BEHAVIORAL HEALTH CONSORTIUM
JEFFERSON COUNTY, WASHINGTON
FEBRUARY 3, 2020

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Grant Number	G25RH32956
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Service Area	Jefferson County, WA
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OVERVIEW

Many Jefferson County, Washington residents, like those in other communities in the United States, suffer from the impacts of opioid use disorder (OUD). As a result, these people experience deep and enduring impacts that ripple out from individual lives, to friends and family, to the community's landscape and beyond.

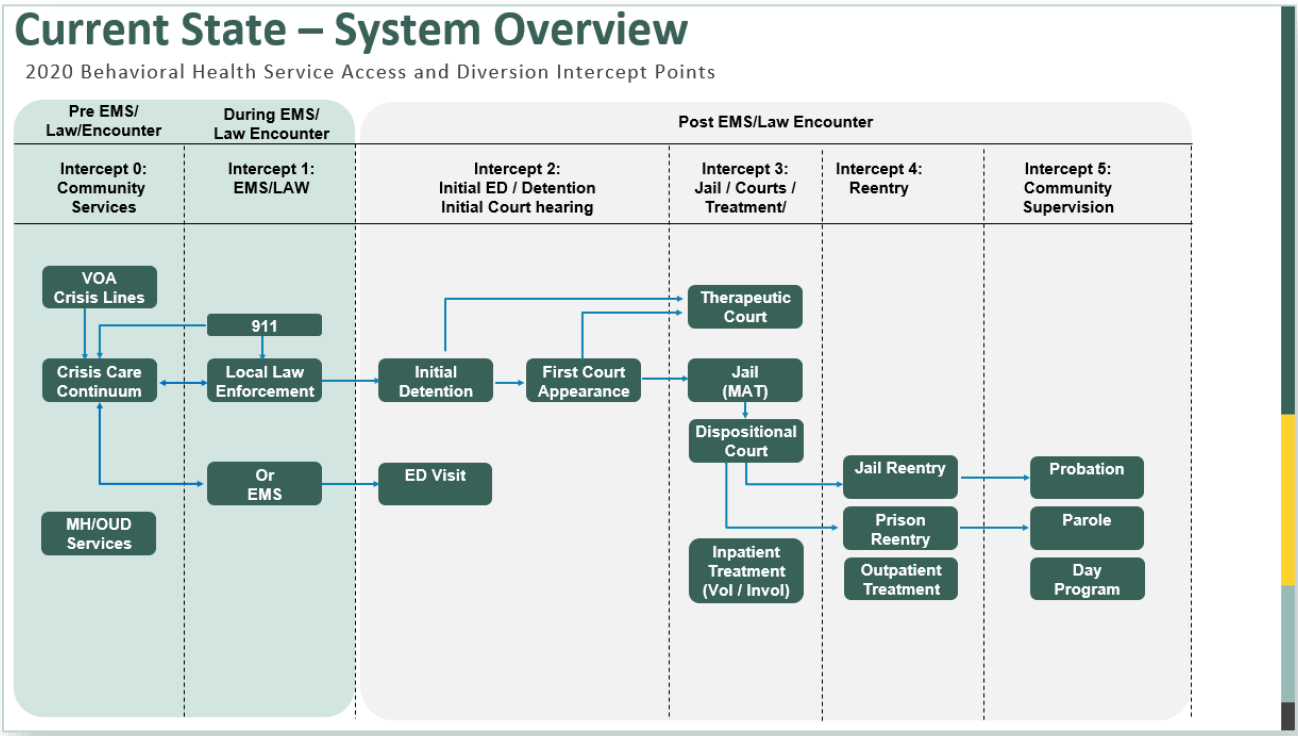
The HRSA RCORP-Planning grant has allowed our community's key stakeholders to develop new threads of clarity that have been woven into a shared vision and mission. From there, multiple siloed discussions were gathered into a collective review of our needs and strengths. This effort served as a level-setting process between our BHC Members and prompted many productive discussions. The group has been both energized and diligent in its effort to form a Strategic Plan (Plan) we believe will positively affect the trajectory of not just OUD impacts, but many closely related behavioral health issues we address in Jefferson County.

This Plan documents the specifics of the BHC's planned work and provides a structure to guide our journey to implement these changes. Thanks to the enthusiasm and sense of possibility we've developed as a collective, and since activities are underway, we can already see the benefit of the Plan.

Relevant qualitative and quantitative data has been gathered over the first half of our one-year grant timeframe. This data is summarized in the BHC's Readiness and Needs Assessment document, which was submitted to HRSA in January 2020.

OVERVIEW – CONT'D

The graphic below will be used as a base to show where impact is expected from the strategies outlined throughout this Plan.



KEY NOTES ON THE CURRENT LANDSCAPE

The detail in this section reflects positive and challenging aspects of the landscape this Plan addresses, as well as monetary and effort streams that should be recognized as elements to intentionally braid together for improved behavioral health service access for Jefferson County residents.

Federal and State Level: State and Federal efforts to transition care from Western State Hospital to local communities

State and Federal governments have jointly pursued a Medicaid Waiver approach, that is focused on providing services to consumers who would otherwise be in an institution, nursing home, or hospital to receive long-term care. A key element of this approach is the closing of all civil commitment beds at Western State Hospital.

Relevancy: The BHC is motivated and primed to be a key contributing player in a regional strategy to address the challenge of the closing of the voluntary commitment units at Western State Hospital, and the need for focused effort to provide and fund avenues of earlier intervention at the local level.

KEY NOTES ON THE CURRENT LANDSCAPE – CONT'D

State and Regional Level: January 2020's transition to Integrated Managed Care generates a major impact to regional behavioral health crisis and diversion programs

Previous to 2020, the Salish Behavioral Health Organization (SBHO) purchased and administered publicly funded mental health and substance use treatment services under managed care, including inpatient and outpatient treatment, involuntary treatment and crisis services, jail proviso services and services funded by the federal block grants. As of January 2020, based on state statute requiring a transition to Medicaid behavioral health services being provided via integrated managed care (IMC), the SBHO ended and became the Salish Behavioral Health Administrative Organization (SBH-ASO), which is now primarily responsible for the Crisis system. SBH-ASO continues to manage funds related to specific legislative provisos; Mental Health and Substance Abuse Block Grants; and Non-Medicaid funded program for individuals at high risk of excessive use of community resources including emergency departments (ED), Law enforcement (LAW), inpatient treatment, etc. All Medicaid services have been transferred to the Managed Care Organizations (MCOs).

Beginning January 2020, Jefferson County, as part of the Olympic Region, transitioned (IMC). The substance of this is:

- Transition of Medicaid based behavioral health services contracts away from the Salish Behavioral Health Organization (SBHO), and replacing them with four MCOs procured for the region through an RFP process managed by the Health Care Authority (HCA).
- The SBH-ASO is the regional entity charged with managing the crisis system continuum, which is funded through State General Fund dollars and some federal block grants.
- 30% of non-Medicaid State General fund dollars have been shifted away from counties to MCOs.
- The SBH-ASO contracted with Volunteers of America to function as the Olympic Region's Crisis Hotline.

Early impacts rising to the surface here in the Olympic Region, along with awareness from watching IMC mid adopter regions include:

- A positive impact is if significant challenging impacts are identified over time, we have the option to request the HCA or the state legislature to seek relief.

KEY NOTES ON THE CURRENT LANDSCAPE – CONT'D

State/Regional Level: January 2020's Integrated Managed Care transition generates a major impact to regional behavioral health crisis and diversion programs – cont'd

- Loss of state funding for innovative programs as funding moved from the SBHO to the MCOs, who really are only responsible for the Medicaid population. Previously the state-only dollars had been used to enhance systems, such as the Jefferson County Discovery Behavioral Health's (DBH) Day Program, which will no longer have adequate funding.
- Because IMC is new to the Olympic Region, providers are motivated to track their patients to determine whether there has been an impact on care. One approach will be to establish a baseline for ED utilization and other high-end costs. An effort could be made to expand this study region-wide, and use the resulting data outcomes to better quantify IMC impacts to be addressed if we are to have a successful behavioral health service system in this region.

  Relevancy: The BHC is motivated and primed to advance this effort, become part of the study, and work to bring clarity on the impacts of IMC.

Regional Level: Legislative funding of $7.2M awarded in 2019 for a MAT Facility in neighboring Clallam County

Jamestown S'Klallam Tribe (Tribe) purchased property in neighboring Clallam County to build a MAT facility and possibly an eventual 16-bed inpatient psychiatric evaluation and treatment facility. The facility is slated to dispense daily doses of methadone, Suboxone and Vivitrol in a 15,000-square-foot building that could grow to about 25,000 square feet.

Management for the facility have an agreement between the tribe and Olympic Medical Center (OMC) to operate the psychiatric facility, as well as potential agreements to collaborate with Jefferson Healthcare (a BHC Member), Forks Community Hospital and Peninsula Behavioral Health. The Tribe, OMC and Jefferson Healthcare applied and received $7.2 million for phase one from the state's capital budget appropriation, and tribal officials plan to seek the remainder of the facility's funding in the 2020 legislative session. Construction tentatively begins in Spring 2020.

Relevancy: The BHC observed as the public became aware of the plan, there was substantial outcry, with over 1500 community members attending public meetings that were scheduled in 2019 to discuss the potential service facility. As noted, construction on this project tentatively begins in Spring 2020. The BHC is motivated and primed to understand more about this effort, the public outcry and ways to address stigma in our own community, as well as how we might collaborate regionally and integrate to improve access to behavioral health services in Jefferson County (see Page 33).

