



February-March 2018

Communicable Disease & Notifiable Conditions (3 programs-CD,TB,STD)

January-February, our **communicable disease (CD) program** nurse received 79 reports requiring data entry into the State database, and/or investigation and follow-up.

Disease	January-February	Total to date
Anthrax	Ruled out	0
Campylobacteriosis	9	9
Carbapenmase	Rulled out	0
Coccidiomycosis (Valley Fevery)	2	2
Cryptosporidiosis	1	1
Giardiasis	1	1
Hepatitis A	0	0
Hepatitis B	0	0
Hepatitis A	0	0
Hepatitis C- Chronic	23	23
Hepatitis C- Acute	0	0
Lyme	1	1
Salmonellosis	1	1
Tuberculosis- Ruled out	1	1
Tuberculosis-Latent new/open	0/1	0/1
Tuberculosis-Active new/open	0/1	0/1
Vibriosis (non-cholera)	1	1
Sexually Transmitted Diseases		
Chlamydia	30	30
Gonorrhea	7	7
Syphilis	0	0
Herpes	2	2
Totals	79	79

Maternal-Child Health (MCH)

Funding from the Substance Abuse Prevention Grant provided Incredible Years parenting curriculum and upcoming training for use with both the **Children with Special Health Care Needs (CSHCN)** program and the **Early Intervention Program EIP-CPS**.

Housing

Community lifeline opened their cold weather shelter November 1 for continuous stay. 92 different adults have used the shelter with 20 – 25 staying each night. The shelter has reached the capacity of 35 guests 5 times.

2018 PIT DATA - UNOFFICIAL

The annual Point in Time Homeless Census Count occurred January 25. This represents the minimum number of people that are experiencing homelessness on any given night in Mason County.

Unsheltered

	Shelton	Belfair	TOTAL	
Households	69	15	84	
Adults	77	16	93	
Youth/Children	11	1	12	
Unaccompanied Youth	0	0	0	
Chronically Homeless HH	45	12	57	68%
Chronically Homeless People	55	12	67	
Veterans	20	3	23	

Sheltered

	Adult	Youth	Children	TOTAL
Community Lifeline	28	0	0	28
Turning Pointe	18	0	19	37
Crossroads Shelter	9	1	17	27
Crossroads Transitional Housing	4	0	6	10
TOTAL				102

Total People	207
% Unsheltered	51%

For all of Mason County, the table below summarizes households that have experienced a housing crisis and contacted one of two entry points for Coordinated Entry:

How many people experienced a housing crisis?						
Coordinated Entry New Enrollments	July - August	Sept - October	Nov - Dec	Jan - Feb	6 month total	% of total HH
People	174	156	74	170	404	
Households	72	69	39	78	180	
Children	76	64	22	64	162	
Male	70	56	35	79	161	
Female	103	98	39	90	240	
Veteran (HH)	10	10	6	9	26	6%
Chronically Homeless (HH)	18	11	7	9	36	20%
Literally Homeless (HH)	75	56	35	41	166	41%
Chronic Health Condition (HH)	15	26	12	29	53	13%
Physical Disability (HH)	20	25	16	26	61	15%
Mental Health (HH)	31	39	15	36	85	21%
Substance Abuse (HH)	12	8	8	13	28	7%
Fleeing DV (HH)	16	9	1	19	26	6%

Mental Health & Substance Use Prevention & Treatment (Treatment Sales Tax (TST) Funded)

Behavioral Health Resources – School based therapist:

Embedding of a BHR therapist in five-to-seven schools, with a focus on North Mason rural communities. The therapist will serve all students – a ‘no wrong door’ approach (the portion of the therapist funded through this proposal will cover services to non-Medicaid enrolled youth). Services will include on-site intake, case-management, student and family counseling, therapy, and linkages to further support services, including BHR’s broader array of programming. As necessary and appropriate, services will extend to family members.

The therapist currently sees **44 children**. One of the largest challenges noted in the North Mason area is substance abuse and absent parents with children being raised by extended family.

Northwest Resources

Case Management Services	Q1 (July – Sept)	Q2 (Oct – Dec)
Total participants	90	83
Number of NEW participants	26	32
Male	56	50
Female	34	33
Veterans	4	5
Total number in treatment	60	54

Therapeutic Courts: 2017

The Therapeutic Courts operate 4 treatment courts: Drug, mental health, veteran and family recovery.

Total Participants	59
NEW enrollments	36
Graduates	18
Dropped out / terminated	18

Housing is one of the primary challenges of therapeutic court participants. Of the 59 participants 24 became homeless during the program and 8 dropped out due to lack of housing.

Substance Abuse Treatment and Prevention (Department of Behavioral Health Resources (DBHR) Funded)

The Shelton Prevention Education Partners (PEP) Coalition- The prevention group continues to meet the second Wednesday of each month. Meeting will be at the Shelton High School SUB at 4-5:30pm to have more of a youth presence.

