

Workplan Update

Behavioral Health Consortium (BHC) Q1 / Year 1

December 31,
2020

RCORP-Implementation Grant #: GA1RH39564

Submitted to HRSA by:

Lori Fleming, CHIP Co-Exec/Grant Project Director

on behalf of

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

12/31/2020 - Q1 Update: Jefferson County of (BHC) RCORP-I - Prevention Work Plan - Grant # GA1RH39564

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				YEAR 1 - 2020 - 2021				YEAR 2 2021 - 2022				Year 3 2022 - 2023			
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	Grant Team, JCPH Prev CAP												
Q1:Update:Prev1a. Initiated search/interviewing for CAP Development Consultant															
b. Introduce/Practice Recovery Dialects' recommended language @ the BHC monthly meetings.	Q1 2021	Ongoing	Grant Team JCPH Prev												
Q1:Update:Prev1b. Initiated @ Monthly BHC Meetings															
c. Implement PAX Good Behavior Game in Chimacum Primary and Elementary Schools	Q3 2021	Ongoing	JCPH Prev	Develop School District Inroads											
Q1:Update:Prev1c. - 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.				Execute and Track Program				Execute and Track Program				Execute and Track Program			
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												
Q1:Update:Prev1d. Initiated in BHC Monthly Meeting Discussions															
Activity Metric: Increase the number of Behavioral Health visits at School based clinics by 10% by 2022	Ongoing	Ongoing													

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				YEAR 1 - 2020 - 2021				YEAR 2 2021 - 2022				Year 3 2022 - 2023			
Prevention				YEAR 1 - 2020 - 2021				YEAR 2 2021 - 2022				Year 3 2022 - 2023			
2 Increase naloxone access and training	Q2 2021	Ongoing													
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	Q3 2021	Ongoing	Grant Team JCPH Prev, Fire Chief	Initiate Discussion/Development with Community				Execute and track				Execute and track			
Q1:Update:Prev2a. - Initiated 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. - Naloxone Training Presented at PT High School - New policies adopted to support/advocate Naloxone supplies and training be available and presented in two school districts. The third school district is in process.															
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 how many reached			
Q1:Update:Prev2b. Initiated search/interviewing for CAP Development Consultant.															
c. Brainstorm with CHIP's youth, working age and senior age-band workgroups, where, how and when to offer naloxone/training, and execute	Q4 2021	Ongoing	Grant Team, JCPH Prev, JCPH, BHC Members	Assess, Develop Strategy, Execute								Execute Track			Execute Track
Q1:Update:Prev2c. - JCPH Prev Team funded Character Strong Curriculum in Chemicum Jr/Sr High School Teaching in their advisories 2-3 days a week. Thi is a social/emotional development Program that bolsters everything going on with Positive Behavioral Intervention Sports (PBIS).															
Activity Metrics: A 10% reduction on Opioid Overdose deaths by 2025.	Ongoing		Ongoing	Ongoing				Ongoing				Ongoing			

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Prevention				YEAR 1 - 2020 - 2021				YEAR 2 2021 - 2022				Year 3 2022 - 2023			
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	Q1 2021	Ongoing	Grant Team CAP Resource, JCPH Prev, BHC Members	Initiate, Develop CAP, Execute CAP				Execute and track				Execute and track			
Q1:Update:Prev2c. - Initiated search/interviewing for CAP Development Consultant. - 10/24 - Two Drug Take Back Events - in Jefferson County - partnered with Sheriff's Office and PTPD.															
Activity Metric: Increased utilization of Drug Takeback program by 15% by 2023.	Ongoing	Ongoing		Ongoing				Ongoing				Ongoing			

