CHIP

Be Healthy Jefferson

Community Health Improvement Plan

2020 Update

Presented to:

Hospital Board of Commissioners

November 25, 2020

by:

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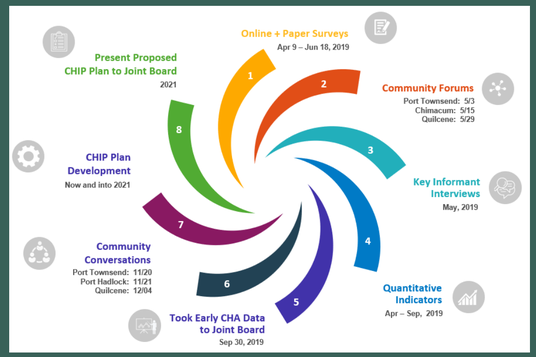
CHIP

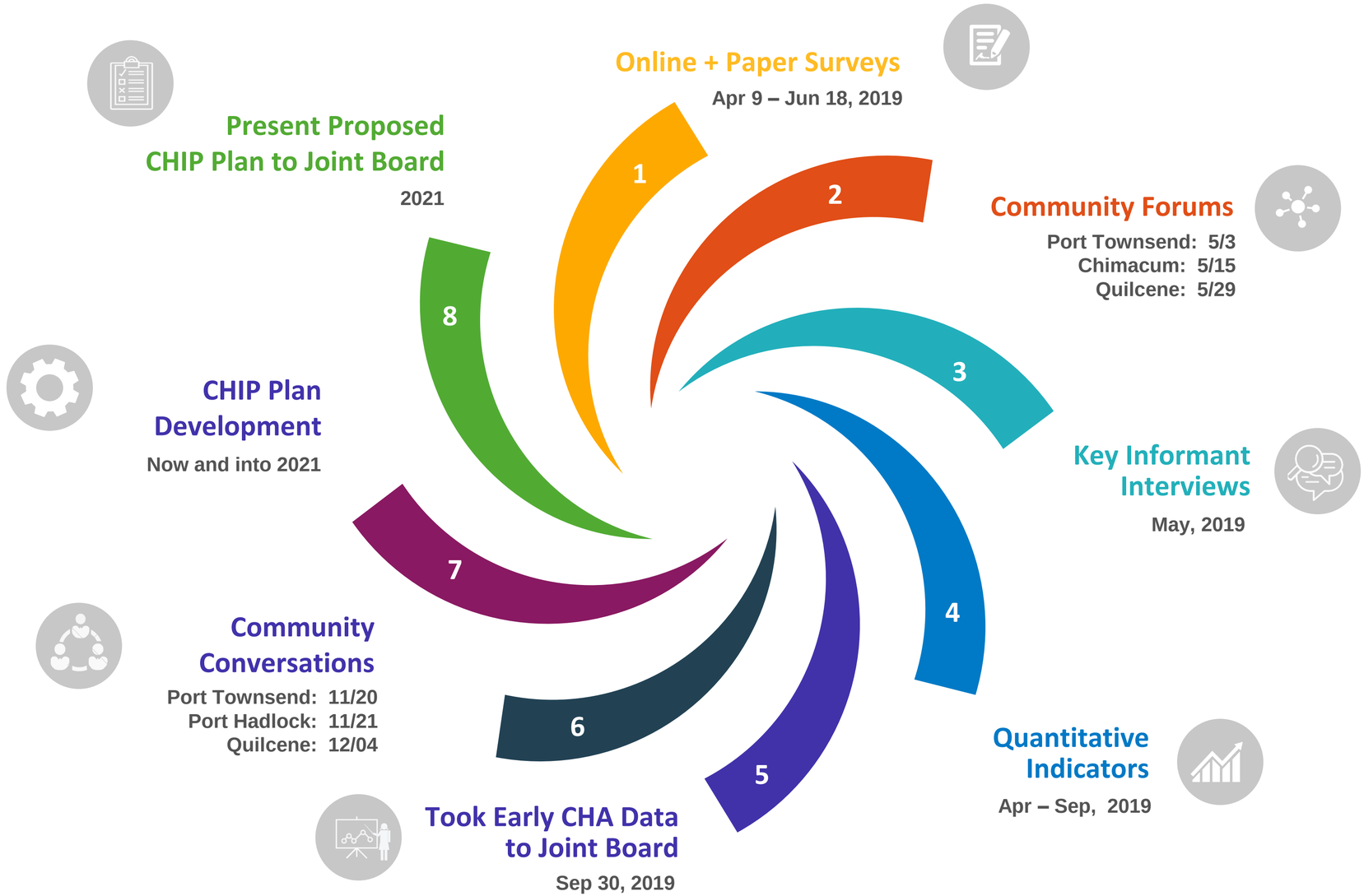
Be Healthy Jefferson

2019 Community Health Assessment

Review

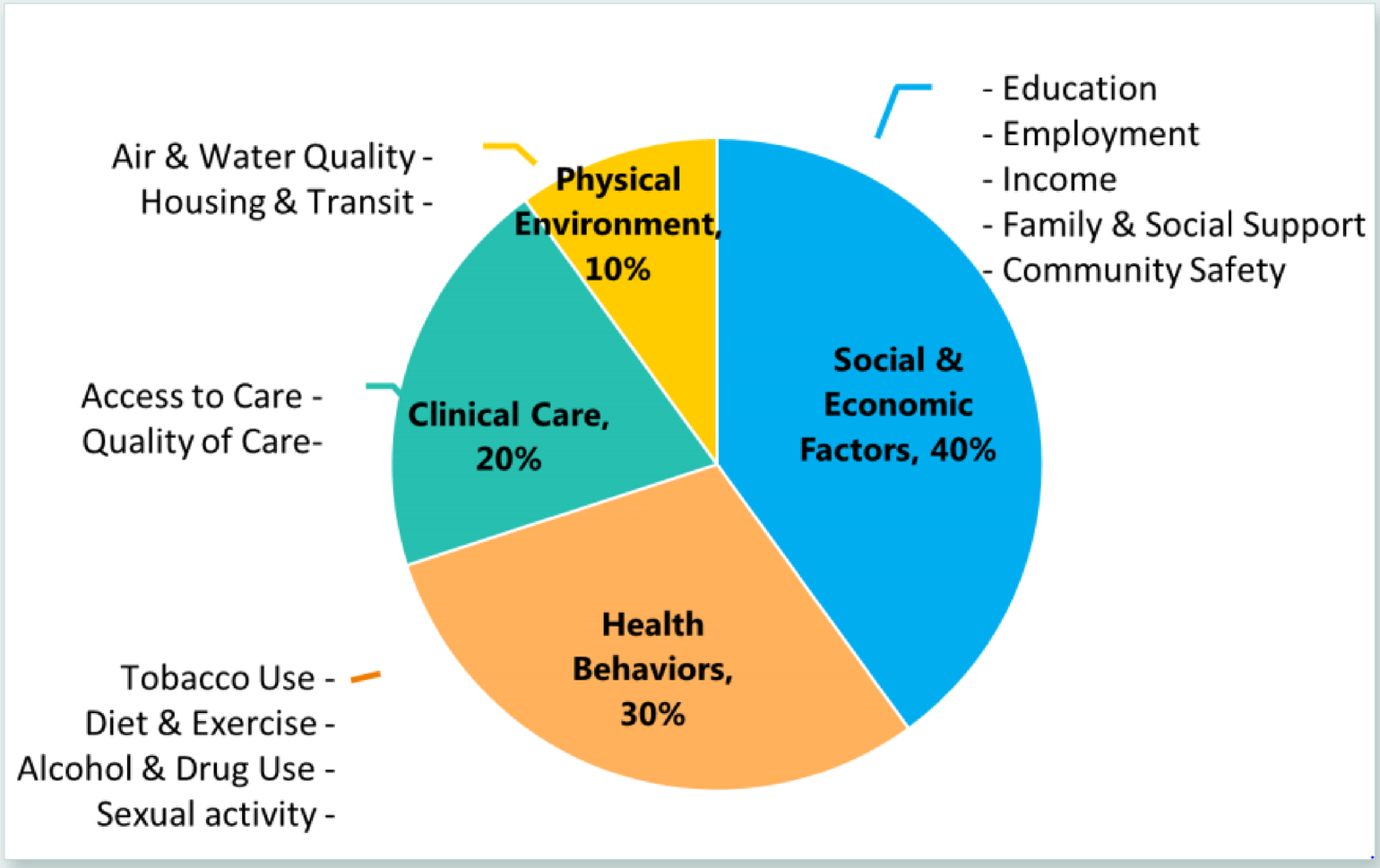


Developing Insight Using Narrative and Numbers



Determinants of Health

Top five biggest day-to-day challenges for individuals or their family



Qualitative Data - Summary Findings

Themes From Key Informant Interviews & Community Forums

Access to health care

- Behavioral Health
- Preventive and primary care for underinsured and rural
- Specialists

Aging in Place

- Intermediate services between thriving retirees and assisted living/ hospice

Affordable housing

- Especially for seniors, young families and working class

Childcare and other support for families with young children

- Invisible Population
- Need more affordable and accessible activities

Behavioral health system coordination and linkages

- Efficient referrals, case management, treatment spots, fire-police-medical linkages
- non-jail or ED crisis options

Community Survey Summary

Top five biggest day-to-day challenges for individuals or their family

TOP FIVE BIGGEST DAY-TO-DAY CHALLENGES FOR INDIVIDUALS OR THEIR FAMILY:				
	JEFFERSON COUNTY	PORT TOWNSEND	TRI-AREA	JEFFERSON SOUTH
1	Stress	Stress	Stress	Income
2	Income	Income	Income	Stress
3	Physical activity	Physical activity	Physical activity	Health problems
4	Health problems	Health problems	Health problems	Physical activity
5	Housing	Housing	Housing	Health care

Community Survey Summary

Ranked biggest challenges for teens

	JEFFERSON COUNTY	PORT TOWNSEND	TRI-AREA	JEFFERSON SOUTH
1	Substance use	Substance use	Substance use	Substance use
2	Unhealthy or unstable home life	Unhealthy or unstable home life	Unhealthy or unstable home life	Unhealthy or unstable home life
3	Abuse or misuse of technology (texting, internet, games, etc.)	Maintaining emotional health	Lack of involved, supportive, positive role models	Abuse or misuse of technology (texting, internet, games, etc.)
4	Maintaining emotional health	Abuse or misuse of technology (texting, internet, games, etc.)	Abuse or misuse of technology (texting, internet, games, etc.)	Lack of involved, supportive, positive role models
5	Lack of involved, supportive, positive role models	Lack of afterschool or extracurricular activities	Bullying	Lack of afterschool or extracurricular activities
6	Lack of afterschool or extracurricular activities	Bullying	Maintaining emotional health	Maintaining emotional health
7	Bullying	Lack of involved, supportive, positive role models	Lack of afterschool or extracurricular activities	Bullying
8	Access to physical and mental health providers	Access to physical and mental health providers	Lack of quality education	Lack of transportation
9	Suicidal thoughts or attempts	Suicidal thoughts or attempts	Access to physical and mental health providers	Access to physical and mental health providers
10	Lack of quality education	Pressure to succeed	Suicidal thoughts or attempts	Maintaining physical health

Community Survey Summary

Ranked biggest challenges for seniors (age 65)

	JEFFERSON COUNTY	PORT TOWNSEND	TRI-AREA	JEFFERSON SOUTH
1	Living on a fixed income	Living on a fixed income	Living on a fixed income	Living on a fixed income
2	Social isolation or being lonely	Social isolation/being lonely	Social isolation/being lonely	Social isolation/being lonely
3	Cost of needed assistance/care	Cost of needed assistance/care	Cost of needed assistance/care	Cost of needed assistance/care
4	Housing	Housing	Housing	Transportation
5	Managing health problems	Managing health problems	Managing health problems	Managing health problems
6	Transportation	Support to age in place	Transportation	Housing
7	Support to age in place	Transportation	Getting good health care	Lack of recreational or social activities
8	Getting good health care	Getting good health care	Lack of recreational or social activities	Getting good health care
9	Lack of recreational or social activities	Lack of recreational or social activities	Support to age in place	Support to age in place
10	Safety outside the home	Safety outside the home	Safety outside the home	Safety outside the home

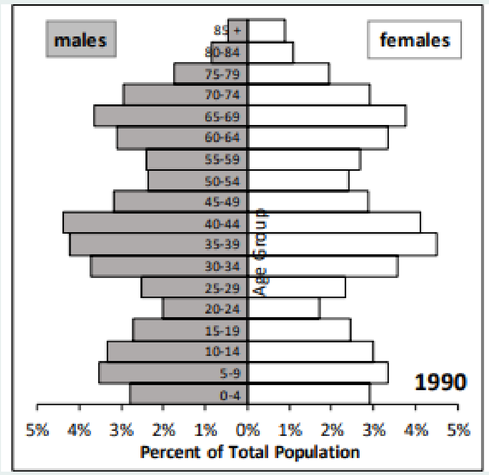
Community Survey Summary

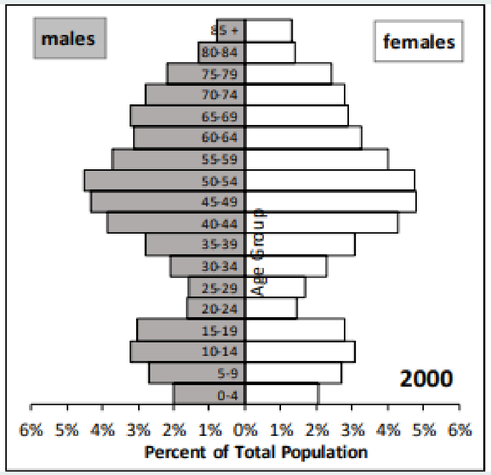
Top 5 things to change to improve health and well-being

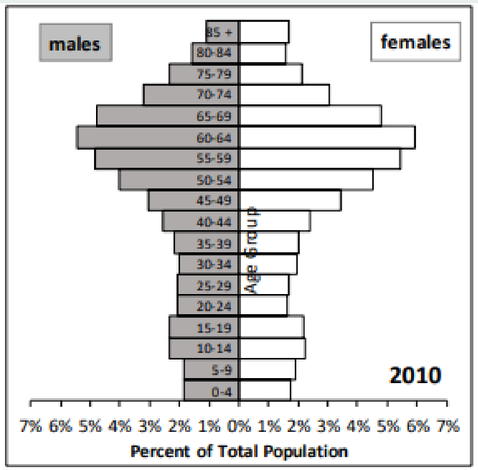
TOP FIVE THINGS INDIVIDUALS WOULD LIKE TO SEE CHANGE TO IMPROVE HEALTH AND WELL-BEING IN JEFFERSON COUNTY:				
	JEFFERSON COUNTY	**PORT TOWNSEND**	**TRI-AREA**	**JEFFERSON SOUTH**
1	More affordable housing	More affordable housing	More affordable housing	More/better jobs
2	More/better jobs	More/better jobs	More/better jobs	More affordable housing
3	Better access to mental health care	Better access to mental health care	Less substance use/abuse	Less substance use/abuse
4	Less substance use/abuse	More help for residents dealing with stress, mental health,	Less poverty	Better access to dental care
5	Less poverty	Less substance use/abuse	Better access to mental health care	Less poverty

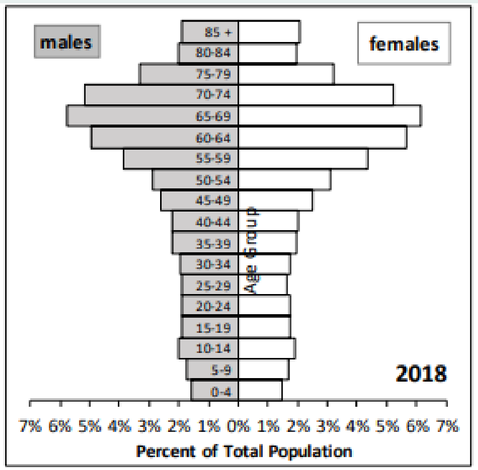
Jefferson County's Population Is Aging

Population by Gender and Age Group







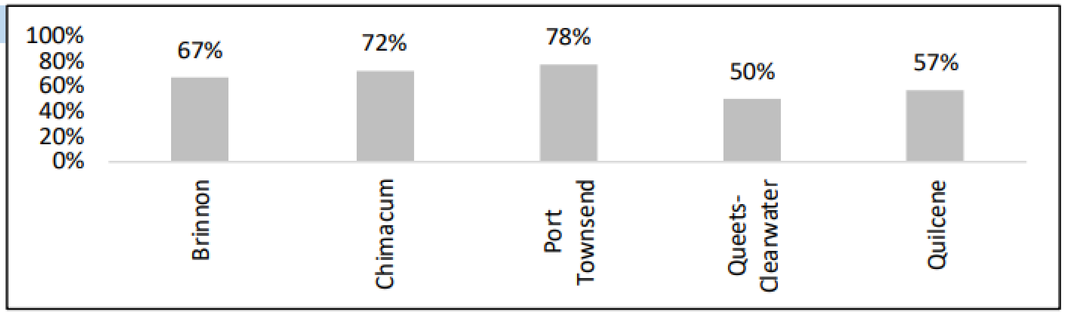


Educational Attainment in Jefferson County

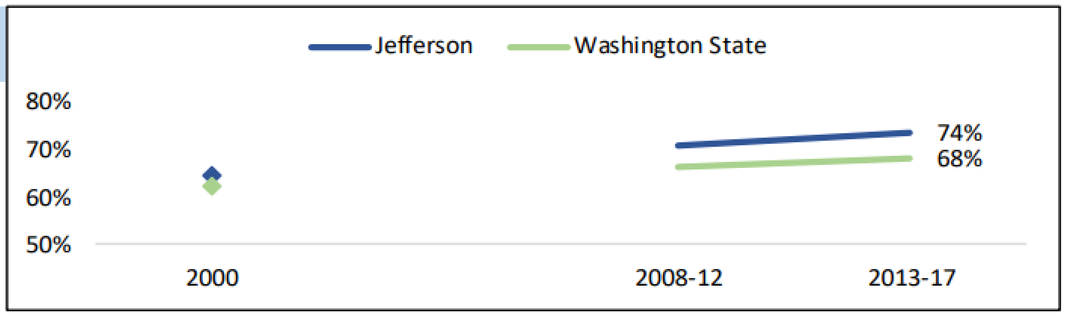
The percentage of population age 25 and older who have at least some college education

Percentage	Early year 2000	2008-12	Recent years 2013-17	Statistical comparison of 2008-12 and 2013-17
Jefferson County	64%	71%	74%	n/a
Washington State	62%	66%	68%	n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson residents each year:			18,438	

Sub-Groups:
Jefferson
2013-17

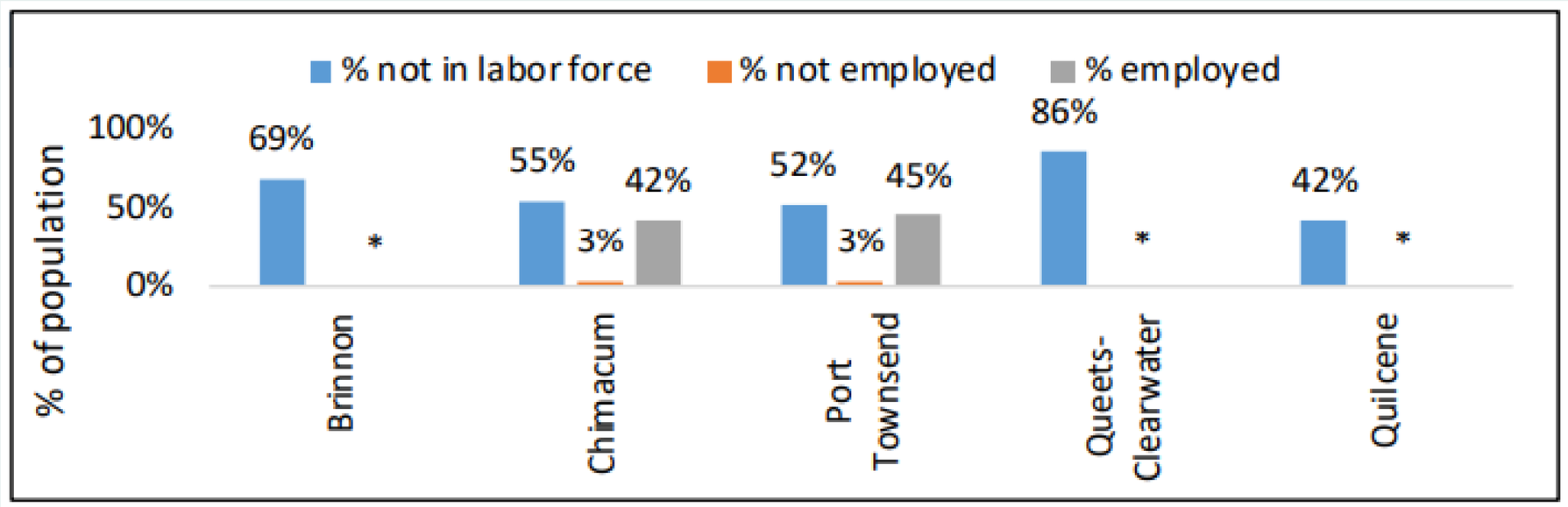


Trend over Time:



Employment Status in Jefferson County

2013-2017 employment status data shown by geographic area

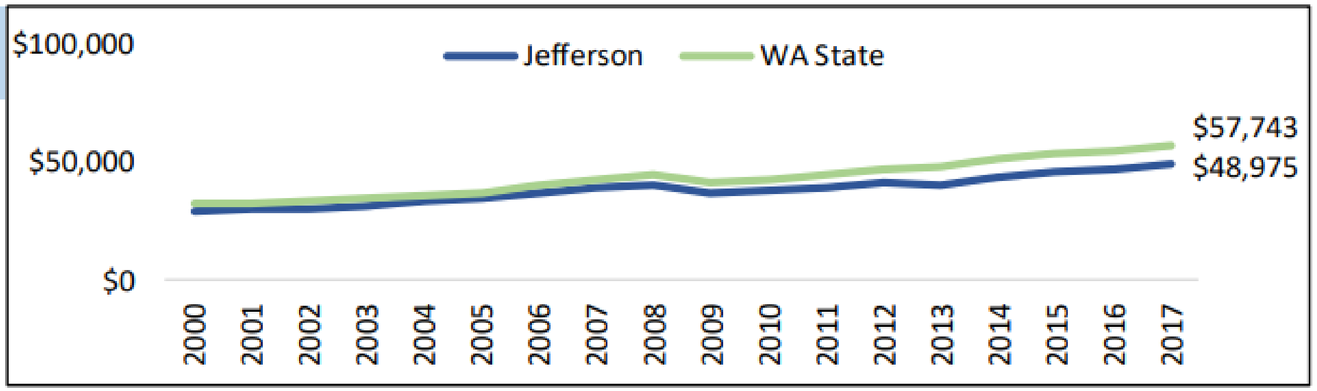


Income and Poverty in Jefferson County

Average earnings per job

	Early year 2000	2010	Recent year 2017	Statistical trend since 2000
Jefferson County	$28,952	$37,980	$48,975	Annual change: 2.8%
Washington State	$32,858	$42,524	$57,743	Annual change: 3.4%
Comparison: Jefferson vs. Washington:				

Trend over Time:

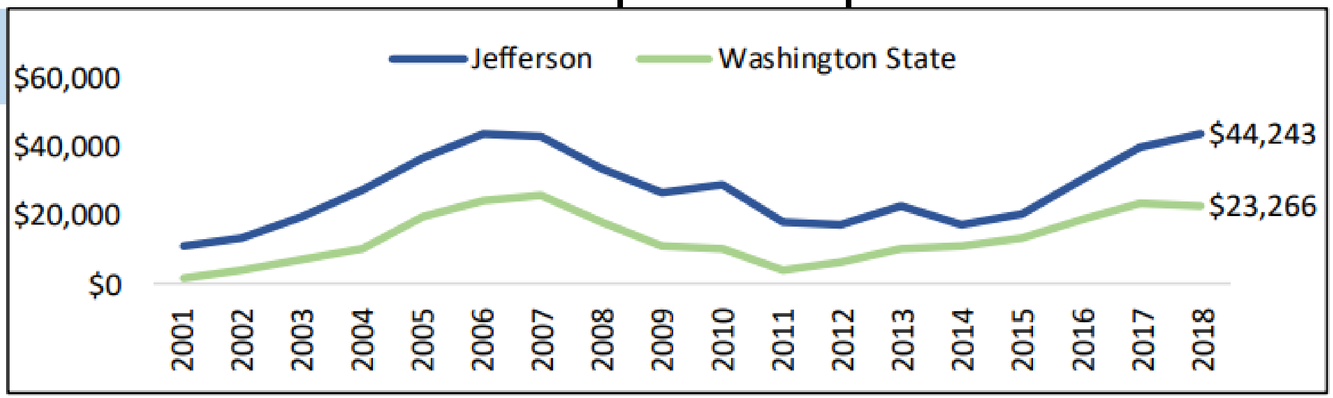


Affordable Housing Gap in Jefferson County

In 2018 income needed to afford a median priced house was ~ $44k more than the average resident income

	Early year 2001	2011	Recent year 2018	Statistical trend since 2001	
Jefferson County	$10,914	$18,372	$44,243		n/a
Washington State	$2,212	$4,207	$23,266		n/a
Statistical comparison: Jefferson vs. Washington:			higher		

Trend over Time:

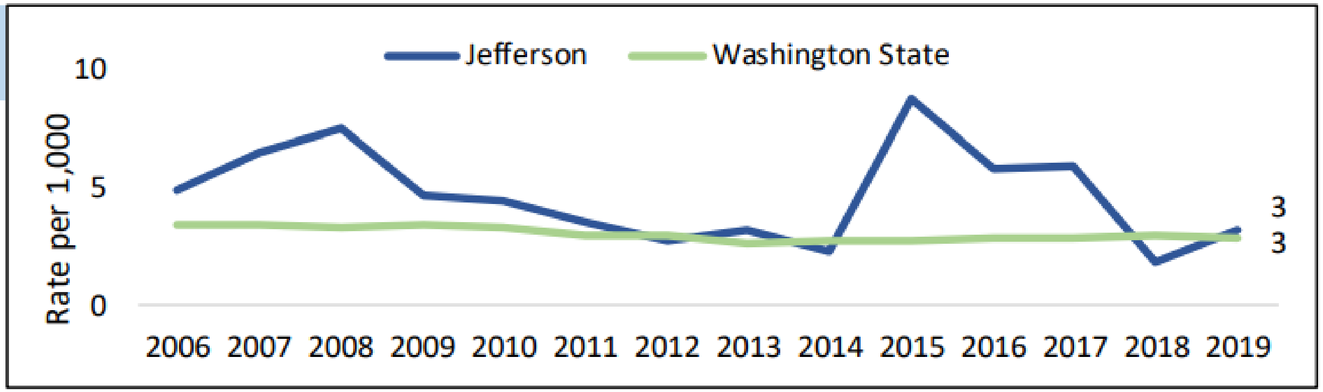


Homelessness in Jefferson County

102 residents counted in 2019's Annual Point In Time (PIT) Count

Rate per 1,000	Early year 2006	Recent year 2019	Statistical trend since 2006
Jefferson County	5	3	--
Washington State	3	3	Annual change: -2%
Statistical comparison: Jefferson vs. Washington:			
Number of Jefferson County residents:		102	

Trend over Time:

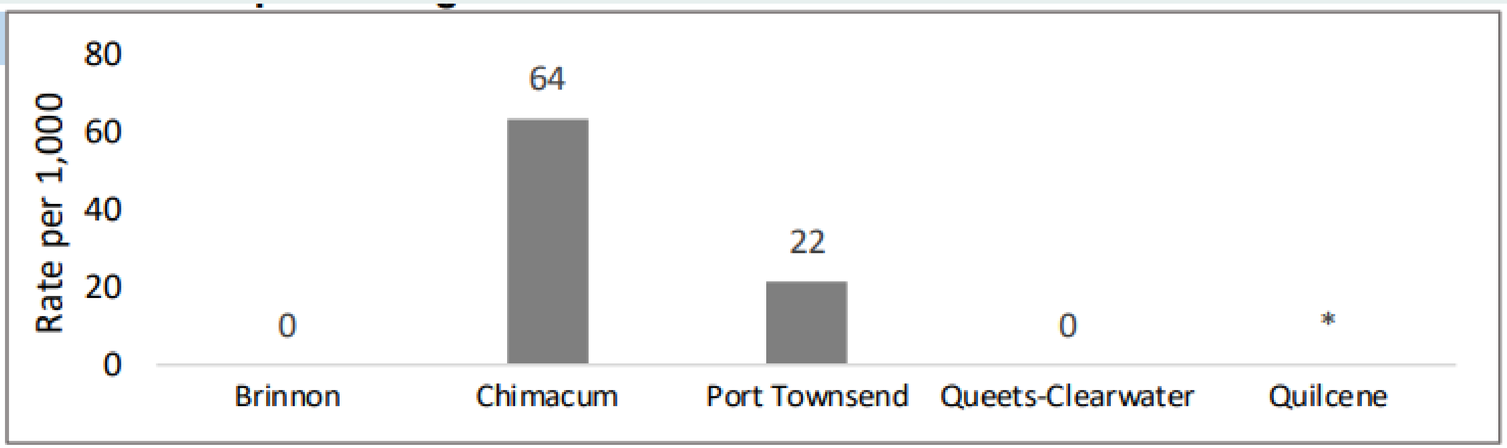


Student Homelessness in Jefferson County

Public school students who lack “a fixed regular and adequate nighttime residence” per 1,000 public school students

Rate per 1,000	Early year 2007-08	2010-11	Recent year 2017-18	Statistical trend since 2007-08
Jefferson County	12	28	34	Annual change: 9%
Washington State	18	25	36	Annual change: 8%
Comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:			90	

Sub-Groups:
Jefferson
2017-18
* = data unreliable



Youth Bullying

Percentage of students who report being bullied in the last month

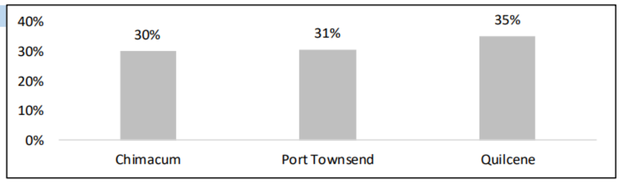
Percentage 6TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	39%	33%		n/a
Washington State	30%	31%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		66		

Percentage 8TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	42%	38%		n/a
Washington State	31%	27%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		85		

Percentage 10TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	34%	29%		n/a
Washington State	25%	19%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		55		

Percentage 12TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	14%	21%		n/a
Washington State	18%	17%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		44		

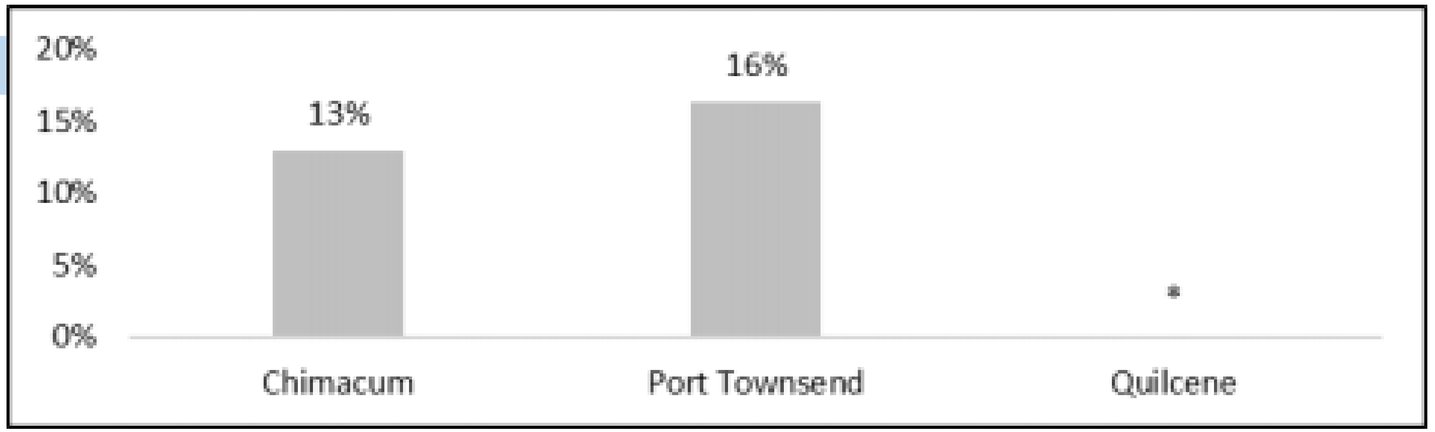
Sub-Groups:
Jefferson
2018
Grades 6-12



Youth Food Insecurity

Percentage of students cutting meal size or meals for lack of funds in the past year

Sub-Groups:
Jefferson
2018
Grades 8-12
* = data unreliable



Relevant to the Jefferson County CHIP Priority

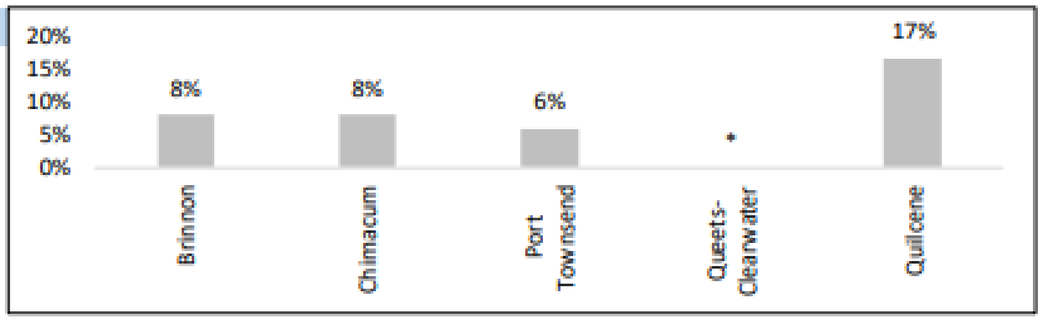
Chronic Disease Prevention and Healthy Living

Adults Without Health Insurance

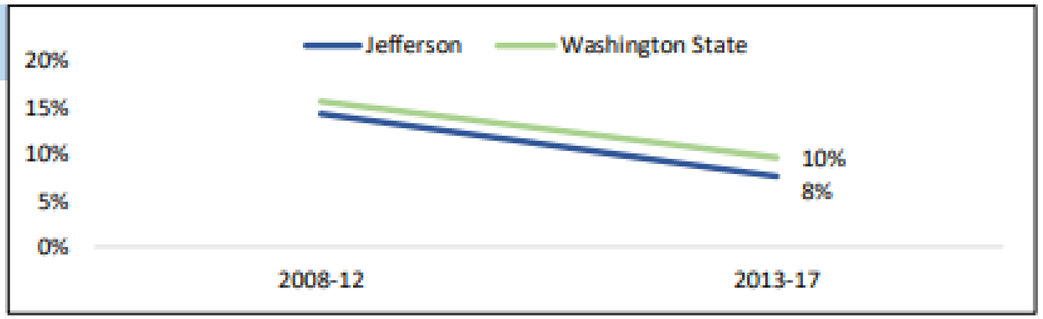
Proportion of adults reporting they don't have health insurance

Percentage	Early years 2008-12	Recent years 2013-17	Statistical comparison of 2008-12 to 2013-17	
Jefferson County	14%	8%		n/a
Washington State	16%	10%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson residents:		1,971		

Sub-Groups:
Jefferson
2013-17
* = data unreliable



Trend over Time:



Relevant to the Jefferson County CHIP Priority

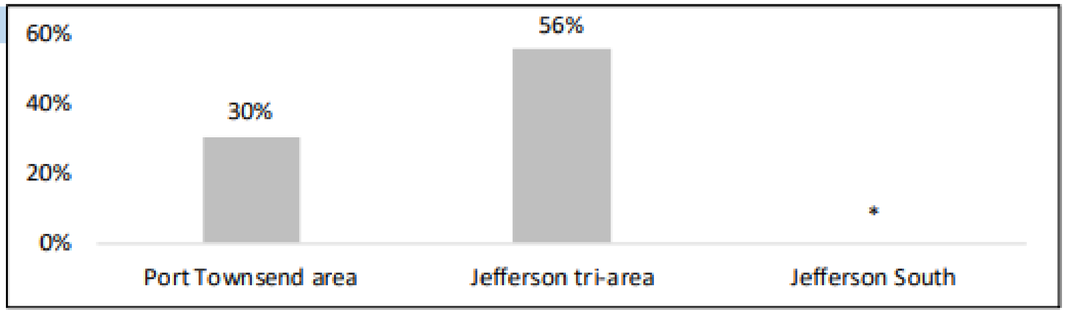
Access to Care

Adults with Dental Insurance Coverage

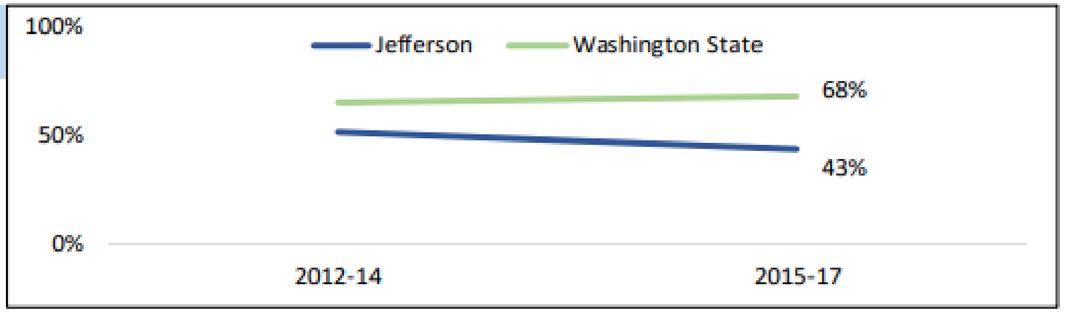
Proportion of adults reporting they have any kind of insurance that pays for some or all routine dental care

Percentage	Early years 2012-14	Recent years 2015-17	Statistical comparison of 2012-14 to 2015-17
Jefferson County	51%	43%	n/a
Washington State	65%	68%	n/a
Statistical comparison: Jefferson vs. Washington:			
Estimated number of Jefferson residents:		11,630	

Sub-Groups:
Jefferson
2015-17
* = data unreliable



Trend over Time:



Relevant to the Jefferson County CHIP Priority

Access to Care

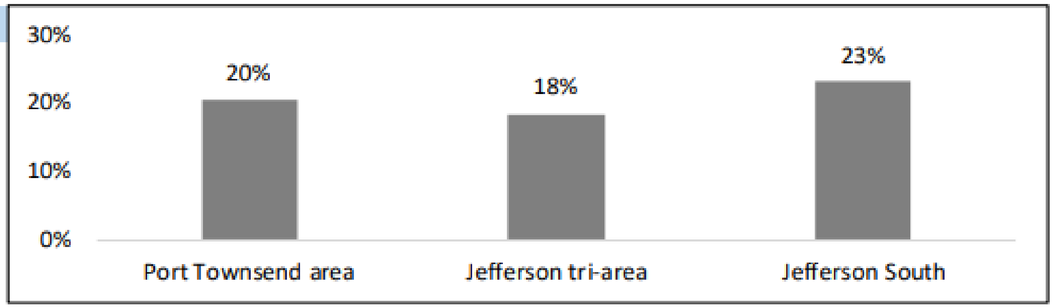
Smoking During Pregnancy

Proportion of women who report smoking while pregnant

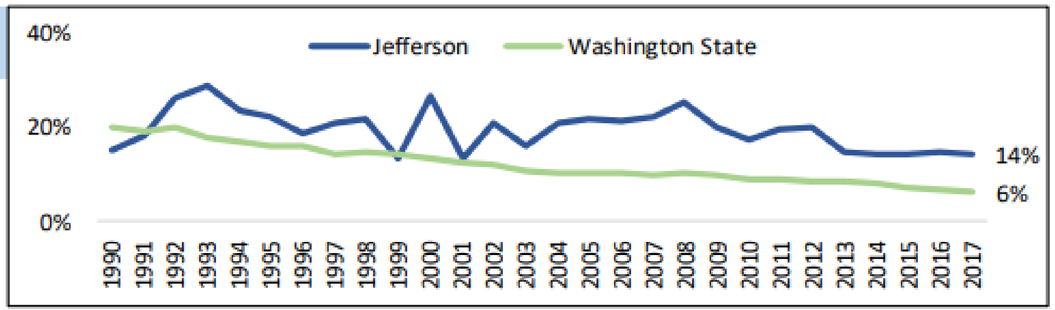
Percentage	Early year 1990	2010	Recent year 2017	Statistical trend since 1990
Jefferson County	15%	18%	14%	Annual change: -1%
Washington State	20%	9%	6%	Annual change: -4%
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson pregnant women:			23	

Sub-Groups:
Jefferson
2012-16

* sub-county area data includes women who smoked in the 3 months prior to pregnancy.



Trend over Time:



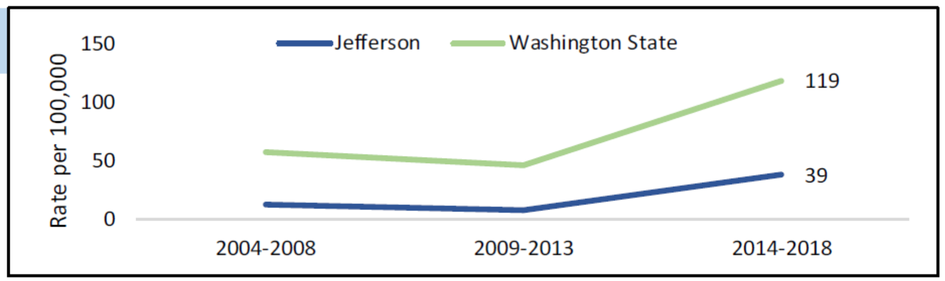
Relevant to the Jefferson County CHIP Priority

Chronic Disease and Healthy Living

Gonorrhea Case Rate

Rate per 100,000	Early years 2004-08	Recent years 2014-18	Statistical comparison of 2004-08 to 2014-18
Jefferson County	12	39	n/a
Washington State	56	119	n/a
Statistical comparison: Jefferson vs. Washington:			
Estimated number of Jefferson residents each year:		12	

Trend over Time:



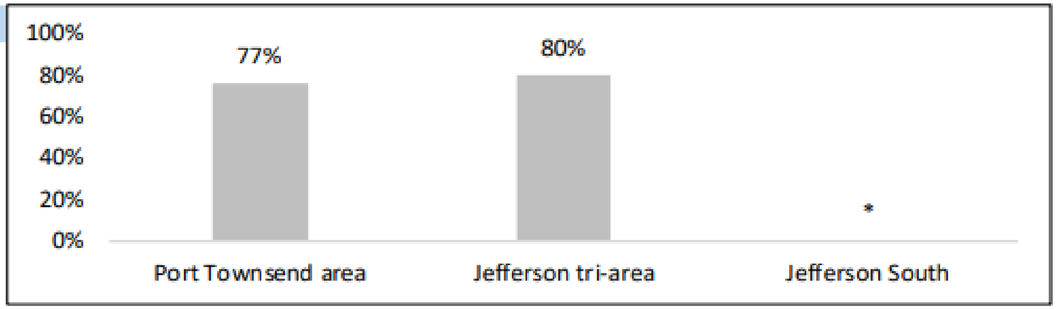
Relevant to the Jefferson County CHIP Priority

Chronic Disease and Healthy Living

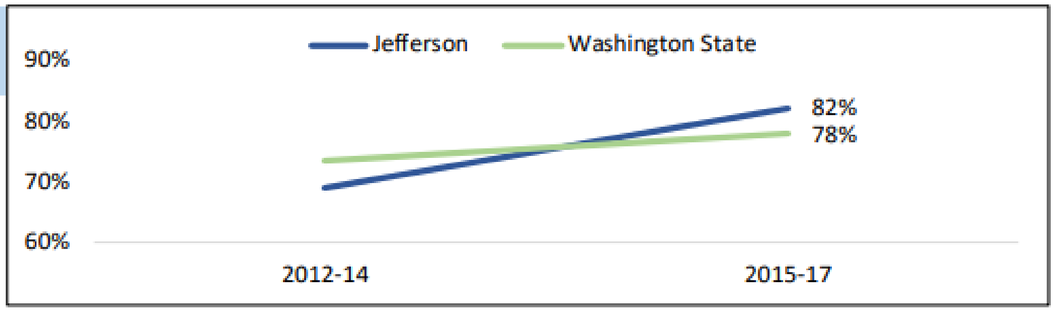
Adults Age 65+ Getting Pneumonia Vaccine in Past Year

Percentage	Early years 2012-14	Recent years 2015-17	Statistical comparison of 2012-14 to 2015-17
Jefferson County	69%	82%	n/a
Washington State	73%	78%	n/a
Statistical comparison: Jefferson vs. Washington:			
Estimated number of Jefferson residents:		8,791	

Sub-Groups:
Jefferson
2013-17
* = data unreliable



Trend over Time:



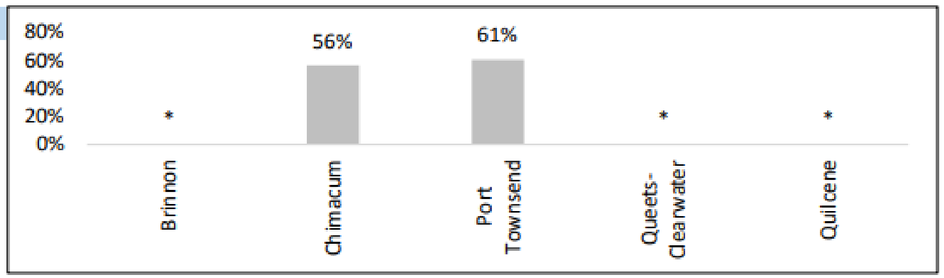
Relevant to the Jefferson County CHIP Priority

Immunizations

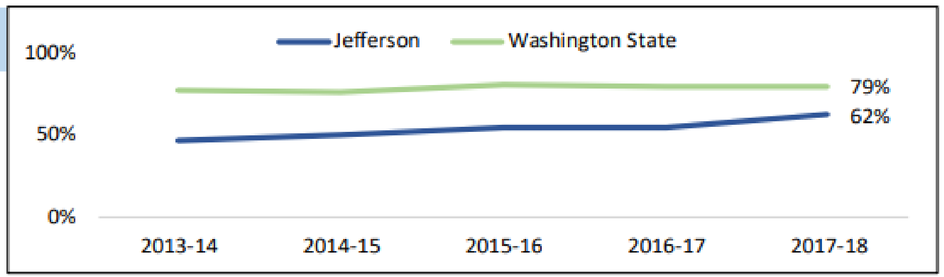
Sixth Graders With Complete Immunizations

Percentage	Early year 2013-14	Recent year 2017-18	Statistical trend since 2013-14
Jefferson County	47%	62%	Annual change: 7%
Washington State	76%	79%	n/a
Statistical comparison: Jefferson vs. Washington:			
Estimated number of Jefferson residents:		112	

Sub-Groups:
Jefferson
2017-18
* = data unreliable



Trend over Time:



Note: The student immunization status is based on parent reports to public and private schools and may not be verified by a healthcare provider. Unlike kindergarten data, data for 6th graders is not weighted for any year.