KEY NOTES ON THE CURRENT LANDSCAPE – CONT'D

Regional Level: BAART Programs opening two MAT facilities in neighboring Counties

- These offices (one opened in Port Angeles late 2019, the other is slated to open in Bremerton sometime in 2020) offer evidence-based medication-assisted treatment for opioid use disorder along with counseling, case management and community service referral.

Relevancy: The BHC is motived and primed to conduct an inventory of and develop relationships with relevant regional service players (see Page 33).

County Level - Mental Health Field Response Team (MHFR) explores behavioral health service connection improvements

The MHFR group began meeting in 2018, pre-dating this grant's active time period, under the facilitation of the County's 1/10th of 1% fund Coordinator, Anna McEnery. This group of City and County Law Enforcement (Law), Criminal Justice, and other community advocacy group representatives gathered quarterly to explore solutions and potential funding to address challenges and ineffectiveness in the:

- Use of LAW and ED resources
- Lack of effective critical assistance to the vulnerable Mental Health/Substance Use Disorder/Opioid Use Disorder (MH/SUD/OUD) demographic, the frequent Law and EMS calls

In 2019, the JRMHD Network's Grant Team, created under a 2018 RHNDP-P grant and a precursor group to the BHC, undertook a collaboration with the MHFR to execute a LEAN process to give a rough articulation of Current State and Desired Future State from Law / EMS call inception to call-subject release.

The Lean Process articulated MH/SUD/OUD subjects of Law / EMS call-ins are either taken to the County jail, or to JHC's emergency room. Challenges associated with these two options include:

- Neither of these facilities is equipped to address the needs of residents suffering from MH/SUD/OUD issues, nor can they offer definitive treatment modalities. In the case of violent call-subjects being cycled through the Emergency Department, staff is called on to perform in unsafe situations.
- A great deal of resource is going into the spin and churn of MH/SUD/OUD subjects throughout both facilities, without the needed results for the patient/arrestee, or for the community.
- From the moment an MH/SUD/OUD subject is incarcerated, Medicare/Medicaid supports are suspended. For anyone who is currently being treated and receiving medication, this removes essential medical and psychological care, and inevitably sets the stage for destabilization, potential decompensation, and related challenges. And, while jails are required to provide medical care, few can afford full-scale treatment.

KEY NOTES ON THE CURRENT LANDSCAPE – CONT'D

County Level - Mental Health Field Response Team (MHFR) explores behavioral health service connection improvements – Cont'd

- Incarcerated residents with MH issues often face long delays in competency evaluation with no possibility of restoration services. The current scenario of insufficient Navigator or Case Management services means even with referrals in place, there is nothing to ensure arrestee follow up on service connection.
- The Jail is left responsible for MH/SUD/OUD care. The County Jail, with the help of the local OUD clinic, Olympic Peninsula Health Services (OPHS), secured a 2-year grant at the end of 2018 that provides assessment, withdrawal medication, and counseling to inmates, as well as a process for handing off MH/SUD/OUD inmates to appropriate providers in the County.

  Relevancy: The MHFR is primed and motivated to explore and address a top BHC priority and related objectives in this strategic plan – specifically to initiate and procure funding County-wide Navigator and Coordinator/Case Manager roles, to work with the Law / Emergency Management Services (EMS) to identify issues and connect residents with local supports. They will also explore if there is a hi- or low-fidelity version of the LEAD program that can be instituted effectively in Jefferson County. (see Page 11).

Ongoing Prevention Efforts

The 2019-2020 HRSA RCORP-P funding for this Strategic Plan (Plan) specifically targets Treatment and Recovery. Successful Plan execution will ultimately impact improved prevention results in the form of more people connecting with relevant services rather than being sent to Jail or ED.

The work of this Plan will also inherently raise the profile of, and integrate with ongoing Prevention work overseen by Jefferson County Public Health (JCPH), including the work of the Youth Prevention Team, and the JCPH Syringe Exchange Program.

Jefferson County Community Health Improvement Plan (CHIP)

CHIP's Executive Director position, shared by John Nowak and Lori Fleming, current RCORP-P Grant Project Director, works to address community health priorities in Jefferson County. Among the 4 top priorities in the CHIP is the intention to address access to Behavioral Health services. The CHIP executive leadership, portions of the Community Health Assessment and follow-on strategic planning are collectively funded by Jefferson Healthcare, Jefferson County Public Health and the City of Port Townsend.

KEY NOTES ON THE CURRENT LANDSCAPE – CONT'D

County Level – Cont'd

Jefferson County Jail MAT services, including assessment and navigation services

The WA State Health Care Authority Opiate Treatment Network Grant Contract funds the Jail for OUD/MH care. The County Jail, with the help of the local OUD clinic, Olympic Peninsula Health Services, secured a 2-year grant at the end of 2018 that will provide withdrawal medication and counseling to inmates, as well as a process for handing off OUD/MH inmates to OUD providers in the County.

Increased MAT services in Jefferson Healthcare Primary Care setting

MAT training and provider waivers were funded by the Olympic Communities of Health (OCH) with pass-through funding from Medicaid in 2018. Now Jefferson Healthcare, through its primary care clinics, provides MAT services and behavioral health counseling to its primary care patients.

Nasal Naloxone

Supplies used by law enforcement is currently funded via a pass-down grant administered by the University of WA free of charge.

Olympic Peninsula Health Services (OPHS)

OPHS, a local MAT Provider, partially funds the JCPH Nurse Care Manager for Jefferson County's Syringe Exchange Program, through a hub and spoke grant.

Behavioral health services supported by Jefferson County's 1/10th of 1% Fund

- Jumping Mouse – Counseling for children
- Public Health's Nurse Family Partnership
- MCS Counseling – School-based counseling services
- MCS Counseling– for 27 hours of the Port Townsend Police Department's Navigator role.
- Believe in Recovery – Jail Services
- Discovery Behavioral Healthcare-Housing
- Discovery Behavioral Healthcare- CODIT program
- OlyCAP – Transitional Housing
- Dove House – Recovery Café
- JC Juvenile and Family court
- Behavioral Health Court
- Drug Court
- Family Therapeutic Court

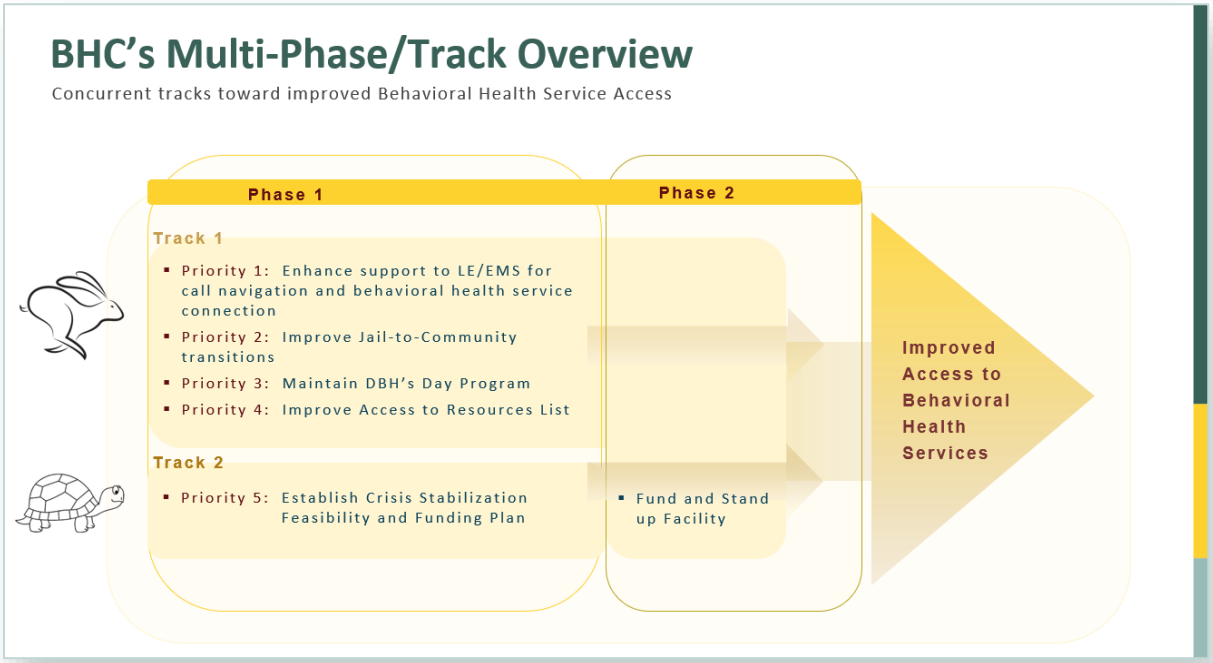
OVERVIEW OF THE BHC'S PRIORITIES

The Behavioral Health Consortium's (BHC) MISSION is to address opioid morbidity and mortality in Jefferson County by serving as a strong infrastructure between agencies, and to identify methods to integrate mental health and substance use disorder services, lower cost, create access to appropriate services at the appropriate time, and to implement evidenced-based, innovative approaches for value-based Healthcare.

The BHC's VISION is to provide Jefferson County residents with treatment and recovery supports as they move toward stability and the recovery of their health and wellness. Taking a proactive collaborative approach will leverage individual organizational strengths and maximize resources dedicated to addressing needs of patients with behavioral health issues, including substance use disorder (SUD) and mental health.