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				YEAR 1 - 2020 - 2021				YEAR 2 2021 - 2022				Year 3 2022 - 2023			
Prevention															
4 Support school-/community-based prevention programs to 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 inroads to School				Execute and track				Execute and track			
Q1:Update:Prev4a. - 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.															
b. Support/Raise the profile of the JCPH Prev Team's CPWI effort	Q3 2021	Ongoing	Grant Team, JCPH Prev, CAP Resource	Develop CAP, Initiate and Execute CAP				Execute / Track				Execute / Track			
Q1:Update:Prev4b. - Initiated search/interviewing for CAP Development Consultant.															
Activity Metric: JCPH Preventative teams activities are still active in 2023	Q1 2021														

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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
				YEAR 1 - 2020 - 2021				YEAR 2 2021 - 2022				Year 3 2022 - 2023			
Prevention															
<p>Improve the identification/screening of at risk for SUD/ODU clients. Provide referrals to prevention, harm reduction, early intervention, treatment, and other support services</p>	Q2 2021	Ongoing													
<p>a. Generate buy-in, fund, initiate and raise profile of Quilcene's SEP program and wrap around services</p>	Q3 2021	Ongoing	Grant Team, BHC Members												
<p>Q1:Update:Prev5a. - Initiated community leadership engagement (Fire Chiefs, School Superintendents, Hospital and Public Health) who agreed to participate in an effort to develop a South County Harm Reduction Program that will include Naloxone training and distribution.</p>															
<p>b. Fund partial Recovery Café Advocate position</p>	Q2 2021	Q4 2023	Grant Team, Recovery Café												
<p>Q1:Update:Prev5b. - Funding Contract signed and Recovery Café has filled the position as of 12/2020.</p>															
<p>c. Support, collaboratively trouble-shoot, intensify, raise the profile and endorsement of ongoing efforts of jail personnel, county medical and behavioral health care providers, waived 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/ODU treatment, as well as home- and community-based services and social supports.</p>	Q3 2021	Ongoing	Grant Team, all BHC Members												
<p>Q1:Update:Prev5c. - Initiated search/interviewing for CAP Development Consultant. - - Held 3 Monthly BHC Meetings, a Data subgroup, a South County Harm Reduction meeting, and over 20 one-on-one meetings with BHC Members to develop/improve insight, cross communication and actions to improve access to behavioral health services in Jefferson County.</p>															

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				YEAR 1 - 2020 - 2021				YEAR 2 2021 - 2022				Year 3 2022 - 2023			
Prevention															
Improve the identification/screening of at risk for SUD/ODU clients. Provide referrals to prevention, harm reduction, early intervention, treatment, and other support services - Cont'd	Q2 2021	Ongoing													
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	Q2 2021	Q4 2022	Law/EMS, JHC, DBH, Safe Harbor, Believe in Recovery												
Q1:Update:Prev5d. - Held 3 Monthly BHC Meetings, a Data subgroup, a South County Harm Reduction meeting, and over 20 one-on-one meetings with BHC Members to develop/improve insight, cross communication and actions to improve access to behavioral health services in Jefferson County. - Orientation into BHC for new Fire Chief in progress															
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												
Q1:Update:Prev5e. - Electronic database updated and available; summary hardcopy info cards have been developed and will be printed/distributed in January 2021.															
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	Q3 2021	Q4 2021	12/20 - Grant Team Led MHFR led												
Q1:Update:Prev5f. - This effort was to be led by MHFR, however it will now be led by the Grant Team. Will push this action out to Summer 2021 due to BHC Member bandwidth being taken up with COVID.															

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				YEAR 1 - 2020 - 2021				YEAR 2 2021 - 2022				Year 3 2022 - 2023			
Prevention															
Improve the identification/screening of at risk for SUD/ODU clients. Provide referrals to prevention, harm reduction, early intervention, treatment, and other support services - Cont'd	Q2 2021	Ongoing													Track and Evolve if necessary
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.	Q3 2021	Ongoing		Develop, Execute, Assess, Evolve Track, Maintain, Evolve if necessary											
Q1:Update:Prev5g. - The ground work on this is ongoing, however, due to reduced bandwidth of BHC Members, we will wait til Summer of '21 to dive into the development of a high utilizer program.															
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, Assess, Evolve Track, Maintain, Evolve if necessary
Q1:Update:Prev5H. - This effort was to be led by MHFR, however it will now be led by the Grant Team. - Jail applied for \$146K Residential Substance Abuse Treatment (RSAT) grant from Dept. of Commerce.															

