Work Plan Update

Behavioral Health Consortium (BHC) Year 1 / Q4

Sept 30, 2021 RCORP-Implementation Grant #: GA1RH39564



Submitted to HRSA by: Lori Fleming, CHIP Exec Dir/Grant Project Director on behalf of

Jefferson County's CHIP Team and the Behavioral Health Consortium (BHC)

TASK NAME	START	END	TEAM MEMBER	Yr 1 Q1	Yr 1 Q2	Yr 1 Q3	Yr 1 Q4	Yr 2 Q1	Yr 2 Q2	Yr 2 Q3	Yr 2 Q4	Yr 3 Q1	Yr 3 Q2	Yr 3 Q3	Yr 3 Q4
Prevention			WEWBER	Y	EAR 1 - 2	<mark>020 - 20</mark> 2	21	Y	EAR 2 20)21 - 2022	2	Y	ear 3 202	2 - 2023	5
1 Linguistic/Cultural effort to reduce stigma	Q1 2021	Ongoing													
a. Support/Incorporate JCPH Prev team's Starts With One campaign into BHC Communication Action Plan (CAP)	Q1 2021	Ongoing	JCPH Prev CAP Resource	Initiate, D	evelop CAF	P, Execute	САР	Track hov	v many rea	ached		Track hov	v many rea	ached	
Y1Q4:Update:Prev1a. Social Media promotions throughout Jefferson County															
b. Introduce/Practice Recovery Dialects' recommended language @ the BHC monthly meetings.	Q1 2021	Ongoing	Grant Team JCPH Prev	Ongoing,	@ Monthly	/ Meetings	5	Ongoing,	@ Monthl	y Meetings		Ongoing,	@ Monthl	y Meeting	zs
Y1Q4:Update:Prev1b. Occuring @ Monthly BHC Meetings															
c. Implement PAX Good Behavior Game in Chimacum Primary						Develop S	chool Distri	ct Inroads							
and Elementary Schools	Q3 2021	Ongoing	JCPH Prev					-		Execute and	d Track Pro	ogram	Execute a	nd Track Pr	ogram
Y1Q4:Update:Prev1c. = Exploring other avenues to introduce PAX program to County schools.															
d. Enlist Lisa Rey Thomas (Jamestown / S'Klallam) to review and help BHC sharpen language in conversation and products for positive cultural/linguistic impact	Q2 2021	Ongoing	L. Thomas		Ongoing			Ongoing				Ongoing			
Y1Q4:Update:Prev1d. Cont'd in BHC Monthly Meeting Discussions	Q2 2021	Oligoling	L. Momas		Ungoing			Ongoing				Ongoing			
Activity Metric: Increase the number of Behavioral Health visits at School based clinics by 10% by 2022	Ongoing	Ongoing		Ongoing				Ongoing				Ongoing			

TASK NAME	START	END	TEAM MEMBER	Yr 1 Q1	Yr 1 Q2	Yr 1 Q3	Yr 1 Q4	Yr 2 Q1	Yr 2 Q2	Yr 2 Q3	Yr 2 Q4	Yr 3 Q1	Yr 3 Q2	Yr 3 Q3	Yr 3 Q4
Prevention				YE	AR 1 - 2	020 - 202	21	Y	EAR 2 2	021 - 202	2	Ye	ear 3 20	22 - 202	3
 2 Increase naloxone access and training a. Support and track the effort ⇒ to consistently offer Naloxone supplies and training to those leaving incarceration and their family members, ⇒ to incorporate Naloxone kits at the local libraries and train library staff on administration of Naloxone, ⇒ by the County's School Districts to incorporate Naloxone supplies and training Y1Q4:Update:Prev2a. Continued community engagement (Fire Chiefs, School District, Hospital and Public Health) to develop a South County Harm Reduction Program (SCHR) - Naloxone will be sourced/ received/ distributed. 	Q2 2021 Q3 2021	Ongoing	Grant Team JCPH Prev, Fire Chief	Initiate D	scussion/	/Developr	nent with	Commun	ity	Execute a	nd track		Execute	and track	<u>k</u>
b. Raise awareness → naloxone supplies used by law enforcement and first responder calls are free of charge and funded via a pass-down grant administered by the University of WA, → JCPH SEP and how they get Naloxone/training to PWUD and their families	Q2 2021	Ongoing	Grant Team, CAP Resource, JCPH Prev		Initiate, Develop CAP, Initiate Execution	Develop Program Inroads			Track ho	w many re	ached		Track hov	v many rea	ached
 2 Increase naloxone access and training - Cont'd Y1Q4:Update:Prev2b. - Continued community leadership engagement (Fire Chiefs, School District, Hospital and Public Health) on effort to develop a SCHR Program that will include Naloxone training and distribution. - Fentanyl social media campaign ongoing through Y1Q4. 	Q2 2021	Ongoing													
 c. Brainstorm with CHIP's youth, working age and senior age- band workgroups, where, how and when to offer naloxone/training, and execute Y1Q4:Update:Prev2c. Prevention activity in school districts curtailed for summer school break CHIP Youth Age-Band met regarding youth mental health promotion and substance use prevention strategies for this demographic. 	Q4 2021	Ongoing	Grant Team, JCPH Prev, JCPH, BHC Members			Assess, De	evelop Strate	egy, Execute			Execute Track				Execute Track
Activity Metrics: A 10% reduction on Opioid Overdose deaths by 2025.	Ongoing		Ongoing	Ongoing				Ongoing				Ongoing			

TASK NAME	START	END	TEAM	Yr 1 Q1	Yr 1 Q2	Yr 1 Q3	Yr 1 Q4	Yr 2 Q1	Yr 2 Q2	Yr 2 Q3	Yr 2 Q4	Yr 3 Q1	Yr 3 Q2	Yr 3 Q3	Yr 3 Q4
Prevention			MEMBER	YE	EAR 1 - 20	020 - 202	21	Y	EAR 2 20)21 - 2022	2	Ye	ar 3 2022	<mark>2 - 202</mark>	3
3 Support year-round drug take-back programs	Q1 2021	Ongoing													
a. Raise the profile of the ⇒ April/October Drug Take back events that happen in Ports Hadlock and Townsend, ⇒ Drop Box located year around at the Sheriff's office. Explore/Implement ⇒ partner with QFC and Safeway to provide year-round drop boxes, ⇒ provide a PTPD drop box Y1Q4:Update:Prev2c. - Continued exploring a South County drop box (Likely @ JHC Clinic) SCHR.	Q1 2021	Ongoing	Grant Team CAP Resource, JCPH Prev, BHC Members	Initiate, De	evelop CAP	P, Execute	САР	Execute a	nd track			Execute al	nd track		
Activity Metric: Increased utilization of Drug Takeback program by 15% by 2023.	Ongoing	Ongoing		Ongoing				Ongoing				Ongoing			