Several opportunity areas emerged from the Needs Assessment process and a half day retreat allowed the group to prioritize those opportunities and set the stage for the strategic planning phase.

The BHC group agreed to pursue a multi-track/multi-phase approach.



- Track 1 initiatives are intended to reflect low capital projects that use and/or expand on existing community resources. We envision these prioritized efforts as primary tools in our arsenal to divert the inflow of people from ED and criminal justice system to appropriate treatment and social services.
- Track 2 Initiatives includes the development and opening of a crisis stabilization or similar type facility. It is estimated that at least 3 years is needed to secure a site, the capital needed to construct or renovate a facility and then to equip, train and secure all required licensing and certification.

OVERVIEW OF THE BHC'S PRIORITIES – CONT'D

Each priority is evidence-based and inter-related. Collectively, they serve as a comprehensive approach focused on improving treatment and recovery support for Jefferson County residents through earlier or enhanced diversion opportunities. The BHC intends to apply for federal funding, in the form of the HRSA-20-031 RCORP-Implementation grant, to execute the work outlined in this Strategic Plan. The RCORP-Implementation grant application has not yet been released, but is currently scheduled to be awarded in September 2019.

In addition to the priorities, a Communication Action Plan (CAP), led by CHIP Executive Directors Lori Fleming and John Nowak, is focused on keeping the community updated on this effort, and to provide outreach and education to help reduce stigma and increase understanding of the behavioral health landscape throughout the county

TRACK 1 / PRIORITY #1: ENHANCE SUPPORT TO LAW ENFORCEMENT/EMS FOR CALL-SUBJECT NAVIGATION AND BEHAVIORAL HEALTH SERVICE CONNECTION

Assessment Summary

- EMS experiences approximately 150 behavioral health-related calls per year, 20% of which are related to opioid overdose, and transports an additional 60+ patients from the local hospital to Behavioral Health facilities outside the county in EMS units per year.
- Law Enforcement agencies experience over 3,000 behavioral health related calls each year. Call volume related to Behavioral Health incidents has increased 20% between 2018 and 2019. The result of this increase is there are less resources available for medical emergencies.

Problem Statement

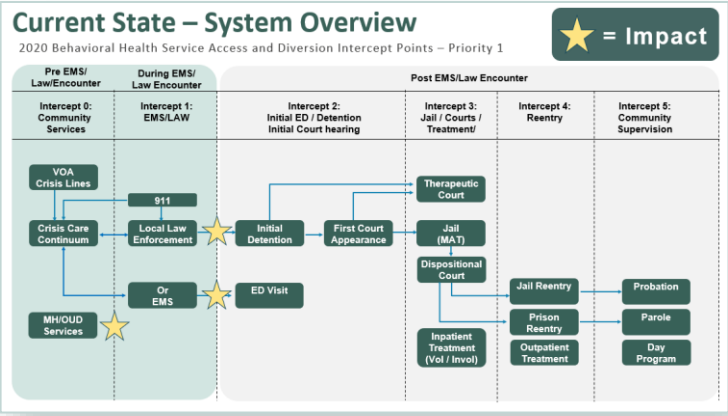
- Current Law Enforcement/EMS organizations are not appropriately staffed or trained to assess or address the increasing number of behavioral health issues being encountered on a daily basis Opportunity to build on existing CIT training and the Navigation services added in the past year at the PTPD.
- Individuals with behavioral health issues are not receiving the access to needed services, resulting in recidivism and delays in treatment.
- Lack of access to proactive solutions to address behavioral health issues outside of the clinical setting
- A high percentage of individuals who make it into the behavioral health service arena come through resource-intensive EMS or Law Enforcement channels.

Target Population

Individuals with behavioral health issues, who are experiencing a crisis situation and being managed by Law Enforcement/EMS calls.

Goal

Appropriate options for Law and EMS teams to connect call-subjects with behavioral health services resulting in preventative diversion occurring earlier and a resulting reduction in number of individuals with BH issues being seen by Law and EMS.



Navigation and care coordination services ideally will occur at intercept point 0 and 1, and can also potentially prevent all subsequent steps through connecting patients with services at the first contact with community services or Law/EMS.

TRACK 1 / PRIORITY #1: ENHANCE SUPPORT TO LAW ENFORCEMENT/EMS FOR CALL-SUBJECT NAVIGATION AND BEHAVIORAL HEALTH SERVICE CONNECTION – CONT'D

Strategies for Implementation

Objective 1: Implement a proactive community mobile integrated healthcare delivery program utilizing a behavioral health Navigator to assist in earlier diversion and reduction of 911 calls related to behavioral health.

Strategy:

A. Leverage collaboration between community medical and behavioral healthcare providers to develop innovative BH solutions in the pre-clinical or pre-hospital settings.

Objective 2: Improve access to resources that divert target population to services outside of admission to the emergency department or jail.

Strategy:

A. Develop and distribute printed Resource Directory to supplement existing online version.

Objective 3: Improve patient coordination between Law/EMS, and community medical and behavioral health care providers.

Strategy:

A. Develop a County-wide Coordination/Case Management System.

Objective 4: A community-wide care plan for those who trend as high utilizers and are ill-served by the County's Law/EMS/ED/Jail services.

Strategy:

A. Develop an integrated approach for the various behavioral health service connection enhancements to provide cohesive safety net for targeted populations.

Long-Term Outcomes

- Preventative pre-911 call diversion of targeted population
- Statistically significant reduction in the number of Behavioral Health-related 911 calls, which will result in more resources being available for medical emergencies.

Long-Term Outcome Indicators

- By 2022, decrease the number of behavioral health incidents being seen by Law/ EMS/ ED by 15%

TRACK 1 / PRIORITY #1: ENHANCE SUPPORT TO LAW ENFORCEMENT/EMS FOR CALL-SUBJECT NAVIGATION AND BEHAVIORAL HEALTH SERVICE CONNECTION / OBJECTIVE 1 – CONT'D

NAVIGATION & BH SERVICE CONNECTION - OBJECTIVE 1 IMPLEMENT A PROACTIVE COMMUNITY MOBILE INTEGRATED HEALTHCARE DELIVERY PROGRAM UTILIZING A BEHAVIORAL HEALTH NAVIGATOR TO ASSIST IN THE REDUCTION OF 911 BEHAVIORAL HEALTH RELATED CALLS	
INTERMEDIATE OUTCOME: Stand up of titled program	INTERMEDIATE OUTCOME INDICATORS: Reduction of 911 calls

STRATEGY 1A: LEVERAGE COLLABORATION BETWEEN COMMUNITY MEDICAL AND BEHAVIORAL HEALTHCARE PROVIDERS TO DEVELOP INNOVATIVE BEHAVIORAL HEALTH SOLUTIONS IN THE PRE-CLINICAL OR PRE-HOSPITAL SETTINGS

Activities	Timeline		Who Is Responsible?	Process Indicators	Short-Term Outcomes
	Start Date	End Date			
1. Broaden current EMS/JHC team meeting to include Law and behavioral health participants	Q2 2020	12/2022	Law / EMS/ Jefferson Healthcare/ DBH / Safe Harbor/ Believe In Recovery	911 calls	Reduced 911 behavioral health-related calls

TRACK 1 / PRIORITY #1: ENHANCE SUPPORT TO LAW ENFORCEMENT/EMS FOR CALL-SUBJECT NAVIGATION AND BEHAVIORAL HEALTH SERVICE CONNECTION / OBJECTIVE 2 – CONT'D

NAVIGATION & BH SERVICE CONNECTION - OBJECTIVE 2 IMPROVE ACCESS TO RESOURCES THAT DIVERT TARGET POPULATION TO SERVICES OUTSIDE OF ADMISSION TO THE EMERGENCY DEPARTMENT OR JAIL.	
INTERMEDIATE OUTCOME: See Priority 4 – Resource Directory Development	INTERMEDIATE OUTCOME INDICATORS: See Priority 4 – Resource Directory Development

STRATEGY 2A: DEVELOP AND DISTRIBUTE PRINTED RESOURCE DIRECTORY TO SUPPLEMENT EXISTING ONLINE VERSION

Activities	Timeline		Who Is Responsible?	Process Indicators	Short-Term Outcomes
	Start Date	End Date			
1. See Priority 4 – Improve access to Resource Directory List, beginning on page 25 of this document					

TRACK 1 / PRIORITY #1: ENHANCE SUPPORT TO LAW ENFORCEMENT/EMS FOR CALL-SUBJECT NAVIGATION AND BEHAVIORAL HEALTH SERVICE CONNECTION / OBJECTIVE 3 – CONT'D

NAVIGATION & BH SERVICE CONNECTION – OBJECTIVE 3: IMPROVED PATIENT CARE COORDINATION BETWEEN LAW / EMS AND COMMUNITY MEDICAL AND BEHAVIORAL HEALTH CARE PROVIDERS	
INTERMEDIATE OUTCOME: Coordination discussions are taking place	**INTERMEDIATE OUTCOME INDICATORS:** Executed agreements to exchange behavioral health /health care information

STRATEGY 3A: CREATE LE/EMS CARE COORDINATION TEAM

Activities	Timeline		Who Is Responsible?	Process Indicators	Short-Term Outcomes
	Start Date	End Date			
1. Convene players to generate understanding of how HIPAA / 42CFR impacts ability to coordinate between agencies.	Q2 2020	Q2 2020	Led by MHFR Law / EMS behavioral health and Medical Healthcare Providers	Executing agreements to exchange behavioral health /healthcare information	Completed document outlines the impacts of HIPAA and 42/CFR
2. Develop a current inventory of county's relevant Navigator, Case Manager / Coordinator services and resources.	Q3 2020	Q4 2020		Meetings Commence	Development of a Coordination Plan that improves coordination for Law, EMS and behavioral health and medical health care providers
3. Develop consensus with relevant players around plan components, players and process.	Q3 2020	Q4 2020			
4. Establish a Coordination staffing plan and procure funding	Q4 2020	Q2 2021		Staffing Plan developed and funding in place	Staffing Plan for funding Coordination plan is in place.