Relevant to the Jefferson County CHIP Priority

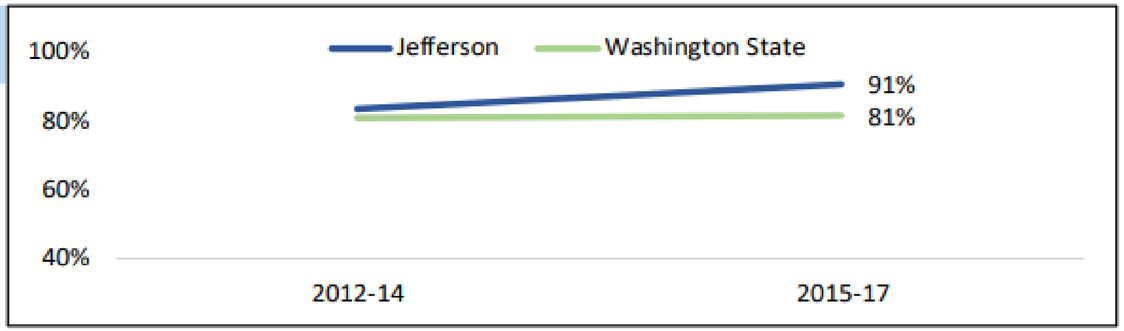
Immunizations

Adults with any Leisure Time Physical Activities

Percentage of adults who report any leisure time (not work related) physical activity in the past month

Percentage	Early years 2012-14	Recent years 2015-17	Statistical comparison of 2012-14 to 2015-17
Jefferson County	84%	91%	n/a
Washington State	81%	81%	n/a
Statistical comparison: Jefferson vs. Washington:			
Estimated number of Jefferson residents per year:		24,531	

Trend over Time



Relevant to the Jefferson County CHIP Priority

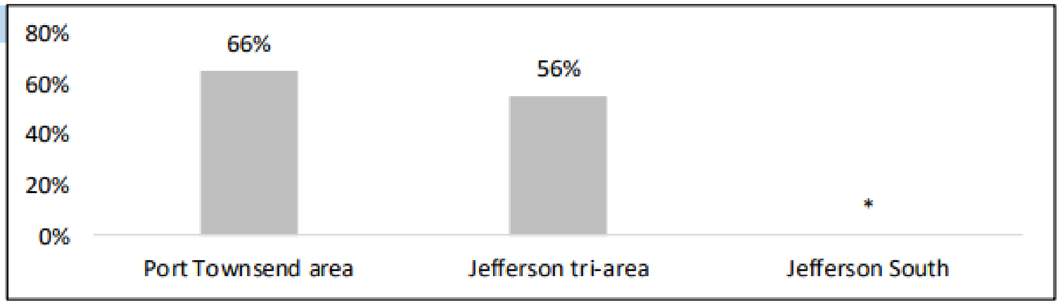
Chronic Disease Prevention and Healthy Living

Female Age 18+ Cervical Cancer Screening

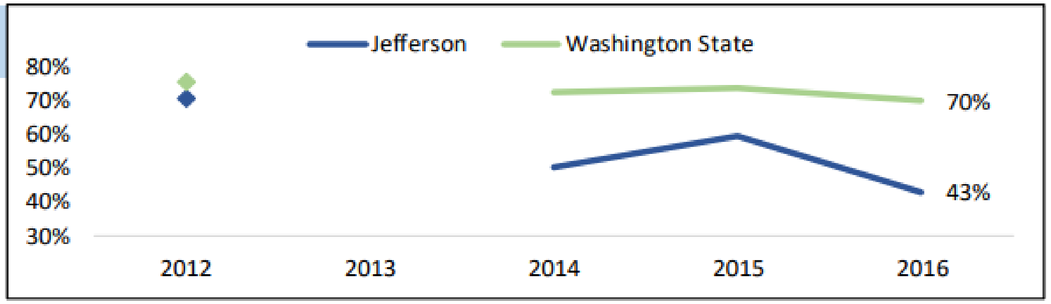
Percentage of women age 18_ who reported having had a pap smear within the past 3 years

Percentage	Early year 2012	Recent year 2016	Statistical comparison of 2012 and 2016
Jefferson County	70%	43%	n/a
Washington State	76%	70%	n/a
Statistical comparison: Jefferson vs. Washington:			
Estimated number of Jefferson residents:		8,197	

Sub-Groups:
Jefferson
2011-12,
2014-16
* = data
unreliable



Trend over Time:



Relevant to the Jefferson County CHIP Priority

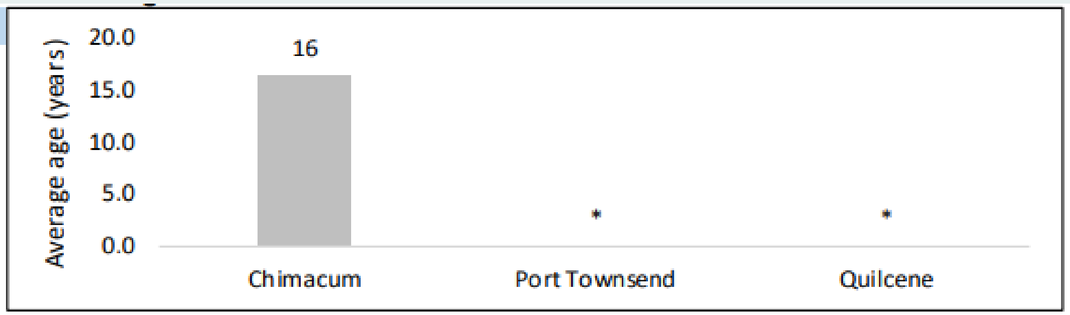
Chronic Disease and Healthy Living

Age of Initiation into Regular Alcohol Use

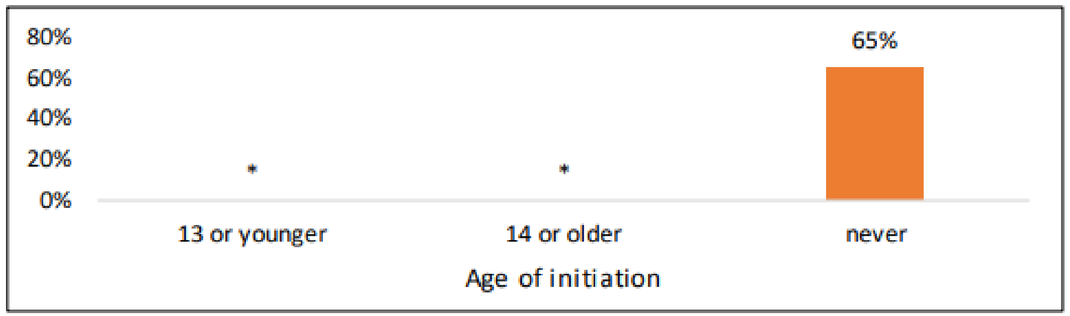
Average age at which students first began drinking alcohol regularly, at least once or twice a month

12TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018
Jefferson County	15	16	n/a
Washington State	15	16	n/a
Statistical comparison: Jefferson vs. Washington:			

Sub-Groups:
Jefferson
2018
12th grade
* = data
unreliable



Jefferson
2018
10th and
12th grades
* = data
unreliable



Relevant to the Jefferson County CHIP Priority

Mental Health / Chemical Dependency

Youth Current Marijuana Use

Percentage of students who report marijuana use in the past month

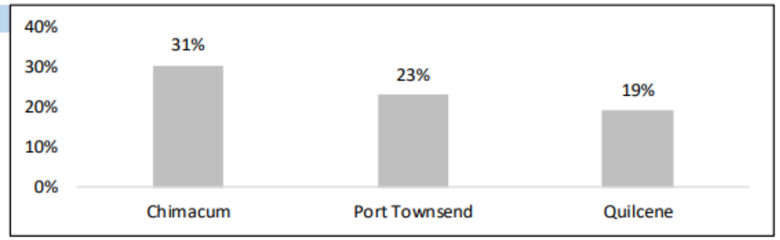
Percentage 6TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	*	*	n/a	
Washington State	1%	1%		n/a
Statistical comparison: Jefferson vs. Washington:		n/a	* = data unreliable	
Estimated number of Jefferson students:		--		

Percentage 8TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	12%	13%		n/a
Washington State	9%	7%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		29		

Percentage 10TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	30%	40%		n/a
Washington State	19%	18%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		77		

Percentage 12TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	35%	40%		n/a
Washington State	27%	26%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		86		

Sub-Groups:
Jefferson
2018
Grades 6-12



Relevant to the Jefferson County CHIP Priority

Mental Health / Chemical Dependency

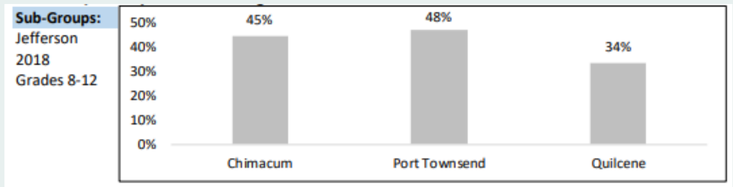
Youth Report Depressive Feelings

Percentage of students who report feeling so sad or hopeless for two or more weeks in a row that they stopped doing their usual activities at least once during the past year

Percentage 8TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	25%	42%		n/a
Washington State	26%	32%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		94		

Percentage 10TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	35%	51%		n/a
Washington State	31%	40%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		98		

Percentage 12TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	32%	49%		n/a
Washington State	30%	41%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		106		



Relevant to the Jefferson County CHIP Priority

Mental Health / Chemical Dependency

Youth Report Seriously Considering Suicide in Past Year

The percentage of students who report seriously considering committing suicide in the past 12 months

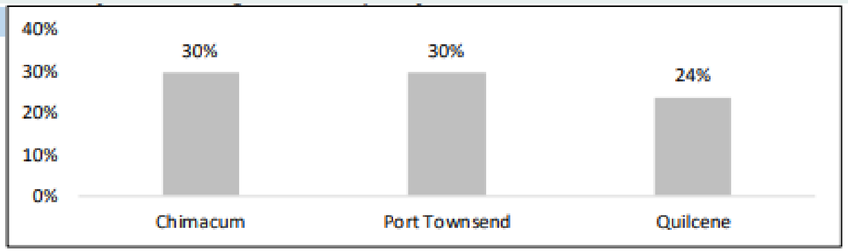
Percentage 6TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	17%	25%		n/a
Washington State	14%	22%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		50		

Percentage 8TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	15%	26%		n/a
Washington State	17%	20%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		58		

Percentage 10TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	24%	32%		n/a
Washington State	19%	23%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		62		

Percentage 12TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	19%	29%		n/a
Washington State	17%	23%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		62		

Sub-Groups:
Jefferson
2018
Grades 8-12



Relevant to the Jefferson County CHIP Priority

Mental Health / Chemical Dependency

Youth Report Making a Suicide Plan in the Past Year

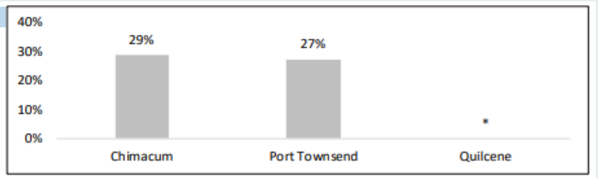
The percentage of students who report making a plan in the past 12 months about how they would attempt suicide

Percentage 8TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	15%	18%		n/a
Washington State	14%	16%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		40		

Percentage 10TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	*	36%	n/a	
Washington State	14%	18%		n/a
Statistical comparison: Jefferson vs. Washington:			* = data unreliable	
Estimated number of Jefferson students:		69		

Percentage 12TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	*	23%	n/a	
Washington State	14%	18%		n/a
Statistical comparison: Jefferson vs. Washington:			* = data unreliable	
Estimated number of Jefferson students:		50		

Sub-Groups:
Jefferson
2018
Grades 8-12
* = data unreliable



Relevant to the Jefferson County CHIP Priority

Mental Health / Chemical Dependency

Youth Co-occurring Depression/Suicide and Drug Use

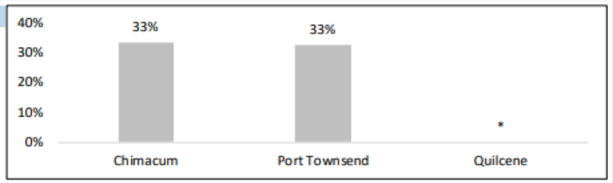
The percentage of students who both use alcohol or drugs and have depressive or suicidal thoughts

Percentage 8TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	*	20%	n/a	
Washington State	10%	11%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		45		

Percentage 10TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	*	40%	n/a	
Washington State	16%	18%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		76		

Percentage 12TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	27%	35%		n/a
Washington State	18%	25%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		76		

Sub-Groups:
Jefferson
2018
Grades 8-12
* = data unreliable



Relevant to the Jefferson County CHIP Priority

Mental Health / Chemical Dependency

CHIP

Be Healthy Jefferson

Behavioral Health Consortium

History, Current Fund Award, Action Plan Overview

CHIP

Be Healthy Jefferson

Behavioral Health Consortium (BHC)

Historical Context

History: June, 2018 –May, 2019

- Applied for and received a $100k HRSA Rural Health Network Development Program - Planning (RHNDP-P) grant to:

  Develop a Rural Health Network Program of, and with, relevant County Stakeholders

Jefferson County Public Health	Jefferson Healthcare	East Jefferson Fire & Rescue	Discovery Behavioral Health
Vicki Kirkpatrick Director, Public Health	Mike Glenn Chief Executive Officer	Jim Walkowski, Fire Chief, Jefferson County	Natalie Gray Chief Executive Officer

What Does the BHC Want to Accomplish?

Our overarching goal is to strengthen and expand SUD/OUD prevention, treatment and recovery services to enhance resident's ability to access in-county treatment and move towards recovery.

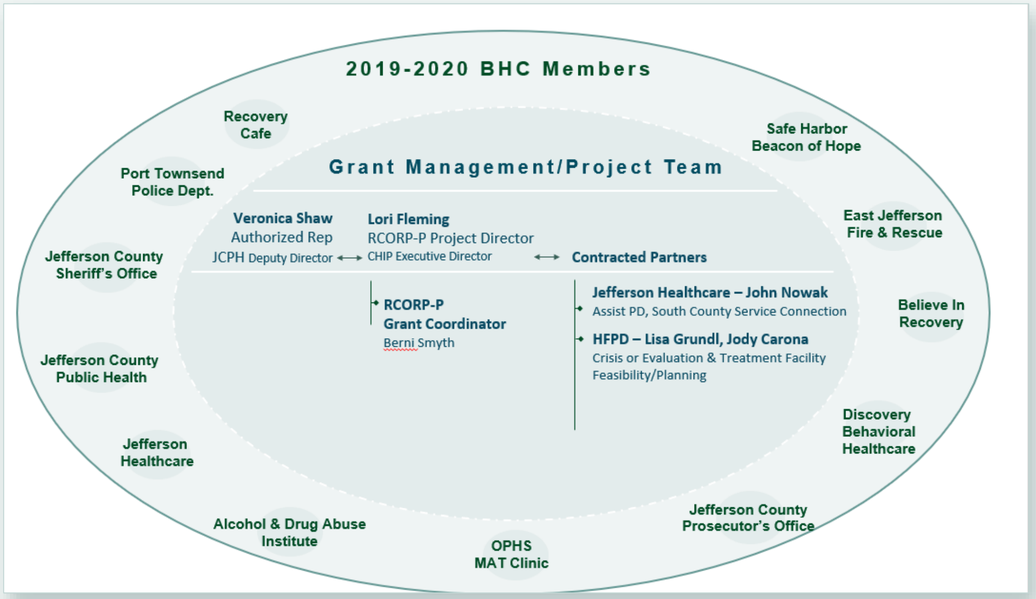
How Does the BHC Accomplish Its Mission?

By serving as a strong infrastructure between agencies, and collectively developing and executing strategic plans to:

- **Integrate MH/SUD/OUD services**
- **Optimize service and provider investments**
- **Create access to appropriate services at the appropriate time**
- **Implement evidenced-based, innovative approaches for value-based healthcare**

History: June 2019 – May, 2020

- Applied for and received a $200k HRSA Rural Communities Opioid Response Program-Planning (RCORP-P) Grant
  - Expanded Consortium executed a Needs Assessment for behavioral health services that address the treatment and recovery of Jefferson County's OUD/SUD patients,
  - Developed Strategic, Workforce, and Sustainability Plans; submitted required data.