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				YEAR 1 - 2020 - 2021				YEAR 2 2021 - 2022				Year 3 2022 - 2023			
Prevention															
Improve the identification/screening of at risk for SUD/ODU clients. Provide referrals to prevention, harm reduction, early intervention, treatment, and other support services - Cont'd	Q2 2021	Ongoing													Track and Evolve if necessary
i. Fund Health Facilities Planning and Development (HFPD) consultants to ⇒ continue their determination of the feasibility of a sustainable, local Crisis Stabilization or Evaluation and Treatment facility, ⇒ and if feasible, initiate the development of a facility Implementation Plan.	Q1 2021	Assess Qtrly	HFPD												Engage Resource, Assess Qtrly
Q1:Update:Prev5i. - HFPD Contract Signed. Have refocused their contribution from the local Crisis Stabilization Facility Feasibility effort (now on a holding pattern until we understand more about how COVID impacts our landscape over the next few years) to focus primarily on data identification, normalization to provide collective data that addresses RCORP-I grant requirements, and also informs insight and action development to track and improve the behavioral health system and access to Behavioral Health services. - BHC Data subgroup has met and agreed on initial action items to address vast differences in how various agencies are coding their "encounter" data, as well as to develop a pathway to track disposition data.															
Activity Metric: Patients screened for MAT services in Jefferson County will increase by 15% by 2025.															
Track impact of measures above; assess if/what next steps are needed; strategize and execute; explore and assess further collaboration and funding opportunities to maintain and expand programming beyond the life of the grant.	Q3 2021	Ongoing	Grant Team												Track, Evolve

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Treatment				YEAR 1 - 2020 - 2021				YEAR 2 2021 - 2022				Year 3 2022 - 2023			
1 Screen/Provide/Refer SUD/ODU patients w/ infectious complications	Q2 2021	On-going													
a. Generate buy-in, ⇒ fund, ⇒ initiate ⇒ and raise profile of Quilcene's SEP program ⇒ and wrap around services	Q3 2021	On-going	Grant Team, JHC												
Q1:Update:Trmt1a. - Initiated community leadership engagement (Fire Chiefs, School Superintendents, Hospital and Public Health) who agreed to participate in an effort to develop a South County Harm Reduction Program that will include Naloxone training and distribution.															
b. Collaborate to ⇒ raise the profile of ⇒ and track JCPH's Port Townsend-based Syringe Program (SEP)	Q4 2021	On-going	Grant Team, JCPH, BHC Members												
Q1:Update:Trmt1b. - Initiated search/interviewing for CAP Development Consultant.															
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												
Q1: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												

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				YEAR 1 - 2020 - 2021				YEAR 2 2021 - 2022				Year 3 2022 - 2023			
Treatment				YEAR 1 - 2020 - 2021				YEAR 2 2021 - 2022				Year 3 2022 - 2023			
Recruit, train, and mentor interdisciplinary teams of SUD/ODU clinical and social service providers	Q3 2021	On-going													
a. Initiate engagement of more providers who have had or recently achieved waived status in the past 18 months, to increase the inclusion of MAT treatment in their practices. ⇒Initiate engagement of waived 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 waived 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 waived 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	Q3 2021	On-going	Grant Team, JHC, BHC, DBH	Initiate, Develop Services Plan				Program in Place				On-going			
Q1:Update:Trmt2a. - DBH (BHC Member and County Behavioral Health Agency) has initiated entry into a new waived provider service offering in an intentional collaborative effort with Safe Harbor (BHC Member offering SUD Counseling) to improve patient connection from MAT prescriber (DBH) to SUD-focused therapeutic counseling.															
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				On-going			