TASK NAME	START	END	TEAM	Yr 1 Q1	Yr 1 Q2	Yr 1 Q3	Yr 1 Q4	Yr 2 Q1	Yr 2 Q2	Yr 2 Q3	Yr 2 Q4	Yr 3 Q1	Yr 3 Q2	Yr 3 Q3	Yr 3 Q4
revention			MEMBER	Y	EAR 1 - 2	020 - 202	21	Y	(EAR 2 20) 21 - 202	2	Ye	ear 3 202	22 - 202	3
Support school-/community-based prevention programs to 4 prevent misuse of opioids and other substances	Q2 2021	Ongoing													
a. Bring JCPH Prev Team's Good Behavior Game into Schools	Q2 2021	Ongoing	Grant Team JCPH Prev		Develop i	nroads to	School		Develop	inroads to	school	Execute a	nd track		
Y1Q4:Update:Prev4a No Update - Y1Q2: After extensive effort and explorations to get this program into the primary and elementary schools, the principals came back and said, "not at this time" - but the door is left open for future possibility.		0.120.12													
b. Support/Raise the profile of the JCPH Prev Team's CPWI effort	Q3 2021	Ongoing	Grant Team, JCPH Prev, CAP Resource			Develop	CAP, Initial	te and Exe	cute CAP	Execute /	Track			Execute	/ Track
 Y1Q4:Update:Prev4b. Prevention Team actively engaged with CHIP's 2021 Strategic Plan Update for the Youth Age-band supporting MH Promotion and SUD reduction/prevention Procured HCA 2 year funding for CPWI Community Coalition in Quilcene School District through April 2023 Supported capacity building in Quilcene School District around Prevention programming Supported hiring of Quilcene CPWI Cooridnator Supported Partnership with Teen center in Chimacum School District - that has 8 attendees between 7th & 10th grades 															
Activity Metric: JCPH Preventative teams activities are still active in 2023	Q1 2021														

TASK NAME	START	END	TEAM MEMBER	Yr 1 Q1	Yr 1 Q2	Yr 1 Q3	Yr 1 Q4	Yr 2 Q1	Yr 2 Q2	Yr 2 Q3	Yr 2 Q4	Yr 3 Q1	Yr 3 Q2	Yr 3 Q3	Yr 3 Q4
Prevention				YE	EAR 1 - 20	020 - 202	21	Y	EAR 2 20	021 - 202	2	Ye	ear 3 202	22 - 2023	3
Improve the identification/screening of at risk for SUD/OUD clients. Provide referrals to prevention, harm reduction, early 5 intervention, treatment, and other support services a. DEVELOP BUY-IN, fund, initiate and raise profile of Quilcene's SEP program and wrap around services Y1Q4:Update:Prev5a. - Working with Dr. Carlbom, EMS Medical Director, to explore avenues to introduce SEP in South County. - Continued community leadership engagement (Fire Chiefs, School Superintendents, Hospital and Public Health) on effort to develop a South County Harm Reduction Program that will include Naloxone training and distribution. - Attend monthly regional SSP meeting to develop insight and connections	Q2 2021 Q3 2021	Ongoing	Grant Team, BHC Members			Develop B	uy-in			Develop Bu	y-in	Initiate Cor	ntract/Hire		
b. Fund partial Recovery Café Advocate position	Q2 2021	Q4 2023	Grant Team, Recovery Café		Initiate Cor	ntract / Hire	e Position	Track Ide	ntify how	to Sustain		Track, Ide	ntify how	to Sustair	1
Q2:Update:Prev5b. - Position filled and grant-funded through 08/2023	12 2021	4.2020								to Sustain					

TASK NAME	START	END	TEAM MEMBER	Yr 1 Q1	Yr 1 Q2	Yr 1 Q3	Yr 1 Q4	Yr 2 Q1	Yr 2 Q2	Yr 2 Q3	Yr 2 Q4	Yr 3 Q1	Yr 3 Q2	Yr 3 Q3	Yr 3 Q4
Prevention				YE	EAR 1 - 20	020 - 202	21	Y	EAR 2 20	021 - 202	2	Ye	ear 3 202	22 - 202	.3
Improve the identification/screening of at risk for SUD/OUD clients. Provide referrals to prevention, harm reduction, early 5 intervention, treatment, and other support services - Cont'd	Q2 2021	Ongoing													
	Q3 2021	Ongoing	Grant Team, all BHC Members			Use BHC	to coordin	ate efforts		Execute		Execute			
 Y1Q4:Update:Prev5c. Executed social media campaign "stop overdose on multiple platforms throughout jefferson county. BHC Member David Fortino pursued RSAT grant renewal for injail MAT and post-incarceration-aftercare services BHC Proj Dir led Jefferson City/County RFP process to award \$450k for emergency and transitional housing Held 3 Monthly BHC Meetings, 3 Data subgroups ,3 South County Harm Reduction (SCHR) meetings, 2 meetings around bidirectional communication tools, and more than 35 meetings with BHC Members and adhoc teams and/or fellow RCORP-I grantees to develop/improve insight, cross communication and actions to improve access to JeffCo behavioral health services on topics including stigma, BHC sustainability, drug court evolution, transitional affordable housing efforts, prevention for youth, working age and elder populations, regional BH-related efforts, etc. 															

TASK NAME	START	END	TEAM MEMBER	Yr 1 Q1	Yr 1 Q2	Yr 1 Q3	Yr 1 Q4	Yr 2 Q1	Yr 2 Q2	Yr 2 Q3	Yr 2 Q4	Yr 3 Q1	(r 3 Q2 Yr	3 Q3 Yr 3 (
evention			MEMBER	YE	EAR 1 - 20	020 - 202	21	Y	'EAR 2 2	021 - 202	2	Year	3 2022 -	2023
Improve the identification/screening of at risk for SUD/OUD clients. Provide referrals to prevention, harm reduction, early 5 intervention, treatment, and other support services - Cont'd	Q2 2021	Ongoing										Track and Evol	ve if necess	ary
d. Support and track efforts to broaden the existing first responder and hospital team, who are working to address navigation and behavioral service connection, to include Law and Behavioral Health care providers. Use collaboration between Law/EMS, community medical and behavioral healthcare providers to develop and implement behavioral health care solutions and assessment opportunities in the pre- clinical, pre-hospital and pre-jail setting Y1Q4:Update:Prev5d.	Q2 2021	Q3 2023	Law/EMS, JHC, DBH, Safe Harbor, Believe in Recovery			Re-visit P	Plan w/ nev	v leadersh	ip	Propose u	updated a	approach		Track and Evolv
 Multiple Q4 meetings (outlined Prev5c update, above) continue to address the incoming EMS and law enforcement leadership's awareness that a significant PTSD factor is undermining workforce capacity and retention. Reworking how to support Mental Health wellness among all our first responder agencies and team members as a top priority. Then we'll move to engage these agencies incoming leadership on how they'd like to work together to improve care coordination and BH service access. 														
e. Provide and maintain relevant electronic and pamphlet resource directory for first responders and vulnerable populations to use as a reference for services, needs assessment and service connection.	Q3 2021	Ongoing	Grant Team, Recovery Café			Develop,	Distribute	, Assess		Track, mai	ntain, evo	plve if necessa	iry	
Y1Q4:Update:Prev5e. - Updated info on resource cards and printed another 2000 to be distributed throughout Jefferson County - Resource information maintenance will be ongoing through the life of this grant and beyond														