BHC Alternate and AD HOC Team

Dave Fortino, Jail Superintendent; Pete Brummel, EJFR; Patrick Johnson, NAMI; Jud Haynes, PTPD Navigator; Adam York, JHC Data; Darcy Fogarty, Recovery Community; Matt Ready, Hospital Commissioner; Greg Brotherton, County Commissioner; Jolene Kron, Salish Behavioral Health-Administration Services; Apple Martine, JCPH's Community Health Director, Anna McEnery, JCPH, BH Coordinator

2019-2020's Strategic Plan Priorities

- Enhance support to Law Enforcement and Emergency Medial services for Call-Subject Navigation and Behavioral Health Service Connection
- Improve Jail-to-Community transitions
- Develop / Maintain Online/Printed Resource Directory
- Maintain Discovery Behavioral Health's Day Program

  This priority evolved to:

  Improve Provider/Prescriber Service Integration
- Determine feasibility of a local Crisis Stabilization Facility

CHIP

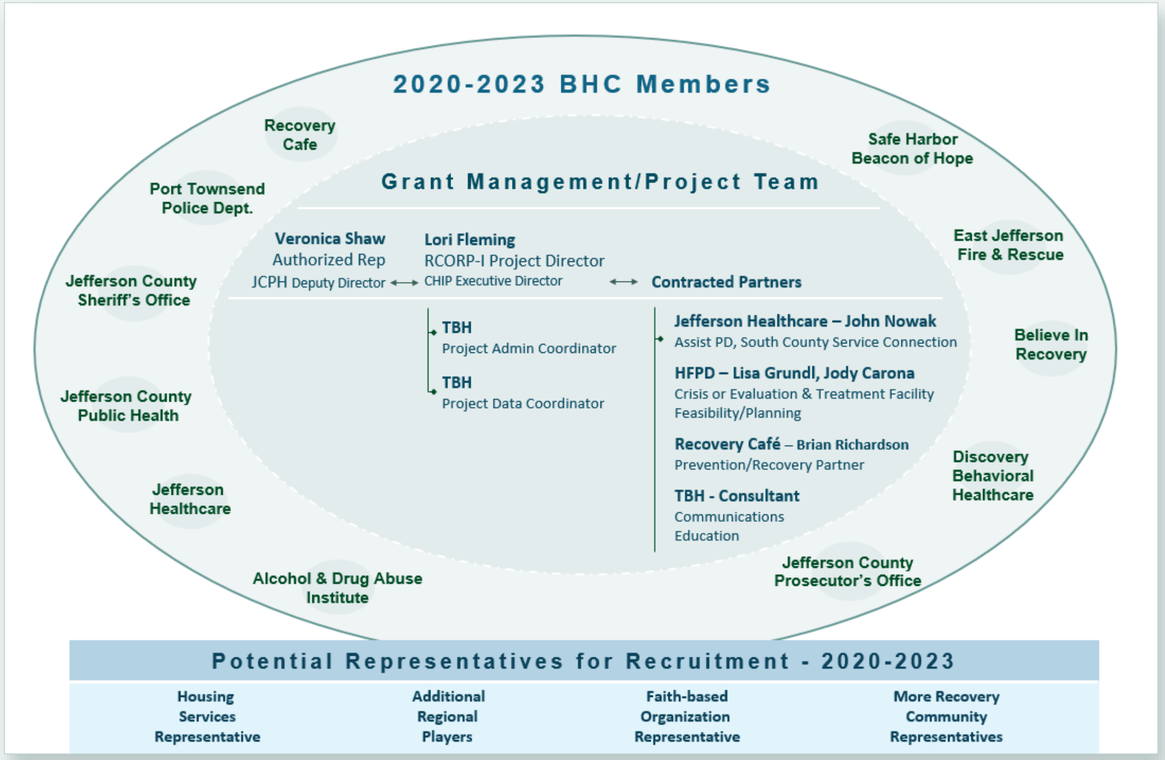
Be Healthy Jefferson

RCORP-Implementation

Overview

Current: Sept 2020 – Aug, 2023 - RCORP-Implementation Grant

- Applied for and received a $1M HRSA Rural Communities Opioid Response Program-Implementation (RCORP-I) Grant



BHC Alternate and AD HOC Team

Denise Banker, JCPH Youth Prev; Dave Fortino, Jail Superintendent; Pete Brummel, EJFR; Patrick Johnson, NAMI; Jud Haynes, PTPD Navigator; Adam York, JHC Data; Darcy Fogarty, Recovery Community; Matt Ready, Hospital Commissioner; Greg Brotherton, County Commissioner; Jolene Kron, Salish Behavioral Health-Administration Services; Apple Martine, JCPH's Community Health Director, Anna McEnery, JCPH, BH Coordinator

RCORP-Implementation Grant

F O C U S

Improve access to behavioral health services throughout Jefferson County

Jefferson County's

Behavioral Health Consortium Members

- Alcohol & Drug Abuse Institute
- Believe In Recovery / Gateway to Freedom
- Discovery Behavioral Healthcare
- East Jefferson Fire Rescue
- Jefferson County Prosecutor's Office
- Jefferson County Public Health
- Jefferson County Sheriff's Office
- Jefferson Healthcare
- Port Townsend Police Department
- Recovery Cafe
- Safe Harbor / Beacon of Hope

Ad Hoc and Alternate Members: Denise Banker, JCPH Prevention; Dave Fortino, Jail Superintendent; Pete Brummel, EJFR; Patrick Johnson, NAMI; Jud Haynes, PTPD Navigator; Adam York, JHC Data; Darcy Fogarty, Recovery Community; , Anna McEnery, JCPH, BH Coordinator; Matt Ready, Hospital Commissioner; Greg Brotherton, County Commissioner; Jolene Kron, Salish Behavioral Health-Administration Services; Apple Martine, JCPH Community Health Director

Prevention | **Treatment** | **Recovery**

BEHEALTHYJEFFERSON.COM

Grant-Required Core Activities

Prevention

- **P.1** Linguistic / Cultural Efforts to Reduce Stigma
- **P.2** Increase Naloxone Access and Training
- **P.3** Support Drug Take Back Programs
- **P.4** Support School Community Prevention Programs
- **P.5** Improve ID/Screening for SUD/OUD; provide referrals to providers, harm reduction, early intervention, treatment, and support

Treatment

- **T.1** Screen/Provide/Refer Patients with infectious implications
- **T.2** Recruit/Train/Mentor interdisciplinary teams of SUD/OUD Clinical and Service Providers
- **T.3** Increase # of providers and social service professionals who treat/identify SUD/OUD through professional development and recruiting incentives
- **T.4** Reduce Treatment Barriers
- **T.5** Strengthen collaboration with law enforcement and first responders to enhance response and emergency treatment to those with SUD/OUD.
- **T.6** Train Providers and Admin staff to optimize reimbursement for treatment through proper coding/billing across insurances to ensure service provider sustainability
- **T.7** Enable individuals, family and caregivers to find, access and navigate treatment for SUD/OUD as well as home and community based services and social supports

Recovery

- **P.1** Enhance discharge coordination from inpatient treatment facilities and/or criminal justice system – linkages to home and community-based services, social supports.
- **P.2** Enable individuals, family and caregivers to find, access and navigate treatment for SUD/OUD as well as home and community based services and social supports
- **P.3** Support development of recovery communities, recovery coaches, and recovery community organizations to expand the availability of and access to recovery support services

BHC Team Additions – Nov ’20

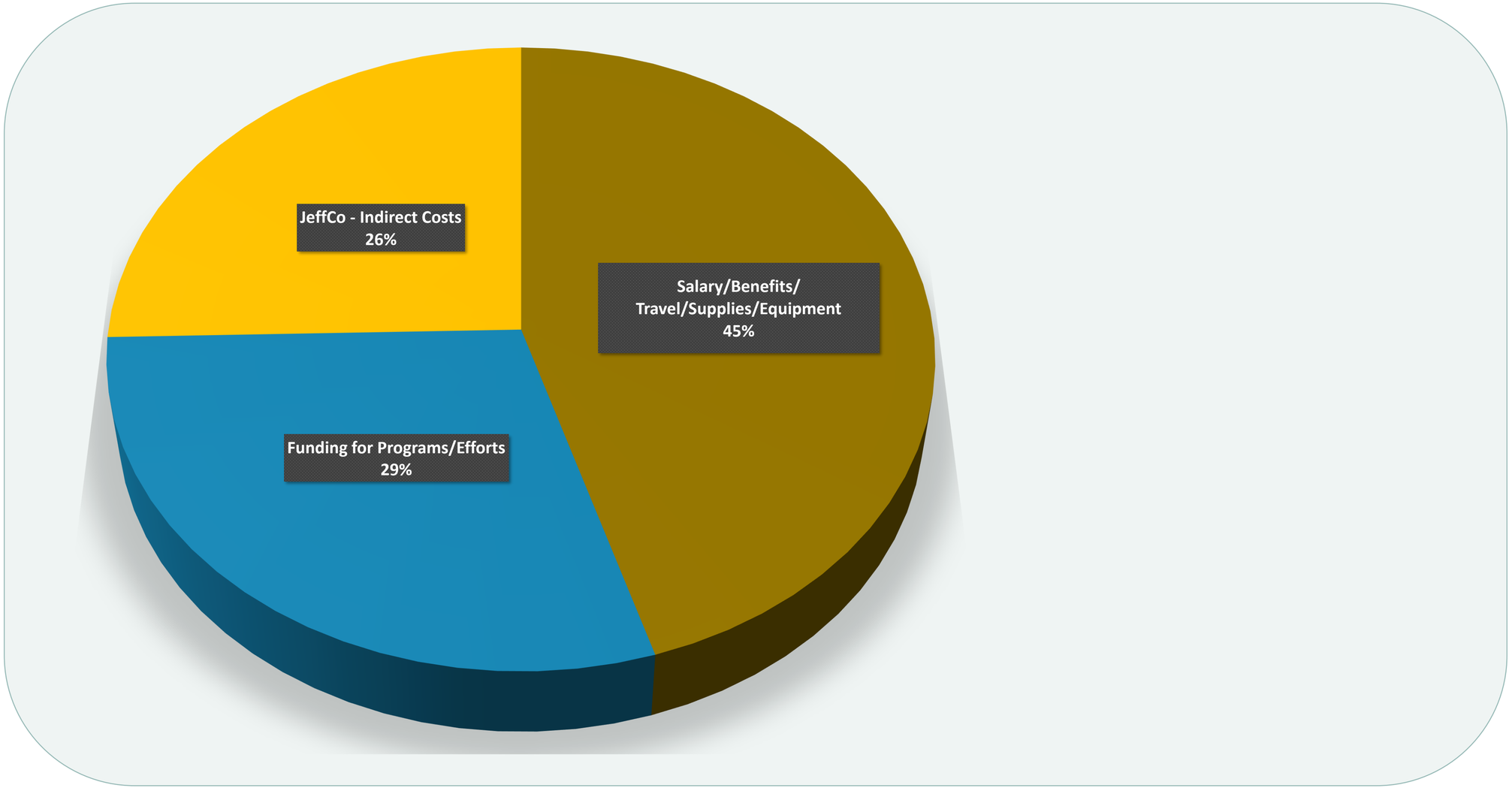
Cherish Cronmiller, OlyCAP

Nat Jacob, Public Defender

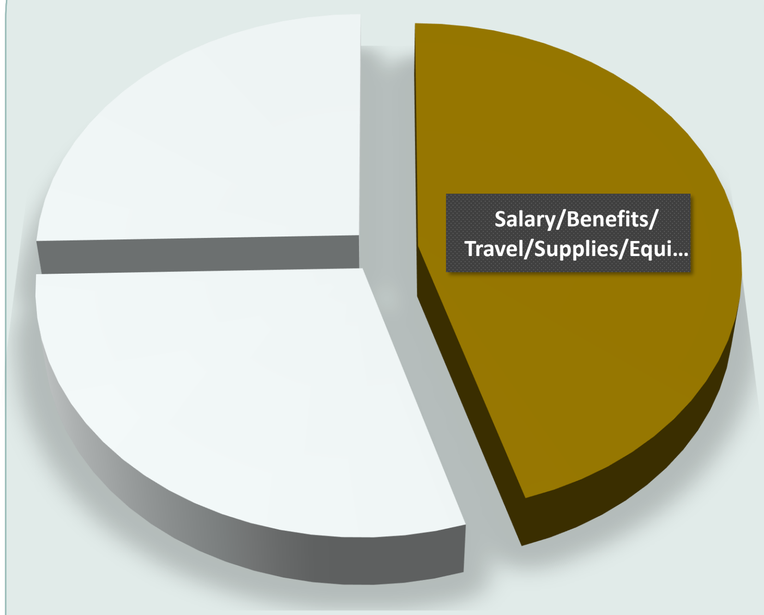
Chief McKern, Quilcene Fire

Denise Banker, JCPH, Youth Prevention

RCORP-Implementation Fund Allocation



RCORP-Implementation Fund Allocation



Salary/Benefits/Required Travel/Equipment/Supplies

> ~$465k over three years –

Proj Dir/Admin and Data Coordinator; Equipment

3 required trips for two people to WA DC

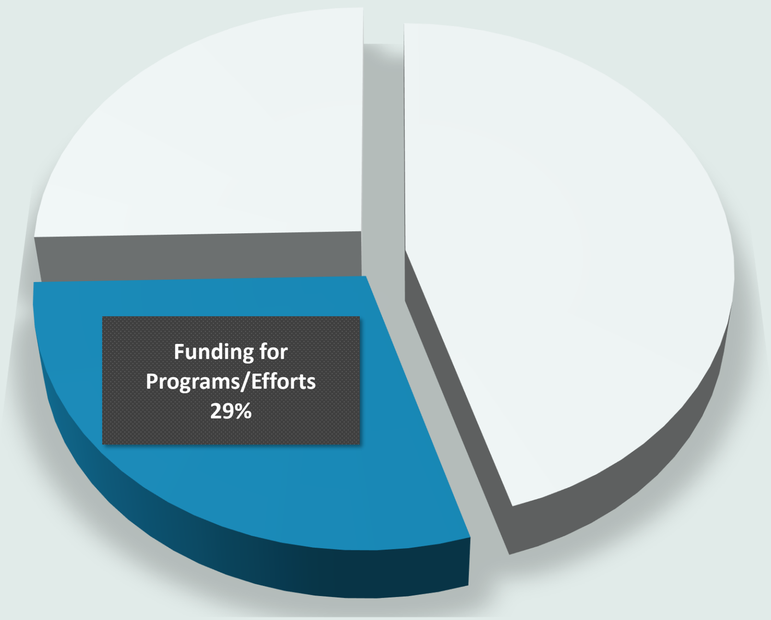
> Communicate / Facilitate / Lead one-on-one and Consortium-wide work to perceive, motivate, build, realize and broadcast collaborations, data-gathering, insight / action development and execution into solutions and required grant deliverables

> Develop, finalize and monitor contract vehicles to deliver grant funding to our community's programs

> Represent BHC @ relevant national, regional, and county meetings to keep the BHC's vision and actions visible, relevant and facilitated at those tables

> Assists BHC Members to represent their adjacent and overlapping efforts clearly through PR, presentations, etc.

RCORP-Implementation Fund Allocation



Prevention and Recovery

> $105k over three years to Recovery Cafe

Assist BHC to meet grant's requirements to provide an environment conducive to recovery, provide Recovery Peer support and oversee the development of a peer network

Treatment

> $48k over three years to Harm Reduction and and Wraparound Services in South Jefferson County

- Treatment

Assist BHC to meet grant requirements to provide access to services and increased connection to those impacted by SUD/OUD in hard-to-reach rural areas

Intersection of Prevention, Treatment, and Recovery

> $30k over three years to HFPD to determine feasibility of a Crisis Stabilization Facility

> $45k over three years for Communication, Education an Integration Plan and execution to address stigma associated with addiction and mental illness

Current RCORP-I Grant - Funding Highlights

Arena	Funding Focus	Benefit
PREVENTION	**Support and enhance the prevention capacity of the newly established local Recovery Café** through partial funding for this grant partner to assist BHC to meet grant targets in the prevention arena.	Responds to Needs Assessment data that identifies prevention challenges of social isolation, access to services, and low income. Support will ensure a foundation for relapse prevention through community and connections to social, medical, housing and behavioral health service to the most vulnerable members of our community and will seed Peer Network development.
RECOVERY	**Support the local Recovery Café as a grant partner to assist the BHC to meet grant targets in the recovery arena.**	Provides start-up sustainability for the Recovery Café that is opening in 2020. The facility will anchor a nexus point for recovery-community, and social, medical and behavioral health service connections for our recovery community members.

YEAR 1	YEAR 2	YEAR 3
$35,000	$35,000	$35,000

Current RCORP-I Grant - Funding Highlights

TREATMENT	**Bring Syringe Exchange Program and Wraparound Services to South Jefferson County.**	Addresses data that identified lack of transportation from far reaches of county as a major barrier for some county residents to connect with SUD/OUD related services. Intend this SEP as a new intercept point to connect people to services.

YEAR 1	YEAR 2	YEAR 3
$16,066	$16,066	$16,066

Current RCORP-I Grant - Funding Highlights

COMMUNICATION, EDUCATION & INTEGRATION	Engage topical expert(s) in the **development of a master communications, education and integration plan to address stigma** associated with addiction and mental illness for Grant Team and BHC Members to execute.	Addresses the intersection of prevention, treatment and recovery, where palpable prejudice and discrimination at various community levels leads to feelings of hopelessness and shame in those struggling to cope, creating a barrier to service expansion, diagnosis, and treatment.

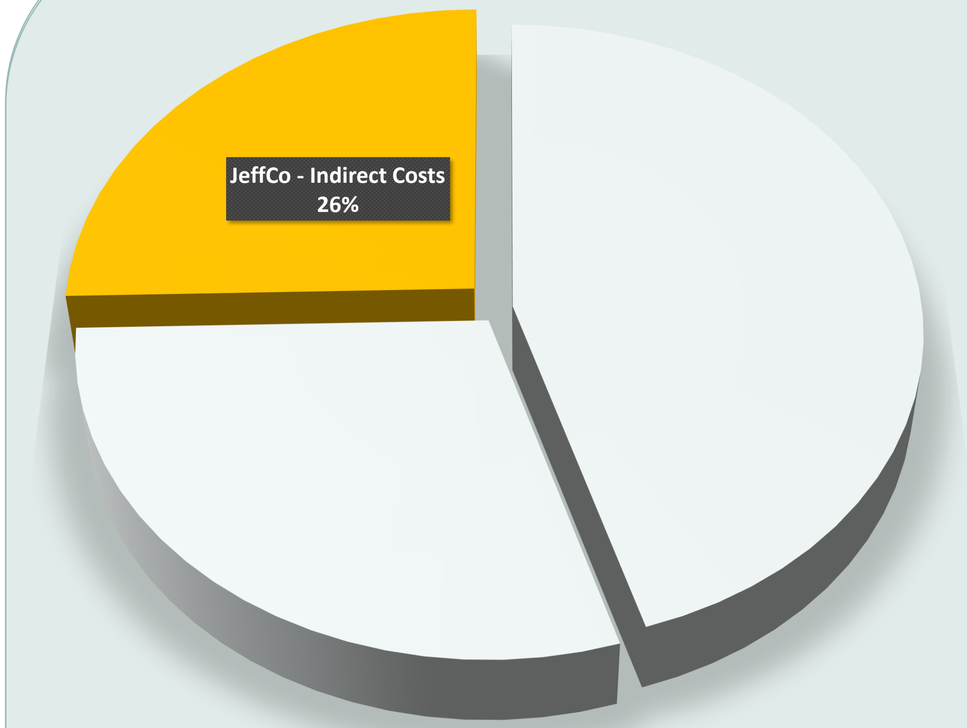
YEAR 1	YEAR 2	YEAR 3
$10,000	$15,000	$20,000

Current RCORP-I Grant - Funding Highlights

FACILITY FEASIBILITY & POTENTIAL IMPLEMENTATION	Retain HFPD Consultants for services to **determine feasibility, and if feasible, assist in the development, of a local Crisis Stabilization or Evaluation and Treatment Facility** in the County.	Supports an ongoing effort to consistently provide enhanced, local services, rather than jail or ED, for those in crisis in our county by studying the feasibility of a "placed-based" inpatient resource for crisis stabilization, such as a Crisis Stabilization Center (or equivalent solution) in Jefferson County.

YEAR 1	YEAR 2	YEAR 3
$10,000	$10,000	$10,000

RCORP-Implementation Fund Allocation



Indirect Costs for County

to administer RCORP-I grant

> $247k over three years

This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:

(1) All costs included in this proposal 01/01/2020 to establish billing or final indirect costs rates for January 1, 2020 through December 31, 2020 are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A 87, "Cost Principles for State, Local, and Indian Tribal Governments." Unallowable costs have been adjusted for in allocating costs as indicated in the cost allocation plan.

(2) All costs included in this proposal are properly allocable to Federal awards on the basis of a beneficial or causal relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. Similar types of costs have been accounted for consistently and the Federal Government will be notified of any accounting changes that would affect the predetermined rate.

I declare that the foregoing is true and correct.

Governmental Unit: Jefferson County Public Health

Signature: Veronica Digitally signed by Veronica DN: cn=Veronica, o=Public Health, email=veronica@co.jefferson.wa.us, c=US Date: 2020.03.31 17:10:50 -07'00'

Name of Official: Veronica K. Shaw

Title: Deputy Director

Date of Execution: 01/01/2020

CHIP

Be Healthy Jefferson

R-CORP-I Action Plan

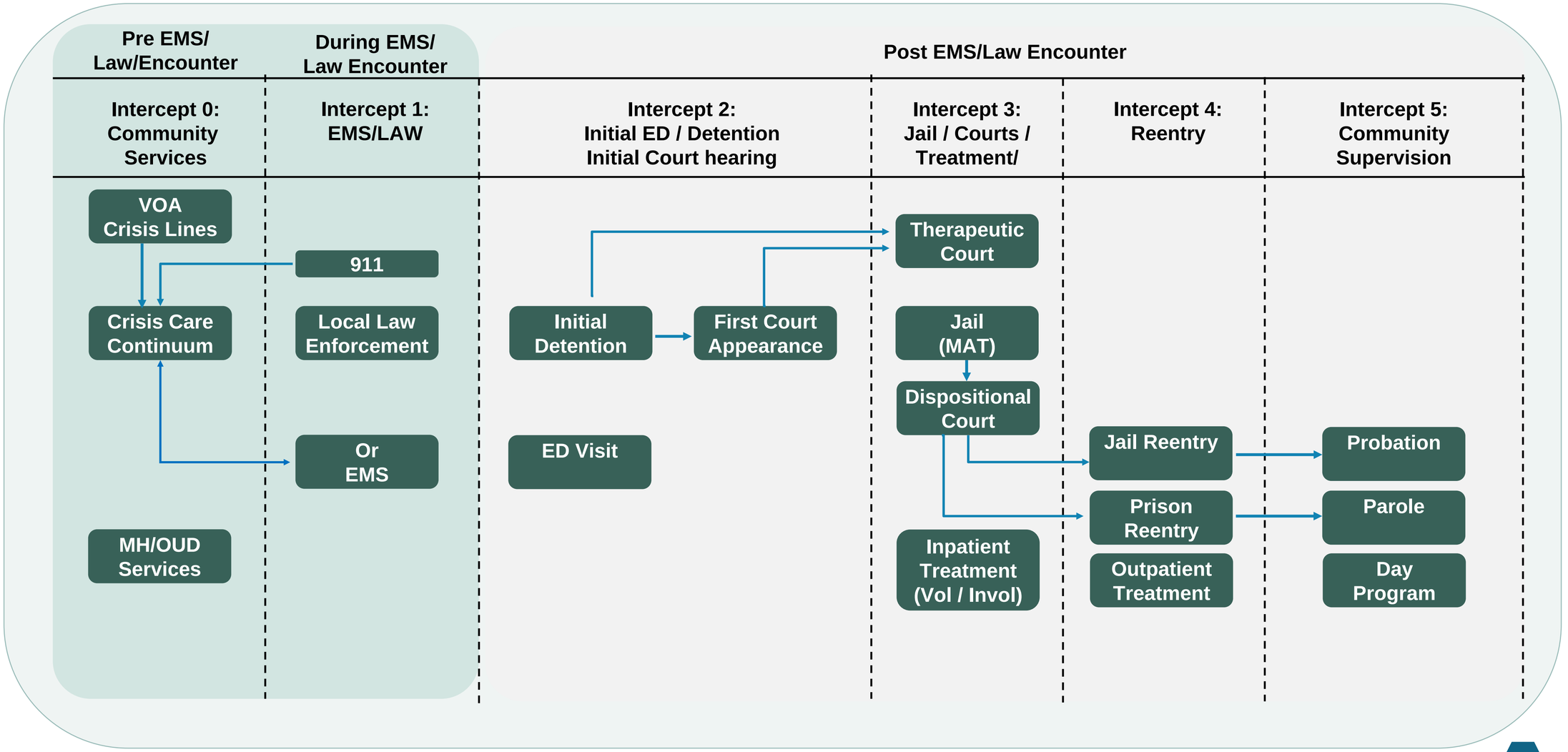
Quick Look at Key Projects

Year 1 RCORP-I Grant Deliverables

Organization	Contact	Qtrly Rpt Due 12/15/20 RE: 9/30-11/30/20		Qtrly Rpt Due 03/15/21 RE: 12/01 -2/28/21		6 Mos PIMS Due 03/15/21 9/01/20 - 2/28/21		Qtrly Rpt Due 06/15/21 03/01-5/31/21		Qtrly Rpt Due 09/15/21 6/01-8/31/21		6 Mos PIMS Due 09/15/21 03/01-8/31/21		Year 1 Sustainability Due 9/15/21	
		Contributes	Complete	Contributes	Complete	Contributes	Complete	Contributes	Complete	Contributes	Complete	Contributes	Complete	Contributes	Complete
JCPH	Martine	x		x		x		x		x		x		x	
JHC	Nowak	x		x		x		x		x		x		x	
DBH	Novelli	x		x		x		x		x		x		x	
EJFR	Brummel	x		x		x		x		x		x		x	
JSCO/Jail	Fortino	x		x		x		x		x		x		x	
PTPD	Haynes	x		x		x		x		x		x		x	
SH/BoH	Kessler	x		x		x		x		x		x		x	
BiR/GtF	Caudill	x		x		x		x		x		x		x	
JCPO	Kennedy	x		x		x		x		x		x		x	
Recovery Café	Richardson	x		x		x		x		x		x		x	
ADAI	Rey-Thomas	x		x		x		x		x		x		x	
Youth Prev	Banker	x		x				x		x				x	
NAMI	Johnson	x		x				x		x				x	
Hospital	Wharton	x		x				x		x				x	
County	Brotherton	x		x				x		x				x	
Hospital	Fortino	x		x				x		x				x	
SBH-ASO	Kron	x		x				x		x				x	
BHAC	McEnery	x		x				x		x				x	

