

**Attendees:** Adam York, JHC; Annie Failoni, OPHS; Anna McEnergy, JCPH; Apple Martine, JCPH; Brian Richardson, Dove House; Dave Fortino, County Jail; Dunia Faulx, JHC; Ford Kessler, Safe Harbor; Gabbie Caudill, Believe in Recovery; Jolene Kron, Salish BHO; JD Aldrich, OPHS; Jim Walkowski, EJFR; Lisa Grundl, Health Facilities Planning & Development; Matt Ready, JHC; Micah Knox, Jefferson Chaplain/Pastor; Natalie Gray, DBH; John Nowak, Lori Fleming, and Bernadette Smyth, Grant Team.

### Notes:

Consortium and ad hoc members introduced themselves and were welcomed.

**Data Update / Next Steps:** Lisa Grundl of Health Facilities Planning and Development (HFPD) provided an overview of the data received from consortium members to date, licensure options, and upcoming capital grants. Lisa explained that one of the tasks of HFPD is to help determine what the population looks like, the highest priority need in the community, and the capacity for stabilization services.

Data was gathered from Jefferson Healthcare, Discovery Behavioral Healthcare, Jefferson County Sheriff, Port Townsend Police Department, Jefferson County Jail and East Jefferson Fire Rescue, as follows:

- Almost 15% of Jefferson Healthcare’s BH ED visits are for patients over 60, and over 40% for those aged 20-39. The majority of patients are discharged “home” but additional analysis is needed on the discharge disposition, as many of those discharged “home” went into the court system or another facility. Medicaid is the single largest payer.
- Discovery Behavioral Health has about one ITA investigation per week, and this has remained consistent since 2014. It is expected to provide crisis services to over 600 clients in 2019 (fewer than 30% for ITA investigation).
- Jefferson County Jail reported 75% of BH bookings involve inmates with SUD and/or alcohol/drug charges, which are high numbers.
- Jefferson County Sheriff’s Office reported the volume of BH-related calls up about 20% over 2018.
- East Jefferson Fire Rescue experiences c.150 BH-related calls per year, with 29 specific to opioid overdose in 2017. Chief Jim Walkowski said that the actual figures are likely double those reported. Port Townsend Police Department figures indicate a higher percentage of MH incidents compared to Sheriff or Jail data, which had more of an SUD/ODU focus.

Lisa pointed out the need to continue to dive deeper into and refine data, and attempt to understand the numbers of duplicated or overlapped counts (numbers touching more than one provider) and other criteria. The only true unduplicated counts were from DBH. More detail can be discussed during the post-BHC data meeting.

Meanwhile, HFPD needs clarification on what the group is aiming to focus on and what the priorities are, and the group needs to consider options within the licensure. Some priority considerations include:

- What the party patient populations are (a residential treatment facility, crisis stabilization unit, emergency triage, evaluation and treatment, secure detox, voluntary v involuntary, involuntary SUD detox, short term, ITA v voluntary,
- Should the focus be SUD/OD, mental health, etc. or should the facility be in a position to deal with a lot of these different issues?)

HFPD recommends meeting with the Department of Health for confirmation of Licensure options, and will be meeting with Julie Tamara at the Department of Health on Tuesday, 17<sup>th</sup> September, where they will also try to give her a picture of the patients we are taking about, discuss the pros and cons of various options, and reimbursement options. They will also why there are so few crisis stabilization facilities in the state (only 2?), and if a local facility would be compelled to take individuals from outside the county.

Lisa also detailed a new state capital grant, “Secure Withdrawal Management and Stabilization Facility,” for up to \$2,000,000 that is due November 6<sup>th</sup>, 2019. After a lot of discussion, the group prioritized Voluntary over Involuntary, Treatment over Crisis Stabilization, and Mental Health over Drug/Alcohol treatments, so it was decided that this grant was not the right fit for the consortium and thus not worth pursuing.

**HRSA Deliverables:** John outlined that, with the \$200,000 HRSA grant, there are a number of mandatory deliverables. The *MOU* was one, and has been finalized and signed by 7 of 9 people and submitted to HRSA. The next is a Needs Assessment. The group has been sent out a CDC strategies document and a *GAP Analysis Tool* (which has been adopted by HRSA for other grantees!), and which the CHIP Team has taken a first stab at completing the narrative but would like BHC and ad hoc members to review and send Berni any amendments, deletions or additions they would like to make to the document. In addition, BHC and ad hoc members were asked to rate from 1-5 (5 being high) the sections on what they, their agency and their community’s support for the various strategies are, and send to Berni or have her meet with them. The CHIP Team also took a first pass at determining where we are in the various sections of the *Needs Assessment* (strength, weakness, in between), and request that BHC and ad hoc members review that document and provide feedback to the grant team. Finally, there is a *narrative document* as part of this Needs Assessment which the grant team are asking the members to review and provide feedback on at the next meeting. The *Strategic Plan* is also imminent, due January 1<sup>st</sup>, 2020.

**Joint Board Meeting, September 30<sup>th</sup>:** John invited and encouraged all members to attend the Joint Board Meeting (Hospital and Dept Health boards) on September 30<sup>th</sup> at the Cotton building in Port Townsend from 1:00pm to 3:00 pm. Siri Kushner will be presenting an early outcome summary of the CHA and the CHIP Team will present general progress on the CHIP Plan.

**Half Day Retreat:** Lisa Grundl recommended a half-day retreat to facilitate deeper dives into data, options, reimbursement, next steps, and strategy. A doodle poll will be sent to Consortium members and ad hoc members to determine a date for the retreat in the first half of November 2019.

### **Actions:**

- **Berni** to organize and send out a Doodle Poll to determine dates for half-day retreat.
- **BHC/ad hoc members** to review GAP analysis tool and send Berni any amendments, deletions or additions they would like to make to the narrative document. In addition, BHC and ad hoc members were asked to rate from 1-5 (5 being high) the sections on what they, their agency and their community's support for the various strategies are, and send to Berni or have her meet with you.
- **BHC/ad hoc members** to review the **Needs Analysis** documents (ratings document and narrative document) and provide feedback to the grant team.
- **HFPD** to meet with Department of Health to discuss licensure options, the pros and cons of various treatment options, and reimbursement. They will also why there are so few crisis stabilization facilities in the state (only 2?), and if a Jefferson County facility would be compelled to take individuals from outside the county.

**Next Meeting: Thursday, 10 October 2019.  
Uptown Firehouse, 701 Harrison Street, Port Townsend**