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# BHC Meeting

April 9, 2020, 3-4pm

Zoom Conference Room



# BHC Meeting Agenda – April 9 - 3pm

- Introductions
- Update on RCORP-Implementation Grant App - due 5/26 - LF
- Workforce Plan Update - LF
- Going forward - JN/LF



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# RCORP-I Grant App

Due May 26, 2020



# RCORP-Implementation - Grant Application

## Local Behavioral Health Consortium Awarded Federal Grant for Opioid Response

August 23, 2020 | Press Releases

Jefferson County Public Health has been awarded a \$1,000,000 federal HRSA grant to address treatment, and recovery for Opioid Use Disorder and Substance Use Disorder.

The grant funds will go to support two inter-related tracks to improve behavioral health services for residents in Jefferson County. Track one focuses on services we can implement, enhance or improve coordination with, while continuing to determine the feasibility a local Crisis Stabilization Facility or equivalent option. Track 2 continues to determine the feasibility of, and options for, a Crisis Stabilization Facility, and to generate and execute the implementation plan for the resulting project.

The grant's work plan was developed by the Behavioral Health Consortium, which is led and facilitated by the Community Health Improvement Plan (CHIP) Team. The Consortium consists of representatives from 10 Jefferson County stakeholder sectors who came together to address OUD/SUD treatment, and recovery. This grant effort is one example of how the Consortium works to collaboratively address health issues in our community by breaking down silos and establishing better access to services.

CHIP, through Jefferson County Public Health applied for and received the Health Resources and Services Administration (HRSA) Rural Communities Opioid Response Program (RCORP) - Planning Grant on behalf of the Behavioral Health Consortium in 2019-2020. They have now been awarded the HRSA RCORP-Implementation Grant, which will allow them to implement the opioid response plan which was developed in partnership with ten other

- \$1M over 3 years
- If awarded, begins 9/2020
- Application due 5/26/2020
- Will use to implement the Strategic Plan developed by BHC Consortium





# RCORP-I Grant – NEED EIN & DUNS #





# RCORP-I Grant App Front-facing Funding

Arena	Funding Focus	Benefit
PREVENTION	Support and enhance the prevention capacity of the newly established local Recovery Café.	Responds to Needs Assessment data that identifies prevention challenges of social isolation, access to services, and low income. This Advocate position will provide a foundation for relapse prevention by providing community and connections to social, medical, housing and behavioral health service to the most vulnerable members of our community.
TREATMENT	Bring Syringe Exchange Program and Wraparound Services to South Jefferson County	Addresses Needs Assessment data that identified lack of transportation from far reaches of county as a major barrier for some county residents to connect with SUD/ODU related services. Intend this SEP as a new intercept point to connect people to services.
RECOVERY	Support Advocate position at the newly established local Recovery Café	Provides start-up sustainability for the Recovery Café that is opening in 2020. This Advocate position will anchor a nexus point for recovery-community, and social, medical and behavioral health service connections for our recovery community members.
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.
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 Jefferson 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.



# RCORP-I Internal Funding

- JCPH – Grant Administrator
- Grant Project Director
- Data/Admin Coordinator

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# RCORP-I Grant Application – Due 5/26/2020

## PREVENTION

1. Provide culturally and linguistically appropriate education to improve family members', caregivers', and the public's understanding of evidence-based prevention, treatment, and recovery strategies for SUD/OD, and to reduce stigma associated with the disease.
2. Increase access to naloxone within the rural service area and provide training on overdose prevention and naloxone administration to ensure that individuals likely to respond to an overdose can take the appropriate steps to reverse an overdose.
3. Implement year-round drug take-back programs.
4. Increase and support the use of school- and community-based prevention programs that are evidence-based to prevent misuse of opioids and other substances.
5. Identify and screen individuals at risk for SUD/OD and provide or make referrals to prevention, harm reduction, early intervention, treatment, and other support services to minimize the potential for the development of SUD/OD.

- Integrate Starts with One Campaign, Drug Take-Back into BHC Communication Action Plan
- Enlist Lisa Rey Thomas to help BHC make culturally/linguistically relevant upgrades to BHC's discussions, communication and work products
- Support JCPH Prevention Team to bring the PAX Good Behavior game into Chimacum School District
- Initiate SEP & Wraparound service connection in South County &
- Contribute funding Recovery Advocate
- Items outlined in BHC Strategic Plan





# RCORP-I Grant Application – Due 5/24/2020

TREATMENT
Screen and provide, or refer to, treatment patients with SUD/ODU who have infectious complications, including HIV, viral hepatitis, and endocarditis, particularly among PWID.
2. Recruit, train, and mentor interdisciplinary teams of SUD/ODU clinical and social service providers who are trained, certified, and willing to provide medication-assisted treatment (MAT), including both evidence-based behavioral therapy (e.g., cognitive behavioral therapy, community reinforcement approach, etc.) and FDA-approved pharmacotherapy (e.g., buprenorphine, naltrexone). This can include providing support for the required training of providers who are pursuing DATA 2000 waivers for the prescription of buprenorphine-containing products and intend to provide these medications to their patients.
3. Increase the number of providers and other health and social service professionals who are able to identify and treat SUD/ODU by providing professional development opportunities and recruitment incentives such as, but not limited to, the NHSC.

4. Reduce barriers to treatment, including by supporting integrated treatment and recovery, including integration with behavioral health, the criminal justice system, dentistry, and social services. As appropriate, provide support to pregnant women, children, and other at-risk populations using approaches that minimize stigma and other barriers to care.
5. Strengthen collaboration with law enforcement and first responders to enhance their capability of responding and/or providing emergency treatment to those with SUD/ODU.
6. Train providers, administrative staff, and other relevant stakeholders to optimize reimbursement for treatment encounters through proper coding and billing across insurance types to ensure financial sustainability of services.
7. Enable individuals, families, and caregivers to find, access, and navigate evidence-based, affordable treatments for SUD/ODU, as well as home- and community-based services and social supports.