Sequential Intercept Model Used to Visualize Impacts

Improved Behavioral Health Service Access and Diversion Intercept Points

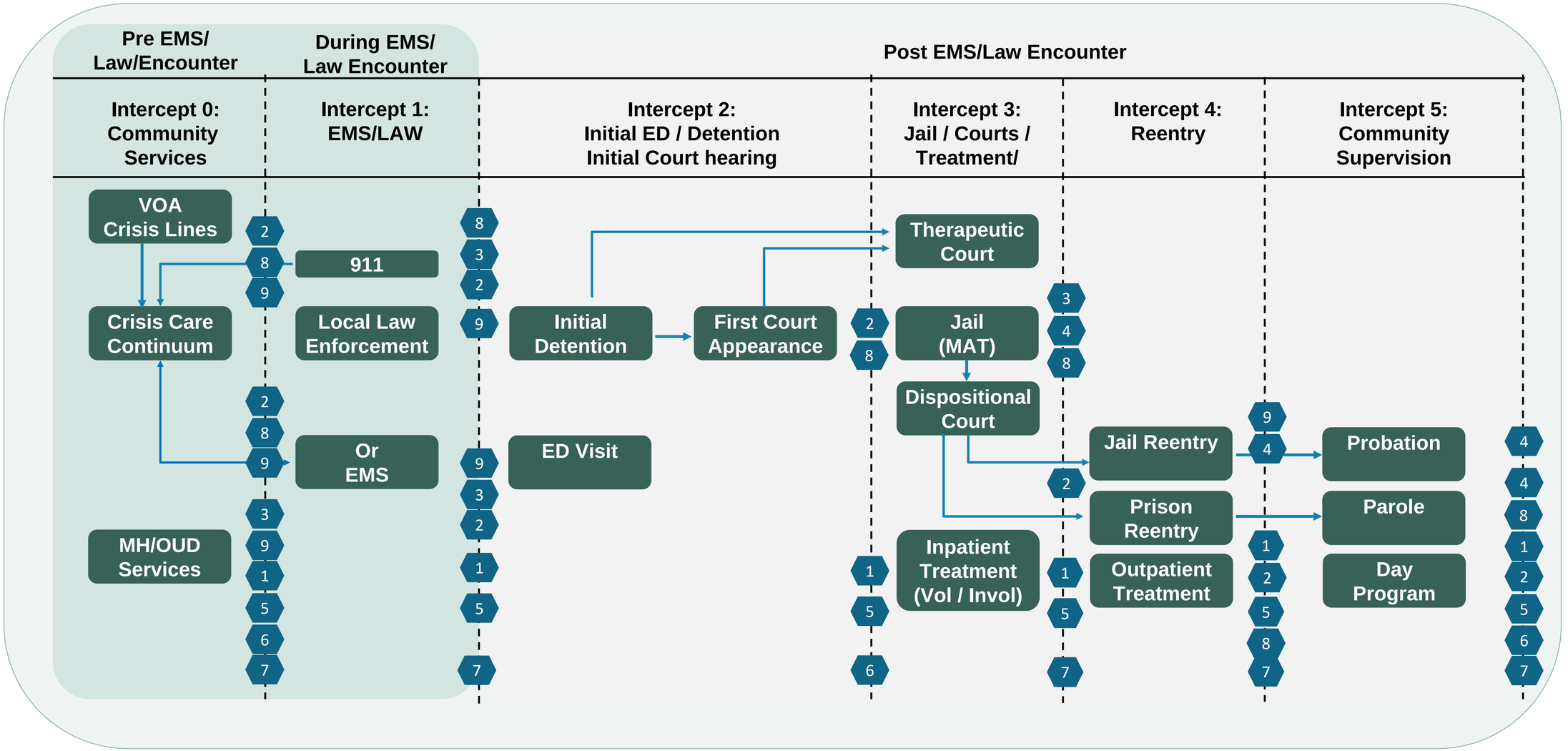


RCORP-I Grant – Overview of BHC Strategic Actions

1. Provider/Prescriber Integration
2. Develop Crisis Stabilization Center Feasibility and, if appropriate, Implementation Plan
3. Maintain Online/Printed Resource Directory
4. Improve Jail-to-Community Service Connection
5. Support Recovery Café for Peer Network Development and recovery/prevention environment to support prevention and recovery for those on their recovery journey
6. Initiate a Harm Reduction Program in South County, coordinate with Mason County
7. Communication/Education/Integration to address stigma on both sides of county line
8. Coordinate and optimize/add Navigator and Care Coordination Services
9. Initiate Friendly Face Program for collective case management for high utilizers of Law Enforcement, Emergency Responder, Emergency Department an Jail services

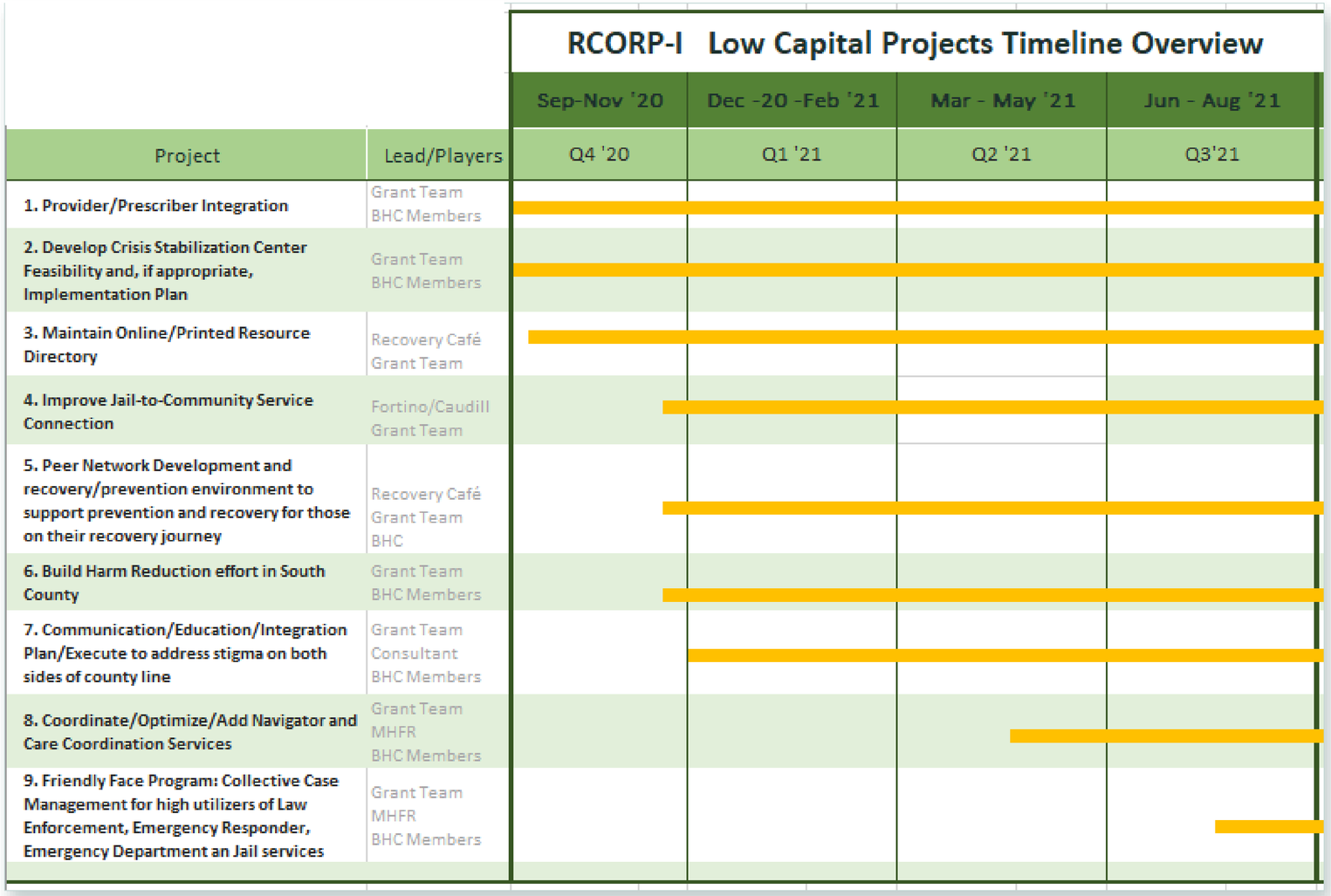
Sequential Intercept Model Used to Visualize Impacts

Improved Behavioral Health Service Access and Diversion Intercept Points



Strategic Project Effort Start-up Timeline

Projects and project timeline initiation points have been updated to reflect adjustments and additions that have taken place since the initial Strategic Plan BHC Members developed during the BHC's 2019-2020 Strategic Planning effort.



Project	Lead/Players
1. Provider/Prescriber Integration	Grant Team BHC Members
2. Develop Crisis Stabilization Center Feasibility and, if appropriate, Implementation Plan	Grant Team BHC Members
3. Maintain Online/Printed Resource Directory	Recovery Café Grant Team
4. Improve Jail-to-Community Service Connection	Fortino/Caudill Grant Team
5. Peer Network Development and recovery/prevention environment to support prevention and recovery for those on their recovery journey	Recovery Café Grant Team BHC
6. Build Harm Reduction effort in South County	Grant Team BHC Members
7. Communication/Education/Integration Plan/Execute to address stigma on both sides of county line	Grant Team Consultant BHC Members
8. Coordinate/Optimize/Add Navigator and Care Coordination Services	Grant Team MHFR BHC Members
9. Friendly Face Program: Collective Case Management for high utilizers of Law Enforcement, Emergency Responder, Emergency Department an Jail services	Grant Team MHFR BHC Members

CHIP

Be Healthy Jefferson

BHC Sustainability

Notable Opportunities

Opportunity: Sustainability in the Face of Leadership Transitions

PROBLEM STATEMENT #1 ADDRESSING THE PROGRAM'S ENVIRONMENTAL SUSTAINABILITY Law Enforcement, First Responder, and County Behavioral Health Agency services program champions and contributors have recently vacated their leadership positions for retirement or other job opportunities, leaving the BHC at risk for a lack of depth in understanding and commitment where credible, respected and powerful support and contribution once existed. For the purpose of this document the new incumbent in each of these positions will be referred to as "successors".
GOAL 1: A BHC-led behavioral health service access expansion program with strong champions, leadership who ably support the BHC's ability to garner strong public support and generate relevant monetary resources.
OBJECTIVE 1: Integrate successors at the Law Enforcement, First Responder and County Behavioral Health Agency Services into the existing BHC cultural norms so they can be motivated BHC program champions and contributors within their agencies, at the various stakeholder tables they attend, and throughout the community.

Opportunity: Integrate multiple stakeholder/stakeholder group efforts

BH-Relevant Funding / Efforts

- ICC Human Services – COVID-related Funding Projects
- RSAT Grant – Jail Treatment / Aftercare
- WASPC Grant – County Navigator

BHC’s RCORP-I Grant Supports CHIP’s Mission

- **Generates a common language between siloed stakeholders**
- **A table with current, informed insight and community purview**
- **Optimized collective action toward the build-out of a united blueprint**

CHIP

Be Healthy Jefferson

CHIP Process

Next Steps

How We Got Here

- The CHIP focus for 2019 was completion of Community Health Assessment (CHA)
- This work was completed and presented to Joint Board in September, 2019
- Complete report presentations were made throughout the community October through December, 2019
- The Priority Team reviewed the CHA data late in October, 2019 and began prioritization in November, 2019
- At the November Meeting the Priority Team decided to look at these issues using different “Age Bands” to segregate issue

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

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

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

Next Steps in a COVID World?

John and Lori consulted with community resources on next steps. Those conversations highlight the need to:

- Address concerns about duplication of efforts with range of work going on in our community
- Ensure CHIP resources are committed in places where they can do the most good

CHIP Plan Reboot

The Plan

- Work will begin on three age bands:
  Youth, Working Age, and Elder
- Teams will be formed for each Age Band group to review the data and previous work, establish new priorities, and develop a new action plan

CHIP Planning Reboot - Age Band Teams

- Youth age band – Would grow out of ICC Children and families workgroup
- Working age band – Would be a sub team of the current BHC team and meet for 30 minutes following existing BHC meetings
- Elder age band – Would be a new group made up members already identified from the community

CHIP Plan Reboot – Team Roles

Review the results of the 2019 Community Health Assessment (CHA) to establish health priorities for the community

- An existing group of community health leaders set preliminary goals and has asked that the age band teams review them
- The teams before used a Strategic Framework to define Goals, Objectives, Strategies and Activities for the plan
- Our belief is we need a much more focused plan this time, 2 goals, 3-5 Objectives and Strategies and under 20 activities for each age band.

CHIP Plan Reboot – Next Steps

- After meeting this meeting, John and Lori will present the plan to the Hospital Commissioners (Today) and Board of Health.
- If there is agreement, we will begin to convene the teams and start the work of reviewing the CHA and developing the frameworks that are the basis for a revision of the full CHIP plan.
- We would like to have a draft of the plan by August 2021

CHIP Plan Reboot – Youth Age Band

- Youth Age Band to be formed out of the Children and Families workgroup.
- After reviewing all the data, there was consensus that the youth suicide data was the most alarming in our community.
- It is likely that an adolescent behavioral health sub-team will begin meeting before the main group meets.

CHIP – Youth Age Band, ICC Members

Name	Affiliation
Kate Dean	Jefferson County BOCC
Aleah Pine	Thriving Together
Barb Carr / Daryl Thomas	Jefferson County Juvenile Services
Beulah Kingsolver	Dove House
Apple Martine	Jefferson County Public Health
Cherish Cronmiller	OlyCAP
Ciela Meyer	OESD, Chimacum Schools
Jean Scarboro	Jumping Mouse
Jennifer James Wilson	PTSD
Natalie Maitland	Fort Worden
Pam Roberts	
Sarah Rubenstein	PTSD
Trish Breatherd	Brinnon Schools
Wendy Bart	YMCA
Mitch Brennan	Chimacum Schools
Tamara Meredith	Jefferson County Library
Jenny Vervynck	PTSD
David Codier	Department of Emergency Management
Denise Banker	Jefferson County Public Health
Anne Koomen	Jefferson Healthcare

CHIP – Youth Age Band, Possible sub-team members

Name	Affiliation
Kate Dean	Jefferson County BOCC
Barb Carr	Jefferson County Juvenile Services
Cynthia Osterman	**Benji Project**
Denise Banker / Apple Martine	Jefferson County Public Health
Jim Novelli	DBH
Ciela Meyer	OESD, Chimacum Schools
Jean Scarboro	Jumping Mouse
Trish Beathard	Brinnon Schools
Jenny Vervynck	PTSD
Julie Canterbury	MCS Counseling
Dr Molly Parker	Jefferson Healthcare
Alexandra Murphy	Community Therapist
Anne Koomen	Jefferson Healthcare

CHIP Working Age Band – Sub Team of BHC

- Because many of the prioritized issues in the Working Age Band are related to Behavioral Health, we see this team as a sub-team of the Behavioral Health Consortium (BHC).
- We will invite BHC team members that would like to develop the Community Health Improvement Plan for the working age will participate
- Lori and I see this team meeting for an additional 30 minutes after most BHC meetings, and an occasional separate meeting

CHIP Elder Age Band – A brand new team

- There does not appear to be any teams currently in operation that seem to be focused on the issues of the elder members of our community, which underscores why we need one.
- Possible team members include:

Name	Affiliation
Jud Haynes	PTPD Navigator
Jody Moss	OAAA
Troy Surber	PTPD
Vicki Kirkpatrick	JCPH
Sheriff Joe Nole	Sheriff's office
Kim Rafferty	JCPH
Dunia Faulx	JHC
Mary Winters	Avamere Nursing Home
Pete Brummell	EJFR
Anna McEnery	Developmental Disability
Nancy McGonagle	SHIBA
Pam Adams	City of Port Townsend
Jim Novelli	DBH
Scott Clifton	Veterans Group
Greg Brotherton	County BOCC
Heather Freund	Dove House's (Vulnerable Adult Taskforce)
Julia Danskin	Department of Emergency Management
Miranda Nash	Transit

CHIP Planning Reboot – Timeline

Age Band Teams would start to meet between now and the end of the year:

- Review data, previous work, establish priorities and develop an action plan
- Develop goals, strategies and activities to support the Plan
- Generate a new CHIP document draft by August, 2021

We appreciate your support for CHIP’s work

We are grateful to continue this work with your support and invite your feedback on what has been presented today.

CHIP

Be Healthy Jefferson

Questions or Comments?

Thank You

Acronym Sheet

BH – Behavioral Health
BHC – Behavioral Health Consortium
CHIP – Community Health Improvement Plan
DUI – Driving Under the Influence
ED – Emergency Department
EJFR – East Jefferson Fire Rescue
EMS – Emergency Medical Services
JCPH – Jefferson County Public Health
JeffCo – Jefferson County
JHC – Jefferson Healthcare
HFPD – Health Facilities Planning and Development Consultants
HRSA – Health Resources and Services Administration
MAT – Medically Assisted Treatment
MH – Mental Health
OUD – Opioid Use Disorder
PTPD – Port Townsend Police Department
RHNDP-P – Rural Health Network Development Program – Planning
RCORP-P – Rural Community Opioid Response Program – Planning
RCORP-I – Rural Community Opioid Response Program – Implementation
SUD – Substance Use Disorder
TBH – To Be Hired
VOA – Volunteers of America – Crisis Line
Vol - Voluntary
Invol – Involuntary

Jefferson Healthcare

PATIENT STORY
Commission Meeting
November 25, 2020

Jefferson Healthcare

COVID-19

With an unknown virus knocking at our door and a national PPE shortage, Jefferson Healthcare was faced with a critical question:

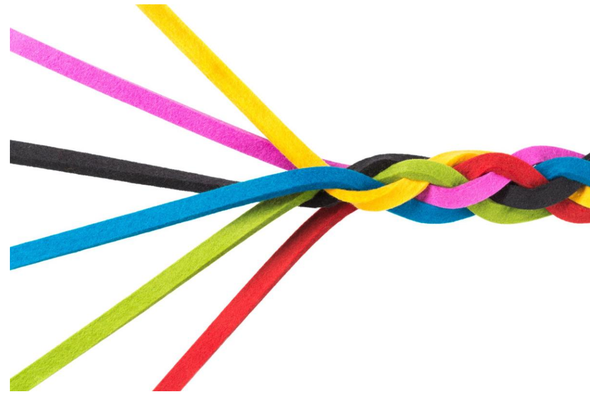
How do we keep our staff and patients safe?

- PPE supply
- Policy changes
- Workflow changes
- Adaptability
- Creativity
- Effective communication

Jefferson Healthcare

PPE Council

- Brings the PPE conversation to the front-line staff
- Creates inclusive, bidirectional communication across leadership and departments
- Allows front-line staff to:
  - Provide PPE feedback
  - Be PPE leaders in their specific departments
  - Be a part of process change
  - Brainstorm solutions from a front-line perspective



KARAH EALY, LEAD RN - JEFFERSON HEALTHCARE ICU

- “The importance of PPE during a pandemic can’t be understated- it’s what allows our frontline staff to continue to provide quality care to our community. ”

- “The PPE committee has been instrumental in connecting those making decisions to our bedside staff- and vice versa!”

- “We have been able to share challenges across departments and brainstorm solutions to keep our staff safe and confident in providing care. ”

- “Many of our staff used to struggle to remember to wear a face shield in patient rooms- now, it warms my PPE loving heart to see staff wearing their shields in rooms without a second thought!”

KARA O'CONNELL, CHARGE RN - JEFFERSON HEALTHCARE EMERGENCY DEPARTMENT

"These little spooks are my "why" PPE is so important. They count on me to adhere to PPE recommendations not only for myself but also for them. The PPE council focuses not only on staff safety but community safety. That way when we all get the chance to be together again, we will ALL be there. "

Jefferson Healthcare

WHAT WE'VE ACCOMPLISHED:

- Updated/revised multiple policies/procedures to align with COVID-19
- PPE Pop Up Stations for staff
- Created Summative PPE Use document
- Created the bowl/bag method for mask placement when not wearing
- Incorporating all things PPE for staff education during staff meetings/huddles
- Effective communication to staff, leaders and our community
- Creating FAQs
- Determining how to transport COVID+ patients within the Hospital
- Determining what PPE is appropriate for staff to wear during patient encounters (COVID+ or COVID-)
- PPE Quizzes and Competencies to ensure staff awareness
- Determined appropriate masking for visitors
- Created huddle brief forms to use during daily huddles to help identify if there are any changes in PPE
- Created department specific algorithms
- Helped connect staff to Employee Health to get FIT tested for N95 masks

Jefferson Healthcare

PPE COUNCIL

THANK YOU!

