SUSTAINABILITY PLAN

TO SUPPORT IMPROVING ACCESS TO COUNTY BEHAVIORAL HEALTH SERVICES

Submitted by:
WASHINGTON'S JEFFERSON COUNTY
BEHAVIORAL HEALTH CONSORTIUM

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BEHAVIORAL HEALTH CONSORTIUM
JEFFERSON COUNTY, WASHINGTON, JULY 1, 2020

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1 | SUSTAINABILITY SUMMARY

The BHC's collection and review of data was utilized to:

- Make informed decisions about selection and implementation of evidenced-based practices to address the opioid crisis in Jefferson County in the arenas of prevention, treatment and recovery.
- Determine immediate and long-term workforce needs to address OUD/SUD in the County
- Identify where the BHC could affect changes to leverage and coordinate existing services to county residents whose lives can be improved by the provision of service connection at earlier intercept points.
- Identify those in our community most at risk of OUD/SUD, or in need of immediate OUD/SUD intervention and define improvements to how those individuals are connected to, and assisted by, relevant services in Jefferson County.

Programs, Training and Anchoring Models to be Implemented

The following are evidence-based training and/or programming, or models to support same - included in the BHC's Strategic Plan's prevention, treatment and recovery activities:

- Starts with One - The Starts with One campaign is designed to inform and educate young adults, their parents, and older adults about the dangers of prescription drug misuse and the importance of safe storage, use, and disposal. This campaign is funded by the Washington State Health Care Authority (HCA).
- PAX Good Behavior Game - PAX Good Behavior Game® is a powerful evidence-based practice, consisting of proven instructional and behavioral health strategies used daily by teachers and students in the classroom.
- Naloxone Distribution and Training - Naloxone is an opioid antagonist medication that is used to reverse an opioid overdose.
- Recovery Café - Recovery Café was founded as a direct response to the critical, unmet need of long-term recovery support for those who suffer on the margins – forgotten or ignored. Over the past ten years, the Recovery Cafes have continued to improve and expand programming and services to build a holistic, person-centered system of care – backed by evidence-based best practices – that engages individuals for a lifetime of managing their disease and empowers them to build a life that realizes their full potential.
- Implementation of a Syringe Exchange Program (SEP) in the Jefferson County's South End.
- Use of the SAMHSA GAINS Center for Behavioral Health and Justice Transformation's Sequential Intercept Model as a model from which to document and promote evidence-based and promising practices in program development.
- Development of Peer Support Network to support service connection and dissemination and implementation of evidence-based community.

Summary of operationalization activities to be undertaken if follow-on grants funds are awarded:

- Will fund role for Recovery Café; will fund SEP program in south county; will fund a communication consultant to lead development and execution of communication, education and outreach program to address stigma at various levels of the community.
- Will engage stakeholders in specific BHC-ratified strategies outlined in Strategic Plan to be achieved by established timelines addressing specific metrics and desired outcomes.

Summary of activities addressing affordability to be undertaken to assist individuals accessing SUD/OUD services if follow-on grants funds are awarded:

- Grant Team will execute BHC's Communications Action Plan (CAP) to raise the profile, and accessibility pathways, of affordability programs available in Jefferson County, including ACA/Medicaid sign-up, ensure access to working cell phones, etc.
- Grant Team will execute BHC's Education Action Plan to ensure Navigators and Case Managers throughout the County are trained to connect clients to available tools and programs for affordability and accessibility – including Suboxone coverage from Medicaid, and free or reduced-costs beds at recovery treatment centers;
- BHC will highlight pathways for community, faith-based and other partners to address funding for services not met by existing programs and tools.
- Grant Team to spotlight and advocate for BHC Members to individually pursue diversified grant funding in support of the BHC Strategic Plan's goals and objectives outside of HRSA grant funding.