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Treatment				YEAR 1 - 2020 - 2021				YEAR 2 2021 - 2022				Year 3 2022 - 2023			
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 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 waived providers on staff currently.	Q1 2021	Q2 2022	JHC, Grant Team					Alert NHSC							
Q1: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.	Q2 2021	Q2 2022	Grant Team, BHC					Evaluate need for MHP	Develop Plan to Fill Identified Needs	Implement plan					
Q1:Update:Trmt3b. - Working with BHC Data subgroup to clarify where we are and are not getting full bio-psycho assessment and counseling - and why not in the cases where it could, but is not happening.															
c. Generate clarity at interception point above on why the wraparound services aren't successfully established, ⇒ establish what the barriers are, ⇒ address.	Q3 2021	Q4 2023	Grant team, JHC, BHC, DBH					Evaluate current services	Develop Service Improvement Plan	Implement plan					
Q1:Update:Trmt3c. - Working with BHC Data subgroup to clarify where we are and are not getting full bio-psycho assessment and counseling - and why not in the cases where it could, but is not happening.															
d. Determine barriers to waived providers seeing patients and work with Jefferson Healthcare to maximize service, ⇒ Develop plan to have more Primary Care Patients screened.	Q3 2021	On-going	Grant team, JHC, BHC					Review Current System	Develop Service Improvement Plan	Implement plan					
Q1:Update:Trmt3d. - JHC presented an overview of their Behavioral Health service at the Dec BHC Meeting. Next step will be to take the info they shared and use it as a base to explore / quantify how many primary care patients are screened now and how many could be screened...then on to the "how".															
Activity Metric: Number of waived 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-going				On-going			

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Treatment				YEAR 1 - 2020 - 2021				YEAR 2 2021 - 2022				Year 3 2022 - 2023			
Reduce barriers to treatment, by supporting integrated treatment and recovery, including integration with behavioral health, the criminal justice system, dentistry, and social services. Use approaches that minimize stigma and other barriers to care	Q1 2021	On-going													
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, behavioral health support community and first responders ⇒ Create a Law/EMS Care Coordination team to develop a Coordination Plan that improves coordination for LAW/EMS and behavioral and medical health care providers. (MHFR) ⇒ Develop integrated approach for various behavioral health service access enhancements to provide a cohesive safety net for vulnerable population members who are high utilizers of Law/EMS services.	Q1 2021	On-going	BHC, EMS, Grant Team	Develop plan to coordinate services				Begin implementation				Implemented			
Q1:Update:Trmt4a. - Held 3 Monthly BHC Meetings, a Data subgroup, a South County Harm Reduction meeting, and over 20 one-on-one meetings with BHC Members to develop/improve insight, cross communication and actions to improve access to behavioral health services in Jefferson County. - Orientation into BHC for new Fire Chief in progress - Electronic database of Resources has been updated and is available; summary hardcopy info cards have been developed and will be printed/distributed in January 2021. - The Care Coordination effort was to be led by MHFR, however it will now be led by the Grant Team. Also, will push the Care Coordination Project-action out to Summer 2021 due to BHC Member bandwidth being taken up with COVID.															

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Treatment				YEAR 1 - 2020 - 2021				YEAR 2 2021 - 2022				Year 3 2022 - 2023			
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													
b. Improve Jail to Community transitions ⇒ Develop systems that address conditions of client release from incarceration that mandate appropriate assessment, referral and follow-on carry-through.	Q3 2021	On-going	Law, BHC, Grant Team												
Q1:Update:Trmt4b. - Jail has applied for a Residential Substance Abuse Treatment program grant from WA Dept. of Commerce in the amount of \$146k. When awarded, this grant has an After Care component that will serve well as a base for deeper discussion with relevant BHC Members about conditions of client release from incarceration.															
c. Maintain DBH's Day Program ⇒ Seek out and obtain additional grant funding and partnerships to address gap in funding caused by WA state's transition to Integrated Managed Care (IMC), ⇒ Explore evolvement of current' Day Program's Services to better serve the intended recipients and potentially reduce costs.	Q1 2021	On-going	DBH, Grant Team, BHC												
Q1:Update:Trmt4c. - Revamping action plan for DBH's Day Program to address COVID-related impacts. Instead, DBH has applied for funding to 1/10th of 1% for \$43K toward Transitional Housing and \$92K for Wraparound Services. Expect if awarded, the amount will be less, but application has been submitted. If any amount is awarded, this effort will support improving access to BH services and supporting the treatment and recovery journey of targeted Jefferson County population.															