TASK NAME	START	END	TEAM MEMBER	Yr 1 Q1	Yr 1 Q2	Yr 1 Q3	Yr 1 Q4	Yr 2 Q1	Yr 2 Q2	Yr 2 Q3	Yr 2 Q4	Yr 3 Q1	Yr 3 Q2	Yr 3 Q3	Yr 3 Q4
Prevention				YE	EAR 1 - 20	020 - 202	21	Y	EAR 2 2	021 - 2022	2	Ye	ar 3 202	22 - 202	3
Improve the identification/screening of at risk for SUD/OUD clients. Provide referrals to prevention, harm reduction, early 5 intervention, treatment, and other support services - Cont'd	Q2 2021	Ongoing										Track and E	volve if ne	cessary	
f. Create a Care Coordination Team consisting of Law, EMS and Behavioral Health and Medical Health care providers to improve patient coordination between all relevant service providers through a County-wide Coordination Case Management approach Y1Q4:Update:Prev5f. -See Prev5d update, above.	Q3 2021	Q4 2021	12/20 - Grant Team Led MHFR led			Re-visit Pl	an w/ new	/ leadershi	p	Propose u	pdated a	approach			Track and Evolve
 g. Develop an integrated approach for various behavioral health service access enhancements to provide a cohesive safety net for targeted populations by activating a community-wide care plan for those who trend as high utilizers and are ill-served by County's Law, EMS, Emergency Room, and Jail services. Y1Q4:Update:Prev5g. -See Prev5d update, above. 	Q3 2021	Ongoing				Re-visit Pl	an w/ new	<u>ı leadershi</u>	p	Propose u	ipdated a	approach			Track and Evolve
h. Address transition from custody to community, behavioral health assessment staffing and short-term length of incarceration are obstacles to complete an appropriate assessment for referral and service connection. ⇒ conduct and inventory of appropriate resources available for assessment services, ⇒ coordinate with Judicial system to revise conditions of release and mandate behavioral health assessments prior to release ⇒ to develop clarity of resources available for assessment and to hire and coordinate with other agencies to close gaps identified.	Q3 2021	Ongoing	Grant Team, Jail Supt, Crim Just, Service providers led MHFR led			Develop,	Execute, A	ssess, Evol	ve	Track, Mai	ntain, Evo	olve if nece	ssary		
Y1Q4:Update:Prev5H. - There have been 59 assessments in the Jail's Residential Substance Abuse Treatment Program. 56 were referred to inpatient, 3 were referred to outpatient. This program also includes and after-care component of service navigation/connection. - The RSAT Program is funded through Sep '21. Follow-on funding is being strategized/pursued to carry the program beyond that date.															

TASK NAME	START	END	TEAM MEMBER	Yr 1 Q1	Yr 1 Q2	Yr 1 Q3	Yr 1 Q4	Yr 2 Q1	Yr 2 Q2	Yr 2 Q3	Yr 2 Q4	Yr 3 Q1	Yr 3 Q2	Yr 3 Q3	Yr 3 Q4
eatment			WEWDER	YI	EAR 1 - 2	020 - 202	21	Y	'EAR 2 2	2021 - 20	22	Y	ear 3 20	22 - 202	23
L Screen/Provide/Refer SUD/OUD patients w/ infectious complications	Q2 2021	On-going													
a. Generate buy-in, \Rightarrow fund, \Rightarrow initiate \Rightarrow and raise profile of Quilcene's SEP program \Rightarrow and wrap around services	Q3 2021	On-going	Grant Team, JHC			Initiate, D	evelop Se	rvices Plar	n	Program	in Place			On-going	3
Y1Q4:Update:Trmt1a. - Continued community engagement (Fire/EMS, School District, County Commissioner, Hospital, and Public Health) to develop a South County Harm Reduction Program (SCHR) - Naloxone training and distribution. Working to identify how the Naloxone will be sourced/ received/ distributed.															
b. Collaborate to \implies raise the profile of \implies and track JCPH's Port Townsend-based Syringe Program (SEP)	Q4 2021	On-going	Grant Team, JCPH, BHC Members				Initiate, D	evelop Pla	an with B	знс	CAP in P	lace		On-going	3
Y1Q4:Update:Trmt1b. - Grant TEAM and BHC members highlighted SEP program in multiple meetings, social media exchange and one-on-one conversations with PWUD throughout the county.															
c. Procure regular updates from JCPH, who monitors relevant Notifiable Conditions Reports submitted to WA Department of Health (WA DOH) by Jefferson County service providers, ⇒ ensure appropriate service connections are made, as appropriate.	Q2 2021	On-going	Grant Team, JCPH, BHC Members		Initiate, V	Vork with J	CPH to co	mplete re	eferrals		Ongoing			On-going	5
Y1Q4:Update:Trmt1c. - Requested NCR from JCPH - recognize their response time and bandwidth is severely impacted by COVID at this time.															
Activity Metrics: Increase Needle Exchange volumes by 10% by 2025, Referrals for patients with infectious disease from SEP increased by 10% by 2025.	On-going	On-going	Grant Team	On-going				On-going	r			On-going	2		

TASK NAME	START	END	TEAM	Yr 1 Q1	Yr 1 Q2	Yr 1 Q3	Yr 1 Q4	Yr 2 Q1	Yr 2 Q2	Yr 2 Q3	Yr 2 Q4	Yr 3 Q1	Yr 3 Q2	Yr 3 Q3	Yr 3 Q4
eatment			MEMBER	Y	EAR 1 - 2	020 - 202	21	Y	'EAR 2 2	<mark>021 - 20</mark> 2	2	Y	ear 3 20	22 - 202	3
Recruit, train, and mentor interdisciplinary teams of SUD/OUD clinical and social service providers	Q3 2021	On-going													
 a. Initiate engagement of more providers who have had or recently achieved waivered status in the past 18 months, to increase the inclusion of MAT treatment in their practices. ⇒Initiate engagement of waivered clinician in Quilcene's South County clinic to offer MAT services, alongside the SEP planned upon award of grant funds. ⇒ explore best approach to connect clients to wrap around services, including counseling ⇒ Broaden services offered at Discovery Behavioral Health (DBH) to utilize current waivered personnel to provide MAT services and connection to wraparound services ⇒ Explore current barriers and counter measures to increase connection to MAT services in primary care provider offices with existing waivered personnel, and mentor accordingly, ⇒ Establish agreed upon metrics for assessing completeness and success of this effort, ⇒Execute and monitor strategy, tactics, resources and timelines agreed upon ⇒ Measure impact of measures introduced, and assess if next steps are needed Y1Q4:Update:Trmt2a. DBH (BHC Member and County Behavioral Health Agency) successfully served its first SUD patient who is receiving MAT services and integrated SUD-focused therapeutic services within the DBH service offering. We look forward to ramping up this service and more patients receiving integrated MAT/therapeutic services for longer periods of time. 	Q3 2021	On-going	Grant Team, JHC, BHC, DBH			Initiate, D	evelop Se	rvices Pla	<u>n</u>	Program it	<u>n Place</u>		On-going		
Activity Metric: Patients screened for MAT services at South County Clinic and DBH will increase by 20% by 2025.	On-going	On-going	Grant Team	On-going				On-going	1			On-going	,		

