

Attendees: Annie Failoni, OPHS; Anna McEnery, JCPH (for Vicki Fitzpatrick); Apple Martine, JCPH; Brian Richardson, Recovery Café/Dove House; Ben Castor, Americorps/Recovery Café; Chris Ashcraft, County Prosecutor's office (for James Kennedy); Darcy Fogarty, Recovery Community; Dunia Faulx, JHC; Gabbie Caudill, Believe in Recovery; JD Aldrich, OPHS; Jim Walkowski, EJFR; Joe Nole, County Sheriff; Jolene Kron, BH-ASO; Matt Ready, JHC; Mike Evans, PTPD; Natalie Gray, DBH; Patrick Johnson, NAMI; John Nowak, Lori Fleming, and Bernadette Smyth, Grant Team.

Conference Call In: Lisa Grundl, Health Facilities Planning & Development; Lisa Rey Thomas, Regional Representative

Apologies: Ford Kessler, Safe Haven

Not in Attendance: Greg Brotherton, County Commissioner

Access Meeting Documents: [here](#)

Notes

Consortium and ad hoc members introduced themselves and were welcomed. Both Lisa Grundl and Lisa Rey Thomas called in to the meeting by conference phone.

Lori outlined the Agenda for the meeting, including summary of Retreat meeting, prioritization of next steps, and examination of Needs Assessment.

HFPD Update:

Lisa Grundl of Health Facilities Planning and Development (HFPD) updated the group on the following:

- **Engagement in State rulemaking processes:** There was a meeting on the health professional rulemaking process Monday (9 December 2019) and there will be another meeting in January. There will also be a meeting of the facility licensing process. These are all public meetings, and are a good chance for Consortium members to weigh in on:
 - the need for supporting people with co-occurring illnesses
 - the ability for providers to be able to share staff, policies and administrators between one another in order to really work in a rural community.

Lisa will keep the Consortium updated on upcoming meeting dates and Agendas, and the outcomes of any meetings HFPD attends.

- **Sequim Campus:** HFPD is scheduling follow up meetings with individuals who participate in both groups to start conversations around coordination.
- **Site Visits:** HFPD has begun scheduling site visits to facilities in the region in January, in order to tour the facilities and spend some time with operators to ask key questions around staffing, costs, reimbursement, operations, and things like that. HFPD will coordinate with John and Lori's calendars, but invited anyone else from the Consortium who might be interested to join them on the site visits.

WA Council for Behavioral Health Update:

Natalie Gray of DBH reported on a meeting she attended today of the Washington Council for Behavioral Health, where they discussed what's happening in the legislature in 2020:

- **Legislative Supplemental (Short) Session:** In 2020, there will be a supplemental budget session, which will last about 60 days (a quick session will allow Democrats to get as many things out of the way as possible so they can focus on reelection campaigns). They expect about 3,500 bills to be introduced in January, including the Governor's supplemental proposal. Natalie will keep the group posted on any funds that get funneled to behavioral health.
- **Health Care Authority (HCA):**
 - One of the things HCA will focus on and lobby during this time will be increasing rates. There has been an upswing in the number of encounters, which means we're serving more people, so they can justify a rate increase.
 - HCA will also focus on community solutions to prevent institutional placements and ensure smooth transitions back into the community. They discussed issues such as social services, homelessness and rent control, which they will try to insert into the 2020 Supplemental Session.
 - They also discussed behavioral health workforce issues, and general behavioral health issues.
 - Other areas of focus for lobbying in the 2020 Supplemental Session are the Behavioral Health Work Group and Children's behavioral health treatment; integrated managed care and developing a smooth transition.
 - HCA is also focused on enhancement funds, which have been allocated but not funneled through MCOs in some regions. Marianne Lindenblad with the HCA has sent letters of thanks to Christian, the Council's Executive Director, for jumping on these issues and making sure MCOs fulfil their obligations with regard to funding. Natalie commented that, if this funding is not already included in DBH's rates, it *could* mean extra dollars for DBH to provide services to the community.