Summary of activities undertaken to address improved accessibility of activities for individuals with OUD if follow-on grants funds are awarded:

- Improve accessibility by funding a Syringe Exchange Program in South County, that ensures local access and an earlier intercept point to connect health, treatment and social services to the demographic that has heretofore been easily missed due to its location in a geographically-disadvantaged area.
- Fund support of the newly established Recovery Café which will provide a stable touchpoint for those on their recovery journey to have easy access to community, support meetings, and service connection opportunities. This funding will help to increase knowledge, ability and trust for those needing access to these services.
- Contract services to develop and execute a communications, education and integration plan that addresses stigma related to OUD/SUD and raises profile of existing programs and services.
- Develop and maintain interagency partnerships at established interception points for clients with OUD/SUD to increase trust, knowledge and earlier access to relevant OUD/SUD services

Summary of Quantifiable Metrics used to assess impact of activities proposed if follow-on grant funds are awarded:

- By 2024, Jefferson County will decrease OUD mortality rates as compared to Washington State rates.
- By 2024 reduce County's morbidity by decreasing the rate of endocarditis, sepsis, osteomyelitis and soft tissue infections treated in Jefferson County.
- By 2024, Jefferson County will increase the number of county residents with OUD/SUD accessing relevant treatment and social services.

- BY end of 2021, solidify commitment and informed advocacy by new successors representing EJFR, DBH and PTPD on the BHC.
- By 2024, BHC members will procure diversified grant funding opportunities to support BHC goals and objectives.
- By 2024, Jefferson County will increase the percentage of current waivered personnel to provide services to an increased volume of patients in need of SUD/OUD Services.

Long-Term Outcome Indicators

- Mortality: Reduced Jefferson County OUD Mortality as compared Washington State rates.
- Morbidity: Reduced Emergency Department Utilization Rates for SUD/OUD related infections.
- Increased number of active in-county MAT Providers and their patient service volumes.

2 | PROBLEMS, GOALS, OBJECTIVES, LONG-TERM OUTCOMES AND LONG-TERM OUTCOME INDICATORS

Below are the BHC's challenges and strategies to build the program's capacity for sustainability. These actions are intended to position the Consortium's efforts for long term success.

PROBLEM STATEMENT #1 ADDRESSING THE PROGRAM'S ENVIRONMENTAL SUSTAINABILITY Law Enforcement, First Responder, and County Behavioral Health Agency services program champions and contributors have recently vacated their leadership positions for retirement or other job opportunities, leaving the program at risk for a lack of depth in understanding and commitment where credible, respected and powerful support and contribution once existed. For the purpose of this document will refer to the new incumbent in each of these positions as "successors".
GOAL 1: A BHC-led behavioral health service access expansion program with strong champions, leadership who ably support the BHC's ability to garner strong public support and generate relevant monetary resources.
OBJECTIVE 1: Integrate successors at the Law Enforcement, First Responder and County Behavioral Health Agency Services into the existing BHC cultural norms so they can be motivated BHC program champions and contributors within their agencies, at the various stakeholder tables they attend, and throughout the community.
TARGET POPULATION: County residents who would benefit from strengthened and expanded County prevention, treatment and recovery services that will enhance their ability to access in-county treatment and support their recovery journey.
STRATEGY 1A: Recruit, develop, support and integrate the appointed Law Enforcement, First Responder and County Behavioral Health Agency Services successors to become credible, respected and powerful program champions

Long Term Outcome	Long Term Outcome Indicators
A well-perceived BHC Program championed and enacted by united BHC Member voices.	Each BHC Member knowledgeably championing and contributing to the Program at internal, stakeholder and community tables.

Goal 1: A BHC-led behavioral health service access expansion program with strong champions, leadership who ably support the BHC's ability to garner strong public support and generate relevant monetary resources

Objective 1: Integrate successors at the Law Enforcement, First Responder and County Behavioral Health Agency Services into the existing BHC cultural norms so they can be motivated BHC program champions and contributors within their agencies, at the various stakeholder tables they attend, and throughout the community.

Strategy 1A: Recruit, develop, support and integrate the appointed Law Enforcement, First Responder and County Behavioral Health Agency Services successors to become credible, respected and powerful program champions

Activities	Timeline		Who Is Responsible?	Financial / Non-Financial Resources	Short-Term Outcomes
	Start Date	End Date			
▪ Meet with each successor one-on-one for two-way information sharing on agency/program goals and objectives.	Q4 2020	Q4 2020	Successors/Grant Team	Successors/Grant Team/BH Members HRSA Funding	Meeting Scheduled / Agenda Set for each successor successors
▪ Bring successors to BHC Monthly Meeting to present an overview of their agency's goals and objectives and initiate discussion on integration with BHC Program, identify where each can best champion the cause and what evolutions in the current plan should be considered	Q4 2020	Q1 2021	Successors/Grant Team		Initial presentation to BHC complete.
▪ Integrate outcomes of the previous activities into the BHC's Strategic and Communications Plans, complete with resource allocation and defined timelines for successor-contributions	Q1 2021	Q1 2021			Strategic Plan updated with Successor input.
▪ Grant Team connects yearly with successors for assessment of their championship activities, to receive feedback and determine refinements needed to support their roles as BHC Program Champions	Q3 20201	Q3 2022			Meetings executed and content transcribed.

