

## INTRODUCTION

### OVERARCHING GOAL

The Behavioral Health Consortium has a goal to eliminate suicide and harmful substance use for our county’s at-risk children and youth, and are committed to:

- Identify at-risk children and youth and successfully route them to needed resource and services.
- Consolidate and make more useful the existing data related to unstable housing. Then analyze and quantify the impact unstable housing has on county behavioral health initiatives. And, prioritize what aspects of unstable housing need to be addressed first.
- Ensure all children, youth, their families, and their caretakers have access to transportation to community services and activities so that where a county resident lives does not define their mental health and substance use outcomes.
- Expand from partial to full Emergency Medical Services (EMS) data from all EMS service providers in East Jefferson County to better understand the relationship between geography, mental health and substance use, and EMS calls.
- Improve awareness and acceptance of harm reduction measures and provide exploration, education and engagement on the topic of stigma.



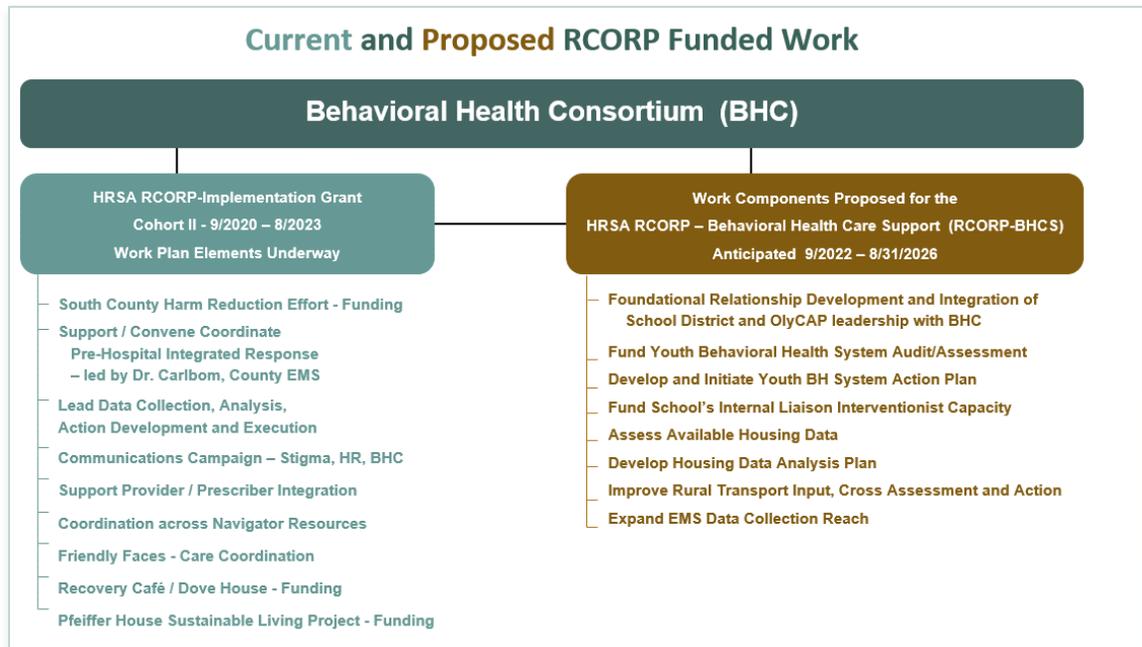
The initiatives proposed on the follow page greatly impact the potential for positive behavioral health outcomes for Jefferson County’s children and youth.

## PROPOSED INITIATIVES

1. Bring together School District leadership, local health care, court-related stakeholders, other relevant service providers, and community-based youth-serving organizations to prioritize an integrated plan of identification and routing of at-risk youth.
2. Fund a behavioral health system assessment (Study) across the County for the resources available to youth. Then engage all county stakeholders to collaboratively develop a plan that improves the system to better route people to needed services.
3. Fund schools to hire in-school specialist to identify and anchor at-risk youth while routing them to the in-school administrative, instructional, and behavioral health support services they need.
4. Collaborate with OlyCAP to assess available housing data that BHC has not considered to date, and how to functionally collect data across the various data housing options OlyCAP currently uses.
5. With this new housing data source, work with Hospital, Salish Behavioral Health – Administrative Services Organization (SBH-ASO), Jefferson Healthcare Hospital (JHC), Discovery Behavioral Healthcare (DBH), EMS and law enforcement to develop a housing data analysis plan to address the county's unstable housing. Ultimately, integrate the housing data analysis plan with the BHC's ongoing behavioral health data collection efforts to better inform insights the BHC uses to develop goals and strategic plans.
6. Working with Jefferson Transit and the School District's private charter bussing company to improve representation of rural and frontier needs as transportation need assessments are made, priorities set, and action plans strategized and executed.
7. Build on the BHC's current data collection efforts by expanding EMS data collection from one Fire District to procuring data from Jefferson County EMS Council to improve our data substance and insights, and the action plans developed and executed.
8. Continue the BHC's work to convene, amplify and extend the county's efforts to improve access to local behavioral health services.