MEMBERS:

- Tina Toner, CNO
- Dr. Tracie Harris, Chief Quality Medical Officer
- Katie-Rose Fischer-Price, PPE Council Coordinator
- Andy Peasley, Practice Manager: JHSA
- Jaimie Hoobler, RN Clinical Manager: Medical Group
- Jess Cigalotti, RN Clinical Coordinator: Medical Group
- Julia Drew, Lead RN: JHSA
- Mike Glenn, CEO
- Mitzi Hazard, Director: Rehab
- Tracy Ware, PT Assistant
- Deb Lettau, Technical Lab Director
- Arabella Daubenberger, MA Phlebotomist
- Randy Holeman, Director: Diagnostic Imaging
- Larry Koch, Imaging Tech: Radiology
- Laura Showers, Infection Preventionist
- Jeinell Harper, Director: Infusion, Wound, Oncology
- Kara O'Connell, Charge RN: Emergency Department
- David Sharpe, RN: Emergency Department
- Andrew Skipper, RN: Surgical Services
- Alice Fox, Lead RN: Home Health & Hospice
- Karah Ealy, Lead RN: ACU
- Shannon Groff, CNO Administrative Assistant

Our PPE Council is made up of staff and leaders from the Medical Group, Hospital Operations, Ancillary Clinics, CNO and physician leadership.

Board of Commissioners
Patient Advocate
3rd Quarter Report

Jackie Levin, MS, RN

November 25, 2020

Jefferson Healthcare

Agenda

- Responsiveness to Patient Feedback
- Distribution of Care Provider Concerns
- Trends by Service Area
- Patient Advocate Additional Responsibility
- LGBTQ Health Equity Task Force

Data Highlights
3rd Q 2020

Average time to close: 15.7 days

High: >30 (6)

Low: 0

Average time acknowledgement 2.1 days.

High: 7

Low: 0

Total number of concerns for this quarter

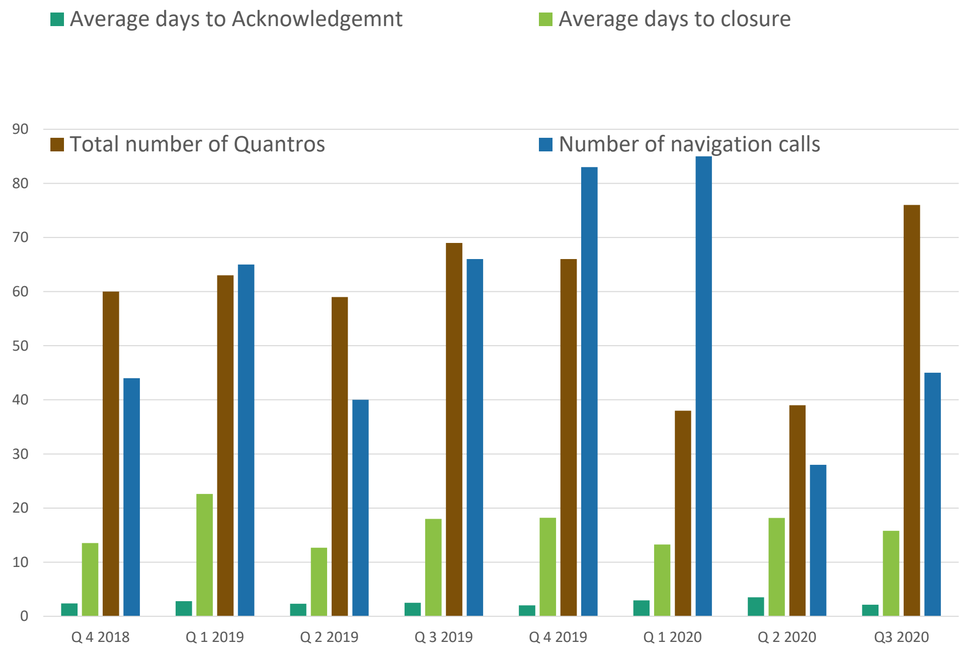
#76

100% increase

Patient Navigation Calls:

 # 45

The Highlights—3rd Q 2020



Days to Acknowledgement

- Q 3 H = 7 Days
- Q 3 L = 0 Days
- Q 3 Ave = 2.1 Days

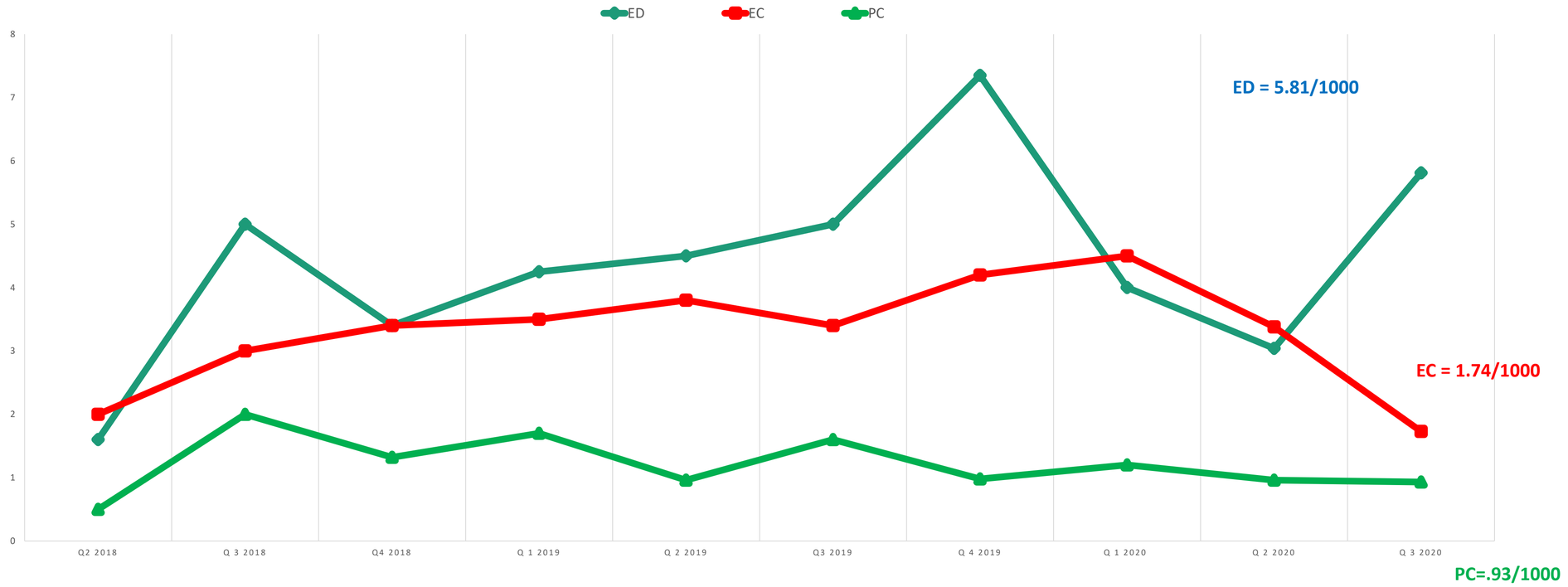
Days to Closure

Q 3 H = 42 D (6 > 30 Days)

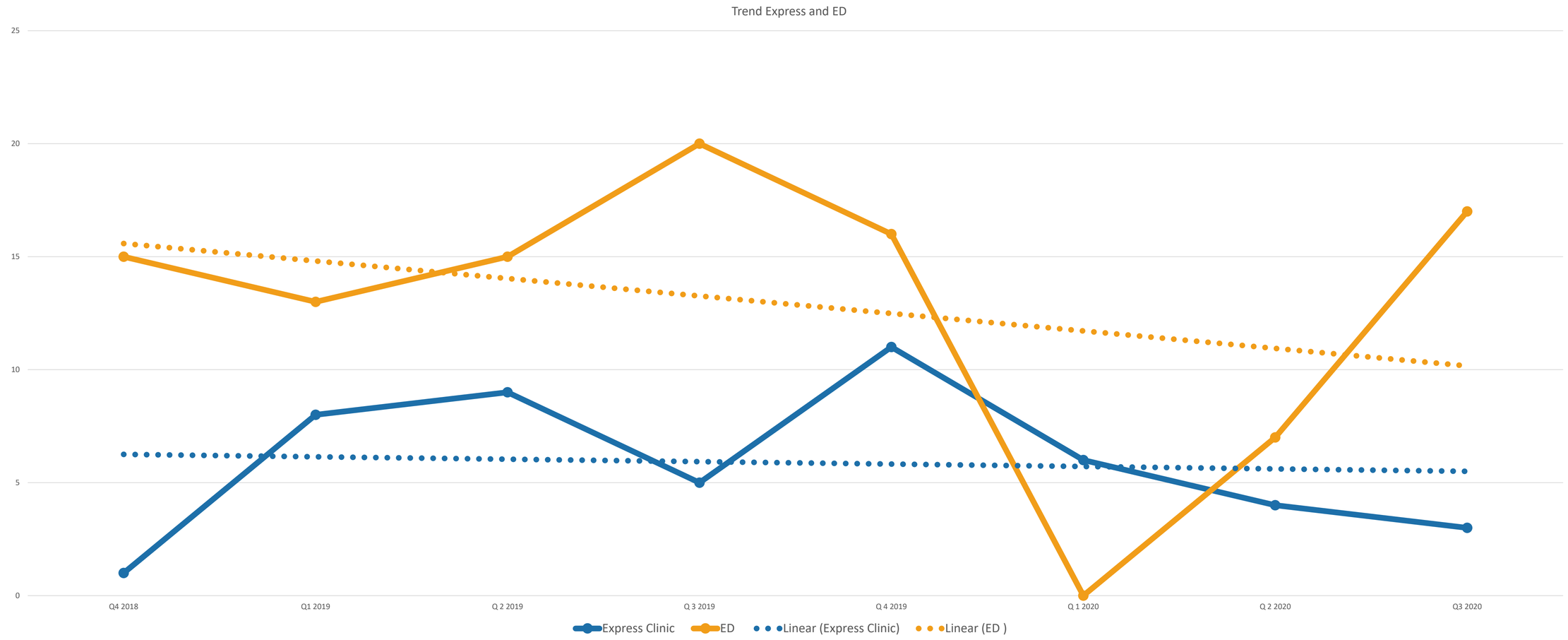
Q 3 L = 0 Days

Q 3 Ave = 15.7 Days

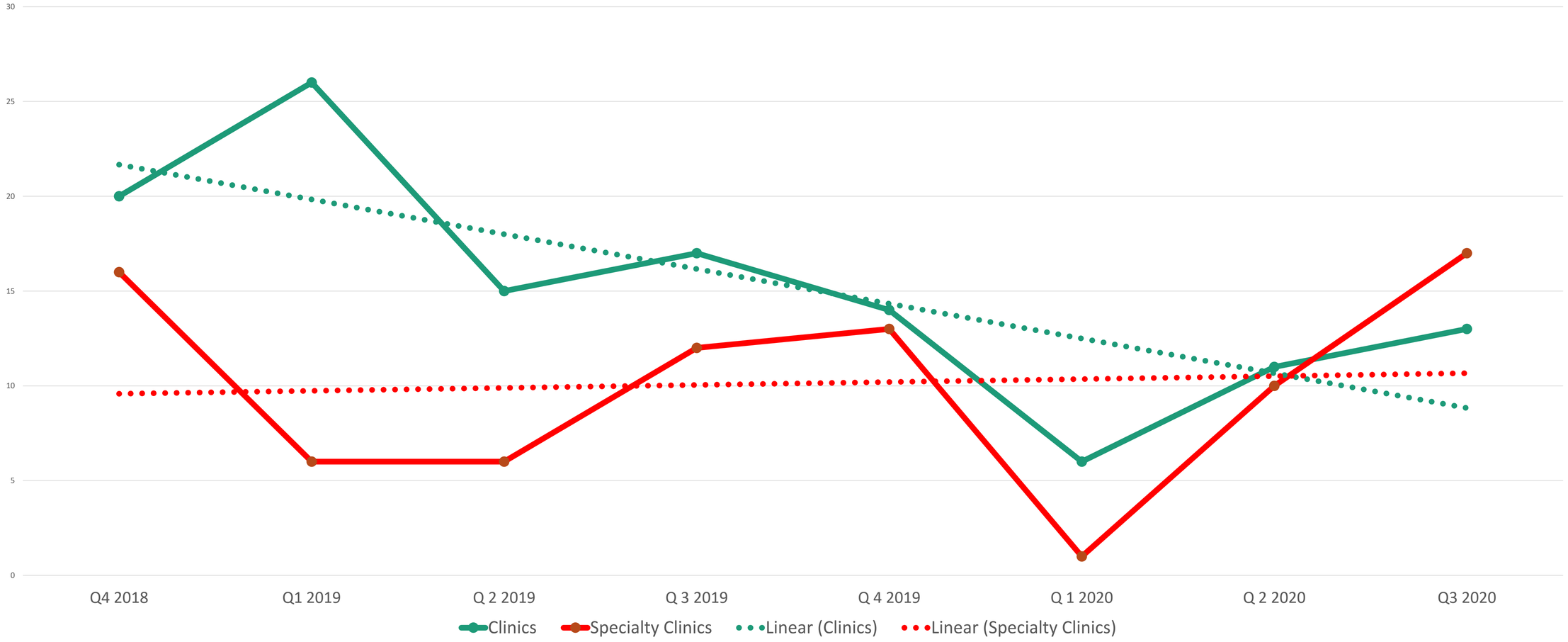
ED, PC and EC Concerns/1000 visits



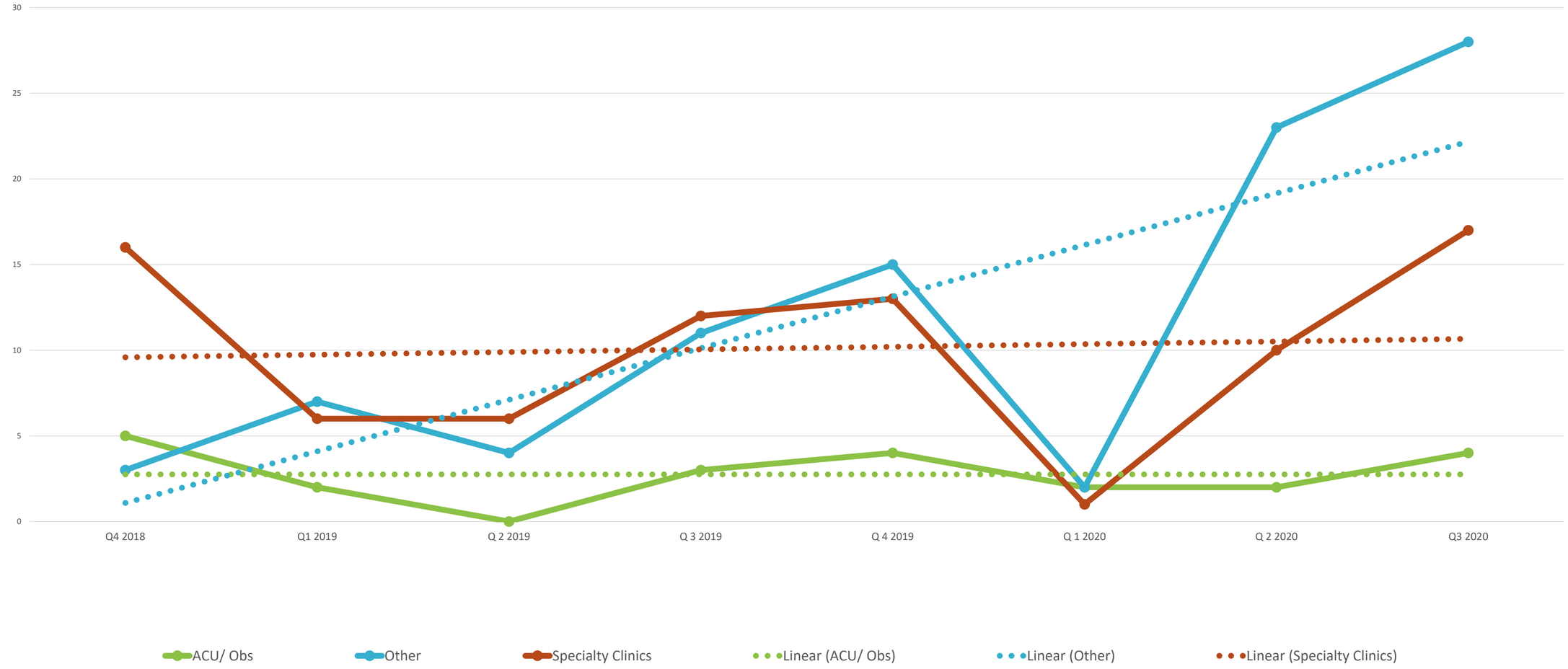
Trend by Service Area
Express Clinic and ED



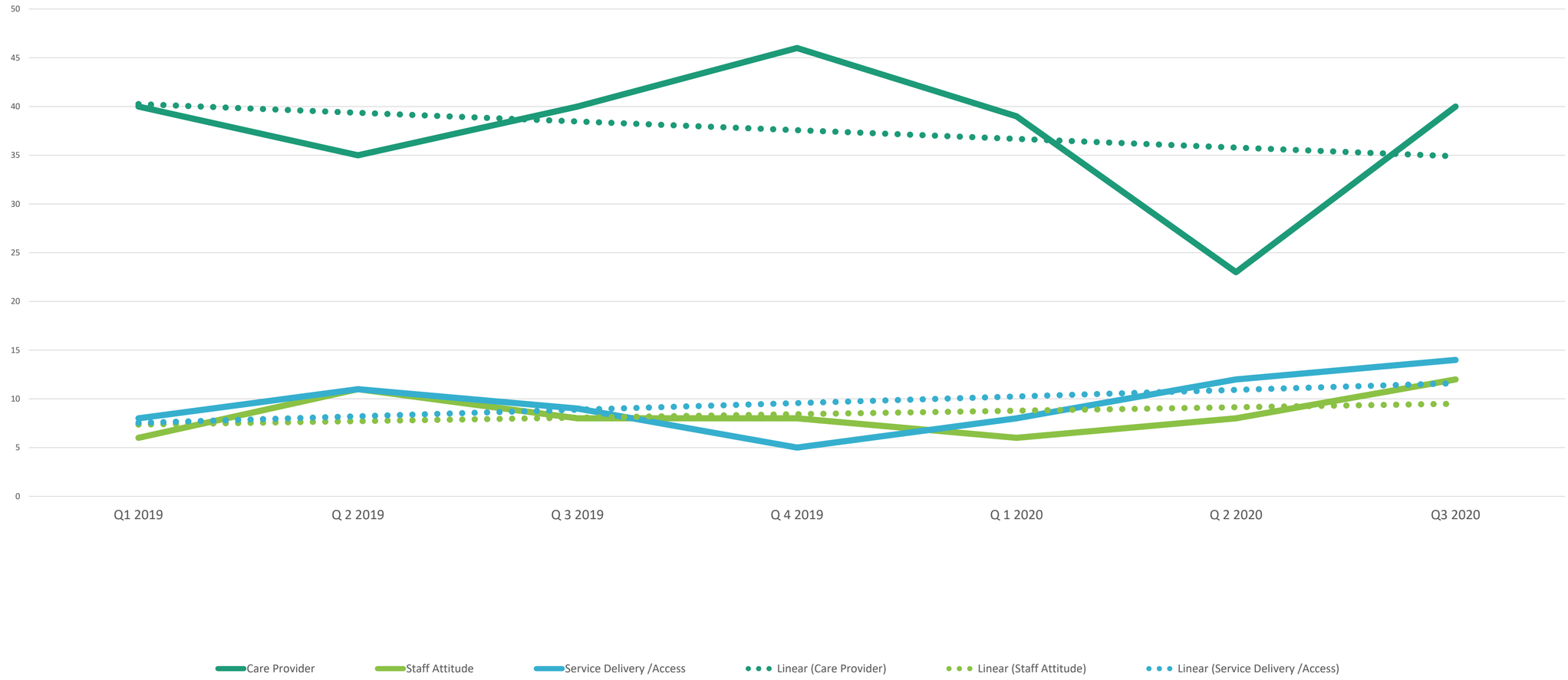
Trend by Service Area:
PCP and Specialty Clinics

