

08/31/21 - Q4 Update: Jefferson County of (BHC) RCORP-I - Treatment 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
<b>Treatment</b>				<b>YEAR 1 - 2020 - 2021</b>				<b>YEAR 2 2021 - 2022</b>				<b>Year 3 2022 - 2023</b>			
<b>1 Screen/Provide/Refer SUD/ODU patients w/ infectious complications</b>	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					Initiate, Develop Services Plan		Program in Place					On-going
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 ⇒ raise the profile of ⇒ and track JCPH's Port Townsend-based Syringe Program (SEP)	Q4 2021	On-going	Grant Team, JCPH, BHC Members					Initiate, Develop Plan with BHC		CAP in Place					On-going
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, Work with JCPH to complete referrals		Ongoing					On-going
Y1Q4:Update:Trmt1c. - Requested NCR from JCPH - recognize their response time and bandwidth is severely impacted by COVID at this time.															
<b>Activity Metrics:</b> 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				On-going			

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				YEAR 1 - 2020 - 2021				YEAR 2 2021 - 2022				Year 3 2022 - 2023			
<b>Treatment</b>				YEAR 1 - 2020 - 2021				YEAR 2 2021 - 2022				Year 3 2022 - 2023			
<b>Recruit, train, and mentor interdisciplinary teams of SUD/ODU clinical and social service providers</b>	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			
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.															
<b>Activity Metric:</b> 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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<b>Treatment</b>				<b>YEAR 1 - 2020 - 2021</b>				<b>YEAR 2 2021 - 2022</b>				<b>Year 3 2022 - 2023</b>			
<b>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.</b>	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							
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.	Q2 2021	Q2 2022	Grant Team, BHC					Evaluate need for MHP	Develop Plan to Fill Identified Needs	Implement plan					
Y1Q4Update:Trmt3b. - Continue work with BHC Data subgroup to clarify where full bio-psycho assessment and counseling is/is not occurring. Incarcerated individuals are 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, ⇒ establish what the barriers are, ⇒ address.	Q3 2021	Q4 2023	Grant team, JHC, BHC, DBH					Evaluate current services	Develop Service Improvement Plan	Implement plan					
Y1Q4:Update:Trmt3c. - see update above.															
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					
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 screened ...then will determine how to optimize screening.															
<b>Activity Metric:</b> 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							

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<b>Treatment</b>				<b>YEAR 1 - 2020 - 2021</b>				<b>YEAR 2 2021 - 2022</b>				<b>Year 3 2022 - 2023</b>			
PLEASE NOTE: There are many waived, though few actively, providers in Jefferson County. Now working to increase # of patients screened for MAT, rather than providers. Working with JHC and their data allows for ongoing discussion about how to increase MAT Screenings, then to tease out/follow the “realized referral rate” – and then to get more waived providers activated. Also of note is Jefferson County an enormous barrier in our lack of most any housing, especially affordable workforce housing, so there is a strong sense county-wide of prioritizing what human resource we need most when recruiting.															

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<b>Treatment</b>				<b>YEAR 1 - 2020 - 2021</b>				<b>YEAR 2 2021 - 2022</b>				<b>Year 3 2022 - 2023</b>			
4 <b>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</b>	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. <del>(MHR)</del> ⇒ 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	Re-visit Plan w/ new leadership				Propose updated approach				Track and evolve			
Y1Q4:Update:Trmt4a. - 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.															

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<b>Treatment</b>				<b>YEAR 1 - 2020 - 2021</b>				<b>YEAR 2 2021 - 2022</b>				<b>Year 3 2022 - 2023</b>			
4 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													
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												
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															
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												
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															

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<b>Treatment</b>				<b>YEAR 1 - 2020 - 2021</b>				<b>YEAR 2 2021 - 2022</b>				<b>Year 3 2022 - 2023</b>			
4 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 ⇒ 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				Integrate regional plans with local pl			
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.															

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<b>Treatment</b>				<b>YEAR 1 - 2020 - 2021</b>				<b>YEAR 2 2021 - 2022</b>				<b>Year 3 2022 - 2023</b>			
4 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													
e. 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					Engage Consultant		Develop Comm Plan			Implement 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.															



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<b>Treatment</b>				<b>YEAR 1 - 2020 - 2021</b>				<b>YEAR 2 2021 - 2022</b>				<b>Year 3 2022 - 2023</b>			
4 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													
f. 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						
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.								Create Care Coord Planning Team							

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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													
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.	Q1 2021	On-going	Recovery Café, BHC, Grant Team						Develop Comm Plan						
Y1Q4:Update:Trmt4g. - Some successes we've had this Quarter: 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.															
<b>Activity Metrics:</b> 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												

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<b>5 Strengthen collaboration with law enforcement and first responders to enhance their capability of responding and/or providing emergency treatment to those with SUD/ODU</b>	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	Develop and publish resource guide				Gather team to develop integration				Plan is implemented			
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.															
<b>Activity Metrics:</b> 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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<b>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</b>	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					
Y1Q4:Update:Trmt6a. <b>Alerted BHC providers to available HCA and JBS/RCORP/SAMHSA trainings</b>															
<b>Activity Metrics:</b> Determine if there is an RVU per provider average to compare community providers with a standard				On-going				On-going				On-going			
<b>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:</b>	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						BHC Reviews Resources						Implement and evaluate results
Y1Q4:Update:Trmt7a. - 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															

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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													
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					Initiate, Develop Svcs Plan		Program in 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 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, maintain, evolve if necessary					
Y1Q4:Update:Trmt7c. - Updated hardcopy summary service connection info cards have been printed and distributed. Maintenance and updates continue to electronic database.															

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<b>Treatment</b>				<b>YEAR 1 - 2020 - 2021</b>				<b>YEAR 2 2021 - 2022</b>				<b>Year 3 2022 - 2023</b>			
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													
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	Re-visit Plan w/ new leadership				Propose updated approach				Track and evolve			
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.															

08/31/21 - Q4 Update: Jefferson County of (BHC) RCORP-I - Treatment 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
<b>Treatment</b>				<b>YEAR 1 - 2020 - 2021</b>				<b>YEAR 2 2021 - 2022</b>				<b>Year 3 2022 - 2023</b>			
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													
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 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.															
<b>Activity Metrics:</b> 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	