### Existing RCORP-related work in Jefferson County Complements the Proposed Work

This application for RCORP-BHCS funding [proposes new work and strategies that will build on RCORP-I foundation](#), currently funded through 8/2023, to support our overarching goal to eliminate suicide and harmful substance use for our county’s at-risk children and youth.



The current and proposed RCORP-funded work overview (graphic above) outlines the BHC RCORP-Implementation grant Work Plan elements for 9/2020 – 8/2023 on the left, and contrasts those work elements with distinctly new work components proposed for this RCORP-BHCS grant that will run from 9/2022 – 8/2026.

The BHC expects to apply for an [upcoming](#) RCORP-Implementation funding to specifically carry forward the critical support of the Recovery Café and the Pfeiffer House Youth Sustainable Living Project, and Harm Reduction efforts developed with the current RCORP-I funding that ends in August 2023.

We are grateful for the September 2020 HRSA’s RCORP-Implementation (RCORP-I) grant award that has supported implementation of a robust combination of action and program funding. That funding has provided a solid foundation for the initiatives the BHC sets out to accomplish with the work proposed in this application.

**GAPS AND UNMET NEEDS (WHY THIS IS A PRIORITY TO BE FUNDED)**

We want to be a collective safety net for our county children and youth that ensures positive behavioral health and well-being. However, gaps exist:

**There is a large segment of the student population that has not been adequately assessed for behavioral health and positive well-being**

- **Jefferson County doesn't know how many children and youth are in unstable housing.** There are multiple examples of where undercounting has occurred. The 2019 Point in Time county showed 199 people self-reported as homeless. (Washington State Dept. of Commerce, 2019). Missing from that list were 55 of the 96 children and youth who self-reported their homelessness at their school, (OSPI, 2018). Also missing from that list were 191 individuals who sought shelter at the Dove House, but who did not self-report as being homeless. Thus, we already know the 199 number is undercounted by 246.

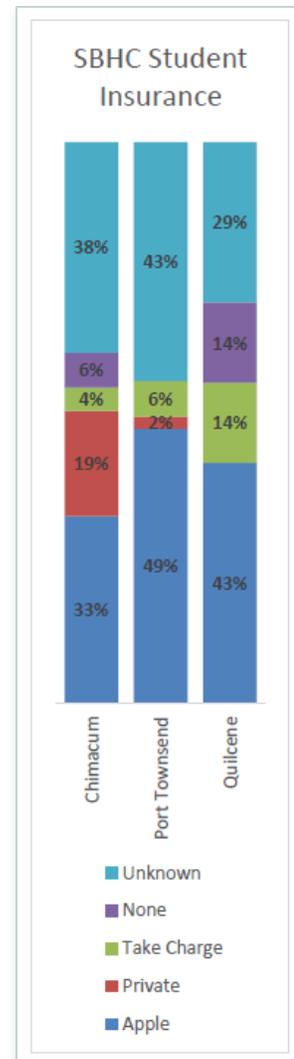
- **We don't know how many children and youth have healthcare.** The unknown percentages are shown in adjacent graphic.

- **We aren't sure how many kids are suffering**  
The numbers are high this year 72% of 8<sup>th</sup> graders, 91 % of 10<sup>th</sup> graders and 52% of 12<sup>th</sup> graders. But in 2018, these numbers were lower. We expect to have a better sense of how much the 2021 survey data reflects pandemic impacts once the 2023 survey is completed.

- The Healthy Youth Survey (HYS) wasn't given in 2020. 2021 HYS participation was at 72% of 8<sup>th</sup> graders, 91% of 10<sup>th</sup> graders and 52% of 12<sup>th</sup> graders. The 2021 HYS shows increased rates of depression, but only among 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> graders.