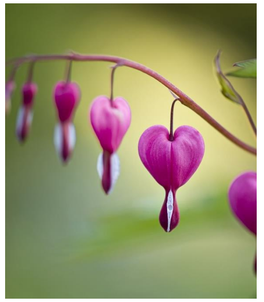


Trends: ACU/OBS, Specialty Clinics, Ancillary/Surgery/Rehab

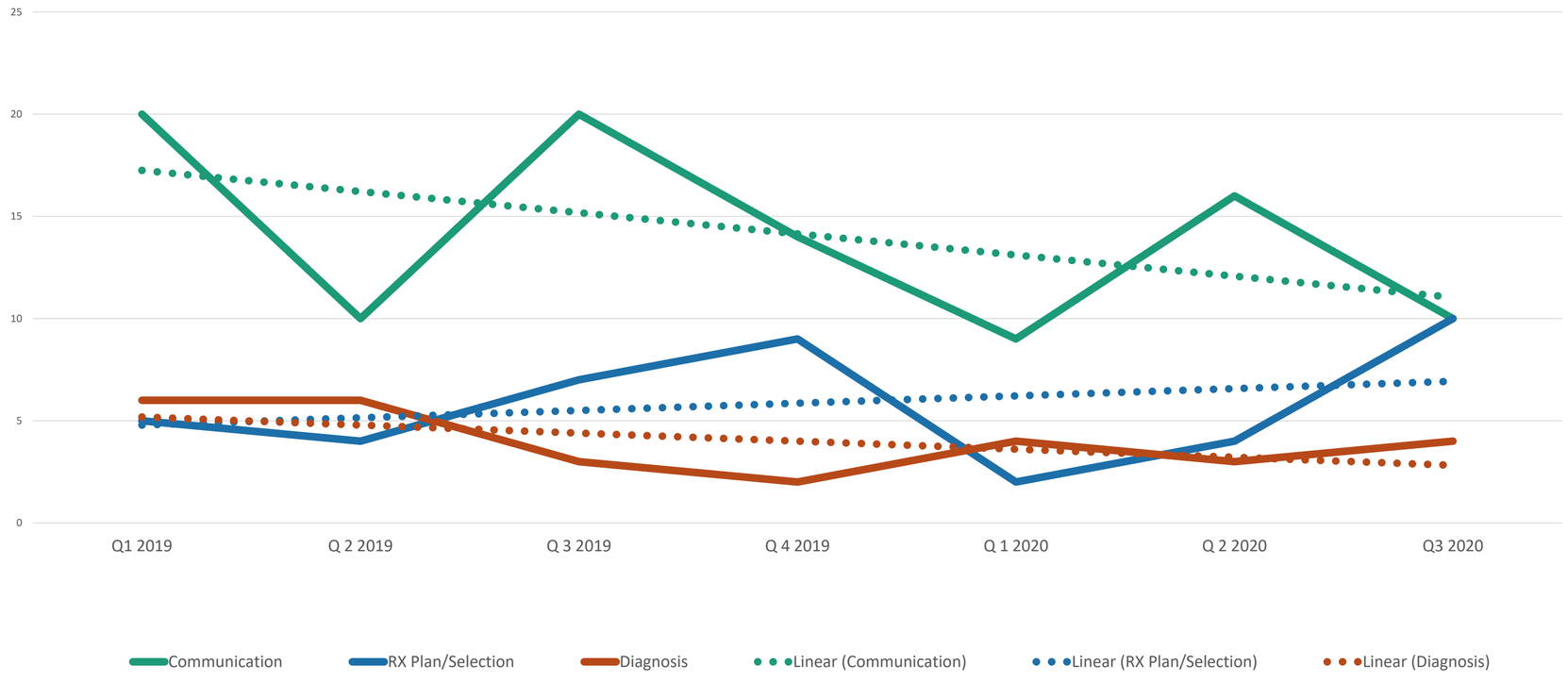


Trends by **Type** of Concerns

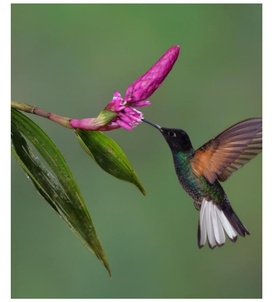


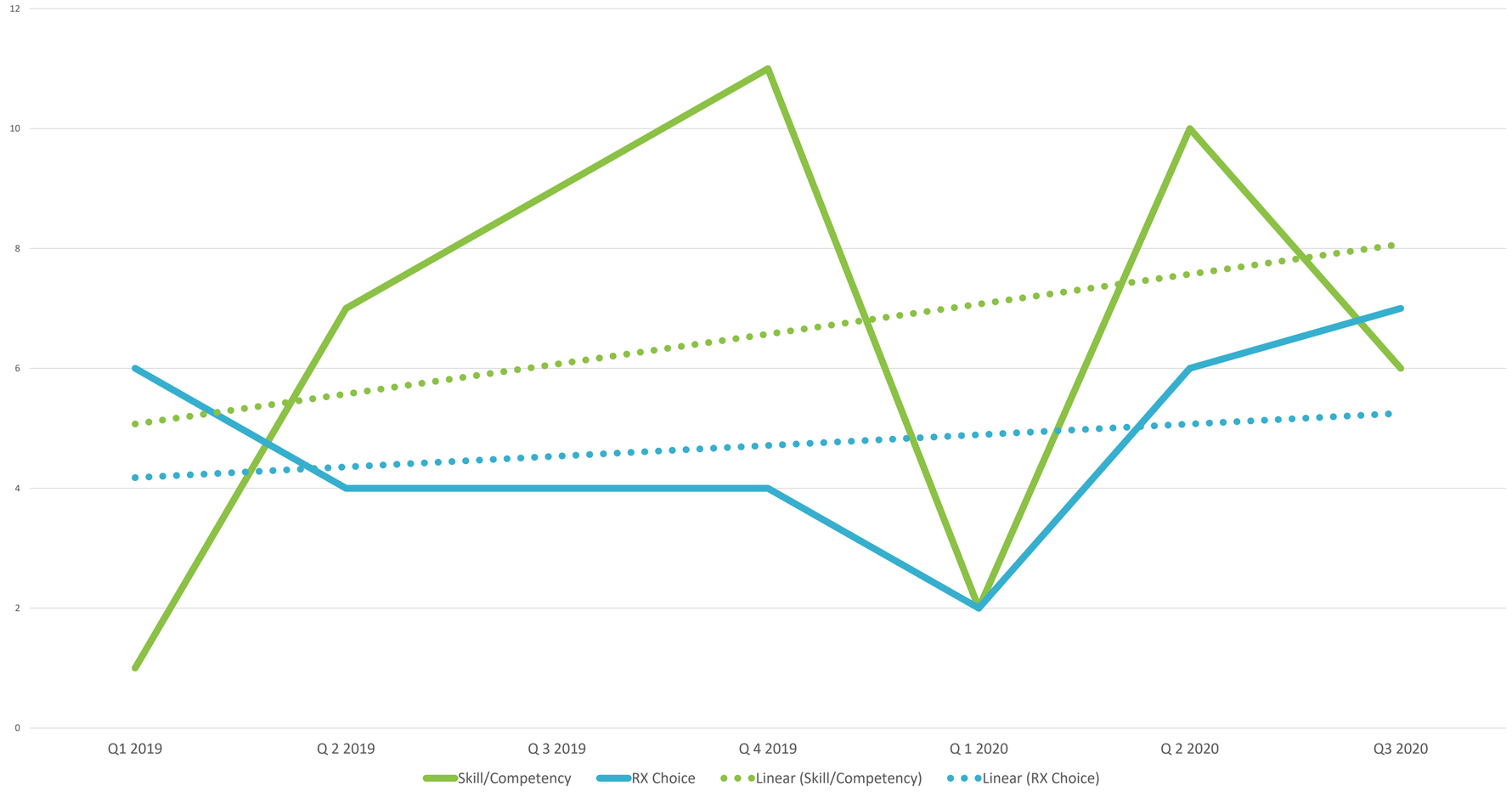


Provider Issues:
How patients frame their concerns



Provider Issues:
How patients frame their concerns





Common Concerns Resolved & New

- Masking –rarely an issue now
- Screening Station
  - Advancing training and support- minimal concerns
- Registration
  - Review of scheduling/staffing ongoing
- Screening for COVID Symptoms at PCP/EC

Patient Family Advisory Council

- Virtual Meetings
- Open Notes
- Drive Thru Flu Vaccine

LGBTQ+ Health Equity Task Force

- HEI Leader Award 2020 100%!
- Now is an every 2-year process
- Primary Care Education Gender-Affirming Care for Youth through Seattle Children's Gender Center with Dr. Haycox
- Several navigation calls each month

Questions or Comments?

Jefferson Healthcare

October 2020 Finance Report

November 25, 2020

Hilary Whittington, CAO/CFO

2 fun facts

Education

Infor System Upgrade

1. *Overview of system upgrade*
2. *Changes in reporting*

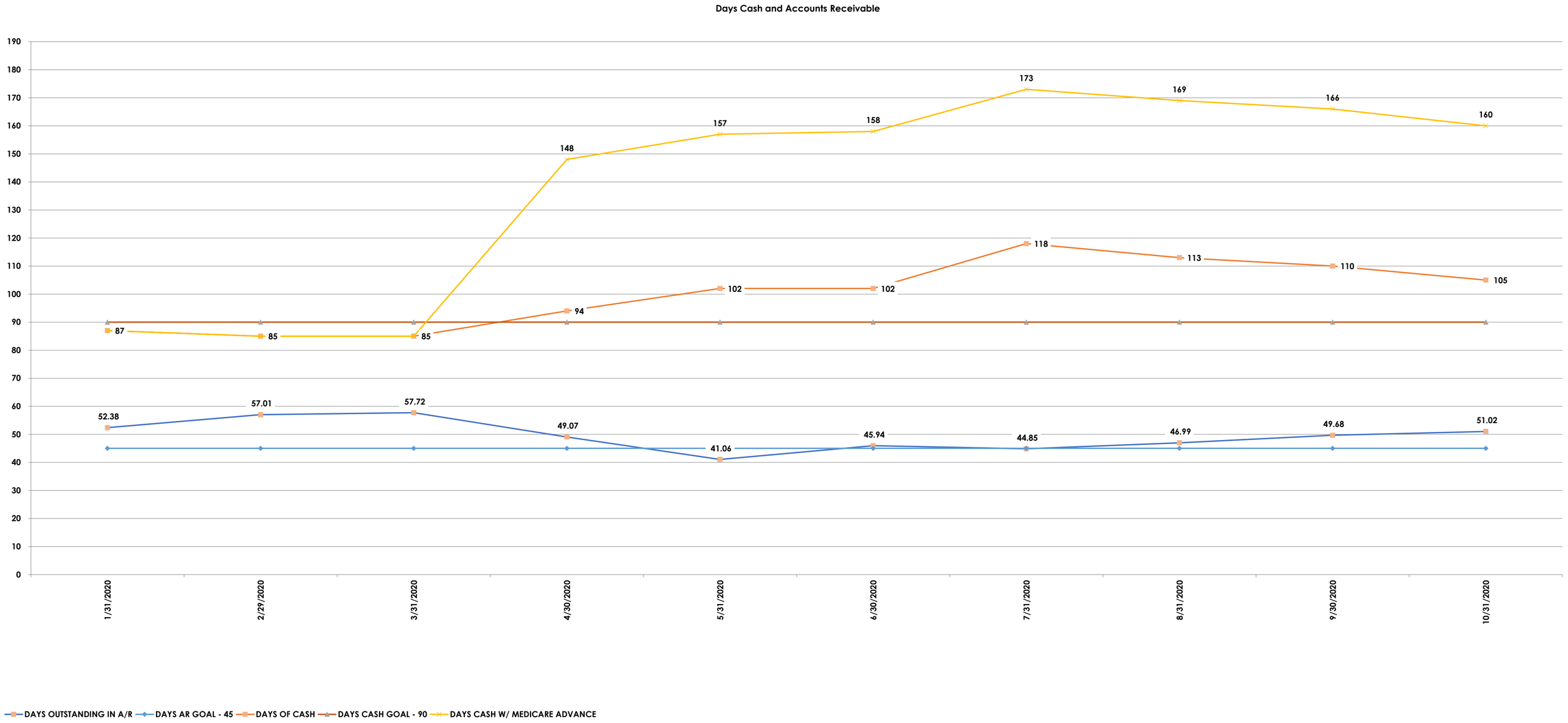
October 2020
Operating Statistics

STATISTIC DESCRIPTION	OCTOBER 2020						OCTOBER 2019			
	MO ACTUAL	MO BUDGET	% VARIANCE	YTD ACTUAL	YTD BUDGET	% VARIANCE	MO ACTUAL	% VARIANCE	YTD ACTUAL	% VARIANCE
FTEs - TOTAL (AVG)	623	625	0%	603	625	4%	584	-7%	571	-5%
ADJUSTED PATIENT DAYS	2,586	2,498	4%	18,919	24,581	-23%	1,986	30%	21,562	-12%
ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	50	84	-40%	571	828	-31%	55	-9%	705	-23%
ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	283	347	-18%	2,520	3,415	-26%	312	-9%	3,202	-27%
PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION	345	461	-25%	3,243	4,535	-28%	387	-11%	4,065	-25%
SURGERY CASES (IN OR)	120	118	2%	1,031	1,160	-11%	120	0%	1,083	-5%
SPECIAL PROCEDURE CASES	69	73	-5%	570	718	-21%	70	-1%	684	-20%
LAB BILLABLE TESTS	22,406	19,809	13%	184,611	194,892	-5%	18,532	21%	184,834	0%
TOTAL DIAGNOSTIC IMAGING TESTS	2,992	3,103	-4%	26,596	30,537	-13%	2,950	1%	28,610	-8%
PHARMACY MEDS DISPENSED	19,871	22,497	-12%	185,404	221,346	-16%	21,409	-7%	219,118	-18%
RESPIRATORY THERAPY PROCEDURES	2,375	3,963	-40%	24,154	38,987	-38%	3,003	-21%	35,344	-46%
REHAB/PT/OT/ST RVUs	9,166	9,192	0%	77,069	90,434	-15%	9,037	2%	86,504	-12%
ER CENSUS	931	1,096	-15%	9,066	10,784	-16%	1,133	-18%	10,705	-18%
DENTAL CLINIC	383	340	13%	2,672	3,342	-20%	208	84%	977	63%
TOTAL RURAL HEALTH CLINIC VISITS	5,943	6,609	-10%	51,940	65,015	-20%	5,854	2%	58,648	-13%
TOTAL SPECIALTY CLINIC VISITS	3,644	3,564	2%	30,336	35,065	-13%	2,949	24%	29,370	3%

October 2020
Income Statement Summary

	October 2020 Actual	October 2020 Budget	Variance Favorable/ (Unfavorable)	%	October 2020 YTD	October 2020 Budget YTD	Variance Favorable/ (Unfavorable)	%	October 2019 YTD
Operating Revenue									
Gross Patient Service Revenue	23,876,824	24,144,830	(268,006)	-1%	210,186,102	235,996,239	(25,810,137)	-11%	216,465,953
Revenue Adjustments	12,547,938	12,908,973	361,035	3%	112,860,286	126,174,802	13,314,516	11%	117,072,107
Charity Care Adjustments	173,225	233,516	60,291	26%	2,725,165	2,282,429	(442,736)	-19%	2,411,996
Net Patient Service Revenue	11,155,661	11,002,341	153,320	1%	94,600,651	107,539,008	(12,938,357)	-12%	96,981,850
Other Revenue	387,939	582,138	(194,199)	-33%	12,444,513	5,689,928	6,754,585	119%	6,431,109
Total Operating Revenue	11,543,600	11,584,479	(40,879)	0%	107,045,164	113,228,936	(6,183,772)	-5%	103,412,959
Operating Expenses									
Salaries And Wages	5,511,587	5,555,429	43,842	1%	53,287,617	54,299,839	1,012,222	2%	47,427,261
Employee Benefits	1,623,731	1,431,214	(192,517)	-13%	12,609,468	13,988,966	1,379,498	10%	11,696,088
Other Expenses	4,483,384	4,141,802	(341,582)	-8%	39,755,516	40,482,776	727,260	2%	39,722,132
Total Operating Expenses	11,618,702	11,128,445	(490,257)	-4%	105,652,601	108,771,580	3,118,980	3%	98,845,481
Operating Income (Loss)	(75,102)	456,033	(531,136)	-116%	1,392,563	4,457,356	(3,064,792)	-69%	4,567,478
Total Non Operating Revenues (Expenses)	(35,791)	(7,471)	(28,319)	-379%	(111,560)	(73,025)	(38,535)	-53%	190,633
Change in Net Position (Loss)	(110,893)	448,562	(559,455)	-125%	1,281,003	4,384,331	(3,103,328)	-71%	4,758,111
Operating Margin	-0.7%	3.9%	-4.6%	-116.5%	1.3%	3.9%	-2.64%	-67.0%	4.4%
Total margin	-1.0%	3.9%	-4.8%	-124.8%	1.2%	3.9%	-2.68%	-69.1%	4.6%
Salaries & Benefits as a % of net pt svc rev	-64.0%	-63.5%	-0.5%	-0.7%	-69.7%	-63.5%	-6.16%	-9.7%	-61.0%

October 2020
Cash and Accounts Receivable



October 2020
Board Financial Report

Dept#	Department	Account	Account Description	Oct Actual	Oct Budget	Oct Variance	2020 YTD Actual	2020 YTD Budget	YTD Variance
8612	BOARD	600010	MANAGEMENT & SUPERVISION WAGES	2,575	5,204	(2,629)	43,794	50,864	(7,070)
		601100	BENEFITS FICA	264	323	(58)	3,296	3,154	142
		601150	BENEFITS WA F&MLA	5	-	5	63	-	63
		601400	BENEFITS MEDICAL INS-UNION	4,880	4,271	609	48,762	41,745	7,017
		601600	BENEFITS RETIREMENT	-	260	(260)	-	2,543	(2,543)
		601900	BENEFITS EMPLOYEE ASSISTANCE	-	10	(10)	-	93	(93)
		602300	CONSULT MGMT FEE	-	2,117	2,117	-	20,697	(20,697)
		602500	AUDIT FEES	-	3,557	(3,557)	30,900	34,771	(3,871)
		604200	CATERING	-	125	(125)	105	1,223	(1,118)
		604500	OFFICE SUPPLIES	-	25	25	-	245	(245)
		604850	COMPUTER EQUIPMENT	-	83	83	-	815	(815)
		606500	OTHER PURCHASED SERVICES	504	834	(330)	477	8,155	(7,677)
		609400	TRAVEL/MEETINGS/TRAINING	-	1,669	(1,669)	5,578	16,309	(10,731)
Exp Total				8,228	18,479	(5,799)	132,975	180,614	(47,639)

November 2020
Preview – (*as of 0:00 11/25/20)

- **$22,500,000 in Projected HB charges**
  - Average: $750,000/day (HB only)
  - Budget: $760,420/day
  - 98% of Budget
- **$8,656,382 in HB cash collections**
  - Average: $301,527/day (HB only)
  - Goal: $335,524/day
- **45.5 Days in A/R**
- **Questions**

Jefferson Healthcare

Patient Safety and Quality Report

Presented by Brandie Manuel, Chief Patient Safety and Quality Officer

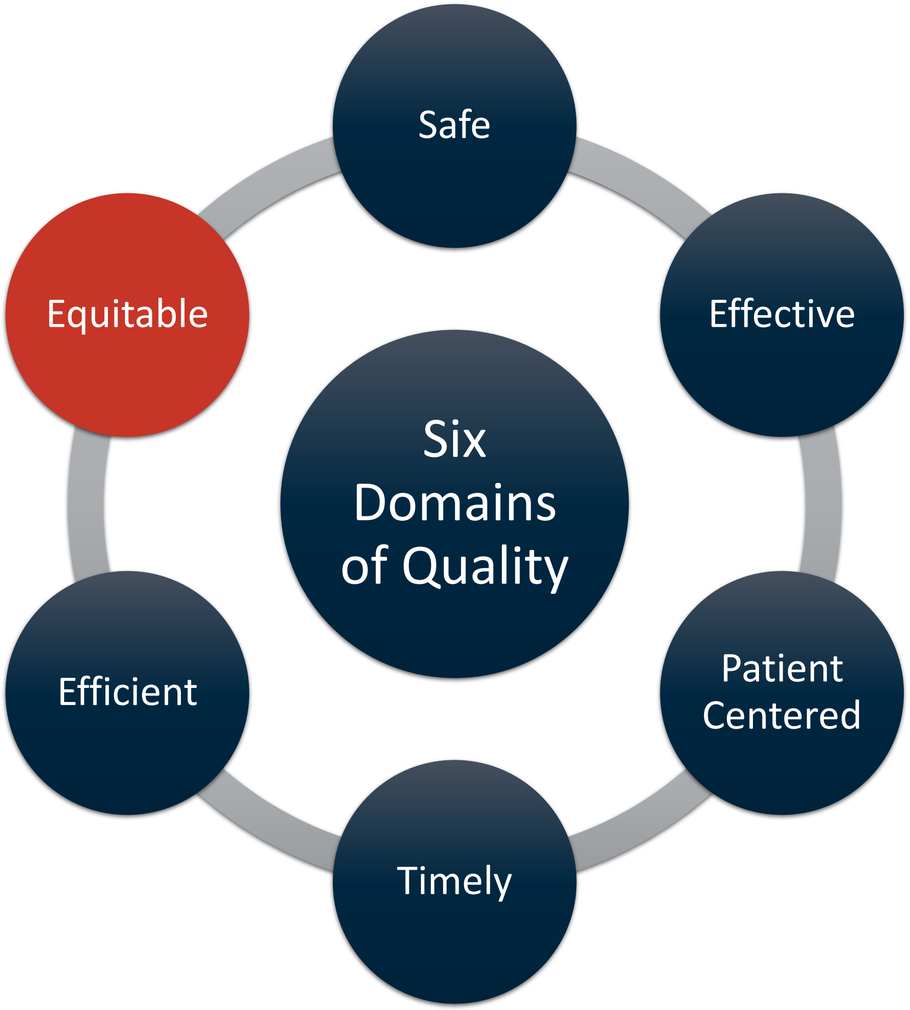
November 25, 2020

Agenda

- Patient Safety and Quality Performance
- Quality Highlight: Health Equity
- Service: In the Words of our Patients
- Other News

	Goals	Strategy	Initatives	Targets
Quality and Safety	Provide the Highest Quality, Safest Care	Drive Best Practice Clinical Care	Achieve zero harm events	Zero avoidable healthcare acquired harm events
				Healthcare Acquired C.Diff
		Achieve Excellent Quality Outcomes	Antimicrobial Stewardship	1. Meet Tier II Antimicrobial Stewardship Requirements 2. Inpatient Days of Therapy below target 3. Ambulatory avoidance of antibiotics for URI
			Implement and adhere to evidence based practices	90% or greater compliance with core measures
		Enhance Culture of Safety	Workplace Violence Prevention (Initiative)	Zero Incidents of Workplace Violence
			Leader Rounding	Weekly Rounding Compliance
		Align care with patient goals	Implement a palliative care program	Readmission rate < 12%

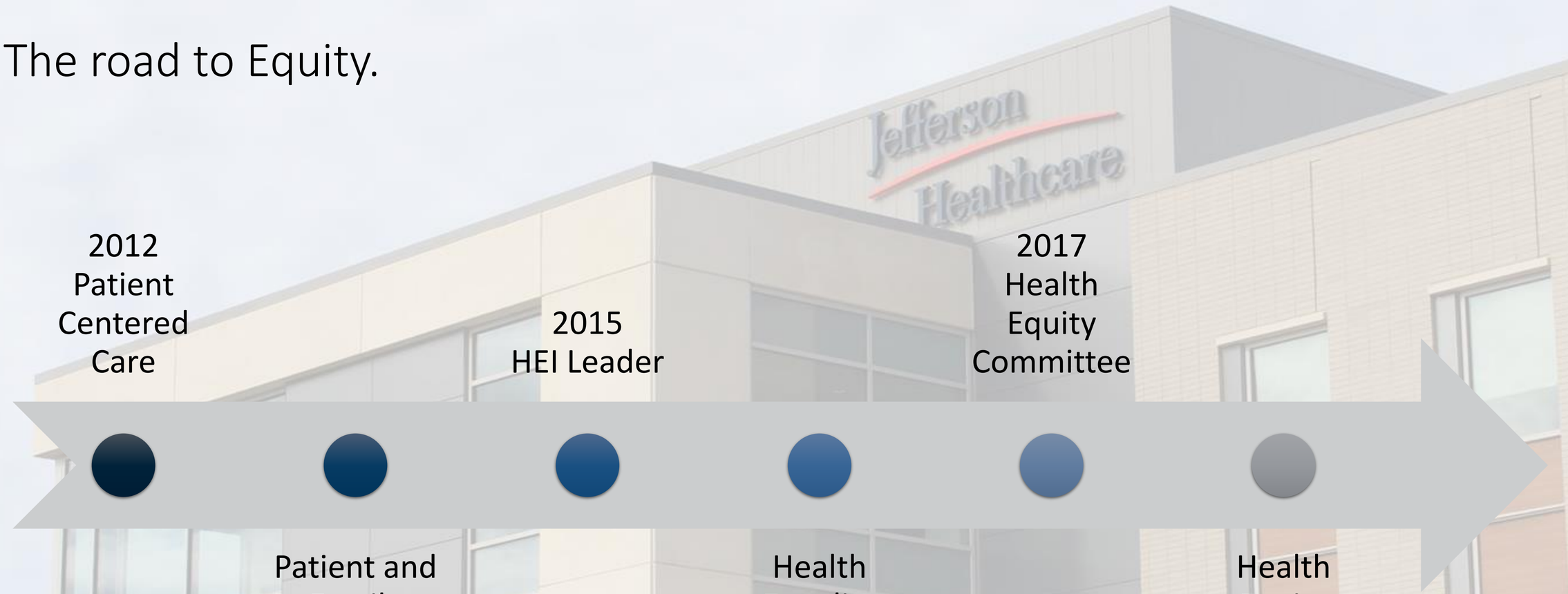
Health Equity – the sixth aim.