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PROBLEM STATEMENT #2 ADDRESSING THE PROGRAM'S FUNDING SUSTAINABILITY

2A. The BHC lacks funding for Grant Team and partners to execute the ratified Plan developed 2019-2020 to improve access to county behavioral health services by ⟹ Funding specific ratified efforts in the arenas of prevention, treatment, and recovery, ⟹ Executing BHC's Member-led initiatives using low capital and available resources, and ⟹ Determining feasibility of, and if feasible, the generation and implementation of capital intensive initiatives to stand up a local, regionally-connected Crisis Stabilization Center.

2B. There is a lack of funding to address Jefferson County's service and care coordination goals identified in the ratified Strategic Plan, including the addition of care navigator and coordination roles.

2C. There is a need for increased affordability and accessibility of OUD/SUD services to support decreased OUD/SUD-related mortality.

GOAL: 2.A A consistent financial base for the BHC's staff and partners to facilitate and execute the ratified three-year Plan to improve access to behavioral health services in Jefferson County.

GOAL: 2.B. A financial base to fund care coordination program components that support the detection, assessment, appropriate placement and treatment for the target population at earlier interception points along their recovery journey.

GOAL: 2.C. Improve affordability and accessibility of OUD/SUD-related programs and services.

OBJECTIVE 2.A: Procure RCORP-Implementation Grant for performance period 2020 – Q2 2023.

OBJECTIVE 2.B: A financial base to fund care coordination program components that support the detection, assessment, appropriate placement and treatment for the target population at earlier interception points along their recovery journey.

OBJECTIVE 2.C: Ensure operationalization, access and affordability of programs and services that support individuals with OUD/SUD.

TARGET POPULATION: County residents who would benefit from strengthened and expanded County prevention, treatment and recovery services that will enhance their ability to access in-county treatment and support their recovery journey.

STRATEGY 2.A: Develop RCORP-Implementation grant application and submit in 2020.

STRATEGY 2.B: By Spring of 2021 MHFR group to identify specific roles needed to improve care navigation and service coordination, identify funding alternatives, pursue and procure funding.

STRATEGY 2.C: Support and raise profile of programs and services, and connect to individuals suffering from OUD/SUD.

Long Term Outcome	Long Term Outcome Indicators
By 2025, a 10/% reduction in opioid overdose deaths as compared to Washington State rates.	Grant Team and partners to execute Strategic Plan; stable funding in place for necessary navigator and care coordination roles; Increased volumes of OUD/SUD patients connected to relevant services and programs.

GOAL 2.A: A CONSISTENT FINANCIAL BASE FOR THE BHC'S STAFF AND PARTNERS TO FACILITATE AND EXECUTE THE RATIFIED THREE-YEAR PLAN TO IMPROVE ACCESS TO BEHAVIORAL HEALTH SERVICES IN JEFFERSON COUNTY.

OBJECTIVE 2.A: Procure RCORP-Implementation Grant for performance period Q3 2020 – Q2 2023.

STRATEGY 2A: DEVELOP RCORP-IMPLEMENTATION GRANT APPLICATION AND SUBMIT IN 2020.

Activities	Timeline		Who Is Responsible?	Financial / Non-Financial Resources	Short-Term Outcomes
	Start Date	End Date			
▪ Draft, ratify, submit and win the award of the BHC's RCORP-Implementation Grant application response, Work Plan and Budget	Q1 2020	Q2 2020	CHIP Leadership	CHIP Team/ Funded by JCPH/ JHC/ City of Port Townsend	RCORP-I grant application submitted by May 2020 due date

GOAL 2.B: A FINANCIAL BASE TO FUND CARE COORDINATION PROGRAM COMPONENTS THAT SUPPORT THE DETECTION, ASSESSMENT, APPROPRIATE PLACEMENT AND TREATMENT FOR THE TARGET POPULATION AT EARLIER RECOVERY JOURNEY INTERCEPT POINTS.