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Treatment				YEAR 1 - 2020 - 2021				YEAR 2 2021 - 2022				Year 3 2022 - 2023			
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. Establish the feasibility of a sustainable in-county Crisis Stabilization (CS) or Evaluation and Treatment (E&T) center ⇒ Engage HFPD to analyze/ develop recommendations, ⇒ identify crisis facilities in other rural communities ⇒ tour facilities and interview administration/staff to determine services provided, licenses/certificates held, staffing and governance models, average reimbursement, ADC, etc., ⇒ develop summary to guide planning including rationale for services provided/model of care chosen and challenges/opportunities to implementation and sustainability, ⇒ Compile and review facility design, space needs, services provided and licensure and certification status at each facility, average cost per square foot, and limitations of each facility	Q1 2021	Q4 2023	BHC, DBH, Grant Team	BHC Team to Continue Evaluation				Obtain Funding, Facility Planning				Complete Plans, Begin Build			
Q1:Update:Trmt4d. - HFPD Contract Signed. Have refocused their contribution from the local Crisis Stabilization Facility Feasibility Study effort (now on a holding pattern until we understand more about how COVID impacts our landscape over the next few years) to focus primarily on data identification and normalization that will facilitate our ability to provide collective data that addresses RCORP-I grant requirements, and also informs insight and action development to track and improve the behavioral health system and access to Behavioral Health services. - BHC Data subgroup has met and agreed on initial action items to address vast differences in how various agencies are coding their "encounter" data, as well as to develop a pathway to track disposition data.															

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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				YEAR 1 - 2020 - 2021				YEAR 2 2021 - 2022				Year 3 2022 - 2023			
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. Develop relevant regional connections, understanding and collaborations ⇒ Identify potential regional collaborators/partners, projects, existing coalitions and initiatives, ⇒ Contact potential partners, describe project and solicit collaboration, ⇒ Develop, or integrate with existing, regional behavioral health collaboratives, ⇒ 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, ⇒ Perform inventory of existing relevant services in neighboring Kitsap and Clallam counties, ⇒ Prioritize intentional service linkage relationship-building efforts to generate a service network that improves behavioral health service access for Jefferson County residents, ⇒ Collaborate with other regional providers, agencies, tribes, community resources to coordinate care and ensure appropriate placements across the region, ⇒ 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/ODU use, ⇒ Grant Team executes resulting plan, ⇒ Develop an understanding of regional staffing issues and possible avenues to address ⇒ Work with regional epidemiology team to regionally expand and participate in a study being designed to track individuals pre and post IMC, ⇒ use resulting data to inform corrective steps to be taken.	Q1 2021	On-going	BHC, Grant Team					Perform inventory of regional resources	Develop regional team						

