

## ATTENDEES

Apple Martine, Brian Richardson, Darcy Fogarty, Ford Kessler, Jenn Wharton, John Nowak, Jud Haynes, Lisa Grundl, Joe Nole, Lisa Rey Thomas, Lori Fleming, Pete Brummel, and Vicki Kirkpatrick

## BHC VOTING MEMBERS ABSENT

Gabbie Caudill, Annie Failoni, James Kennedy, and Natalie Gray



### BHC Meeting Agenda – Feb 13, 2020 3pm

- Introductions
- Review Strategic Plan – Final submitted Feb 7, 2020 - [LF](#)
- HRSA's Workforce Plan Development - [LF/JN](#)
- March Meeting focus: Data - [Lisa Grundl](#)
- Update on Telecare Tour – Regional Collaborative Discussion - [LF/JN](#)
- Update on HRSA RCORP-P Grant Application due 4/24 - [LF](#)
- Update of CHA Prioritization Process - [JN](#)

## Notes

**Review of [BHC Strategic Plan](#)** (see slides 4-15) highlighted major additions and the final priorities, objectives, strategies and activities/timelines/participants that were submitted to HRSA in early February. These additions include a substantial landscape overview from Federal to County levels, the insertion of a graphic that generally follows the Sequential Intercept Model to show where each priority's strategies will improve access at the various intercept points.

- Lori noted a community member alerted her of a situation where a self-directed individual wanted to begin MAT treatment, but couldn't figure out where to go to get the medication. It highlights a need to better address those who desire MAT treatment, but don't come through LAW or EMS channels.
- Discussion about the DBH Day Program underscored how important this program is to helping participants maintain stability, take their meds, etc., which in turn keeps them out of the revolving door of Law/EMS channels.

**Workforce Plan development.** Lori reviewed a [skeleton BHC Workforce plan](#) (See Pages 3-5) that looks at our Strategic Plan through a workforce lens. Specifically, Lori will be reaching out to each Priority Workgroup to get input FTE and funding input on all the priority's strategies and what will be needed to get us to the goal outlined in each priority:

- Amount of FTE and salary/benefit for needed to coordinate/execute the activities outlined
- New talent/team members that will be needed
- Trainings or certifications to help the current workforce be more effective
- Any external partners (consultants, recruiters, etc.)

### Data requested from BHC Data group

- As we think about pursuing the RCORP-Implementation grant, one aspect that we would like to be able to talk from an informed place about is, if we had a facility, what would our daily census be? To get a sense of this, we would like to track how many people would have been taken to a Crisis stabilization rather than where we are taking people currently. The group brainstormed the best timeframe for everyone to track this – and landed on **tracking for a week**. There was also discussion about who we would like to track this data, and identified: **EJFR, City and County Law, Community Health workers, JHC's Emergency Room, Library, Volunteer of America's Crisis line, and DBH's DCRs**. In the email we send out, we'll give 3-4 bullet points that describe the kind of people we are looking to have counted, to help communicate
- Asking for the data group to update the standard data collection we've last updated in October so we can include these updated figures in our RCORP-Implementation Grant application.

**Overview of Telecare facility Tour** – a for profit E&T Facility that has been open just 5 weeks in Shelton, WA.

- Currently have a 16-bed inpatient facility on the first floor of the building. There is a 16-bed unit that is being built out on the 2<sup>nd</sup> floor that will serve people awaiting placement in a long term mental health facility (90-180 days).
- HFPD facilitated this tour connection for John and Lori and Lisa Rey Thomas, as well as Brent Simcosky, Jamestown S'Klallam's Health Director, and Dr. Joshua Jones, Chief Physician Officer of Psychiatry at Olympic Medical Physicians in Port Angeles. Brent and Josh are key team members on the [Sequim Healing Campus](#) project, and Lisa Rey Thomas is both a member of the BHC and on the Sequim Healing Campus team.
- The group had a good Q&A discussion with the facility's Administrator, Janet Bardossi, who answered a lot of operational questions.
  - The building was previously a Shelton PUD building. The build out may be been a little less than ideal, but was quite functional. It is a 7000 square footprint – and that is about as tight as you'd want to get
  - Telecare's primary 24/7 staffing is RNs, who are working under a Psychiatrist/Medical Director who is in-house (but not 24/7)
  - Telecare, as a for-profit model, takes all-comers from all over the State, not just Mason county. (They don't have a strong relationship with their local mental health agency.)
  - This facility (just opened) is currently a high percentage of voluntary patients, however Telecare has multiple facilities like these and they are 90-100% involuntary patients. There is a courtroom in the facility.
  - Telecare has a triage room and a nurse practitioner there that can do a medical screening

- Learned they are using Telepsych services there
- We heard that figuring out meals in a facility is an important consideration
- Learned that they don't have detox there, but that most of the patients are going through a withdrawal process
- Practical things like how "line of sight" is important to patient beds, having a quiet room for family – or just to separate patients out from an otherwise chaotic environment.

