

RCORP-Implementation Sustainability Deliverable Cohort II, Defining Sustainability Template

Grantee Name: Jefferson, County of

Grant Number: Ga1RH39564

DUE DATE: September 30, 2021, in EHB

• Please email a draft to your HRSA Project Officer and JBS Technical Expert Lead by August 15, 2021, for an initial review.

Instructions:

It is recommended that you use the results from your Sustainability Self-Assessment and input from your RCORP Consortium, to inform your responses to this deliverable. Please contact your HRSA Project Officer and JBS Technical Expert Lead with any questions or concerns.

DEFINING SUSTAINABILITY

Response			
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II.			
WA			
2020-2021			
The BHC, as an intentional stakeholder agency/organization			
WA 2020-2021			
- Data Collection focus: Facilitate development and use of consistent data norms, collection cadence, and milestone reporting across the BHC. Employ improved norms to drill down on county-wide SUD/MH encounter/service incidences for city and county Law Enforcement, Emergency Medical Service, Service Providers, Designated Crisis Responders and Emergency Department. Use this collective approach to establish a baseline, track performance, and define current and evolving gaps in our County's behavioral Health service system as candidates for collective strategy development and execution.			

Item Response

Description of Internal Challenges and Assets Hindering/Aiding Sustainability:

[E.g., organizational or intraconsortium barriers or assets. It is recommended that you use the results of the Sustainability Assessment to inform this process.]

INTERNAL CHALLENGES

- Relationships: Agency and organizational leadership transitions mean there are evolving priorities that need to be understood and reflected as the BHC develops and executes our collective work in this county. There is a need for shared language to be developed, individual analyses discussed, compatibilities identified, and relational chemistries built, as a foundation to our collective work.
- Finance: Generating a collective understanding of the county's behavioral health system-wide funding with team members unaccustomed to thinking as a collaborative and sharing funding sources/strategies with each other.
- Workforce: Inconsistent workforce recruitment and retention success affecting some BHC's Member agencies and organizations. This is due to a variety of factors including leadership transitions, retirements, profound pandemic fatigue and stress taking its toll on workforce members who opt out of their roles, and leadership teams for some BHC Member agency/organizations experiencing an exhausted capacity to cope with the current pandemic marathon.
- Data Gathering: Data gathering efforts present with less than ideal efficacy because data norms are compromised by a variety of data tracking systems used across/between Emergency Department, healthcare providers, service provider, City and County Law Enforcement and Emergency Medical Services.

INTERNAL ASSETS

- Relationship: A strong, relationally-focused BHC Project Director; multiple BHC members with positive long term inter-relationships.
- Finance: BHC's intentional ongoing assessment of where the County's behavioral health system gaps are, and our continued unfolding collective discussion about how to address these gaps.
- Workforce: The fact of an established, well-facilitated BHC table that is, and can be, employed to convene, extend and amplify the BHC Member efforts to address structural and psycho-social aspects of the Workforce recruitment and retention conundrum.
- Data Gathering: HFPD, a proven data collection and interpretation consultant with whom the BHC has a multi-year relationship, along with BHC Members who are willing to work together to establish better data norms between their agencies and organizations.

Description of External Challenges and Assets Hindering/Aiding Sustainability:

[E.g., policies and regulations, insurance coverage. It is recommended that you use the results of the Sustainability Assessment to inform this process.]

EXTERNAL CHALLENGES

- Relationship: prioritized relationship tending in the face of extensive legislative changes requiring continual analysis and impact articulation to worth through where Members are being pitted against each other.
- Finance: Robust BH funding is now newly available through state/federal channels and may extend for the longer term. The challenge is this funding has unclear program requirements, yet requires funding applications that include fully conceived program proposals, and funding that must be spent in finite time frames (ie. by Dec 31, 2022). Some of this funding focuses on pandemic related challenges, and some addresses legislative changes that challenge our external environment, such as SB 5467 / HB 1310.
- Workforce: MCO organizations offer better pay for workforce qualified to do service provider work, causing workers to migrate to MCO jobs. Also, the imminent opening (2022) of the Sequim Healing Clinic, an Indian Health Service (IHS) bill/payment model, located in neighboring Clallam County. This new clinic will be able to offer better pay than available for local service provider workforce, causing workforce to migrate to that operation.
- Data Gathering: Data gathering efforts present with less than ideal efficacy because the variety of data tracking systems do not lend to establishing data norms across/between Emergency Department, healthcare providers, City and County Law Enforcement, and Emergency Medical Services.