TRACK 1 / PRIORITY #1: ENHANCE SUPPORT TO LAW ENFORCEMENT/EMS FOR CALL-SUBJECT NAVIGATION AND BEHAVIORAL HEALTH SERVICE CONNECTION / OBJECTIVE 4 – CONT'D

NAVIGATION & BH SERVICE CONNECTION - OBJECTIVE 4:
ACTIVATED COMMUNITY-WIDE CARE PLAN FOR THOSE WHO TREND AS HIGH UTILIZERS AND ARE ILL-SERVED BY THE COUNTY'S LAW/EMS/ED/JAIL SERVICES

INTERMEDIATE OUTCOME:	INTERMEDIATE OUTCOME INDICATORS:
Key stakeholders are meeting and developing a map of community resources	Understanding of community resources available for high utilizers and high-level plan to connect them.

STRATEGY 4A: DEVELOP AN INTEGRATED APPROACH FOR VARIOUS BEHAVIORAL HEALTH SERVICE ACCESS ENHANCEMENTS TO PROVIDE A COHESIVE SAFETY NET FOR TARGETED POPULATIONS

Activities	Timeline		Who Is Responsible?	Process Indicators	Short-Term Outcomes
	Start Date	End Date			
1. Monitor discussions and progress of stand up of behavioral health enhancements planned in Priority 1's Objectives 1 and 2 - for alignment and integration points	02/2020	Q4 2021	BHC Grant Team and Members	Grant Team continues relevant team participation	Integration points are documented
2. Facilitate integration between various team's efforts to enhance behavioral health access to support a Community-wide Care Plan	02/2020	Q4 2021		All teams understand roles and how they fit in with overall plan	Integration Plan is developed
3. Lead Community-Wide Care Plan Development for the community's 30-40 high utilizers	Q4 2021	Q2 2022		High utilizers are identified	Some High Utilizer Plans are complete
4. Activate community-wide Care Coordination Plan for high utilizers	02/2020	Q4 2021		Most high utilizers have a plan	Some high utilizers are being seen by Care Coordination Team.

TRACK 1 / PRIORITY #2: IMPROVE JAIL TO COMMUNITY TRANSITIONS

Assessment Summary

- There are approximately 1,300 bookings in the Jefferson County Jail annually
- Jefferson County Jail statistics identify over 900 behavioral health screenings in the first eight months of 2019. The findings of these screenings indicate a challenge around recidivism and a severe impact on incarcerated individuals and resources resulting from alcohol and drug use, with over 80% of the total bookings involving individuals with substance abuse problems and/or mental health disorders.

Problem Statement

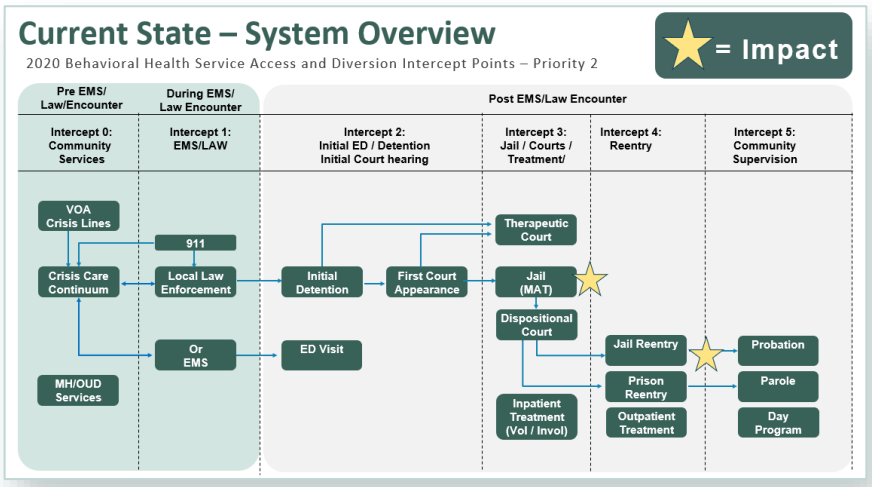
- Current transition from custody to community resources and services often do not allow a care plan to be generated. Factors include a lack of onsite behavioral health assessment staffing and inadequate length of time to complete an appropriate assessment for referral to outside resources.
- Without proper treatment for behavioral health issues, incarcerated individuals will likely reoffend, creating and/or resulting in continued burden on healthcare, criminal justice and community systems.

Target Population

Jefferson County inmates with behavioral health issues.

Goal

Increase the number of individuals being referred to behavioral health services and reduce overall recidivism related to behavioral health challenges.



The BHC intends to break the cycle of re-entry and reduce recidivism by connecting target population with relevant services during their jail stay and to continue to follow and support individuals as they transition back into the community.

TRACK 1 / PRIORITY #2: IMPROVE JAIL TO COMMUNITY TRANSITIONS – CONT'D

Strategies for Implementation

Objective 1: Address length of stay issues to allow for appropriate assessment and referral.

Strategy:

A. Develop systems that address length of stay issues to allow for appropriate assessment and referral.

Objective 2: Improve assessment and referral process.

Strategy:

A. Collaborate with outsides agencies to improve assessment and referral network and process

Long-Term Outcomes

- Reduced recidivism for those with behavioral health disorders
- Increased behavioral health referral numbers for incarcerated individuals

Long-Term Outcome Indicators

1. Decrease recidivism rate to a targeted 10 % improvement in a two-year period of time

2. Increased percentage of incarcerated individuals getting behavioral health referrals

TRACK 1 / PRIORITY #2: IMPROVE JAIL TO COMMUNITY TRANSITIONS / OBJECTIVE 1 – CONT'D

JAIL TO COMMUNITY TRANSITIONS - OBJECTIVE 1: ADDRESS LENGTH OF STAY ISSUES TO ALLOW FOR APPROPRIATE ASSESSMENT AND REFERRAL	
INTERMEDIATE OUTCOME: Contracted Assessment Service in place.	INTERMEDIATE OUTCOME INDICATORS: Increase in referrals

STRATEGY A: DEVELOP SYSTEMS THAT ADDRESS LENGTH OF STAY ISSUES TO ALLOW FOR APPROPRIATE ASSESSMENT AND REFERRAL

Activities	Timeline		Who Is Responsible?	Process Indicators	Short-Term Outcomes
	Start Date	End Date			
1. Conduct an inventory of appropriate resources available for assessment services	3/01/2020	03/30/2020	LF/JN	Complete Resource Assessment	Understanding of available resources.
2. Coordinate with Judicial system to revise conditions of release to mandate behavioral health assessments prior to release.	05/01/2020	08/01/2020	Ford Kessler Gabbie Caudill	Conversation initiated with Judicial System	Group established to develop a plan to revise conditions of release.
3. Determine approach to metric development and use.	06/01/2020	9/1/2020	John Nowak	Metrics Developed	Metrics selected
4. Develop plan for how to administer additional assessment, and connection to available services	08/01/2020	End of Q4	Dave Fortino	Plan in place	Group established to develop a plan for improving additional assessment, transportation, housing, etc.
5. Hire and coordinate with other agencies to close the gaps identified in Step 1.	09/01/2020	Q4 2020	Dave Fortino	Staff need are hired	Staffing Plan developed.

TRACK 1 / PRIORITY #2: IMPROVE JAIL TO COMMUNITY TRANSITIONS / OBJECTIVE 2 – CONT'D

JAIL TO COMMUNITY TRANSITIONS - OBJECTIVE 2: IMPROVE ASSESSMENT AND REFERRAL PROCESS	
INTERMEDIATE OUTCOME: Conversations with outside agencies initiated	INTERMEDIATE OUTCOME INDICATORS: Assessment Plan developed

STRATEGY A: COLLABORATE WITH OUTSIDES AGENCIES TO IMPROVE ASSESSMENT AND REFERRAL PROCESS

Activities	Timeline		Who Is Responsible?	Process Indicators	Short-Term Outcomes
	Start Date	End Date			
1. Determine approach to metric development and use.	06/01/2020	9/1/2020	JN	Metrics developed	Metrics selected
2. Develop plan for how to administer additional assessment, transportation, housing, etc. services that are now available.	08/01/2020	End of Q4	Dave Fortino	Plan in place	Group established to develop a plan for improving additional assessment, transportation, housing, etc.
3. Hire and coordinate with other agencies to close the gaps identified in Step 1.	09/01/2020	Q4 2020	Dave Fortino	Staff need are hired	Staffing Plan developed.

TRACK 1 / PRIORITY #3: MAINTAIN DISCOVERY BEHAVIORAL HEALTH'S DAY PROGRAM

Assessment Summary

- Discovery Behavioral Healthcare (DBH) is the regional provider of mental health and crisis services and has a capacity to serve over 600 patients a year with an average visit of 3-4 times a month.
- DBH's Day Program is a supportive engagement for high utilizers of our crisis system and those being served in a medication management capacity and those needing more social engagement in their healing.