OBJECTIVE 2.B: A financial base to fund care coordination program components that support the detection, assessment, appropriate placement and treatment for the target population at earlier interception points along their recovery journey.

STRATEGY 2.B: BY SPRING OF 2021 MHFR GROUP TO IDENTIFY SPECIFIC ROLES NEEDED TO IMPROVE CARE NAVIGATION AND SERVICE COORDINATION, IDENTIFY FUNDING ALTERNATIVES, PURSUE AND PROCURE FUNDING.

Activities	Timeline		Who Is Responsible?	Financial / Non-Financial Resources	Short-Term Outcomes
	Start Date	End Date			
▪ Assess need and location for additional care navigation and service coordination roles	Q2 2020	Q4 2020	MHFR Team	MHFR Team Funded by JCPH/JHC	Discussions underway on number/type of positions needed and the location base.
▪ Identify funding alternatives, pursue options and procure necessary funding for roles identified	Q3 2020	Q1 2021	MHFR Team		Relevant grants identified and under consideration.

GOAL 2.C: IMPROVE AFFORDABILITY AND ACCESSIBILITY OF OUD/SUD-RELATED PROGRAMS AND SERVICES.

OBJECTIVE 2.C: Ensure operationalization, access and affordability of programs and services that support individuals with OUD/SUD.

STRATEGY 2.C: SUPPORT AND RAISE PROFILE OF PROGRAMS AND SERVICES AND CONNECT INDIVIDUALS WITH OUD/SUD TO THOSE SERVICES.

Activities	Timeline		Who Is Responsible?	Financial / Non-Financial Resources	Short-Term Outcomes
	Start Date	End Date			
▪ Improve accessibility by funding a Syringe Exchange Program in South County, that ensures local access and an earlier intercept point to connect health, treatment and social services to the demographic that has heretofore been easily missed due to its location in a geographically-disadvantaged area.	Q4 2020	Q3 2023	Grant Team/ JHC/JCPH	RCORP-I Funds CHIP Team/ Funded by JCPH/ JHC/ City of Port Townsend	Steps to initiate first Syringe Exchange finalized with Clinic/JHC/JCPH
▪ Fund support of the newly established Recovery Café which will provide a stable touchpoint for those on their recovery journey to have easy access to community, support meetings, and service connection opportunities. This funding focus will help to increase knowledge, ability and trust for those needing access to these services.	Q4 2020	Q3 2023	Grant Team/JCPH/ Recovery Café Leadership	RCORP-I Funds CHIP Team/ Funded by JCPH/ JHC/ City of Port Townsend	Contract with Recovery Café drawn up and into County for approval
▪ Contract for services to develop and execute a communications, education and integration plan that addresses stigma related to OUD/SUD and raises profile of, and supports improved access to relevant programs and services, such as ACA/Medicaid sign-up, ensure access to working cell phones, etc.	Q4 2020	Q3 2023	Grant Team/ Jamestown S'Klallam Tribe Leadership/ BHC Members/ Comm Consultant	RCORP-I Funds CHIP Team - Funded by JCPH/ JHC/ City of Port Townsend	Contract with Comm consultant drawn up and into County for approval
▪ Develop and maintain interagency partnerships at established OUD/SUD client interception points to increase trust, knowledge and client's earlier access to relevant OUD/SUD services.	Q4 2020	Q3 2023	Grant Team/BHC Members		Monthly BHC Meetings established/attended

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GOAL 2.C: IMPROVE AFFORDABILITY AND ACCESSIBILITY OF OUD/SUD-RELATED PROGRAMS AND SERVICES.					
OBJECTIVE 2.C: Ensure operationalization, access and affordability of programs and services that support individuals with OUD/SUD.					
STRATEGY 2.C: ENSURE OPERATIONALIZATION, ACCESS AND AFFORDABILITY OF PROGRAMS AND SERVICES THAT SUPPORT INDIVIDUALS WITH OUD/SUD – CONT'D					
Activities	Timeline		Who Is Responsible?	Financial / Non-Financial Resources	Short-Term Outcomes
	Start Date	End Date			
▪ Grant Team will execute BHC's Education Action Plan to ensure Navigators and Case Managers throughout the County are trained to connect clients to available tools and programs for affordability and accessibility – including Suboxone coverage from Medicaid, and free or reduced-costs beds at recovery treatment centers.	Q1 2021	Q3 2023	Grant Team/ BHC Members	RCORP-I Grant CHIP Team - Funded by JCPH/ JHC/ City of Port Townsend	Initial meeting set w/ reps from all county agencies that have Navigator and Case Manager positions.
▪ BHC will highlight non-HRSA-funded pathways for community, faith-based and other partners to procure funding for services not met by existing programs and tools.	Q1 2021	Q3 2023	BHC Members/CHIP Team	CHIP Team - Funded by JCPH/ JHC/ City of Port Townsend	One funding source identified and a "go" decision made by BHC Member applicant