EXTERNAL ASSETS

- Finance & Relationship: SBH-ASO's Deputy Director, who administers new behavioral health funding streams from state and federal channels, who: gives monthly updates and provides expertise for Q&A at BHC Member meetings to assist Members in understanding how the funding is structured, application timing, etc. She also guides BHC members to understand impacts and ongoing mitigations being developed to address legislative changes SB 5467 State v Blake, and HB 1310.
- Workforce: Discovery Behavioral Health (DBH), has evolved from a significantly workforce-challenged organization to recruiting and retaining a substantial workforce team. DBH is also the lead entity integrating with Safe Harbor, a longstanding substance use counseling provider, whose leadership is retiring. This integration will provide prescriber / therapeutic services under one roof. Another prescriber/therapeutic service provider integration for one day a week, is being set up at Believe In Recovery, who will team up with Olympic Peninsula Health Services (who is not on a BHC Member) to offer onsite prescriber services one day a week.
- Data Collection: HB1310 has made changes to the BH landscape and prompted the SBH-ASO to track Law Enforcement response to incidence calls in the region. This data will set a foundation for determining what/how to evolve response protocols in Jefferson County, and where BHC Members can educate state legislative bodies on how policies impact at the ground level.

Description of Internal Challenges and Assets the Consortium Will Address

During Year 2: [Of the internal challenges and assets described above, identify which challenges and assets your consortium will prioritize during Year 2. Justify each selection and detail your consortium's proposed methodology for addressing each challenge and asset.]

YEAR 2 PRIORITIES - INTERNAL CHALLENGES / ASSETS

Relationship focus: Facilitate/Nurture/Deepen/Develop one-on-one and Inter-Member and intra-Consortium relationships.

Relationship-related strategies:

- provide space and place for one-on-one conversations
- convene relationship building summit event(s) where BHC Members are invited to share internal and external analysis; develop shared language; explore where bias exists and could be productively reframed; and develop the personal and professional chemistry.

Finance Focus: Prioritize the use of the BHC internal asset, developed over the last two years of functioning as a Consortium, to perform ongoing, county-wide BH system assessment. Use this effort as a trampoline to address the BHC's internal challenge to generate a Consortium-wide understanding of funding gaps and overlaps throughout the county's behavioral health system.

Finance-related strategies:

- Initiate/convene discussions in one-on-one Member settings and collectively at the BHC table, to assess collective behavioral health service gaps.
- Use this platform to share individual funding potentials, assess system-wide gaps, and facilitate the collaborative, or even collective development and execution of strategies to pursue necessary funding that addresses system-wide behavioral health gaps and overlaps and ensures funds are procured in an efficient, effective manner.

Workforce-related: Prioritize use of the BHC's internal asset of being a functional Consortium, as a foundation for BHC Member agencies and organizations to engage in thoughtful internal / external perspective-generation. Focus will be around how to address our individual internal agency and organization challenges and ultimately to strengthen our collective successful results in workforce recruitment and retention.

Workforce-related strategies:

- Offer opportunities for convening / extending BHC individual and collective BHC Members in relevant external perspective discussions
- Convene / Extend / Amplify psycho-social support program offerings individually, and at the BHC table, that support BHC Member agencies and organizations as they and their leadership teams navigate marathons of exhausting leadership transitions, retirements, departures, pandemic fatigue and its incumbent stress that is the current reality.

YEAR 2 PRIORITIES - INTERNAL CHALLENGES / ASSETS -cont'd

Data Collection: Prioritize expansion of the BHC's internal asset as a functional Consortium, to address the internal challenge of gathering improved, consistent BH incidence data from relevant BHC members as a base for collective insight.

Data collection-focused strategies:

- Employ HFPD, the existing data consultant to guide development of improved cross agency / organization data norms, consistent twice-yearly collection and milestone reporting cadence.
- Use the collective results to drill down on county-wide SUD/MH encounter incidences, including city and county Law Enforcement, Emergency Medical Services, health care services, Designated Crisis Responders and Emergency Department.
- Employ data results to establish relevant baselines/metrics, track performance, and define current and evolving gaps in our County's behavioral Health service system that are ripe candidates for collective strategy development and execution.

