improve jail to community transitions</b></li> </ul>	
<ul style="list-style-type: none"> <li>▪ <b>Priority #3: Maintain the Day Program at Discovery Behavioral Healthcare</b></li> </ul>	Natalie Gray, DBH Dana Milagrosa, DBH Clinical Lead
<ul style="list-style-type: none"> <li>▪ <b>Priority #4: Complete Resource Directory Booklet</b></li> </ul>	Brian Richardson, Recovery Cafe Patrick Johnson, NAMI Anna McEnery, JCPH Apple Martine, JCPH
<ul style="list-style-type: none"> <li>▪ <b>Priority #5: Establish a local Crisis Stabilization Center, including Voluntary short stay unit</b></li> </ul>	Lisa Grundl / Jody Carona, HFPD Natalie Gray, DBH Lisa Rey Thomas, Jamestown Clinic Jenn Wharton, Jefferson Healthcare

January 2020 – BHC Meeting

The group voted on and approved the appointment of Lisa Rey Thomas, OTP Project Manager for the Jamestown Family Health Clinic, to the BHC as a regional representative who will help the BHC build regional collaboration and weave effectively with the Jamestown S’Klallam tribe’s planned/legislatively funded Healing Clinic, which will provide opioid-use disorder medical services through a SAMHSA-certified opioid treatment program.

A meeting to review the BHC’s draft Strategic Plan will be held January 23, 2020, 11am, at the JCPH Pacific Room. All are welcome to come see and comment on what has been masterminded by the various subgroups.

**Subgroup Strategic Planning meetings have been set as follows:**

- Priority 1: Tuesday, January 14, 1pm @ JCPH’s Pacific Room, Improve Jail-to Community Transitions
- Priority 2: Monday, January 13, 1:30 @ DBH Conference Room, Maintain DBH Day Program
- Priority 3: HFPD/Grant Team will do a first pass at the Crisis Stabilization Center/Voluntary Short Stay
- Priority 4: Tuesday, January 14, 3:30 pm @ JCPH’s Pacific Room, Resource Directory Booklet

**The next BHC meeting is scheduled for February 13, 3pm, @ Chimacum Fire Station.**