DBH's Day Treatment Program: DBH are looking at how they can restructure the day treatment program and make it more feasible, and incorporate more people within the group activities/sessions. The group sessions are doing well with the facility, and DBH may be able to do two groups in a half day down the line. Natalie has set up a meeting with Jefferson Healthcare with regard to DBH's deficit and non-Medicaid funding—how the many clients are going to be treated, and how the funding stream is going to happen for those. Anna McEnery suggested Natalie keep her informed, in case there is some way that 1/10th of 1% can support the effort. Lisa Grundl asked if it would help to get certified with a partial hospitalization license, which has reimbursable services, but Natalie reported that DBH would not have the staffing capacity right now for that, and that it would not fit DBH's model right now. However, she added that it's a great program for people recently discharged or those with high acuity, and could be something to consider going forward.

Facility Feasibility Assessment Status

A feasibility determination is not yet possible

- State’s rulemaking around BH and OUD needs to be completed before BHC can weigh the ramifications to Residential Treatment Facility (RTF) feasibility
- Current resources are limited
- Access to capital will require a longer timeline



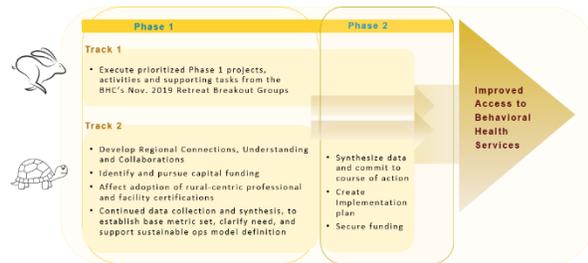
December 2019 – BHC Meeting

Current Status of Consortium Work*: At the November Consortium Retreat, the group clarified its intent to follow a multi-phased, multi-track approach to improving access to behavioral health services in the county: the first track includes initiatives that use and/or expand on existing community services, while the second track explores the feasibility of a crisis stabilization facility.

In the Brainstorming activity at the Retreat, the Consortium group identified a number of possible short-term first-track initiatives, which John and Lori synthesized and evaluated in terms of impact and effort—how much impact would the initiative have, and how much effort would it take to implement. Most of the activities ended up in the high-impact high-effort quadrant:

BHC’s Multi-Phase/Track Overview

Running two tracks toward improved Behavioral Health Service Access



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Brainstorm/Rating Results: Phase 1 Actions

Proposed actions were rated from 1-10 on Impact and Effort

	Impact	Effort
Expand Navigator Svcs/BH Professionals - Sheriff & EJFR	8	7
Improved Transportation	7	6
Expand Support Groups	5	5
Improved Care Coordination	8	8
More MAT Services (ED)	7	9
Effort to Reduce MH/SUD Stigma	4	5
Expand Counseling Service	7	8
Maintain Day Program	8	7
Resource Directory	5	3
Training First Responders	6	6
Voluntary Short Stay facility	9	9
In and Post Jail Case Manager	8	8

Brainstorm/Rating Results: Phase 1 Actions

Proposed actions were rated from 1-10 on Effort and Impact, then allocated to the relevant quadrant



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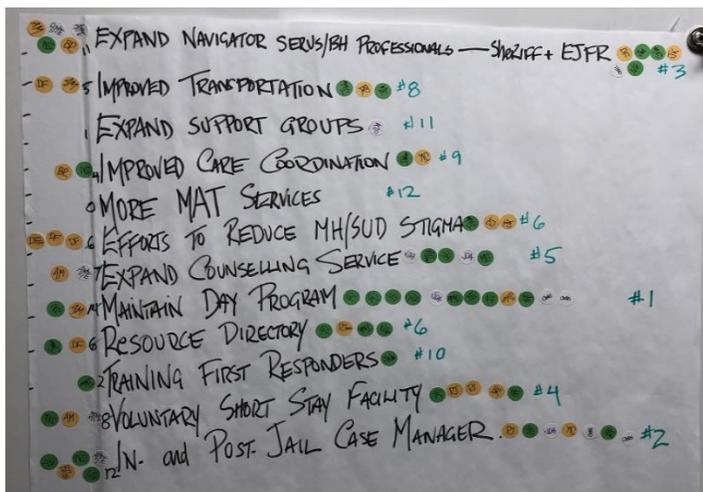
The group suggested elevating the impact of the *Resource Directory* to an 8 and *Efforts to Reduce MH/SUD Stigma* to a 7. Expanded Counseling Services was further clarified as having a lot to do with the youth component in the county, and Improved Care Coordination, which John described as “not very well coordinated,” would include building on the care coordination work already going on and provide better linkages so that all care coordinators and frontline workers/providers are in the loop and that clients have a more holistic care plan that includes all providers.