Problem Statement

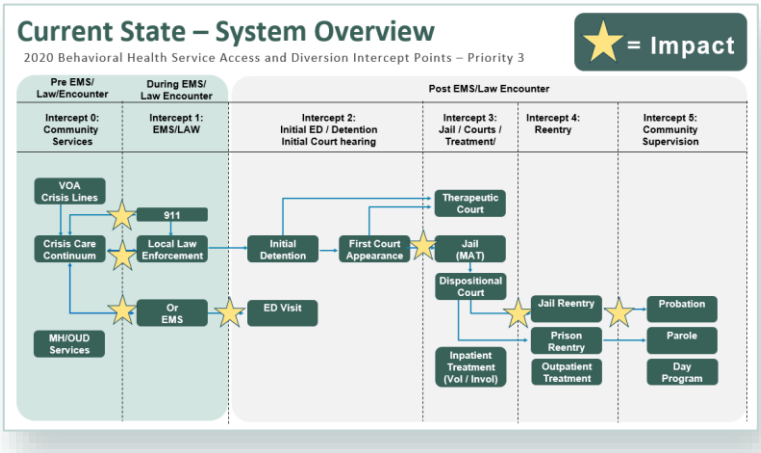
The Day Program, previously funded through block grants within the Salish Behavioral Health Organization, lacks funding as a result of 2020's IMC implementation, and the restructuring of the funding streams. This change impacts individuals who do not have insurance, or who are part of the populations served by Medicare and who depend on DBH's Day Program sustain their stability and prevent destabilization.

Target Population

Priority #3's target population is individuals who do not qualify for any kind of insurance or grant funding, who are high utilizers of services. The targeted population is at high risk for decompensation if not managed through these consistent services, and will subsequently be involved with local hospital Law, ED, and Criminal Justice system, as well as increased potential for descent into homelessness.

Goal

Our goal is to engage adequate funding to preserve and improve the consistency and continuity of treatment for our target population.



Benefits of successful maintenance of the Day Program are reduced use of costly Law and EMS services and maintenance of patient stability. This work will have a robust impact on prevention efforts in Jefferson County, can also become a key resource provided to individuals at any of the intercept points, and serve as potential diversion and/or a means to reduce recidivism.

TRACK 1 / PRIORITY #3: MAINTAIN DBH'S DAY PROGRAM – CONT'D

Strategies for Implementation

Objective 1: Obtain adequate funding outside of available funding streams to maintain program.

Strategy:

A. Pursue additional Behavioral Health Advisory Committee (BHAC) funding for DBH's Day Program

B. Pursue additional partnerships and grant funding

C. Explore federal block funding reclassification towards non-medic-aid, uninsured recipients.

D. Explore evolvement of Day Program Services to better serve target population

Long-Term Outcomes

Reducing decompensation of current high utilizers who are uninsured, or underinsured

Long-Term Outcome Indicators

- By 2025, reduced behavioral health high-utilizer Emergency Department visits by 10%
- Consistent engagement and compliance in mental health day program by monitoring attendance records.
- By 2025, reduced incarceration rates by 10% for the high utilizers of behavioral health services

TRACK 1 / PRIORITY 3: MAINTAIN DBH'S DAY PROGRAM / OBJECTIVE 1 – CONT'D

MAINTAIN DBH DAY PROGRAM - OBJECTIVE 1: OBTAIN ADEQUATE FUNDING OUTSIDE OF AVAILABLE FUNDING STREAMS TO MAINTAIN PROGRAM	
INTERMEDIATE OUTCOME: Progression toward concrete funding options.	**INTERMEDIATE OUTCOME INDICATORS:** DBH's Day Program considered for additional funding, by engaging with potential funders, outside general funding streams

Activities	Timeline		Who Is Responsible?	Process Indicators	Short-Term Outcomes
	Start Date	End Date			
STRATEGY A: PURSUE ADDITIONAL BHAC FUNDING FOR DAY PROGRAM					
1. Engage with BHAC's leadership	1/23/2020	4/23/2020	Natalie Gray/ DBH	BHAC takes the idea to BHAC Board to redirect funding	Buy-in from BHAC on the viability of fund redirection
2. Seek out and obtain additional grant funding to decrease reliance on other community agencies	1/23/2020	4/23/2020	Natalie Gray/ DBH	BHAC takes the idea to BHAC Board to redirect funding	Buy-in from BHAC on the viability of fund redirection
STRATEGY B: PURSUE ADDITIONAL PARTNERSHIPS AND GRANT FUNDING					
1. Solicit Community, faith-based organizations and social service organizations for program gap funding.	1/23/2020	12/31/2020	Natalie Gray/ DBH	Meeting dates set	Funding request(s) made and decision is forthcoming
2. Work with JHC's in-house expert to assist DBH Staff to get patients set up on Medicaid.	Q1 2020	Q2 2020	DBH/JHC	First discussion occurred	JHC expert working with DBH staff
3. Explore partnership with JHC to pursue relevant grant funding.	Q1 2020	Q3 2020	DBH/JHC	Grant potentials identified	Decision on grant pursuit complete

TRACK 1 / PRIORITY 3: MAINTAIN DBH'S DAY PROGRAM / OBJECTIVE 1 – CONT'D

MAINTAIN DBH DAY PROGRAM - OBJECTIVE 1: OBTAIN ADEQUATE FUNDING OUTSIDE OF AVAILABLE FUNDING STREAMS TO MAINTAIN PROGRAM – CONT'D	
INTERMEDIATE OUTCOME: Progression toward concrete funding options.	INTERMEDIATE OUTCOME INDICATORS: DBH's Day Program considered for additional funding, by engaging with potential funders, outside general funding streams

STRATEGY C: EXPLORE FEDERAL BLOCK FUNDING RECLASSIFICATION TOWARDS NON-MEDICAID, UNINSURED RECIPIENTS					
Activities	Timeline		Who Is Responsible?	Process Indicators	Short-Term Outcomes
	Start Date	End Date			
1. Monitor WA Behavioral Health Council discussions to ensure we have latest intelligence	1/23/2020	12/31/2020	DBH/Natalie Gray	Process reports to BHC on monthly basis, or more often if warranted	Reports that this is being addressed at the
2. Use insight gained from above activity to pursue additional funding streams for non-Medic-aid and uninsured individuals, which would affect the DBH Day program.	Q1 2021	Q4 2021	DBH/Natalie Gray	Advocacy occurring	
STRATEGY D: EXPLORE EVOLVEMENT OF DAY PROGRAM SERVICES					
1. Work with DBH's inhouse team to evolve the type of services offered at the Day Program to better serve target population and potentially reduce costs.	Q1 2020	Q2 2020	DBH/Natalie Gray & relevant Inhouse Team members	Day Program assessment complete	Implementation plan for updates finalized and execution underway

TRACK 1 / PRIORITY #4: IMPROVE ACCESS TO RESOURCE DIRECTORY LISTS

Assessment Summary

Vulnerable populations in Jefferson County currently have limited access to services and resources.

Problem Statement

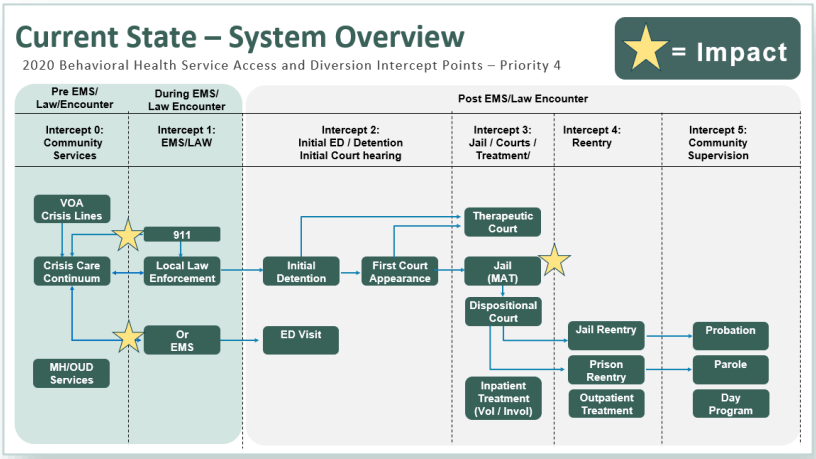
Vulnerable populations, behavioral health support community, and first responders don't have access to concise and portable resource contact information.

Target Population

Vulnerable populations, behavioral health support community, and first responders

Goal

Create a concise and portable resource guide for vulnerable populations, behavioral health support community, and first responders.



Providing our community and first responders with a reliable, regularly updated, printed resource directory will assist in first responders offering better connection to services in the field, and ensure vulnerable populations have resources at their fingertips to take advantage of client-directed readiness opportunities.

TRACK 1 / PRIORITY #4: IMPROVE ACCESS TO RESOURCE DIRECTORY LISTS – CONT'D

Strategies for Implementation

Objective 1: Gather information and put in standard format.

Strategy:

A. Inventory existing information and review for inclusion and update
B. Put into a standard Resource Directory format that allows for future editing
C. Develop a plan for long term maintenance of Resource Directory.

Objective 2: Print and distribute Resource Directory.

Strategy:

A. Approach local print vendors and request pro bono printing
B. Print first run of 200 copies
C. Distribute to vulnerable populations, behavioral health support community and first responders.