# RCORP-I Grant Application – Due 5/26/2020

Recovery Core Activities
1. Enhance discharge coordination for people leaving inpatient treatment facilities and/or the criminal justice system who require linkages to home and community-based services and social supports, including case management, housing, employment, food assistance, transportation, medical and behavioral health services, faith-based organizations, and sober/transitional living facilities.
2. Expand peer workforce and programming as interventionists in various settings, including hospitals, emergency departments, law enforcement departments, jails, SUD/ODD treatment programs, and in the community.
3. Support the development of recovery communities, recovery coaches, and recovery community organizations to expand the availability of and access to recovery support services.



# RCORP-I Grant – Commitment Letter

- Identifies roles and responsibilities/activities on project
- Secures commitment to all three years of the Implementation project
- States funds are used exclusively for target area
- Commits Members to share aggregate performance data and information to fulfill HRSA reporting requirements

To Whom It May Concern:

**RE:** Grant Application HRSA-20-031 *Rural Communities Opioid Response Program-Implementation*

As behavioral Health Consortium (BHC) members, we the undersigned, understand and commit to the stated mission and deliverables of the Rural Opioid Response Program – Implementation for the life of the funding sought in the above grant proposal.

This Consortium will continue to engage the county and community resource key leaders to implement its strategic plan focused on support in Jefferson County for OUD, which prioritizes the following goals:

- Low capital projects that use and/or expand on existing community resources to divert the inflow of people from the Hospital Emergency Department and the criminal justice system to appropriate treatment and social services. This will include enhancing supports to Law/EMS for call navigation and BH service connection, improving jail-to-community transitions, maintaining DBH's day program; and improving access to resources; and
- The development of a crisis stabilization center or similar type facility. It is estimated that at least three years is needed to secure a site, the capital needed to construct/renovate a facility, and to equip, train and secure all required licensing and certification.

We understand that our role in this Consortium is as an equal part of a team and as an equal contributor; that the grant award is not to be used for the exclusive benefit of any one consortium member; that the grant's focus is implementation of the Consortium's strategic plan; that envisioned, stated project is limited to Jefferson County, WA; and that the plan focus is prevention, treatment and recovery for county residents suffering from OUD. We explicitly commit to providing aggregate performance data and relevant information in compliance with HRSA requirements to Jefferson County Public Health.

We, the undersigned, recognize Jefferson County Public Health (JCPH) as the lead role in this initiative, and understand that role, its responsibilities, and its activities in the Consortium will include:

- Provide a designated representative to attend all Consortium-related meetings and events, and provide locations for facilitation if space available.
- Assist in strategy measures, and provide guidance and approval of procedures.
- Provide comments, insights, impressions and understandings regarding the delivery of the program to allow for improvements.
- Ensure all activities are conducted in compliance with applicable State, Federal and Local Laws, rules and regulations.
- Use grant funding only for the purpose of planning an OUD treatment and recovery option in the County, as outlined in the HRSA-19-081 grant application.
- Other roles as outlined in the MOU.

We, the undersigned, are explicitly committed to the success of this proposal. Our community faces a significant OUD challenge, and lacks critical resources to properly address community members' prevention, treatment and recovery. We look forward to working together to solve this problem.



# RCORP-I Grant – App Progress Status

- **Abstract** -will get written last
- **Intro** - figure that will get written next to last
- **Needs Assessment Narrative** - JN developing
- **Methodology** - 1<sup>st</sup> draft complete, now honing
- **Work Plan (Excel Sheet)** - 1<sup>st</sup> draft underway
- **Resolution of Challenges** - LF to write narrative
- **Evaluation and Tech Support Capacity** - LF to write narrative
- **Organizational Information** - LF generate resumes, biosketches, org chart
- **Jamestown Letter of Support** - JN Drafting - ?may or may not include?
- **Consortium Commitment Letter** - Draft complete, Berni to move through signature loop
- **Budget and Budget Narrative** - JN/LF Developing, then JCPH to review
- **Indirect Costs Justification** - Berni to develop with Veronica Shaw
- **Consortium Membership Chart** - Berni to develop
- **Staffing Plan** - LF writing narrative
- **Table showing Other RCORP Awards** - Berni to develop



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# Workforce Plan

## Overview





# Workforce Plan for Current Grant

- Grant Administrator
- Grant Project Director
- Data/Admin Coordinator

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# Current RCORP-Planning Grant's Next Steps

- Will round out Workforce Plan with final content generated for RCORP-I application
- RCORP-Planning Grant's Upcoming deliverables
  - Workforce Plan - Due 5/31
  - Sustainability Plan - Due 5/31
  - Final Report - Due 8/31



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**Going Forward**



# What HAS COVID-19 Changed?

- Listening for and quantifying how the combination of IMC and COVID-19 impacts those who deliver Behavioral Health Services
- Monitor how COVID-19 affect clients seeking Behavioral Health Services
- The need to monitor funding streams appearing or disappearing, and the impact
- The need to closely review Work Plan if RCORP-Implementation funds are awarded in September 2020
- Anyone else we should have at the table?
- Thoughts you're having?



# What Has COVID-19 NOT Changed?

- Behavioral Health service access is still a critical priority
- The value of this group convening monthly
- Pursuit of the RCORP-Implementation grant
- The Grant Team's commitment to facilitate the BHC's collective insight and effort toward improving the lives of Jefferson County residents





# Next BHC Meeting

**May 14, 3pm**

**Zoom Conference Call**



# Discussion



**Thank You**