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Problem Statement #3 Addressing the Program's Communication Plan The BHC does not have enough robust communications, integration, or education strategies in place to address the palpable prejudice and discrimination results in fear of stigmatization, hopelessness, shame and a bias against relevant healthcare services. Additionally, citizen disengagement, or forceful anti-engagement, has the potential to prevent the Olympic Region, including Jefferson County, from fully exploring and implementing potential solutions to expand SUD/OUD services and service connection at various community levels. This reality leads to existing resources being underutilized and inhibits our ability to reduce the rate of Opioid Overdose deaths by 10% by 2025.	
Goal: Increased physician and community support for the recovery journeys of county residents who would benefit from SUD/OUD services and service connection throughout local healthcare and community landscapes.	
Objective: By Spring 2020, three programmatic messages will be developed for three key audiences (Physicians that prescribe MAT, residents who will use MAT, regional citizens)	
Target Population: All county residents who would benefit from strengthened and expanded County prevention, treatment and recovery services that will enhance resident's ability to avail themselves access in-county treatment and support their recovery journey.	
Strategy: Engage a SUD/MH Stigma-related communications expert to assist the BHC and Jamestown S'Klallam Tribe in the collaborative development and execution of a communications, education, and outreach plan.	
Long Term Outcome County opioid deaths reduced by 10% by 2025.	**Long Term Outcome Indicators** A higher percentage of waivered physicians providing MAT services, and a higher percentage of residents availing themselves of expanded recovery services.

GOAL. INCREASED PHYSICIAN AND COMMUNITY SUPPORT FOR THE RECOVERY JOURNEYS OF COUNTY RESIDENTS WHO WOULD BENEFIT FROM SUD/OUD SERVICES AND SERVICE CONNECTION THROUGHOUT LOCAL HEALTHCARE AND COMMUNITY LANDSCAPES.

OBJECTIVE: By Spring 2020, three programmatic messages will be developed for three key audiences (Physicians that prescribe MAT, residents who will use MAT, regional citizens).

STRATEGY: ENGAGE A SUD/MH STIGMA-RELATED COMMUNICATIONS EXPERT TO ASSIST THE BHC AND JAMESTOWN S'KLALLAM TRIBE TO COLLABORATIVELY DEVELOP AND EXECUTE A COMMUNICATIONS, EDUCATION, AND OUTREACH PLAN.

Activities	Timeline		Who Is Responsible?	Financial / Non-Financial Resources	Short-Term Outcomes
	Start Date	End Date			
▪ Identify Communications Consultant to work with the BHC/Tribe to develop programmatic messages – Grant Team/BHC/Jamestown S'Klallam Tribe Reps – Q4 2020	Q4 2020	Q1 2021	Grant Team and Tribe Leadership	Grant Team funded by HRSA	Consultant identified and contract in to County for approval.
▪ Work with Consultant to clarify shared objectives for the Communications Action Plan (CAP) – Grant Team/BHC/Jamestown S'Klallam Tribe Reps – Q4 2020			Grant Team and Tribe Leadership & Consultant		Meeting scheduled to determine shared objectives
▪ Clarify the intended audiences, communication objectives, messages, and channels – Grant Team/BHC/Jamestown S'Klallam Tribe Reps – Q1 2021					CAP Plan Content drafted
▪ Create a timeline for the work outlined in the CAP – Grant Team/BHC/Jamestown S'Klallam Tribe Reps – Q1 2021					Timeline drafted
▪ Monitor effectiveness of the CAP – Grant Team/BHC/Jamestown S'Klallam Tribe Reps – Quarterly	Quarterly	Q3 2023			Quarterly Meetings scheduled for set metrics review