Voting on proposed Phase One actions: In order for the grant team to determine where to put their energies and efforts going forward, John asked group members to use the five colored dots they were given with their meeting handouts to vote for the initiatives they felt would be most important or impactful. Members were free to put all five colored dots on one initiative, or spread them among various initiatives.

[*Link to see full-sized slides here.](#)

As a result of the voting, the top six initiatives were identified as follows:

1. Maintain Day Program
2. In- and Post-Jail Case Manager
3. Expand Navigator Services/BH Professionals
4. Voluntary Short Stay Facility
5. Expand Counselling Services
6. Efforts to Reduce MH/SUD Stigma
6. Resource Directory (Equal with #6)



There are still a few people who have yet to vote, and their votes will be tallied into the totals. This might change the order a little bit.

John pointed out that, even though both the Resource Directory and the Efforts to Reduce MH/SUD Stigma were joint #6, they may be initiatives we might go after initially because they were also identified as “low effort / high impact” and would be quite achievable for the group.

HRSA Grant Deliverables and Upcoming Grant:

- **Needs Analysis:** Lori gave an overview of the Needs Analysis document provided in the meeting package given to members, and explained that an initial draft would be sent to the HRSA officers by Friday for their review and feedback, and the final document would be submitted to HRSA on Monday, 6 January 2020. Lori asked [members to review the document closely and provide any feedback to the grant team before the Christmas break](#) so that it can be incorporated in the final document.

Lori went over the various parts of the Needs Assessment. She explained that, on page 11’s *Key Takeaway*, we were being honest about the challenges around gathering consistent data across the various agencies making us cautious about reporting duplications. Lisa Grundl confirmed that balancing competing data issues—under counting and over counting—continues to be challenging for others in the region doing this work, and that there was concern that numbers are being *under-counted*, because so many people aren’t being screened consistently and are falling through the cracks.

Both qualitative and quantitative data from the Community Health Assessment (CHA) is provided in the section beginning on page 11, and again on page 15. Page 13 has Gap Analysis information that Consortium members provided.

Page 21 begins the section on Assessing Findings for Service Systems, which is data taken directly from the 1/10th of 1% report that Philip Romano did, and is a thoroughly filled-out section.

Page 29 is the priority setting that is being conducted in this meeting, while will be updated after the meeting.

The summary at the end will lead us into the [Strategic Plan](#), which is due Monday, 3 February 2020—it's a short turnaround, but we will send out a draft as early as we can. The [Workforce Plan](#) and the [Sustainability Plan](#) will be due on March 1 and May 31, respectively.

- [HRSA RCORP Implementation Grant](#): The RFP will come out in January 7th, the grant application is due April 6th, and the award will take effect in September 2020. We will be approaching Consortium members for letters of commitment / support during the application process.

Regional:

- [Lisa Rey Thomas](#) has joined the [Jamestown Tribe](#) as their Opioid Treatment Project Manager part time, and the UW Alcohol and Drug Abuse Institute part time. Lisa will be a key person at one of the regional tables we've been trying to collaborate with.
- [New 2020 Crisis Line](#): Jolene Kron announced a new crisis line for the region, which will be introduced in January 2020 through Volunteers of America (Volunteers of America would like to come and present at an upcoming Consortium meeting). Jolene distributed cards and flyers on the new crisis line to the group, which she asked people to distribute widely. Community forums on the new Crisis Line and impact of Managed Care will be held on December 16th and 18th at lunchtime, facilitated by Jolene. Further information is available from Jolene at jkron@co.kitsap.wa.us
- A [Regional Methadone Clinic](#) opened the week after Thanksgiving in Port Angeles. They are currently dosing 30 individuals and have a waiting list of 70 people, and are looking for nurses to be able to continue and expand. A second clinic in Bremerton is due to open as soon as their license goes live—they also have a 70-person waiting list.

Location Change for future BHC Consortium Meetings: From January to April 2020, meetings of the BHC Consortium group will be at the [EJFR Fire Station on 9193 Rhody Drive, Chimacum](#). In May 2020, the group will return to the EFJR Firehouse Conference Room on Harrison Street, Port Townsend.

**Next Meeting: Thursday, January 9th, 2019 3:00pm-4:00pm
Chimacum EJFR Firehouse Training Room, 9193 Rhody Drive, Chimacum**