Long-Term Outcomes

By Q2 2020, 200 copies of Resource Directory are printed and distributed.

Long-Term Outcome Indicators

Vulnerable populations, behavioral health support community, and first responders are able to access services they weren't able to previously.

TRACK 1 / PRIORITY #4: RESOURCE DIRECTORY / OBJECTIVE 1 – CONT'D

RESOURCE DIRECTORY – OBJECTIVE 1 GATHER INFORMATION AND PUT IN STANDARD FORMAT	
INTERMEDIATE OUTCOME: Inventory completed	INTERMEDIATE OUTCOME INDICATORS: Working document established

Activities	Timeline		Who Is Responsible?	Process Indicators	Short-Term Outcomes
	Start Date	End Date			
STRATEGY A: INVENTORY EXISTING INFORMATION AND REVIEW FOR INCLUSION AND UPDATE					
1. Review existing resource guides	Q1 2020	Q1 2020	Brian Richardson, Recovery Cafe	Existing resource guides in hand	Completed Draft
2. Develop a compiled list and confirm accuracy of information	Q1 2020	Q2 2020	Brian Richardson, Recovery Cafe	Completed compilation list for Resource Directory	
STRATEGY B: PUT INTO A STANDARD RESOURCE DIRECTORY FORMAT THAT ALLOWS FOR FUTURE EDITING					
1. Format completed Resource Directory	Q2 2020	Q2 2020	Brian Richardson, Recovery Cafe	Review completed by Grant Team	Resource Directory formatted in final document form
STRATEGY C: DEVELOP A PLAN FOR LONG TERM MAINTENANCE OF RESOURCE DIRECTORY					
1. Develop plan for long term maintenance 2. Explore how to incorporate User feedback on efficacy of listed resources	Q2 2020	Q2 2020	Brian Richardson, Recovery Cafe	Draft review completed by Grant Team	Draft Plan for maintenance is complete

TRACK 1 / PRIORITY #4: RESOURCE DIRECTORY / OBJECTIVE 2 – CONT'D

RESOURCE DIRECTORY - OBJECTIVE 2 PRINT AND DISTRIBUTE RESOURCE DIRECTORY					
INTERMEDIATE OUTCOME: Pro bono printer identified			INTERMEDIATE OUTCOME INDICATORS: Resource Directory ready to print		
Activities	Timeline		Who Is Responsible?	Process Indicators	Short-Term Outcomes
	Start Date	End Date			
STRATEGY B: PRINT FIRST RUN OF 200 COPIES					
1. Identify, contact and enroll pro bono printer	Q1 2020	Q2 2020	John Nowak, CHIP	Calls to printers completed	Printer selected
2. Print Resource Directory	Q2 2020	Q2 2020	John Nowak, CHIP	Order placed	Printed Resource Directories in hand
STRATEGY C: DISTRIBUTE TO VULNERABLE POPULATIONS, BEHAVIORAL HEALTH SUPPORT COMMUNITY, AND FIRST RESPONDERS					
1. Identify recipients of Resource Directory	Q2 2020	Q3 2020	Brian Richardson, Recovery Café	List of recipients generated	Recipient list ratified
2. Distribute Resource Directory to recipients	Q2 2020	Q3 2020	Brian Richardson, Recovery Café	Resource Directory ready to distribute	Resource Directory distributed.

TRACK 2 / PRIORITY 5: ESTABLISH A CRISIS STABILIZATION CENTER

Assessment Summary

- A significant percentage of Individuals with opioid and/or behavioral health needs are being identified by first responders including JCSO and EJFR, and then ultimately being jailed.
- Individuals are also being seen in the hospital Emergency Department (ED) at Jefferson Healthcare (JH) which had nearly 600 ED visits in 2018 related to an OUD/SUD need. ED visits associated with these conditions are up about 35% since 2016.
- 72% of EJFR calls specific to opioid overdose are being transferred to Jefferson Healthcare. Another 28% are being transferred outside the community.
- No local facilities exist that can provide crisis stabilization/short-term inpatient or residential services for residents experiencing a mental health or SUD crisis or in need of residential treatment and/or recovery services.
- State laws and regulations regarding residential treatment facilities and behavioral health agency licensure provide options for addressing crisis services, detox, inpatient and outpatient mental health and SUD services including treatment and recovery within the same facility.
- State rules regulating behavioral health agency and personnel licensure are currently undergoing state review and public comment which will allow educating the state as to rural centric solutions that can allow for flexibility in facility design and staffing.
- Focusing on the establishment of a residential treatment facility with a behavioral health agency license for the establishment of a crisis stabilization center/short stay facility will allow the facility to meet a variety of community needs and co-occurring mental health and SUD disorders dependent upon community need and financial feasibility.

Problem Statement

Available data (qualitative and quantitative) unequivocally demonstrates a significant burden to residents, health care providers, law enforcement agencies, public health, etc. resulting from a lack of community-based resources for people in a behavioral health/substance use/opioid crisis, resulting in the transfer of OUD/SUD patients to crisis services outside our community

Target Population

Individuals with a behavioral health/substance use crisis in need of assessment, referral, treatment and support services.

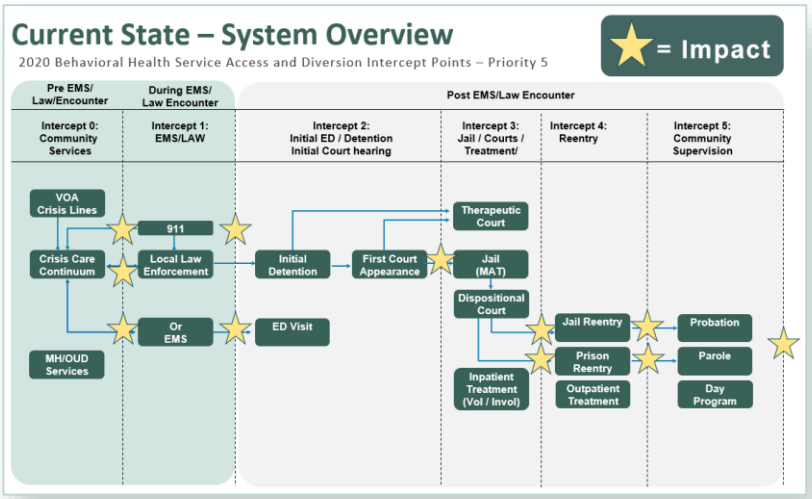
Goal

People in crisis receiving stabilization care and referral services in a safe, accessible setting, close to home. Crisis stabilization plays a key role in care delivery and recovery.

Our goal is to assure that every door (medical, social service and criminal justice) can identify a resident needing crisis stabilization as rapidly as possible, and deliver them to the appropriate inpatient or outpatient setting, as opposed to the hospital ED or jail. For opioid use disorder, the

TRACK 2 / PRIORITY 5: ESTABLISH A CRISIS STABILIZATION CENTER – CONT'D

medications (especially buprenorphine) in conjunction with peer-support, counseling and wrap around services. Once stabilized, most can receive care in an outpatient setting. For other behavioral health crises, the goal is short-term supervised care and observation to assist with deescalating the severity of their crisis and reducing the need for hospitalization. Services will include prompt assessment and reducing acute symptoms. We envision MAT services and transition services being available at this facility.



Development of a Crisis Stabilization Center will provide our community members multiple access points to behavioral health services. The goal is to move key interception along the timeline to prior to Law or EMS interactions, and to also ensure continued access through the entire continuum, including up to and through post jail points.

Strategies for Implementation (years 1-5)

Objective 1: Develop a local East Jefferson County based facility to serve as a resource to support residents in crisis.

Strategy:

A. Analyze and develop recommendations based on other successful examples of rural crisis stabilization.

B. Develop relevant regional connections, understanding and collaborations

C. At the state level, provide education and increase awareness regarding the need for rural-centric crisis stabilization models.

D. Determine appropriate facility type, size and licensure and service categories for a facility to serve County residents in crisis.

E. Construct, license, staff and open crisis stabilization facility

F. Engagement, implementation and awareness-raising (Diversion, Service Connection)

TRACK 2 / PRIORITY 5: ESTABLISH A CRISIS STABILIZATION CENTER – CONT'D

Long-Term Outcomes

Provide a path to recovery, avoid unnecessary hospitalizations and reduce inappropriate use incarceration in jails. Reduced costs and better outcomes.

Long-Term Outcome Indicators

1. Reduced rates of incarceration for those with behavioral health issues
2. Increased connection and integration with regional behavioral health services
3. Reduced use of hospital ED for those with behavioral health needs
4. Reduced substance use/opioid crisis.
5. Reduced out of County transfer and placement.
6. Reduced total costs of care.

TRACK 2 / PRIORITY 5: ESTABLISH A CRISIS STABILIZATION CENTER / OBJECTIVE 1 – CONT'D

ESTABLISH CRISIS STABILIZATION CENTER - OBJECTIVE 1: DEVELOP A LOCAL JEFFERSON COUNTY-BASED FACILITY TO SERVE AS A RESOURCE TO SUPPORT RESIDENTS IN CRISIS.	
INTERMEDIATE OUTCOME: Plan for crisis stabilization treatment complete	INTERMEDIATE OUTCOME INDICATORS: BHC approves crisis stabilization treatment plan.