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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
				YEAR 1 - 2020 - 2021				YEAR 2 2021 - 2022				Year 3 2022 - 2023			
Treatment Q1:Update:Trmt4e. - Presented overview of RCORP-I Action Plan at two regional meetings focused on Behavioral Health. - Regularly attends Olympic Communities of Health (OCH) Board and SBH-ASO Board; participates in OCH strategy meetings; 3CCORP Treatment Workgroup Meeting and NCC Convenings - In conversations with OCH team members (regional communities of health organization) on how to knit together Jefferson County Efforts with Regional efforts - Presented BHC Member's Prescriber/Provider Integration effort (between DBH and Safe Harbor) at Regional OUD/SUD Treatment Workgroup Meeting - Grant Team met with Dr. Susan Kingston, UW/ADA State on 12/4 regarding a presentation she'd given on longitudinal data from the WA-PDO grant. With this meeting we solidified a relationship at the state level for relevant data and open dialogue as we work to get the best data and data approaches for setting baseline metrics in our own efforts.															
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													
f. Fund appropriate communication/education/integration Plan Consultant to develop Plan, => Grant Team execute to increase awareness regarding the need for rural-centric crisis stabilization models and decrease stigma.	Q4 2021	Q4 2023	BHC, Grant Team												
Q1:Update:Trmt4f. - Initiated search/interviewing for CAP Development Consultant - Established website presence at Behealthyjefferson.com with historical BHConsortium materials (https://www.behealthyjefferson.com/bhc-historical) and a webpage dedicated 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.															

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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
				YEAR 1 - 2020 - 2021				YEAR 2 2021 - 2022				Year 3 2022 - 2023			
<p>Treatment</p> <p>g. Determine appropriate facility type, size and licensure and service categories for a facility to serve County residents in crisis, ⇒ Determine the appropriate facility type to best meet local resident needs (dependent upon the outcomes of regional collaboration and state rulemaking), ⇒ Identify specific facility, service and agency licensure types to support identified needs. Strongly consider needs of voluntary short stay patients based on needs assessment and BHC priority development. ⇒ Refine estimates of need, determine eligibility for admission and average length of stay and daily census, ⇒ Develop RFP and solicit and select architect, ⇒ Develop criteria for facility size and design, estimate capital expenditure, ⇒ Determine appropriate ownership and governance model, ⇒ Develop staffing model, and pro forma. Refine as necessary. ⇒ Initiate construction, licensing, staffing to support the opening of a crisis stabilization facility ⇒ Identify site options and secure ⇒ Submit construction review application to state department of health to ensure compliance with state and local building codes and state facility licensure requirements, ⇒ Construct, license, staff and open crisis facility</p>	Q3 2021	Q4 2023	BHC, Grant Team	Determine Plan w/ Consultant				Develop and Submit Plans				Complete plans, Begin Construction			
<p>Q1:Update:Trmt4g. - HFPD Contract Signed. Have refocused their contribution from the local Crisis Stabilization Facility Feasibility Study effort (now on a holding pattern until we understand more about how COVID impacts our landscape over the next few years) to focus primarily on data identification, normalization to provide collective data that addresses RCORP-I grant requirements, and also informs insight and action development to track and improve the behavioral health system and access to Behavioral Health services.</p>															

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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				YEAR 1 - 2020 - 2021				YEAR 2 2021 - 2022				Year 3 2022 - 2023			
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													
h. Initiate engagement, implementation and awareness -raising around diversion and service connection, ⇒ Coordinate with patient navigators/care coordinators/social workers (existing and newly established through earlier priorities) in hospital, first responder agencies, jails and courts to ensure appropriate placement and use of facility for individuals in crisis, ⇒ Work with courts to establish options for jail diversion to individuals receiving assessment/treatment in facility, ⇒ Collaborate with other regional providers, agencies, tribes, community resources to coordinate care and ensure appropriate placements across the region.	Q3 2021	On-going	BHC, Law, Criminal Justice, Grant Team							Plan for community-wide coordination					
Q1:Update:Trmt4h. - Held 3 Monthly BHC Meetings, a Data subgroup, a South County Harm Reduction meeting, and over 20 one-on-one meetings with BHC Members to develop/improve insight, cross communication and actions to improve access to behavioral health services in Jefferson County. - Orientation into BHC for new Fire Chief in progress - Electronic database of Resources has been updated and is available; summary hardcopy info cards have been developed and will be printed/distributed in January 2021. - The Care Coordination effort was to be led by MHFR, however it will now be led by the Grant Team. Also, will push the Care Coordination Project-action out to Summer 2021 due to BHC Member bandwidth being taken up with COVID.								Create Care Coord Planning Team							

