BEHAVIORAL HEALTH CONSORTIUM
JEFFERSON COUNTY, WASHINGTON
DECEMBER 1, 2019

Grantee Organization	Jefferson, County of
Grant Number	G25RH32956
Address	615 Sheridan Street, Port Townsend, WA 98368
Service Area	Jefferson County, WA
Project Directors	Lori Fleming / John Nowak, CHIP Executive Director 360.531.0947 LFleming@co.jefferson.wa.us JNowak@jeffersonhealthcare.org
Contributing Consortium Members and Alternates	Mike Evans, Chief, Port Townsend Police Department Joe Nole, Sheriff, Jefferson County Sheriff's Office James Kennedy, Jefferson County Prosecutor Gabbie Caudill, Clinical Director, Believe In Recovery Annie Failoni, Clinical Director, Olympic Peninsula Health Services Ford Kessler, President, Safe Harbor Vicki Kirkpatrick, Director, Jefferson County Public Health Mike Glenn, CEO, Jefferson Healthcare Jim Walkowski, Chief, East Jefferson Fire Rescue Natalie Gray, CEO, Discovery Behavioral Health Jud Haynes, Port Townsend Police Department Dave Fortino, Jail Superintendent, Jefferson County Jail Anna McEnery, Jefferson County Public Health Dunia Faulx, Jefferson Health Care Pete Brummel, East Jefferson Fire Rescue Tanya Ferguson, Discovery Behavioral Health JD Aldrich, Olympic Peninsula Health Services

Contributing Consortium Ad hoc Committee Members	Patrick Johnson, NAMI
	Matt Ready, Jefferson Healthcare Board
	??, Jefferson Healthcare Provider
	Micah Knox, Faith-based Community
	Brian Richardson, Dove House / Recovery Café
	David Faber, Port Townsend City Council
	Greg Brotherton, County Commissioner
	Jean Scarboro, Jumping Mouse
	Jolene Kron, BH-ASO Representative
	?? Recovery Community
	Lisa Rey Thomas, Regional Opioid Landscape
	Jill Landes, Former Judge for Therapeutic Courts
Grant Coordinator	Bernadette Smyth

NEEDS ASSESSMENT AND PRIORITY SETTING

A. Introduction/Background Information

Include a summary of the geographical areas addressed in this needs assessment, including community culture and history.

Data to be pulled from the NEW CHA

B. Vision/Mission/Planning Values

Example of your values may include transparency, community input, equity, and data-informed processes.

Mission Statement – JN will generate a values statement

C. Needs Assessment Methodologies

Include strategies for collection and use of quantitative and qualitative data.

CHA data

Data from HFPD-led work with BHC Data Collection group,

Data from Gap Analysis tool using best-practices approach to implementation of CDC evidenced-based practices as a standard against which to measure Jefferson County.

D. Overview of Results/Findings

1. Assess findings for populations of focus, including a summary of quantitative and qualitative data from the perspective of prevention, treatment, and/or recovery. Identify prevalence and severity of needs, as well as impact on and demand for services. Summarize relevant context and conditions affecting populations of focus.

   CHA – treatment & recovery – social determinants

   Data Group – Local law enforcement/EMS to get opioid prevalence data.

2. Assess findings for service systems, including summary of existing efforts for prevention, treatment, and recovery; availability and access to care; assets and opportunities; and gaps and constraints. Estimate prevalence of and demand for OUD services. Identify existing and possible federal, state, and local resources that can be leveraged.

   Include upstream youth prevention and CHA work – extracted by lots of publicly held data F

   highlight high Needle exchanges represents big need,

   (but we have ?>100 people in treatment?   Get OPHS – Hospital – DBH –.data)

D. Overview of Results/Findings — cont'd

3. Assess findings for workforce, including assessment of available relevant workforce, areas of workforce shortage, necessary competencies to provide OUD services, estimated service demands, and gaps in the workforce. Identify proposed EBPs and necessary capacity building. Identify resources that can support ongoing workforce development.

   First Work with Gabbie, Ford, Annie, etc to clarify CURRENT workforce landscape as outlined above

   Then: Develop /Narrate a plan for what our solution is to solve the BH Service Access challenge, then address what the appropriate workforce is for that solution …

   Then narrate how we will address the demands and gaps in the workforce etc.

4. Priority setting will inform the strategic plan. Describe the strategy for building concurrence within the consortium and among stakeholders for setting priorities. Describe priority needs, issues, feasibility, and possible strategies to address these priorities.

   After options have been developed for CSC – a facilitator well-versed in LEAN techniques will lead in prioritization exercise. Concurrent work with CHA will inform that prioritization as well.

E. Discussion / Conclusion

- Ongoing data collection - OUD Prevalence

- Ask the Consortium members to keep eyes open for funding opportunities that will help us achieve the goal

- Develop a collective understanding the workforce landscape and what the strengths/gaps are in our community - Current & anticipated

- Need help to develop priorities and plan for how we will provide Emergency and Crisis services in our community - and are expecting HPFD will help considerably on that front

- Involving relevant community members in our discussions and decision-making

- Understand, then integrate the regional landscape to our local plans