**We know our children and youth are suffering**

- **Youth Bullying:** The 2018 HYS showed more than 1 in 3 Jefferson 8th graders and more than 1 in 4 Jefferson 10th graders had reported being bullied in the past month, both statistically higher than Washington State. The percentage peaks in 8th grade and drops slightly by 12th grade to about 1 in 5 12th graders, about the same as the state. Quilcene School District has a slightly higher percentage of students in grades 6-12 reporting being bullied than Chimacum or Port Townsend. In the 2021 HYS, compared to state data, the county data was statistically higher. It showed 29% of 8<sup>th</sup> graders, 18% of 10<sup>th</sup> graders, and 24% of 12<sup>th</sup> graders reported being bullied in the past 30 days.



- **Youth Food Insecurity:** In 2018, almost 1 in 5 Jefferson 8th and 12th graders reported having had to cut meal size or meals because there was no money at least once in the past year. About 1 in 10 Jefferson 10th graders reported having to cut meals. The 2019 USDA Economic research shows 44.4% of the county's population is not living within 10 miles of a supermarket.
- **Youth Report Depressive Feelings:** From 2012 to 2018, the percentage of students reporting depressive feelings has increased dramatically in all grades in Jefferson County and in Washington State, but in 2018 Jefferson has higher percentages of 8th and 10th graders reporting depressive feelings than Washington. In 2018, about half of all Jefferson students reported having had depressive feelings in the past year. A lower percentage of students in grades 8-12 in Quilcene School District reported having depressive feelings than in Port Townsend or Chimacum. The 2021 HYS Survey resulted in depressive symptoms ranging between 41% for 8<sup>th</sup> grade to 44% for 12 graders. Between 12% and 15% of 8th through 10th graders report they were very unlikely to seek help if they were feeling depressed or suicidal. This issue persists in the 2021 HYS. Between 11-16% of 8-12 graders are very unlikely to seek help if they were feeling depressed or suicidal.
- **Youth Report Seriously Considering Suicide in the Past Year:** From 2012 to 2018, there has been a statistically significant increase in Jefferson and Washington students reporting seriously considering suicide in every grade except 10th for Jefferson, however Jefferson's 10th graders had the highest percentage of any grade and a statistically, significantly higher percentage than Washington 10th graders. In 2018, more than 1 in 4 Jefferson students reported seriously considering suicide in all grades, with almost 1 in 3 reporting considering suicide in 10th grade. There is a slightly lower percentage of students in grades 8-12 in Quilcene who reported seriously considering suicide than there is in Chimacum or Port Townsend. The 2021 HYS data reports that students seriously considering suicide in the 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grades remains higher.
- **Youth Report Making a Suicide Plan in the Past Year:** From 2012 to 2018, there has been a statistically significant increase in Washington students reporting making a suicide plan for every grade. Jefferson County had very low numbers of students reporting making a suicide plan in 2012, however in 2018, the percentage of Jefferson students reporting making a suicide plan ranged from almost 1 in 5 in 8th grade to more than 1 in 3 in 10th grade. In 2021 students reported in the 2021 HYS attempted suicides at 4% for 8<sup>th</sup> graders, 13% for 10<sup>th</sup> graders, and 8% for 12<sup>th</sup> graders. As noted earlier, Jefferson County is a very rural county where youth are an underserved minority.
- **Youth Co-occurring Depression/Suicide and Drug Use:** In 2018, more than 1 in 3 Jefferson 10th and 12th graders reported having used drugs or alcohol AND having depressive or suicidal thoughts. For 8th graders, the ratio was 1 in 5. All grades were higher than WA State, although 12th grade was not statistically significantly higher. In Washington State, there was a statistically significant increase in percentages of 10th and 12th graders reporting both from 2012 to 2018. Chimacum and Port Townsend both had one third of students in grades 8-12 in this category. Alcohol use remains higher than state use rates among 10<sup>th</sup> and 12<sup>th</sup> graders by nearly double the

percentage, according to the 2021 HYS. Additionally, cannabis use among 8, 10<sup>th</sup> and 12<sup>th</sup> graders reflects higher use rate among Jefferson County youth as compared to the state.