STRATEGY A: ANALYZE AND DEVELOP RECOMMENDATIONS BASED ON OTHER SUCCESSFUL EXAMPLES OF RURAL CRISIS STABILIZATION

Activities	Timeline		Who Is Responsible?	Process Indicators	Short-Term Outcomes
	Start Date	End Date			
1. Identify crisis facilities in other rural communities.	02/2020	04/2020	Project Director BHC Consortium Members	List of rural facilities	List complete and reviewed
2. Tour facilities and interview administration and staff to determine services provided, licenses/certificates held, staffing and governance models, average reimbursement, ADC, etc.	02/2020	04/2020	Project Director BHC Consortium Members Rural Crisis Stabilization Facilities Strategic Consultant	Tours scheduled/held	Tours completed
3. Develop summary to guide planning including rationale for services provided/model of care chosen (e.g. community need vs. reimbursement opportunities) and challenges/opportunities to implementation and sustainability.	04/2020	05/2020	Project Director BHC Consortium Members Strategic consultant	Summary recommendations for applicability	High level facility and staffing model completed
4. 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 (e.g. not designed for involuntary/secure placements).	04/2020	05/2020	Project Director BHC Consortium Members Strategic consultant	Facility and space needs identified for specific service types.	

TRACK 2 / PRIORITY 5: ESTABLISH A CRISIS STABILIZATION CENTER / OBJECTIVE 2 – CONT'D

ESTABLISH CRISIS STABILIZATION CENTER - OBJECTIVE 1: DEVELOP A LOCAL JEFFERSON COUNTY-BASED FACILITY TO SERVE AS A RESOURCE TO SUPPORT RESIDENTS IN CRISIS.	
INTERMEDIATE OUTCOME: Plan for crisis stabilization treatment complete	INTERMEDIATE OUTCOME INDICATORS: BHC approves crisis stabilization treatment plan.

STRATEGY B: DEVELOP REGIONAL CONNECTIONS, UNDERSTANDINGS AND COLLABORATIONS

Activities	Timeline		Who Is Responsible?	Process Indicators	Short-Term Outcomes
	Start Date	End Date			
1. Identify potential regional collaborators/partners, projects, existing coalitions and initiatives	Q1 2020	Q2 2020	BHC Project Director -Lead, Lisa Rey Thomas	Possible collaborators identified	List of desired potential regional collaborators complete
2. Contact potential partners, describe project and solicit collaboration	Q1 2020	Q2 2020		Meeting invites extended	Formalized Partnerships documented
3. Develop, or integrate with existing, regional behavioral health collaboratives	Q2 2020	Q4 2020		Behavioral health collaborative is developed	Regional collaborators meeting
4. 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.	Q2 2020	Q4 2020		Meetings with Wellness Center Team are occurring	Plan for BHC role in Wellness Center is complete

TRACK 2 / PRIORITY 5: ESTABLISH A CRISIS STABILIZATION CENTER / OBJECTIVE 2 – CONT'D

ESTABLISH CRISIS STABILIZATION CENTER - OBJECTIVE 1: DEVELOP A LOCAL JEFFERSON COUNTY-BASED FACILITY TO SERVE AS A RESOURCE TO SUPPORT RESIDENTS IN CRISIS.	
INTERMEDIATE OUTCOME: Plan for crisis stabilization treatment complete	INTERMEDIATE OUTCOME INDICATORS: BHC approves crisis stabilization treatment plan.

STRATEGY B: DEVELOP REGIONAL CONNECTIONS, UNDERSTANDINGS AND COLLABORATIONS – CONT'D

Activities	Timeline		Who Is Responsible?	Process Indicators	Short-Term Outcomes
5. 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. (including BAART, PA & Bremerton)	Q2 2020	Q4 2020	BHC Project Director lead	Inventory in progress	Inventory complete
6. Collaborate with other regional providers, agencies, tribes, community resources to coordinate care and ensure appropriate placements across the region	Q3 2020	Q2 2021		Regional meetings occurring	Regional relationships are understood

TRACK 2 / PRIORITY 5: ESTABLISH A CRISIS STABILIZATION CENTER / OBJECTIVE 2 – CONT'D

ESTABLISH CRISIS STABILIZATION CENTER - OBJECTIVE 1: DEVELOP A LOCAL JEFFERSON COUNTY-BASED FACILITY TO SERVE AS A RESOURCE TO SUPPORT RESIDENTS IN CRISIS.	
INTERMEDIATE OUTCOME: Plan for crisis stabilization treatment complete	INTERMEDIATE OUTCOME INDICATORS: BHC approves crisis stabilization treatment plan.

STRATEGY B: DEVELOP REGIONAL CONNECTIONS, UNDERSTANDINGS AND COLLABORATIONS – CONT'D

Activities	Timeline		Who Is Responsible?	Process Indicators	Short-Term Outcomes
7. Develop an understanding of staffing issues in our region and possible avenues to address.	Q2 2020	Q4 2020	BHC Project Director Lead	Staffing issue survey is complete	Plan to mitigate staffing issue underway
8. Engage with Kitsap Mental Health/Kitsap Public Health epidemiology team to regionally expand the study they are designing to track individuals pre and post IMC and the loss of service impact.	Q3 2020	Q4 2020	Grant Team	Meetings with KMH/KPHD underway	Jefferson County is participating in post IMC Impact

TRACK 2 / PRIORITY 5: ESTABLISH A CRISIS STABILIZATION CENTER / OBJECTIVE 1 – CONT'D

ESTABLISH CRISIS STABILIZATION CENTER - OBJECTIVE 1: DEVELOP A LOCAL JEFFERSON COUNTY-BASED FACILITY TO SERVE AS A RESOURCE TO SUPPORT RESIDENTS IN CRISIS.	
INTERMEDIATE OUTCOME: Plan for crisis stabilization treatment complete	INTERMEDIATE OUTCOME INDICATORS: BHC approves crisis stabilization treatment plan.

STRATEGY C: AT THE STATE LEVEL, ACTIVELY PARTICIPATE AND ADVOCATE FOR RURAL-CENTRIC CRISIS STABILIZATION MODELS

Activities	Timeline		Who Is Responsible?	Process Indicators	Short-Term Outcomes
	Start Date	End Date			
1. The Washington State Department of Health (DOH) is in the process of developing new licensure and certification categories and workforce/professional staffing requirements for behavioral health. Participate in public meetings at the DOH.	06/2020	02/2021	Project Director BHC Consortium Members, Strategic consultant, local and regional behavioral health/SUD agencies and providers, regional BHOs, and state DOH	Participation and rural representation	State agency recognition of needed flexibility in low census and rural areas
2. Educate DOH staff on potential agency/service licensure requirements that allow for flexibility to meet the comprehensive community need for involuntary and voluntary patients with mental health needs, substance use/opioid use disorder, and co-occurring conditions within one smaller facility.	06/2020	02/2021		Participation and rural representation	
3. Work with the State Health Care Authority, regional BHO, and Managed Care organizations to determine financial feasibility of facility/service options. Educate state agency on costs of small and rural facilities.	06/2020	02/2021		Major payer engaged	Comprehensive understanding of reimbursement options/rates.

TRACK 2 / PRIORITY 5: ESTABLISH A CRISIS STABILIZATION CENTER / OBJECTIVE 1 – CONT'D

ESTABLISH CRISIS STABILIZATION CENTER - OBJECTIVE 1 CONT'D: DEVELOP A LOCAL JEFFERSON COUNTY-BASED FACILITY TO SERVE AS A RESOURCE TO SUPPORT RESIDENTS IN CRISIS.	
INTERMEDIATE OUTCOME: Plan for crisis stabilization treatment complete	INTERMEDIATE OUTCOME INDICATORS: BHC approves crisis stabilization treatment plan.

STRATEGY D: DETERMINE APPROPRIATE FACILITY TYPE, SIZE AND LICENSURE AND SERVICE CATEGORIES FOR A FACILITY TO SERVE JEFFERSON COUNTY RESIDENTS IN CRISIS

Activities	Timeline		Who Is Responsible?	Process Indicators	Short-Term Outcomes
	Start Date	End Date			
1. Dependent upon the outcomes of regional collaboration and state rulemaking, determine the appropriate facility type to best meet local resident needs.	06/2021	06/2021	Project Director, BHC Consortium Members, State Department of Health, Strategic consultant, local and regional BH/SUD providers and agencies	Facility type selected	Facility designed and models developed
2. 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.	06/2021	06/2021	Project Director, BHC Consortium Members, Strategic consultant	Facility type and patient admission selected	
3. Refine estimates of need, determine eligibility for admission and average length of stay and daily census	06/2021	06/2021	Project Director, BHC Consortium Members, Strategic consultant, State Health Care Authority and Managed Care Organizations	Average census by patient type confirmed	

TRACK 2 / PRIORITY 5: ESTABLISH A CRISIS STABILIZATION CENTER / OBJECTIVE 1 – CONT'D

ESTABLISH CRISIS STABILIZATION CENTER - OBJECTIVE 1 CONT'D: DEVELOP A LOCAL JEFFERSON COUNTY-BASED FACILITY TO SERVE AS A RESOURCE TO SUPPORT RESIDENTS IN CRISIS.	
INTERMEDIATE OUTCOME: Plan for crisis stabilization treatment complete	INTERMEDIATE OUTCOME INDICATORS: BHC approves crisis stabilization treatment plan.