Description of External Challenges and Assets the Consortium Will Address

During Year 2: [Of the external challenges and assets described above, identify which challenges and assets your consortium will prioritize and address during Year 2. Justify each selection and detail your consortium's proposed methodology for addressing each challenge or asset.]

YEAR 2 PRIORITIES - RE: EXTERNAL CHALLENGES / ASSETS

Finance:

Prioritize addressing the challenge of keeping BHC Members knowledgeable on current, newly available state and federal funding, and any progress the Health Care Authority (HCA) realizes to clarify program requirements. Weave insight on new funding streams with gaps the BHC has identified in the county's behavioral health system. Nurture this knowledge as one foundation block to affect efficient, effective use of individual and collective BHC Member energy spent pursuing funding opportunities for County-wide BH system.

Specifically, BHC Project Director to:

- Host, facilitate, document and distribute insights shared by SBH-ASO Deputy Director, when she hosts updates and Q&A at monthly BHC Member meetings.
- Nurture Member awareness on how funding is being structured, can be applied, should be sought, etc. in as timely a manner as possible;
- Activate this awareness to strategize/execute collaborative pursuit of funding sources relevant to established system gaps and challenges
- Lead/facilitate BHC members to strategize/execute opportunities to educate legislative bodies as SBH-ASO Deputy Director guides BHC members to understand impacts and ongoing mitigations being developed to address legislative changes such as SB 5467 State v Blake, and HB 1310.

Data Collection:

Prioritize tracking impacts and generating potential solutions to changes House Bill 1310 has made to the BH landscape.

Specifically, BHC Project Director to:

- Work with SBH-ASO Deputy Director to guide BHC Members to review and extrapolate meaning around the tracking SBH-ASO is doing on Tri-County Law Enforcement response to incidence calls in the region.
- Use this data to set a foundation for determining what/how to evolve response protocols in Jefferson County, and to explore where BHC Members could educate state legislative bodies on how policies impact at the ground level.

SUSTAINABILITY PLAN

Item	Responsible Individual(s)/Consortium Member(s)	Timeframe for Addressing Challenge/Asset	Anticipated Outcome
Challenge/Asset #1 Relationship	Lori Fleming, BHC Proj Dir BHC Members	RCORP-I Grant's Y2Q1-Y2Q4	Momentum brought to the BHC's inherent collaborative advantage to successfully navigate the quickly evolving landscape and discover unforeseen opportunities as we work to collectively improve access to behavioral health services in our county.
Challenge/Asset #2 Finance	Lori Fleming, BHC Proj Dir Chief Black, EJFR Wharton / Faulx, JHC Peggy Webster - Housing Chief Olson, PTPD Sheriff Nole, JSCO David Fortino, Jail Jim Novelli, DBH Gabbie Caudill, BiR	RCORP-I Grant's Y2Q1-Y2Q4	Efficient, collaborative pursuit of funding to address the identified JeffCo BH system gaps potentially defined as: - Planning/executing a collaborative non-emergent transportation solutions - Support for 18-24 yo Prevention and recovery efforts Support for county-wide (regionally-coordinated?) navigation services
Challenge/Asset #3 Workforce	Lori Fleming, BHC Proj Dir Jim Novelli, DBH Chief Black, EJFR Chief Olson, PTPD Sheriff Nole, JSCO	RCORP-I Grant's Y2Q1-Y2Q4	Provision of opportunity for BHC Leadership Teams to address their own Pandemic Trauma Stress, as a stagesetting mechanism for agencies/organizations to address workforce recruitment and retention

Challenge/Asset #4 Data Collection	Lori Fleming, BHC Proj Dir Lisa Grundl, HFPD Data Consultant Chief Black, EJFR Wharton / Faulx, JHC Chief Olson, PTPD Sheriff Nole, JSCO David Fortino, Jail Jim Novelli, DBH Gabbie Caudill, BiR	RCORP-I Grant's Y2Q1-Y2Q4	Data quality Improvement across BHC's Data Team agency/organizations that will lead to better insights around system gaps and opportunities to provide improved access to BH Services Understanding of ongoing impacts from legislative changes HB1310 has made on BH service connection in Jefferson County.
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