TASK NAME	START	END	TEAM MEMBER	Yr 1 Q1	Yr 1 Q2	Yr 1 Q3	Yr 1 Q4	Yr 2 Q1	Yr 2 Q2	Yr 2 Q3	Yr 2 Q4	Yr 3 Q1	Yr 3 Q2	Yr 3 Q3	Yr 3 Q4
reatment			1	YE	EAR 1 - 2	020 - 202	21	,	YEAR 2 2	021 - 202	2	Ye	ear <mark>3 20</mark>	22 - 202	3
Increase the number of providers and other health and social service professionals who are able to identify and treat SUD/OUD by providing professional development opportunities and recruitment incentives 3 such as, but not limited to, the NHS.	Q1 2021	On-going													
a. Alert the NHSC that Jefferson Health Care (JHC), the county hospital, is disinclined to use the NHSC program as there are 16 waivered providers on staff currently.	Q1 2021	Q2 2022	JHC, Grant Team		Alert NHS	с									
Y1Q4:Update:Trmt3a. No Update at this time. b. Hone degree of need, ⇒ act on the shared understanding that JeffCo needs more mental health service professionals providing full bio-psycho assessment and counseling services at primary or behavioral health care setting, the Jail, or at the MAT Clinic. Y1Q4Update:Trmt3b. - Continue work with BHC Data subgroup to clarify where full bio-psycho	Q2 2021	Q2 2022	Grant Team, BHC		Evaluate r	need for N	IHP	Develop	Plan to Fi	ll Identified	Needs	Impleme	nt plan		
assessment and counseling is/is not occuring. Incarcerated individuals ar being assessed and referrals made. Anecdotal input underscores a low referral completion rate around treatment/counseling/social services. Report on August 31, 2021 Data milestone on agenda for 10/14/21 BHC Meeting.															
c. Generate clarity at interception point above on why the wraparound services aren't successfully established, \Rightarrow establish what the barriers are, \Rightarrow address.	Q3 2021	Q4 2023	Grant team, JHC, BHC, DBH			Evaluate o	current se	rvices	Develop	Service Imp	provemen	t Plan	Impleme	nt plan	
Y1Q4:Update:Trmt3c. - see update above.															
d. Determine barriers to waivered providers seeing patients and work with Jefferson Healthcare to maximize service, \implies Develop plan to have more Primary Care Patients screened.	Q3 2021	On-going	Grant team, JHC, BHC			Review Cu	urrent Syst	tem	Develop	Service Imp	provemen	t Plan	Impleme	nt plan	
Y1Q4:Update:Trmt3d. - JHC (BHC Member/Hospital) has had multiple evolutions in the behavioral health service staffing lineup. The grant team is working to establish who the new lead is and to use the PIMS Direct Services data sheet fields as a basis to explore / understand / quantify how many primary care patients are screened now and could be screenedthen will determine how to optimize screening.															
Activity Metric: Number of waivered providers per 1,000 Medicaid residents with OUD will stay above 75/1,000, Number of patients screened for MAT at JHC will increase by 20% by 2025.	On-going	On-going	Grant team, Jefferson Healthcare, BHC	On-going				On-goin	g			On-going			

TASK NAME	START	END	TEAM MEMBER	Yr 1 Q1	Yr 1 Q2	Yr 1 Q3	Yr 1 Q4	Yr 2 Q1	Yr 2 Q2	Yr 2 Q3	Yr 2 Q4	Yr 3 Q1	Yr 3 Q2	Yr 3 Q3	Yr 3
ment			WILIVIDEN	YI	EAR 1 - 2	020 - 202	21	١	(EAR 2 2	2021 - 202	2	Ye	ear 3 202	22 - 202	23
educe barriers to treatment, by supporting integrated treatment and ecovery, including integration with behavioral health, the criminal															
ustice system, dentistry, and social services. Use approaches that ninimize stigma and other barriers to care	Q1 2021	On-going													
 Enhance support to Law/EMS for call subject navigation and ehavioral health service connection ⇒ Develop a proactive community nobile integrated healthcare delivery program that leverages ollaboration between community medical and behavioral healthcare roviders to determine and enact innovative behavioral health solutions in pre-clinical or pre-hospital settings ⇒ Develop, maintain a printed Resource Directory pamphlet to upplement existing online version. Distribute resulting directory amphlets to vulnerable populations, behavioral health support ommunity and first responders ⇒ Create a Law/EMS Care Coordination team to develop a Coordination lan that improves coordination for LAW/EMS and behavioral and nedical health care providers. (MHFR) ⇒ Develop integrated approach or various behavioral health service access enhancements to provide a 															Tra
ohesive safety net for vulnerable population members who are high tilizers of Law/EMS services.	Q1 2021	On-going	BHC, EMS, Grant Team			Re-visit Pl	an w/ new	/ leaders	hin	Propose u	ndated ar	proach			and
1Q4:Update:Trmt4a. Multiple Q4 meetings highlighted a significant PTSD factor is ndermining workforce capacity and retention at some BHC member rganizations. Prioritized efforts to determine how, then support Mental lealth wellness among all our first responder agencies and team nembers. Once that has been sorted, then I'll move to engage these gencies incoming leadership on how they'd like to work together to mprove care coordination and BH service access. Updated resource cards have been printed and are being distributed to gency distribution points. Resource information maintenance will be ongoing through the life of his grant and beyond Several exploratory meetings have been held/attended re: bi- irectional communication tools to facilitate patient care management etween service providers; challenge is one key BHC member has very pecific criteria we haven't addressed successfully.															