STRATEGY D – CONT'D: DETERMINE APPROPRIATE FACILITY TYPE, SIZE AND LICENSURE AND SERVICE CATEGORIES FOR A FACILITY TO SERVE JEFFERSON COUNTY RESIDENTS IN CRISIS

Activities	Timeline		Who Is Responsible?	Process Indicators	Short-Term Outcomes
4. Develop RFP and solicit and select architect	06/2021	07/2021	Project Director, BHC Consortium Members.	Architect selected	Facility designed and models developed.
5. Develop criteria for facility size and design, estimate capital expenditure	07/2021	10/2021	Project Director, Architect, BHC Members, Strategic Consultant, Dept of Health Construction Review TA	Capital budget finalized	

TRACK 2 / PRIORITY 5: ESTABLISH A CRISIS STABILIZATION CENTER / OBJECTIVE 1 – CONT'D

ESTABLISH CRISIS STABILIZATION CENTER - OBJECTIVE 1 CONT'D: DEVELOP A LOCAL JEFFERSON COUNTY-BASED FACILITY TO SERVE AS A RESOURCE TO SUPPORT RESIDENTS IN CRISIS.	
INTERMEDIATE OUTCOME: Plan for crisis stabilization treatment complete	INTERMEDIATE OUTCOME INDICATORS: BHC approves crisis stabilization treatment plan.

STRATEGY D – CONT'D: DETERMINE APPROPRIATE FACILITY TYPE, SIZE AND LICENSURE AND SERVICE CATEGORIES FOR A FACILITY TO SERVE JEFFERSON COUNTY RESIDENTS IN CRISIS

Activities	Timeline		Who Is Responsible?	Process Indicators	Short-Term Outcomes
6. Determine appropriate ownership and governance model.	07/2021	10/2021	Project Director, BHC Members, State, regional and local agencies, policy leaders, advocacy groups, and community resources	Governance and Operations solidified	Facility designed and models developed.
7. Develop staffing model, and pro forma. Refine as necessary.	07/2021	10/2021	Project Director, BHC Members, Strategic Consultant	Staffing model and pro forma finalized	

TRACK 2 / PRIORITY 5: ESTABLISH A CRISIS STABILIZATION CENTER / OBJECTIVE 1 – CONT'D

ESTABLISH CRISIS STABILIZATION CENTER - OBJECTIVE 1: DEVELOP A LOCAL JEFFERSON COUNTY-BASED FACILITY TO SERVE AS A RESOURCE TO SUPPORT RESIDENTS IN CRISIS.	
INTERMEDIATE OUTCOME: Plan for crisis stabilization treatment complete	INTERMEDIATE OUTCOME INDICATORS: BHC approves crisis stabilization treatment plan.

STRATEGY E: CONSTRUCT, LICENSE, STAFF AND OPEN CRISIS STABILIZATION FACILITY

Activities	Timeline		Who Is Responsible?	Process Indicators	Short-Term Outcomes
	Start Date	End Date			
1. Identify site options and secure	02/2022	05/2022		Site secured	Fully operational facility.
2. Submit construction review application to state department of health to ensure compliance with state and local building codes and state facility licensure requirements	02/2022	04/2022	BHC Consortium members, Selected owner/operator.	Submit required documents	
3. Construct, license, staff and open crisis facility	04/2022	10/2022	BHC Consortium Members, Selected owner/operator	Facility constructed, licensed and operated	

TRACK 2 / PRIORITY 5: ESTABLISH A CRISIS STABILIZATION CENTER / OBJECTIVE 1 – CONT'D

ESTABLISH CRISIS STABILIZATION CENTER - OBJECTIVE 1: DEVELOP A LOCAL JEFFERSON COUNTY-BASED FACILITY TO SERVE AS A RESOURCE TO SUPPORT RESIDENTS IN CRISIS.	
INTERMEDIATE OUTCOME: Plan for crisis stabilization treatment complete	INTERMEDIATE OUTCOME INDICATORS: BHC approves crisis stabilization treatment plan.

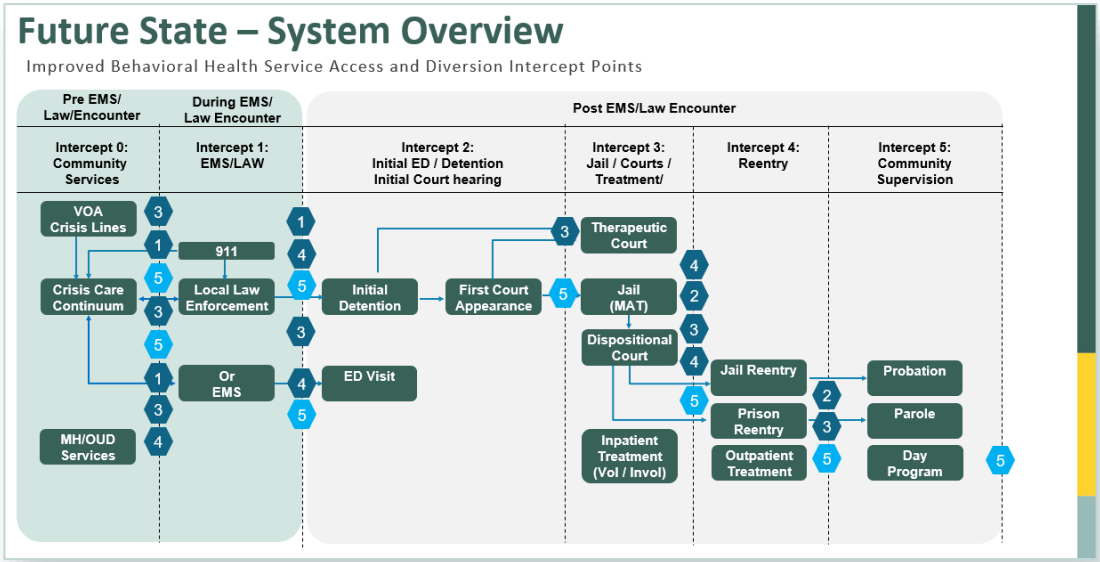
STRATEGY F: ENGAGEMENT, IMPLEMENTATION AND AWARENESS-RAISING (DIVERSION, SERVICE CONNECTION)

Activities	Timeline		Who Is Responsible?	Process Indicators	Short-Term Outcomes
4. 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	10/2022	Ongoing	BHC Consortium Members, New facility administration, Patient navigators, CHWs, care coordinators, social workers located within first responders, behavioral health agencies and providers, jails and health care providers and hospitals.	Partnerships and processes in place to assure care coordination and timely referral to new facility	Patients in mental health and SUD crisis being assessed and treated appropriately.
5. Work with courts to establish options for jail diversion for individuals receiving assessment/treatment in facility.	10/2022	Ongoing			
6. Collaborate with other regional providers, agencies, tribes, community resources to coordinate care and ensure appropriate placements across the region	Q2 2020	Ongoing	BHC Consortium Members, Regional providers, tribes, community resources and other BH facilities.		

FUTURE STATE OVERVIEW

The BHC recognizes that ideally all our interactions with the targeted populations to would migrate to Intercept Point 0, but that isn't realistic at this time. This Plan proposes two concurrent, complimentary tracks. Track 1 focuses on initiatives using low capital / available resources, and Track 2 focuses on capital-intensive initiatives to stand up a Crisis Stabilization Center. Together these tracks integrate to move our Behavioral Health-related interactions to ever earlier intercept points.

Impacts from Track 1 and 2 are collectively outlined below.



1 Increased Navigator and Care Coordination Services allows earlier patient-service connection, ensures integrated client care approach care, and improves outcomes and reduces use of costly Law and EMS Services

2 Improved Jail-to-Community Service Connection reduces recidivism

3 Improved and funded DBH Day Program maintains patient stability and reduces use of costly Law and EMS services

4 Regularly updated online/printed Resource Directory assists first responders in service connection and ensures ease of client-directed readiness opportunities.

Track 2 Initiative Impacts

5 Development of Crisis Stabilization Center will provide community members with multiple behavioral health service access points from beginning to end of the above timeline, including opportunities prior to Law or EMS interactions all the way through through post jail intercept points.

CONCLUSION

The Future State Map outlines where Plan implementation will have a significant impact on behalf of individuals in the community who are suffering with the effects of MH/OUD/SUD and associated behavioral health issues.

The priorities, goals, objectives and strategies in this planning effort were specifically aimed to impact all of the current intercept points for patients in MH/OUD/SUD crisis. The Plan's focus is on early detection, assessment, appropriate placement and treatment.

The BHC's priorities have been designed to be more than standalone Plan elements. Each element is a part of a comprehensive system to advance a specific goal or strategy, while also weaving throughout the Plan to support multiple efforts. The RCORP-P grant has facilitated the BHC to:

- Work with intention to level-set its collective understanding of landscape, challenges and opportunities.
- Gather and leverage substantial cross-sector representation, along with in-depth knowledge and experience about existing programs and services in the community and region
- Bring the above to bear on the Plan's strategies and activities to support the deliberate creation of a region-wide, system-wide and cross-sector network of collaboration and resources to encourage cooperation and prevent effort duplication.
- Mobilize a deep well of BHC Member energy and engagement, which has proven to be a remarkable, as is evidenced by the fact that virtually all of the critical stakeholders of our community are fully participating in this effort.
- Solidify a strong level of collective commitment and motivation to execute the Plan and realize the significant positive effect it can have throughout the Olympic Region.

Jefferson County is well-positioned to implement this Plan and is grateful for the current RCORP-P Grant funding and excellent technical assistance that aided our efforts to this point. The BHC Plan's work will continue to be supplemented and supported by local dollars and local efforts. Additional funding will be sought from HRSA through a potential RCORP-Implementation grant, which if awarded, would begin in September 2020.