The coalition has increased its efforts to create a new coalition in North Mason. The first NM meeting is scheduled for Wednesday March 21, 2018 at North Mason High School at 5:30PM.

The PEP is a partnership of community sectors county, city state, parents, law enforcement, mental health, key community leaders, substance abuse counselors and school prevention staff. Our highest priority is to reduce underage drinking and drug use among 8th and 10th grade students.

The coalition focuses on community norms, policy and data review. Reducing easy access alcohol point of sale placement in stores, reducing theft, stopping promotion and sales to underaged youth. Increase Evidence based prevention programming

Ongoing and New evidence-based prevention programs include:

Good behavior Games: School Based Evidence Based, ESD 113 (Partner) Ongoing-Implemented in 2017-Current.

Guiding Good Choices: Community Project, Evidence Based, Family Education Support Services (Partner) Winter-Spring 2018.

Strengthening Families: Community Project, Evidence Based, Family Education Support Services (Partner) Capacity Building-Training staff.

Incredible Years: Parenting Project, Evidence Based, (Mason County Public Health Nurse) Training staff.

Media Awareness: Jr, High, Middle school, and High School Project, Promising Practice, SADD Club (Partner).

Monitor current prescription drug take back boxes and increase take back box capacity.

Tobacco/vape and marijuana: The coordinator is participating in the seven-region tobacco and vaping education and policy and strategic planning group.

Tobacco/Vaping Regional Strategic Planning workgroup topics and goals include:

Collaboration with chronic disease and other programs

Strategic planning

Policy, System and Environmental focused activities around trends in region-using the Health Youth Survey

County challenges encountered and needed assistance from DOH

Geographic/Racial Disparities

What activities can we provide that fits within our communities

Disparities and Data

Mason County Opioid Response Plan

Prescription Drug Overdose Program (PDO) Funded by Department of Health Grant through 08/30/19

PDO-Opioid Statistics	February	YTD
Naloxone Kits Distributed	98	189
Resource Guides Distributed	250	650
Opioid Overdoses	0	5
Opioid Overdose Fatalities	0	0
Non-Opioid Overdoses	2	7
Non-Opioid Fatalities	0	0

- Reports continue to come in that naloxone was used successfully to reverse non-reported overdoses.
- Monthly public workshops continued on the 4th Thursday of every month at 10:30 at Community Lifeline in Shelton, and the program expanded to North Mason with one public workshop at the library.
- Weekly Naloxone distribution/ overdose prevention and response tabling events began at the Shelton Transit Center on Wednesday's from 2-5 PM and has been increasingly successful.
- Program participated in a joint call with two other DOH grantees to share ideas and discuss what has been working well and what issues our programs have encountered, which was very successful. We continue to strengthen bonds with other agencies and increase our presence within the community.

Comprehensive Opioid Abuse Program (COAP) Funded by Bureau of Justice Assistance through (BJA) 10/30/20

Mason County Public Health received a 3-year grant to work on Opioid Response coordination throughout Mason County. Three of the Opioid Response Plan Team attended a 4-day orientation and training in Washington DC in early March, to gain more understanding of the grant deliverables and ways this grant could benefit our County. This grant offers the opportunity for Mason County Public Health & Human Services to do a coordinated response to the Opioid Response Plan that our Health Officer, Dr. Diana Yu and the Board of Health agreed upon in September 2016. Much work has been occurring throughout the community and among many partner agencies and entities since the Response Plan was introduced. Mason County Public Health, through this COAP grant funding would like to coordinate the work with all partners to create a community-wide response system, "no-wrong-door" approach to meet the goal of no matter what agency someone in need of help with substance use recovery, support and/or service—they would be met with a coordinated entry system that is culturally sensitive, knowledgeable and willing to get the person the service needed at the time.

Emergency Preparedness

Washington State is combining the Emergency Preparedness Regions into two one on the East side and one on the West side of the state. Region 3 (Mason, Thurston, Grays Harbor, Lewis and Pacific Counties will be collapsed into the West Side Region located in Seattle. This will mean the money that came from the state to support the coalitions will no longer be available. The Region 3 Healthcare Coalition Executive Committee as well as the Coalition members have expressed the desire to continue the coalition without the Washington State funding support. At our next meeting on April 13, 2018 the Coalition Board and members will discuss how to move forward after June 30, 2018 without State funding.

Region 3 as well as many other regional coalitions gave input to the State over an 18-month period as to concerns about not having emergency preparedness input from the local communities via the regions. Removing the support for collaboration of regional Health Care entities made up of all the local health care agencies makes successful preparations, coordination and response more difficult if the partners are no longer meeting. Director, Dave Windom is asking the Board of Health to sign a non-agreement letter to be sent to the state Emergency Preparedness Division.