TASK NAME	START	END	TEAM MEMBER	Yr 1 Q1	Yr 1 Q2	Yr 1 Q3	Yr 1 Q4	Yr 2 Q1	Yr 2 Q2	Yr 2 Q3	Yr 2 Q4	Yr 3 Q1	Yr 3 Q2	Yr 3 Q3	Yr 3 Q4
Treatment			IVIEIVIDEK	Y	EAR 1 - 2	020 - 20	21	,	YEAR 2 2	2021 - 202	2	Yea	ar 3 20	22 - 202	3
Reduce treatment barriers reatment by supporting integrated treatment and recovery, including integration with behavioral health, criminal justice system, dentistry, and social services. Use approaches 4 that minimize stigma/other barriers to care - Cont'd b. Improve Jail to Community transitions ⇒Develop systems that address conditions of client release from incarceration that mandate	Q1 2021	On-going				-				_					
 appropriate assessment, referral and follow-on carry-through. Y1Q4:Update:Trmt4b. There have been 59 assessments in the Jail's Residential Substance Abuse Treatment Program. 56 were referred to inpatient, 3 were referred to outpatient. This program also includes and after-care component of service navigation/connection. The RSAT Program is funded through Sep '21. Follow-on funding is 	Q3 2021	On-going	Law, BHC, Grant Team			Create Te	eam to De	velop Soli	ution	Create mo	del to im	prove trans	itions	Implem	ent
c. Explore feasibility of a supportive transitional and permanent housing project to be affiliated with Discovery Behavioral Health (County mental Health service provider) that can provide a cooperative, clean, and sober living environment, enabling residents to address the mental health and/or substance use disorder challenges that have led to homelessness. Identify planning grant funding ⇒ Identify Fiscal Agent for Planning grant ⇒ apply/procure planning grant funds ⇒ achieve goal of planning grant: a "shovel ready" plan that can be used to secure construction funding and ultimately the construction of recovery housing within 5 years.	Q1 2021	Q4 2023	BHC, DBH, Grant Team	внс/двн	l to Identif	y funding S	Source	Obtain F	-unding, P	roject Planr	ling	Complete	project f	Plans, pro	ocure pi
Y1Q4:Update:Trmt4c. - Educating City/County Affordable Housing Taskforce of the critical need to have a dedicated resource to support the City/County agencies pursuit relevant funding that must be fiscally hosted by them. - Exploring funding some aspect of the Pfeiffer House (transitional housing for 18-24 year olds and a community space for 15-24 year olds) with RCORP-I funds saved from 2020-2021 funding, will bring proposal to BHC in Y2Q1						,				.,	о.			, pro	

TASK NAME	START	END	TEAM MEMBER	Yr 1 Q1	Yr 1 Q2	Yr 1 Q3	Yr 1 Q4	Yr 2 Q1	Yr 2 Q2	Yr 2 Q3	Yr 2 Q4	Yr 3 Q1	Yr 3 Q2	Yr 3 Q3	Yr 3 Q
eatment				Y	EAR 1 - 2	020 - 202	21	١	(EAR 2 2	021 - 202	2	Ye	ear 3 20	22 - 202	23
Reduce treatment barriers treatment by supporting integrated															
treatment and recovery, including integration with behavioral health,															
criminal justice system, dentistry, and social services. Use approaches															
that minimize stigma/other barriers to care - Cont'd	Q1 2021	On-going													
d. Develop relevant regional connections, understanding and															
collaborations \Rightarrow Identify potential regional collaborators/partners,															
projects, existing coalitions and initiatives, \Rightarrow Contact potential															
partners, describe project and solicit collaboration, \Rightarrow Develop, or															
integrate with existing, regional behavioral health collaboratives, \Rightarrow															
Engage with stakeholders of the Wellness Center in neighboring Clallam															
County to explore how the BHC/Jefferson County can productively															
participate in this planned Wellness Center, \Rightarrow Perform inventory of															
existing relevant services in neighboring Kitsap and Clallam counties, \Rightarrow															
Prioritize intentional service linkage relationship-building efforts to															
generate a service network that improves behavioral health service															
access for Jefferson County residents, \Rightarrow Collaborate with other regional															
providers, agencies, tribes, community resources to coordinate care and															
ensure appropriate placements across the region, \Rightarrow Engage MH/SUD															
Stigma-related communications expert to assist in the development of															
an education, outreach and engagement plan to expand the regional															
community's understanding of SUD/OUD use, \Rightarrow Grant Team executes															
resulting plan, \Rightarrow Develop an understanding of regional staffing issues															
and possible avenues to address \Rightarrow Work with regional epidemiology															
team to regionally expand and participate in a study being designed to															
track individuals pre and post IMC, \Rightarrow use resulting data to inform			BHC, Grant												
corrective steps to be taken.	Q1 2021	On-going	Team	Perform i	inventory o	of regional	resources	Develop	regional t	eam		Integrate	regional	plans wit	th lo
Y1Q4:Update:Trmt4d.															
- Regularly attends: Olympic Communities of Health (OCH) Board;															
regional SBH-ASO Board; regional 3CCORP Treatment Workgroup															
Meeting; regional NCC Convenings; regional SSP meeting															
- In conversations with OCH team members (regional communities of															
health organization) on how to knit together Jefferson County Efforts with Regional education and communication efforts around stigma using															
a \$245k grant they just received.															
- Working with Salish Behavioral Health - Administrative Services															
Organization (SBH-ASO) to keep BHC members informed of state funding															
coming through SBH-ASO, and to collaborate to optimize pursuit of															
funding that impacts BH system.															

TASK NAME	START	END	TEAM	Yr 1 Q1	Yr 1 Q2	Yr 1 Q3	Yr 1 Q4	Yr 2 Q1	Yr 2 Q2	Yr 2 Q3	Yr 2 Q4	Yr 3 Q1	Yr 3 Q2	Yr 3 Q3	Yr 3 Q4
	31/411		MEMBER												
Treatment				YI	EAR 1 - 2	020 - 20	21	Y	'EAR 2 2	021 - 202	22	Ye	ear 3 202	22 - 202	3
Reduce treatment barriers treatment by supporting integrated															
treatment and recovery, including integration with behavioral health,															
criminal justice system, dentistry, and social services. Use approaches															
4 that minimize stigma/other barriers to care - Cont'd	Q1 2021	On-going												_	
e. Fund appropriate communication/education/integration Plan															
Consultant to develop Plan, \Rightarrow Grant Team execute to increase															
awareness regarding the need for rural-centric crisis stabilization models			BHC, Grant												
and decrease stigma.	Q4 2021	Q4 2023	Team				Engage Co	onsultant		Develop C	omm Plar	1	Impleme	nt plan	
Y1Q4:Update:Trmt4e.															
- Continued update of website presence at Behealthyjefferson.com to															
the BHC and their RCORP-I work															
(https://www.behealthyjefferson.com/bhc-current). These pages															
include videos of meetings, meeting notes, presentation materials and															
HRSA Deliverables that have been developed.															
- Continued engagement in shared communication effort to address															
Stigma with Olympic Communities of Health and a grant they received to															
address stigma in the region.															
- Executed Fentanyl/naloxone/Opioid Awareness Day campaigns															
throughout last three months.															