### Overview Regional Collaboration potential with Sequim Healing Campus

After the Telecare Tour, it was a good meeting, there was an opportunity to clarify our projects to each other, understand how they could complement each other, learned more about the role stigma is playing in the community where they will build their new facility. This highlights our goal to do what we can in our own community to address stigma with outreach, education and communication. We will continue to explore what kind of collaborations will ensure we are creating a solution that is regionally-savvy rather than geographically isolated. We recognize this approach is imperative to the success of whatever path we choose.

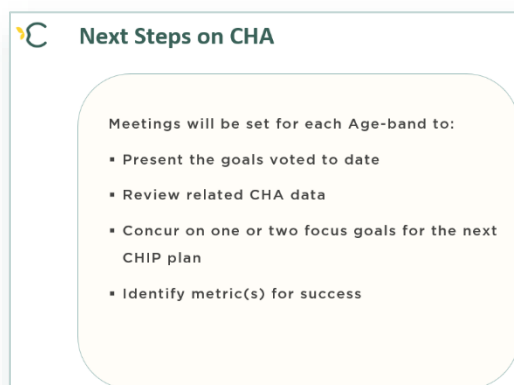


**Regional Collaboration**

- Post Tour meeting with the Sequim Healing Campus' Brent Simcosky, Jamestown S'Klallam Tribe's Health Services Director, and Dr. Joshua Jones, Chief Physician Officer, Psychiatry at Olympic Medical Physicians
- We learned about their efforts, told them about ours and all agreed our shared intention is to work so our efforts complement, rather than compete
- Willing to sign a letter in support of our RCORP-Implementation grant application

### CHA Prioritization Process Update

Meeting with the CHIP Prioritization Process Team was held on 2/6/2020. The group is tasked with identifying the updated priorities for the update 2020 CHIP Plan. Work had been done at the last meeting to categorize all the brainstormed focus-topics into age related bands. These bands became the "Priorities" (Youth, Working Age, and Elderly). Then the group also did some multi-voting to help focus priorities. It was decided that Social Determinants of Health was more of a context lens we want to assess our Strategic activities through, rather than making SDOH a priority. The focus for each group will be chosen, in part, based on how well the strategy/activity develops the notion of social determinants.



**Next Steps on CHA**

Meetings will be set for each Age-band to:

- Present the goals voted to date
- Review related CHA data
- Concur on one or two focus goals for the next CHIP plan
- Identify metric(s) for success

It was decided the next step is to have a broader, relevant group to each of the age bands meet and determined one or two goals for each age band.

### 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

The Youth Priority group will be working with the results of the work-to-date.

The Working Age Priority Group will meet at a BHC meeting (to streamline how many meetings this same group of people attends) to determine a focus out of the work done to date.

### 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

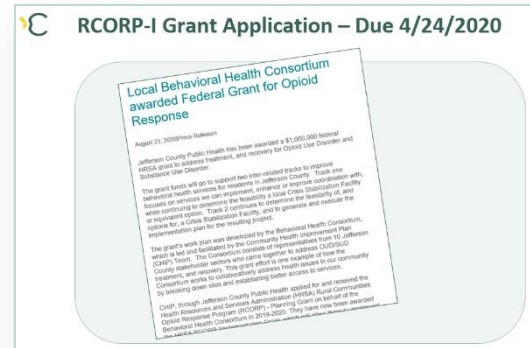
The Elderly Priority group will meet to determine a focus out of the work shown here.

### 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

## RCORP-Implementation Grant due 4/24/2020

The RFP for this grant came out February 7<sup>th</sup>, and is due 4/24/2020. If we get the grant, HRSA would award \$1M in September 2020, to be budgeted out over 3 years, through August 30<sup>th</sup>, 2023. The grant funds will go to support two inter-related tracks to improve behavioral health services for residents in Jefferson County. Track 1 focuses on services we can implement, enhance or improve coordination with, while continuing to determine the feasibility a local Crisis Stabilization Facility or equivalent option. Track 2 continues to determine the feasibility of, and options for, a Crisis Stabilization Facility, and to generate and execute the implementation plan for the resulting project.



The grant's work plan was developed by the Behavioral Health Consortium, which is led and facilitated by the Community Health Improvement Plan (CHIP) Team. The CHIP Team will continue to work to develop the grant application in connection with the Consortium Members, and regional players we are discovering and connecting with in real-time.

## Update from Ford Kessler

Ford noted we are losing our second detox facility, the Specialty Services III, Inc. in Port Angeles. They will be closing their detox service next month. The understanding is this is due to pressure from Senator Van De Wege, who was responding to a concern that patients from other communities were being brought to the area, and would not leave, becoming a burden on the area. (Of note, the detox treatment facility was completely separate in the Speciality Services III.)

Vicki noted it was unfortunate better information wasn't communicated the whoever brought this change about.

## Update from Brian Richardson and Washington Recovery Reliance

State legislators are taking up a [Bill HB2734](#) that could take away the \$20M tax cut that that biopharmaceuticals in WA and redirect those funds to recovery support services. This bill is co-sponsored by Representative Chapman. Write your legislator!

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