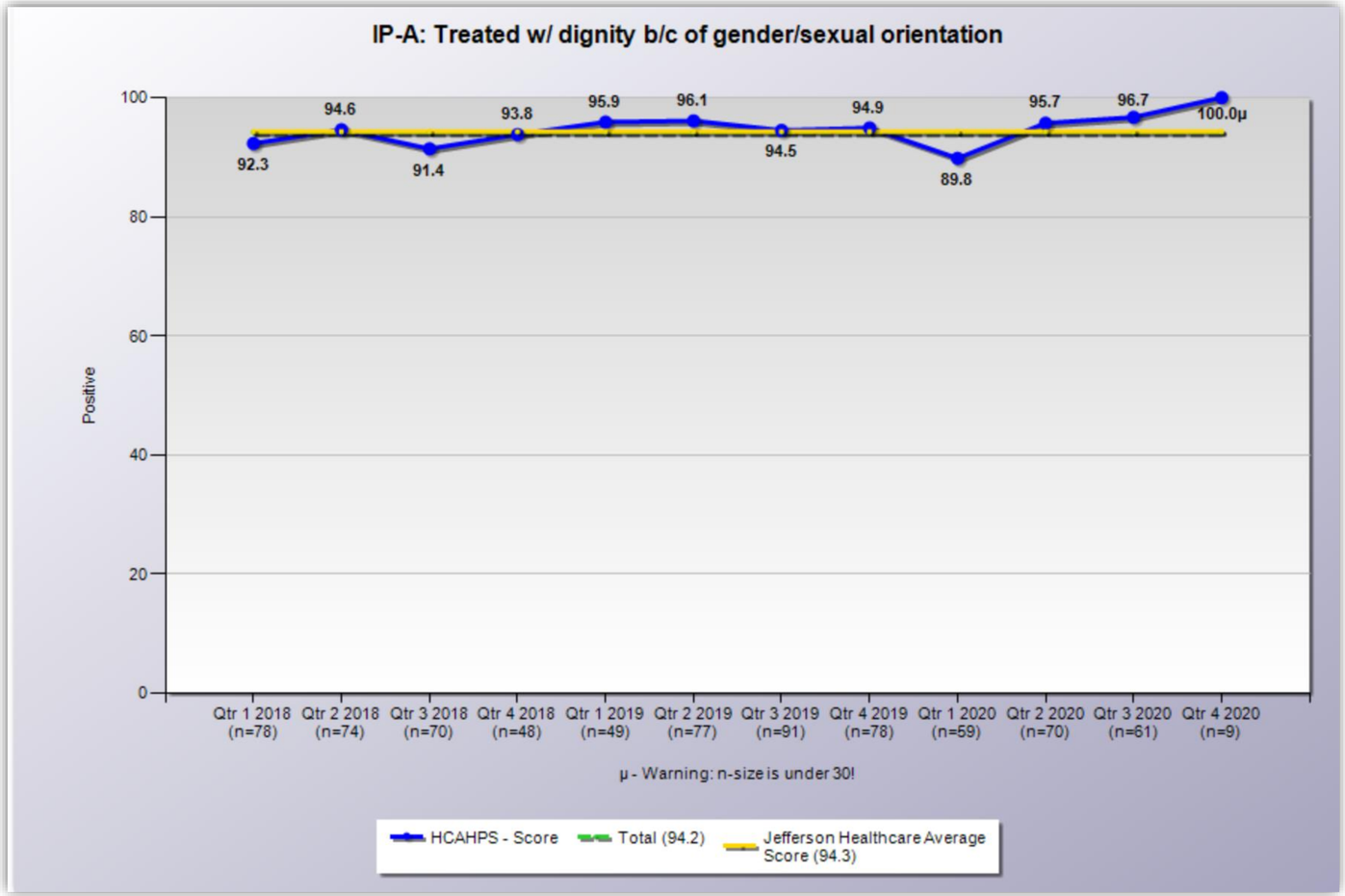
Institute of Medicine

Equitable: Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

The road to Equity.

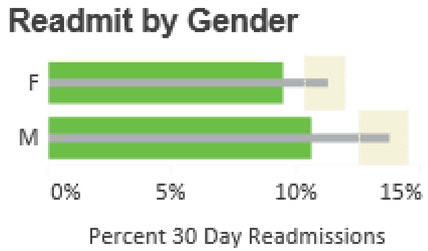


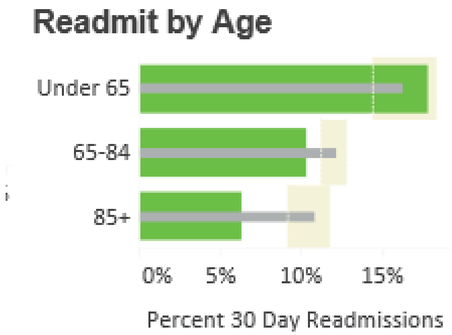
How have we done?

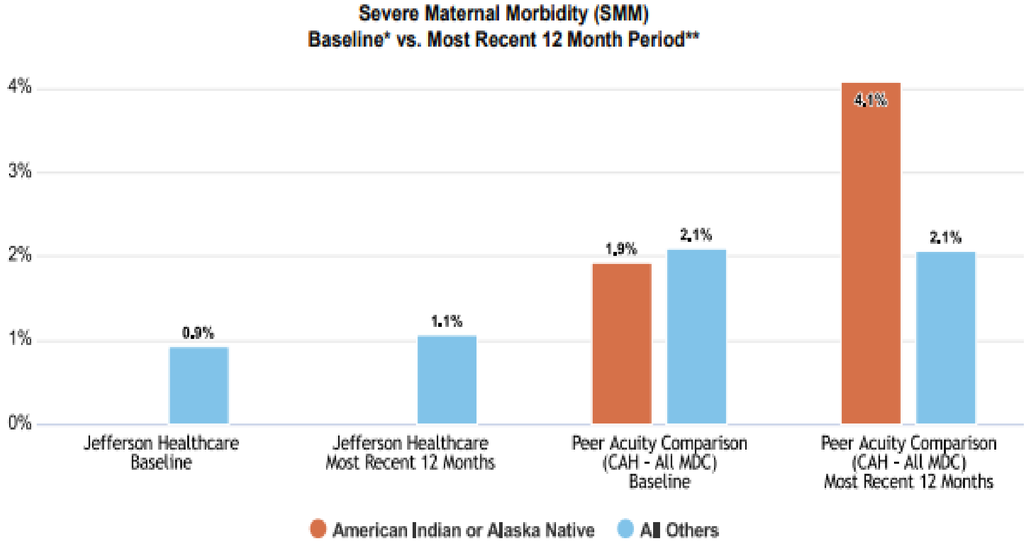


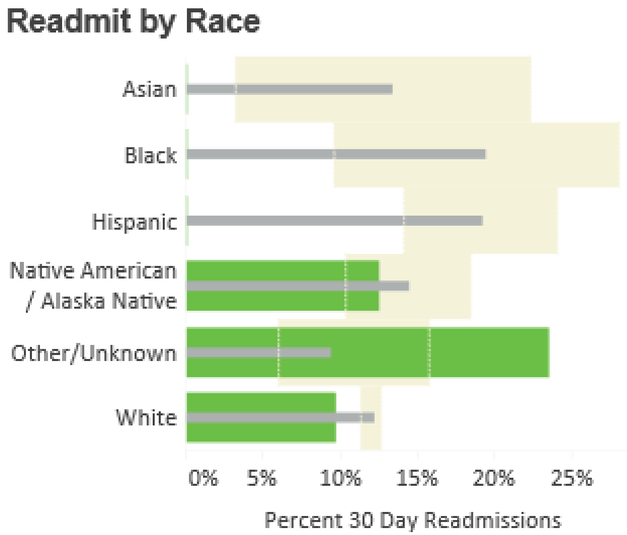
HEALTHCARE EQUALITY INDEX™
HUMAN RIGHTS CAMPAIGN FOUNDATION
2019
LGBTQ HEALTHCARE EQUALITY
LEADER

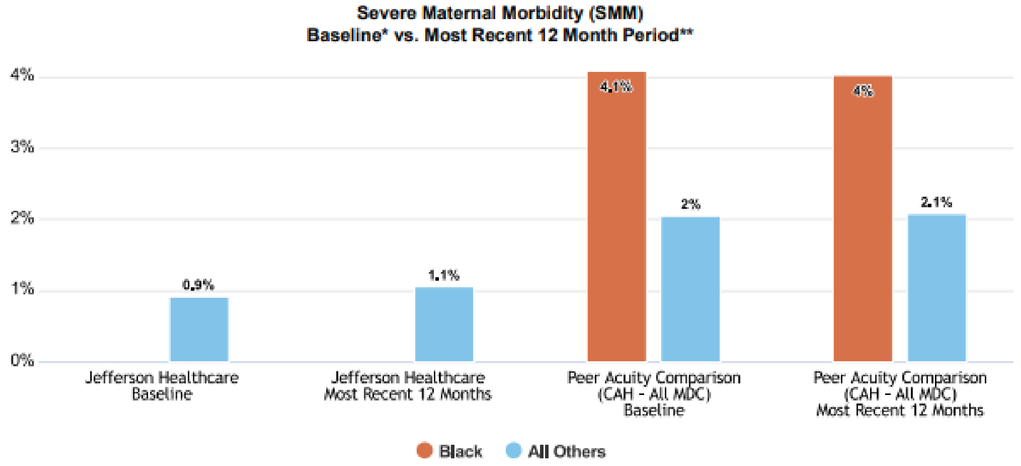
Assessing Health Equity





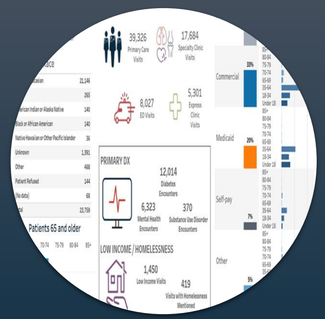






Your Hospital Other Hospitals 95% Confidence Interval (for Combined Statewide data)*

Milestones on our journey



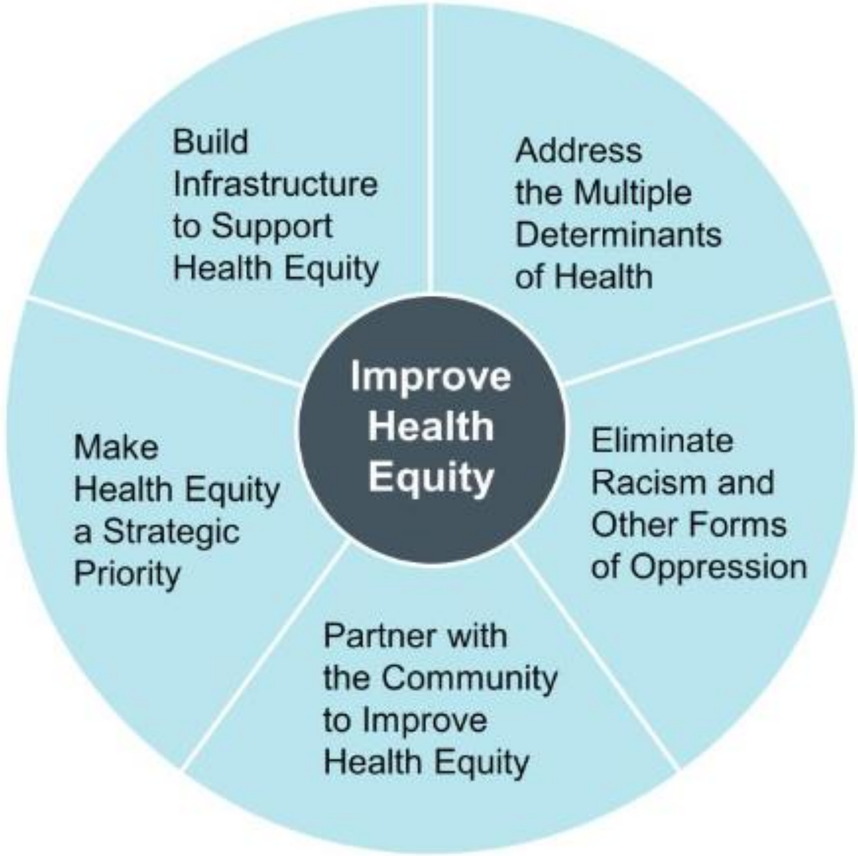
Data

Voices

Strategic Priority

Equity 2.0

Name	Role
Mike Glenn, CEO	Executive Sponsor
Dunia Faulx, Director Pop. Health	Team Lead
Tina Herschelman	Team Manager
Chris Harris, Dietary Cook	Key Team Member
Jackie Levin, Patient Advocate	Patient/Community Liaison
Adam York, Data Analyst	Data & Measurement Lead
Brandie Manuel, Chief Quality Officer	Quality Improvement Lead
Joe Mattern, MD, CMO	Clinical Lead
Caitlin Harrison, CHRO	Content Expert, Human Resources
Molly Parker, CMO Pop. Health	Content expert, Clinical/ SDoH



In the words of our patients.

- Extreme caution displayed regarding pandemic methods. Therapist willing to explain the science of my treatment for muscle groups. She's pretty neat!
- Just wanted to comment that I have been delighted with how nicely & professionally I have been treated anywhere in this health system. People all seem to be happy to work here & be in Port Townsend.
- Covid 19 procedures seemed to be working very well. Staff was being diligent about wiping chairs, etc.
- Great job under really weird circumstances!
- The care was absolutely life saving what I thought was an asthma attack turned out to be multiple pulmonary embolism - Jefferson healthcare arranged treatment by ambulance
- I very much appreciate having such a quality hospital in our area.
- Dr. Heistand is brilliant, insightful, expert and professional

Jefferson Healthcare

Current Focus Areas

Safe care in a COVID19 world.

Health Equity	Patient Safety	Accreditation
COVID, Cancer, Readmissions	Infection Control, Medication Safety, Highly reliable systems, data transparency	DNV NIAHO, CIP, HKRC, ISO, Cancer Accreditation, CAP


Healthcare
Medical Center
EMERGENCY
Main Entrance
Water Side
Entrance
Receiving

Questions?

Jefferson Healthcare

Administrative Report

November 25, 2020

Mike Glenn, CEO

Admin Report

- CASSO Position
- Update on Governors Proclamation
- Washington Medical Coordination Center
- COVID update
- Other

The CASSO Position

- SLG Member

- Oversees Lab, Diagnostic Imaging, PT & Rehab and Pharmacy

- Will assume oversight over Environmental Services, Facilities and Cafeteria 1st Quarter 2021.

- The successful candidate is Jake Davidson, MHA. He is currently our Executive Director of Medical Group and will likely assume his new role January 2021.

Update on Governors Proclamation

JAY INSLEE
Governor

STATE OF WASHINGTON
OFFICE OF THE GOVERNOR
P.O. Box 40002 • Olympia, Washington 98504-0002 • (360) 902-4111 • www.governor.wa.gov

PROCLAMATION BY THE GOVERNOR
AMENDING AND EXTENDING PROCLAMATIONS 20-05 AND 20-24

20-24.2
Reducing Restrictions on, and Safe Expansion of,
Non-Urgent Medical and Dental Procedures

WHEREAS, on February 29, 2020, I issued Proclamation 20-05, proclaiming a State of Emergency for all counties throughout Washington as a result of the coronavirus disease 2019 (COVID-19) outbreak in the United States and confirmed person-to-person spread of COVID-19 in Washington State; and

WHEREAS, as a result of the continued worldwide spread of COVID-19, its significant progression in Washington State, and the high risk it poses to our most vulnerable populations, I have subsequently issued several amendatory proclamations, exercising my emergency powers under RCW 43.06.220 by prohibiting certain activities and waiving and suspending specified laws and regulations; and

WHEREAS, the COVID-19 disease, caused by a virus that spreads easily from person to person which may result in serious illness or death and has been classified by the World Health Organization as a worldwide pandemic, has broadly spread throughout Washington State, significantly increasing the threat of serious associated health risks statewide; and

WHEREAS, the health care personal protective equipment supply chain in Washington State has been severely disrupted by the significant increased use of such equipment worldwide, such that there are now critical shortages of this equipment for health care workers. To curtail the spread of the COVID-19 pandemic in Washington State and to protect our health care workers as they provide health care services, it is necessary to prohibit all medical, dental and dental specialty facilities, practices, and practitioners in Washington State from providing non-urgent health care and dental services, procedures and surgeries unless specific procedures and criteria are met; and

WHEREAS, the extensive public-private collaboration between our state and local governments, and the state's hospitals, health systems, and other providers of clinical services in addressing the health care issues created for people and communities by the COVID-19 pandemic is commendable; and

WHEREAS, Washington State's collaborative approach has been effective in addressing the significant public health issues associated with the disease, while greatly expanding the clinical and operational capacity of the health system to effectively care for COVID-19 patients and safely provide

Washington Medical Coordination Center

Washington Medical Coordination Center

24/7 Availability: 206-520-7222 | 877-520-7222

Overview and Purpose

The Washington Medical Coordination Center (WMCC) was adapted from the Disaster Medical Coordination Center (DMCC) model to place COVID-19 patients requiring acute emergency department or inpatient hospital care in an equitable manner throughout Washington State. It is designed to balance patient placement to individual or multiple hospitals with sufficient capacity in order not to strain the resources of any single hospital or small group of hospitals. While DMCCs are primarily activated in short-term acute incidents, the WMCC is an ongoing service to help manage the healthcare impact of patients requiring hospital-level care. The WMCC was created during the initial COVID outbreak as the Regional Covid-19 Coordination Center (RC3) with a focus on assisting western Washington healthcare partners but has now evolved with the pandemic to support all Washington State healthcare facilities.

Scope

The WMCC is designed to place patients from any hospital or long-term care facility requiring the non-emergency transfer of a resident(s) or patient(s) to an acute care hospital. The WMCC can support placing several patients at one time or can assist smaller facilities by placing fewer patients as resources allow. The center will also serve as a coordination hub for decompressing hospitals at or beyond capacity by placing patients from impacted acute care hospitals to similar settings as requested. The WMCC supports patient transfers by working directly with facility transfer centers and referring clinicians. It is not meant to take precedence over the placement strategies that may occur within a hospital system; rather, the WMCC supports facilities when standard resources and facilities are unable to meet current needs.

Coordination & Clinical Guidance

Once a facility, health system or EMS agency identifies the need to contact the WMCC, the following protocols will be used for identifying patient placement:

- WMCC assistance is available 24 hours per day by calling (877) 520-7222. During low call volume periods the initial call may be routed to the Northwest Healthcare Response Network Duty Officer who will collect basic patient and caller information for routing to WMCC Clinical staff.
- WMCC staff will discuss patient demographic and clinical information with the referring provider.
- The WMCC determines appropriate bed placement based on patient acuity, facility capability and capacity as reported by WATrac, WAHEALTH and regional/facility updates provided directly to WMCC staff, healthcare coalition staff or other relevant partners.
- The referring provider is connected with the receiving hospital for report and final acceptance (the referring facility arranges resident/patient transport).

COVID Update

- Incident Command Center meetings have expanded to 4 days per week. (Dr. Locke is now joining us)
- SLG has deferred all other priorities and goals to make space for Covid response planning and execution.
- Surge plans are being dusted off to accommodate more calls to our hotline, more patient/employee tracing activity and more patients through our Covid clinic, drive thru test station, ED and Express Clinic and inpatient units.
- PPE inventories and use protocols are being re-reviewed and reaffirmed to meet patient and staff needs.

COVID Update

- We/all hospitals are partnering with the Washington Medical Coordination Center (WMCC) to inventory, in real time, available beds and assist with transfers during period of high census.
- We are closely monitoring inpatient census activity and have voluntary reduction of elective services plans in place, should our Covid/ non Covid activity require.
- We are closely monitoring our work force to insulate and protect from occupational exposure and (what we are finding to be much more challenging) non occupational, community exposure.
- We are collaborating with Dr. Locke and PH to plan and (frantically) put together a large scale Covid vaccination delivery system.

Questions