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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				YEAR 1 - 2020 - 2021				YEAR 2 2021 - 2022				Year 3 2022 - 2023			
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													
i. 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.	Q1 2021	On-going	Recovery Café, BHC, Grant Team						Develop Comm Plan						
Q1:Update:Trmt4i. - Funding Contract signed and Recovery Café has filled the position as of 12/2020. - Hired resource is now developing relationships and providing service connection at the County Fairgrounds, where a homeless population has set up camp during COVID absent other options in the County.								Work with leaders to determine role	Position staffed						Long term plan in place
j. Work with Recovery Café, once they are up and running to coordinate Peer Network Training, ⇒ Connect those trained into strategic points and efforts throughout the community.	Q2 2021	On-going	Recovery Café, BHC, Grant Team					Create training plan	Plan in place						Sustain
Q1:Update:Trmt4j. - Grant funded resource (@ Recovery Cafe) working at one strategic point to develop relationships and provide service connection at the County Fairgrounds, where a homeless population has set up camp during COVID and absent other options in the County.															
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						On-going

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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				YEAR 1 - 2020 - 2021				YEAR 2 2021 - 2022				Year 3 2022 - 2023			
Strengthen collaboration with law enforcement and first responders to enhance their capability of responding and/or providing emergency 5 treatment to those with SUD/ODU	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, behavioral health support community and first responders ⇒ Create a Law/EMS Care Coordination team who will develop a Coordination Plan that improves coordination for LAW EMS and behavioral and medical health care providers. (MHFR) ⇒ Develop an integrated approach for various behavioral health 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	Develop and publish resource guide				Gather team to develop integration				Plan is implemented			
Q1:Update:Trmt5a. - Held 3 Monthly BHC Meetings, a Data subgroup, a South County Harm Reduction meeting, and over 20 one-on-one meetings with BHC Members to develop/improve insight, cross communication and actions to improve access to behavioral health services in Jefferson County. - Orientation into BHC for new Fire Chief in progress - Electronic database of Resources has been updated and is available; summary hardcopy info cards have been developed and will be printed/distributed in January 2021. - The Care Coordination effort was to be led by MHFR, however it will now be led by the Grant Team. Also, will push the Care Coordination Project-action out to Summer 2021 due to BHC Member bandwidth being taken up with COVID.															
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%.	Ongoing	Ongoing	Grant Team	Ongoing				Ongoing				Ongoing			
Measure impact of measures introduced, ⇒ assess what next steps are needed, ⇒ implement.															

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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				YEAR 1 - 2020 - 2021				YEAR 2 2021 - 2022				Year 3 2022 - 2023			
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	Q3 2022	Ongoing													
a. Explore training possibilities to make sure providers are receiving the full reimbursement for services offered. Consult with HCA to help understand this process.	Q3 2022	Ongoing	Grant Team, BHC						Develop Plan	Begin Training					
Q1:Update:Trmt6a. Nothing to report.															
Activity Metrics: Determine if there is an RVU per provider average to compare community providers with a standard															

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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				YEAR 1 - 2020 - 2021				YEAR 2 2021 - 2022				Year 3 2022 - 2023			
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:	Q 3 2020	Ongoing													
a. Support, collaboratively trouble-shoot, intensify, raise the profile and endorsement of ongoing efforts of jail personnel, county medical and behavioral health care providers, waived 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/ODU treatment, as well as home- and community-based services and social supports.	Q4 2021	Ongoing	JCPH, JHC, Grant Team, BHC							Develop Comm Plan					
Q1:Update:Trmt7a. - Funded Recovery Café position that has begun working with homeless population @ Fairgrounds to develop relationships and necessary service connection. - Held 3 Monthly BHC Meetings, a Data subgroup, a South County Harm Reduction meeting, and over 20 one-on-one meetings with BHC Members to develop/improve insight, cross communication and actions to improve access to behavioral health services in Jefferson County. - Orientation into BHC for new Fire Chief in progress - Electronic database of Resources has been updated and is available; summary hardcopy info cards have been developed and will be printed/distributed in January 2021.															
b. Develop and implement a Syringe Exchange Program (SEP) based in Quilcene, that offers connection to wraparound services.	Q3 2021	Ongoing	JCPH, JHC, Grant Team, BHC												
Q1:Update:Trmt7b. - Initiated 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.															
c. 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												
Q1:Update:Trmt7c. - Electronic database of Resources has been updated and is available; summary hardcopy info cards have been developed and will be printed/distributed in January 2021.															