- **Age of Initiation into Regular Alcohol Use:** In 2018, the average age at which Jefferson 12th graders reported first regularly using alcohol, at least once or twice a month, was almost 16 years. The age has not changed statistically, significantly since 2012 and there is no significant statistical difference at the state level.
- **Youth Current Marijuana Use:** In 2018, about 2 in 5 Jefferson 10th and 12th graders reported using marijuana in the past month. A higher percentage of students in Jefferson report using marijuana than in the state overall. A higher percentage of Chimacum students in grades 6-12 report currently using marijuana than in Port Townsend or Quilcene.

**Even when we know children and youth are suffering, Jefferson County has experienced collective ineffectiveness at intercepting and routing children and youth to needed services.**

- In the 2019 CHA – our community forums repeatedly emphasized their desire for the behavioral health system to address the statistics outlined above through improved coordination between siloed resources.

**Key takeaway: The aspects outlined above are collectively detrimental to the health outcomes for our target population.** The aforementioned data points are taken from the 2018 and 2021 HYS, and the from the [Jefferson County's 2019 Community Health Assessment Report](#). If we extrapolate from statistics such as the RHI HUB's 2019 Jefferson County Low Access to healthy food at 44.4%, and the RHI HUB 2022 Information that states all of Jefferson County is a shortage for mental health professionals, and the correlation between low educational achievement and increased percentage of people reporting poor health, taken from the BRFSS state of WA health status by household income, we can conclude that these health disparities stated above negatively impact these underserved communities.

GOAL SPECIFIC METHODOLOGY

The applicant’s overarching goal is to eliminate suicide and harmful substance use for our county’s at-risk children and youth. This requires us to identify at-risk children and youth and successfully route them to needed resource and services as early as possible. The BHC’s methodology is a combination of the eight proposed initiatives, which have been cross-walked below with the Grant’s Program Goals and the county’s target populations. These initiatives have been conceptualized to build on and support current RCORP-funded BHC efforts and insights gained, while weaving in new puzzle pieces of meaningful multi-school-district engagement; new housing and expanded EMS data analysis; rural transport challenge and solution exploration; and to leverage the EMS Council as a credible influencer to address harm reduction and stigma.

CROSS WALK: Proposed Initiatives - Grant Program Goals and Target Populations								
Initiatives	Grant Program Goals			Target Populations				
	Address Structural and Systems level barriers to improve rural residents' access to quality, integrated SUD and other BH Care Services	Improve quality and Sustainability of rural BHCS through supporting rural health care providers to offer coordinated, evidence-based, trauma-informed SUD and other BHCS	Improve capacity of BHC system to address rural community risk factors and social determinants of health that affect the BH of rural residents	Individuals at risk for SUD/OD and/or Co-occurring mental disorders	Individuals diagnosed with SUD/OD and/or co-occurring mental disorders	Individuals in treatment and/or recovery for SUD/OD and/or other co-occurring disorders	Their families and/or caregivers	Impacted community members who reside in the rural target service area
1. Convene School District leadership, local health care, court-related stakeholders, relevant service providers, and community-based youth-serving organizations to prioritize an integrated plan to identify and route at-risk youth to BH services	✓	✓	✓	✓	✓	✓	✓	✓
2. Fund a county-wide BH system audit and assessment (Study) of the resources available to youth. Convene stakeholders to collaborate on a plan to improve the resources and system to better route people to needed services	✓	✓	✓	✓	✓	✓	✓	✓
3. Fund schools to hire in-school specialist to identify and anchor at-risk youth while routing them to needed in-school resources	✓	✓	✓	✓	✓	✓	✓	✓
4. Collaborate with OlyCAP to assess housing data; determine how to functionally collect data from the variety of current storage spaces.	✓		✓	✓	✓	✓	✓	✓
5. Develop a Housing Data Analysis Plan with a relevant BHC subgroup	✓		✓	✓	✓	✓	✓	✓
6. Improve transport agencies' rural and frontier cross assessment and action	✓		✓	✓	✓	✓	✓	✓
7. Leverage EMS Council for expanded data collection, and improved harm reduction and county-wide stigma exploration	✓	✓	✓	✓	✓	✓	✓	✓
8. Ensure BHC's focus to convene, amplify and extend BH data collection, and system coordination and improvements, goes beyond the current RCORP-I funding.	✓	✓	✓	✓	✓	✓	✓	✓