TASK NAME	START	END	TEAM	Yr 1 Q1	Yr 1 Q2	Yr 1 Q3	Yr 1 Q4	Yr 2 Q1	Yr 2 Q2	Yr 2 Q3	Yr 2 Q4	Yr 3 Q1	Yr 3 Q2	Yr 3 Q3	Yr 3
			MEMBER												
tment			1	YI	EAR 1 - 2	020 - 202	21	١	EAR 2 2	2021 - 202	2	Ye	ear 3 20	22 - 202	23
Reduce treatment barriers treatment by supporting integrated treatment and recovery, including integration with behavioral health, criminal justice system, dentistry, and social services. Use approaches that minimize stigma/other barriers to care - Cont'd	Q1 2021	On-going												_	
	Q3 2021	On-going	BHC, Law, Criminal Justice, Grant Team			Create Ca	re Coord F	Plannng T	eam	Plan for communit y- wide coordinati on		Implemen	nt and Su	stain	
 Y1Q4:Update:Trmt4f. BHC Proj Dir led Jefferson City/County RFP process to award \$450k for emergency and transitional housing Multiple Q4 meetings highlighted a significant PTSD factor is undermining workforce capacity and retention at some BHC member organizations. Prioritized efforts to determine how, then support Mental Health wellness among all our first responder agencies and team members. Once that has been sorted, then I'll move to engage these agencies incoming leadership on how they'd like to work together to improve care coordination and BH service access. Updated resource cards have been printed and are being distributed to agency distribution points. Resource information maintenance will be ongoing through the life of this grant and beyond Several exploratory meetings have been held/attended re: bi- directional communication tools to facilitate patient care management between service providers; challenge is one key BHC member has very specific criteria we haven't addressed successfully. 															

TASK NAME	START	END	TEAM	Yr 1 Q1	Yr 1 Q2	Yr 1 Q3	Yr 1 Q4	Yr 2 Q1	Yr 2 Q2	Yr 2 Q3	Yr 2 Q4	Yr 3 Q1	Yr 3 Q2	Yr 3 Q3	Yr 3 Q4
	317411		MEMBER												
Treatment		1	1	YI	EAR 1 - 2	020 - 20	21	١	(EAR 2 2	021 - 202	2	Ye	ear 3 202	22 - 202	3
Reduce treatment barriers treatment by supporting integrated treatment and recovery, including integration with behavioral health, criminal justice system, dentistry, and social services. Use approaches 4 that minimize stigma/other barriers to care - Cont'd	Q1 2021	On-going													
		0 0								Develop C	omm Plar				
 g. Contribute to funding a Recovery Café Advocate role, ⇒ Work with individual to leverage Café as an intercept point to connect and integrate Recovery Café clients into wraparound social, medical and behavioral health-related services, ⇒ explore engaging providers to do bio-psych assessment services in a private room at the Café. Y1Q4:Update:Trmt4g. Some successes we've had this Quarter: Remaining open despite everchanging COVID rules and restrictions. Increased our weekly Recovery Circles to 6. Hired a Kitchen Lead staff person. We also just recently started a partnership with Bayside Housing by having one of their Case Managers on-site at Recovery Café every other week to assist Members with housing applications. 	Q1 2021	On-going	Recovery Café, BHC, Grant Team	Work wit	h leaders t	o determi	ne role	Position	staffed			Long tern	n plan in p	blace	
Activity Metrics: By 2022 decrease the number of Behavioral Health patients being seen by EMS and Law Enforcement by 10%, By 2025 reduced rates of incarceration for those with behavioral health issues by															
10%, By 2025 reduced use of hospital ED for those with behavioral health needs by 10%.	On-going	On-going	Grant Team	On-going				On-going	5			On-going			

TASK NAME	START	END	TEAM MEMBER	Yr 1 Q1	Yr 1 Q2	Yr 1 Q3	Yr 1 Q4	Yr 2 Q1	Yr 2 Q2	Yr 2 Q3	Yr 2 Q4	Yr 3 Q1	Yr 3 Q2	Yr 3 Q3	Yr 3 Q4
Treatment		1	1	Y	EAR 1 - 2	020 - 202	21	۱	(EAR 2 2	021 - 202	2	Ye	ear 3 20	22 - 202	!3
Strengthen collaboration with law enforcement and first responders to enhance their capability of responding and/or providing emergency 5 treatment to those with SUD/OUD	Q3 2021	Ongoing													
 a. Enhance support to Law/EMS for call subject navigation and behavioral health service connection ⇒ Develop a proactive community mobile integrated healthcare delivery program that leverages collaboration between community medical and behavioral healthcare providers to determine and enact innovative behavioral health solutions in pre-clinical or pre-hospital settings ⇒ Develop, maintain a printed Resource Directory pamphlet to supplement existing online version. Distribute resulting directory pamphlets to vulnerable populations, BH support community and first responders ⇒ Create a Law/EMS Care Coordination team who will develop a Coordination Plan to improve coordination for LAW EMS and behavioral and medical health care providers. (MHFR) ⇒ Develop integrated approach for BH service access enhancements to provide a cohesive safety net for vulnerable population members who are high utilizers of the county's Law/EMS services. 	Q1 2021	Ongoing	EMS, Law, Grant Team, BHC	Duurles	and publish			Cathorn		velop integ		Plan is im			
 Y1Q4:Update:Trmt5a. BHC Proj Dir led City/County RFP process to award \$450k for emergency and transitional housing; develop insight for BHC. Held 3 Monthly BHC Meetings, 3 Data subgroups ,3 South County Harm Reduction (SCHR) meetings, 2 meetings around bi-directional communication tools, and more than 35 meetings with BHC Members and adhoc teams and/or fellow RCORP-I grantees to develop/improve insight, cross communication and actions to improve access to JeffCo behavioral health services on topics including stigma, BHC sustainability, drug court evolution, transitional affordable housing efforts, prevention for youth, working age and elder populations, regional BH-related efforts, etc. Updated hardcopy summary service connection info cards have been printed and distributed. Maintenance and updates continue to electronic database. Activity Metrics: By 2022 decrease the number of Behavioral Health patients being seen by EMS and Law Enforcement by 10%, By 2025 reduced rates of incarceration for those with behavioral health issues by 10%, By 2025 reduced use of hospital ED for those with behavioral 															
health needs by 10%. Measure impact of measures introduced, \Rightarrow assess what next steps are needed, \Rightarrow implement.	Ongoing	Ongoing	Grant Team	Ongoing				Ongoing				Ongoing			