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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				YEAR 1 - 2020 - 2021				YEAR 2 2021 - 2022				Year 3 2022 - 2023			
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:	Q 3 2020	Ongoing													
d. 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 system.	Q3 2021	Q4 2021	Law, DBH, JHC, JCPH, Grant Team, DBH	Develop, Execute, Assess, Evolve						Track, Maintain, Evolve		Track, Maintain, Evolve			
Q1:Update:Trmt7d. - The Care Coordination effort was to be led by MHFR, however it will now be led by the Grant Team. Also, will push the Care Coordination Project-action out to Summer 2021 due to BHC Member bandwidth being taken up with COVID.															
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.	Q4 2021	Ongoing	Law, DBH,JHC, JCPH, Grant Team, DBH					Create high utilizer team		Develop Plan		Begin team meetings			
Q1:Update:Trmt7e. - The ground work on this is ongoing, however, due to reduced bandwidth of BHC Members, we will wait til Summer of '21 to dive into the development of a high utilizer program.															
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-going				On-going			

12/31/2020 - Q1 Update: Jefferson County of (BHC) RCORP-I - Recovery Work Plan - Grant # GA1RH39564

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
				YEAR 1 - 2020 - 2021				YEAR 2 2021 - 2022				Year 3 2022 - 2023			
Recovery				YEAR 1 - 2020 - 2021				YEAR 2 2021 - 2022				Year 3 2022 - 2023			
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	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 team for expanded CM				Develop plan				Implement and sustain			
Q1:Update:Trmt1a. - Initial discussions around first steps are underway - including the impending award of the Jail's RSAT Grant and the Data subgroup's focus on disposition data as a base for improving case management and care coordination															
2 Expand peer workforce and programming as interventionists in various settings, including hospitals, emergency departments, law enforcement departments, jails, SUD/ODU treatment 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 with recovery café				Begin peer network				Plan for sustaining			
Q1:Update:Trmt2a. - Grant funded resource (@ Recovery Cafe) working at one strategic point to develop relationships and provide service connection at the County Fairgrounds, where a homeless population has set up camp during COVID and absent other options in the County.															

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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
				YEAR 1 - 2020 - 2021				YEAR 2 2021 - 2022				Year 3 2022 - 2023			
Recovery															
Support development of recovery communities, recovery coaches, and recovery community organizations to expand the availability of and access to recovery support services	Year 1	Ongoing													
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.	Q1 2021	Q4 2023	Recovery Café, Grant Team, BHC					Work with RC to fill position				Sustain			
Q1:Update:Trmt3a. - Grant funded resource (@ Recovery Cafe) working at one strategic point to develop relationships and provide service connection at the County Fairgrounds, where a homeless population has set up camp during COVID and absent other options in the County.															
b. Work with Recovery Café, once they are up and running to coordinate Peer Network Training, ⇒ Connect those trained into strategic points and efforts throughout the community.	Q2 2021	Ongoing	Recovery Café, Grant Team, BHC					Develop peer training plan				Implement			Sustain
Q1:Update:Trmt3b. - Additional training beyond current Peer Network effort will be initiated in mid 2021 to allow for current Peer resources to focus on homeless population that has increased challenges for the County during COVID.															
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