TASK NAME	START	END	TEAM MEMBER	Yr 1 Q1	Yr 1 Q2	Yr 1 Q3	Yr 1 Q4	Yr 2 Q1	Yr 2 Q2	Yr 2 Q3	Yr 2 Q4	Yr 3 Q1 Y	r 3 Q2 Yr 3 C	3 Yr 3 Q4
reatment			WEWDER	Y	EAR 1 - 2	2020 - 202	21	,	YEAR 2 2	2021 - 202	2	Year	3 2022 - 2	2023
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														
6 sustainability of services	Q3 2022	Ongoing												
a. Explore training possibilities to make sure providers are receiving the										Develop P	lan Begin	Training		
full reimbursement for services offered. Consult with HCA to help			Grant Team,											
understand this process.	Q3 2022	Ongoing	BHC			Research	tools to h	nelp provi	ders			Su	stain	
Y1Q4:Update:Trmt6a. Alerted BHC providers to available HCA and														
JBS/RCORP/SAMHSA trainings														
Activity Metrics: Determine if there is an RVU per provider average to														
compare community providers with a standard				On-going	: -			On-goin	g			On-going		
Enable individuals, families, and caregivers to find, access, and														
navigate evidence-based, affordable treatments for SUD/OUD, as well														
7 as home- and community-based services and social supports:	Q 3 2020	Ongoing												
as nome- and community-based services and social supports.	Q J 2020	Oligonia		-				1		Develop C	omm Plar			
a. Support, collaboratively trouble-shoot, intensify, raise the profile and														
endorsement of ongoing efforts of jail personnel, county medical and														
behavioral health care providers, waivered medical personnel														
throughout the county, JHC medical providers, JCPH Clinic staff, the														
School-based Health Care staff and faith-based organizational leaders as														
they work collectively to improve how individual, family and caregiver														
locate, access and navigate connection to SUD/OUD treatment, as well			JCPH, JHC,											
as home- and community-based services and social supports.	Q4 2021	Ongoing	Grant Team, BHC			BHC Revie	aws Resou	ILCOS				Implement a	nd evaluate	roculte
Y1Q4:Update:Trmt7a.	Q+ 2021	ongoing	brie			Direnevie	-ws nesor					implemente	na evaluate	Tesuits
- BHC Proj Dir led Jefferson City/County RFP process to award \$450k for														
emergency and transitional housing and to develop insight to be														
conveyed to BHC.														
- Held 3 Monthly BHC Meetings, 3 Data subgroups ,3 South County Harm														
Reduction (SCHR) meetings, 2 meetings around bi-directional														
communication tools, and more than 35 meetings with BHC Members														
and adhoc teams and/or fellow RCORP-I grantees to develop/improve														
insight, cross communication and actions to improve access to JeffCo														
behavioral health services on topics including stigma, BHC sustainability,														
drug court evolution, transitional affordable housing efforts, prevention														
for youth, working age and elder populations, regional BH-related														
efforts etc														

TASK NAME	START	END	TEAM	Yr 1 Q1	Yr 1 Q2	Yr 1 Q3	Yr 1 Q4	Yr 2 Q1	Yr 2 Q2	Yr 2 Q3	Yr 2 Q4	Yr 3 Q1	Yr 3 Q2	Yr 3 Q3	Yr 3 Q4
Treatment			MEMBER	V	EAR 1 - 2	020 20	21		(5 A D 2 2	021 - 202	2	V	ear 3 202	22 202	2
Treatment			1	T	EAR 1 - 2	020 - 20	21	,	EAR Z Z	021 - 202	.2	T	ear 3 20/	22 - 202	3
Enable individuals, families, and caregivers to find, access, and															
navigate evidence-based, affordable treatments for SUD/OUD, as well															
7 as home- and community-based services and social supports:	Q 3 2020	Ongoing													
			JCPH, JHC.												
b. Develop and implement a Syringe Exchange Program (SEP) based in			Grant Team,												
Quilcene, that offers connection to wraparound services.	Q3 2021	Ongoing	BHC			Initiate, D	Develop Sv	cs Plan		Program in	n Place		Ongoing	/Evaluate	/Evolve
Y1Q4:Update:Trmt7b.															
 Continued community leadership engagement (Fire Chiefs, School Superintendents, Hospital and Public Health) on effort to develop a 															
South County Harm Reduction Program that will include Naloxone															
training and distribution.															
- Attend monthly regional SSP meeting to develop insight and															
connections															
- Working with Dr. Carlbom, EMS Medical Director, to explore avenues to															
introduce SEP in South County.															
c. Provide and maintain relevant electronic and pamphlet resource			0 I.T												
directory for first responders and vulnerable populations to use as a			Grant Team, Recovery												
reference for services, needs assessment and service connection.	Q3 2021	Ongoing		Develop,	Distribute,	Assess		Track, m	aintain, ev	volve if nec	essary				
Y1Q4:Update:Trmt7c.															
- Updated hardcopy summary service connection info cards have been															
printed and distributed. Maintenance and updates continue to															
electronic database.															

TASK NAME	START	END	TEAM MEMBER	Yr 1 Q1	Yr 1 Q2	Yr 1 Q3	Yr 1 Q4	Yr 2 Q1	Yr 2 Q2	Yr 2 Q3	Yr 2 Q4	Yr 3 Q1	Yr 3 Q2	Yr 3 Q3	Yr 3 C
atment			IVIEIVIDEK	YI	EAR 1 - 2	020 - 202	21)	(EAR 2 2	021 - 202	2	Y	ear 3 20	22 - 202	23
Enable individuals, families, and caregivers to find, access, and															
navigate evidence-based, affordable treatments for SUD/OUD, as well															
as home- and community-based services and social supports:	Q 3 2020	Ongoing													
d. Create a Care Coordination Team consisting of Law, EMS and			Law, DBH,												
Behavioral Health and Medical Health care providers to improve patient			JHC, JCPH,												Tra
coordination between all relevant service providers through a County-			Grant Team,												and
wide Coordination Case Management system.	Q3 2021	Q4 2021	DBH			Re-visit Pl	an w/ new	v leaders	hip	Propose u	odated ap	proach			evo
Y1Q4:Update:Trmt7d.															
- BHC Proj Dir led Jefferson City/County RFP process to award \$450k for															
emergency and transitional housing and to develop insight to be															
conveyed to BHC.															
- Multiple Q4 meetings highlighted PTSD factor is undermining															
workforce capacity and retention at some BHC member organizations.															
Prioritized efforts to determine how, then support Mental Health															
wellness among all our first responder agencies and team members.															
Next I'll move to engage these agencies incoming leadership on how															
they'd like to work together to improve care coordination and BH service															
access. • Updated resource cards have been printed and are being distributed to															
agency distribution points.															
Resource information maintenance will be ongoing through the life of															
this grant and beyond															
- Several exploratory meetings have been held/attended re: bi-															
directional communication tools to facilitate patient care management															
between service providers; challenge is one key BHC member has very															
specific criteria we haven't addressed successfully.															

TASK NAME	START	END	TEAM	Yr 1 Q1	Yr 1 Q2	Yr 1 Q3	Yr 1 Q4	Yr 2 Q1	Yr 2 Q2	Yr 2 Q3	Yr 2 Q4	Yr 3 Q1	Yr 3 Q2	Yr 3 Q3	Yr 3 Q4
	017411		MEMBER												
Treatment		l	1	YI	EAR 1 - 2	020 - 20	21		YEAR 2 2	021 - 202	2	Ye	ear 3 20	22 - 202	3
 Enable individuals, families, and caregivers to find, access, and navigate evidence-based, affordable treatments for SUD/OUD, as well 7 as home- and community-based services and social supports: e. Develop an integrated approach for various behavioral health service access enhancements to provide a cohesive safety net for targeted populations by activating a community-wide care plan for those who trend as high utilizers and are ill-served by County's Law, EMS, Emergency Room, and Jail services. 	Q 3 2020 04 2021	Ongoing	Law, DBH,JHC, JCPH, Grant Team, DBH				Create hi	zh utiliza	- toom		Develop	Plan	Pogia to	ım meetir	
Q1:Update:Trmt7e. - The ground work on this continues including several exploratory meetings have been held/attended re: bi-directional communication tools to facilitate patient care management between service providers - however as noted in Q3's Workplan update, due to reduced bandwidth of BHC Members, we will wait til Summer of '22 to dive into the actual development of a high utilizer program.		Ongoing									Develop		Deginited	mmeeti	· <u>6</u> 3
Activity Metrics: By 2025, reduced behavioral health high-utilizer Emergency Department visits by 10%, By 2022, decrease the number of behavioral health incidents being seen by Law/ EMS/ ED by 15%	Ongoing	Ongoing	Grant Team	On-going				On-goin	g			On-going	[

TASK NAME	START	END	TEAM	Yr 1 Q1	Yr 1 Q2	Yr 1 Q3	Yr 1 Q4	Yr 2 Q1	Yr 2 Q2	Yr 2 Q3	Yr 2 Q4	Yr 3 Q1	Yr 3 Q2	Yr 3 Q3	Yr 3 Q4
Recovery			MEMBER	Y	EAR 1 - 2	<mark>020 - 20</mark> 2	21	١	(EAR 2 2	<mark>021 - 202</mark>	2	Ye	ear 3 20	<mark>22 - 202</mark>	3
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 1 sober/transitional living facilities	Q1 2020	Ongoing													
a. Expand case management, navigator and initiate mental health care services in Jail and Law/EMS first responder teams to ensure coverage on City and County landscapes.	Q1 2021	Ongoing	Law, EMS, DBH, JHC, Grant Team	Develop 1	team for ex	kpanded C	м	Develop	plan			Impleme	nt and su	stain	
 Y1Q4:Update:Trmt1a. There have been 59 assessments in the Jail's Residential Substance Abuse Treatment Program. 56 were referred to inpatient, 3 were referred to outpatient. This program also includes and after-care component of service navigation/connection. The RSAT Program is funded through Sep '21. Follow-on funding is being strategized/pursued to carry the program beyond that date. 															

TASK NAME	START	END	TEAM MEMBER	Yr 1 Q1	Yr 1 Q2	Yr 1 Q3	Yr 1 Q4	Yr 2 Q1	Yr 2 Q2	Yr 2 Q3	Yr 2 Q4	Yr 3 Q1	Yr 3 Q2	Yr 3 Q3	Yr 3 Q4
Recovery			WEWBER	YI	EAR 1 - 2	020 - 20	21	Y	(EAR 2 2	021 - <mark>202</mark>	2	Y	ear 3 202	<mark>22 - 202</mark>	3
Expand peer workforce and programming as interventionists in various settings, including hospitals, emergency departments, law enforcement departments, jails, SUD/OUD treatment 2 programs, and in the community	Year 1	Ongoing													
 a. Work with Recovery Café to coordinate Peer Network Training and connect those trained into strategic points and efforts throughout the community. 	Q2 2021	Ongoing	Recovery Café, Grant Team, BHC		Partner w	ith recove	ery café		Begin pee	er network		Plan for s	sustaining		
 Y1Q4:Update:Trmt2a. Some successes @Recovery Cafe in Y1Q4: Remaining open despite ever-changing COVID rules and restrictions. Increased our weekly Recovery Circles to 6. Hired a Kitchen Lead staff person. We also just recently started a partnership with Bayside Housing by having one of their Case Managers on-site at Recovery Café every other week to assist Members with housing applications. Exploring funding some aspect of the Pfeiffer House (transitional housing for 18-24 year olds and a community space for 15-24 year olds) with RCORP-I funds saved from 2020-2021 funding, will bring proposal to BHC in Y2Q1. Part of that proposal includes the development of a Youth Peer Network. 															

TASK NAME	START	END	TEAM MEMBER	Yr 1 Q1	Yr 1 Q2	Yr 1 Q3	Yr 1 Q4	Yr 2 Q1	Yr 2 Q2	Yr 2 Q3	Yr 2 Q4	Yr 3 Q1	Yr 3 Q2	Yr 3 Q3	Yr 3 Q4
Recovery						020 - 20	21	YEAR 2 2021 - 2022				Year 3 2022 - 2023			
 Support development of recovery communities, recovery coaches, and recovery community organizations to expand the availability of and access to recovery support services a. Contribute to funding a Recovery Café Advocate role, ⇒ Work with individual to leverage Café as an intercept point to connect and integrate Recovery Café clients into wraparound social, medical and behavioral health-related services, ⇒ explore engaging providers to do bio-psych assessment services in a private room at the Café. Y1Q4:Update:Trmt3a. Some successes @Recovery Cafe in Y1Q4: Remaining open despite ever-changing COVID rules and restrictions. Increased our weekly Recovery Circles to 6. Hired a Kitchen Lead staff person. We also just recently started a partnership with Bayside Housing by having one of their Case Managers on-site at Recovery Café every other week to assist Members with housing applications. Exploring funding some aspect of the Pfeiffer House (transitional housing for 18-24 year olds and a community space for 15-24 year olds) with RCORP-I funds saved from 2020-2021 funding, will bring proposal to BHC in Y2Q1. Part of that proposal includes the development of a Youth Peer Network. 	Year 1 Q1 2021	Ongoing Q4 2023	Recovery Café, Grant Team, BHC	Work wit	n RC to fill	position		Sustain				Sustain			

TASK NAME	START	END	TEAM MEMBER	Yr 1 Q1	Yr 1 Q2	Yr 1 Q3	Yr 1 Q4	Yr 2 Q1	Yr 2 Q2	Yr 2 Q3	Yr 2 Q4	Yr 3 Q1	Yr 3 Q2	Yr 3 Q3	Yr 3 Q4
Recovery		1		YEAR 1 - 2020 - 2021				١	YEAR 2 2	<mark>021 - 20</mark> 2	Year 3 2022 - 2023				
Support development of recovery communities, recovery coaches, and recovery community organizations to expand the 3 availability of and access to recovery support services	Year 1	Ongoing													
b. Work with Recovery Café, once they are up and running to coordinate Peer Network Training, \implies Connect those trained into strategic points and efforts throughout the community.	Q2 2021	Ongoing	Recovery Café, Grant Team, BHC		Develop p	eer train	ing plan		Impleme	nt		Sustain			
Q1:Update:Trmt3b. - Grant funded resource (@ Recovery Cafe) is exploring advancing the participation of potential JeffCoPeer Network resources in a startup effort led by Peer Workforce Alliance/Christina Mull-Shinn (RCORP-I project coordinator in Mason County) to provide professional development topics around vicarious/secondary trauma, motivational interviewing, boundaries/ethics and general professionalism to professionals with lived behavioral health experience.															
Metrics for Recovery efforts detailed in this Work Plan: By 2025, reduced behavioral health high-utilizer Emergency Department visits by 10%. By 2025 reduced rates of incarceration for those with behavioral health issues by 10%	Ongoing	Ongoing		Ongoing				Ongoing				Ongoing			