
Grant Number: P1031839
Grantee/Organization Name: Jefferson, County of, Port Townsend, WA
Contact Person for This Document: Lori Fleming, Project Director
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I. Network Overview

- a) List the name of the Network, if different, from the Grantee entity.
Jefferson Rural Mental Health Development Network (JRMHDNetwork)
- b) List the name of the Project Director.
Lori Fleming, Co-Executive Director, Community Health Improvement Plan (CHIP)
- c) List the year Network was formed
2018
- d) What is the incorporation status of the network as of today? (1 to 2 sentences)
The JRMHDNetwork is currently an unincorporated entity.

II. Network Funding

- a) Break out how the grant funds were spent per line item, i.e., personnel, consultants, travel, meetings, equipment, etc. (Should be taken from your most revised budget). If not applicable, put N/A

Personnel	\$ 44,194.91
Fringe Benefits	\$ 14,623.81
Travel	\$ 2004.98
Eqpt & Supplies	\$ 2,972.56
Contractual	\$ 11,827.00
Other - Indirect	\$ 24,376.74
TOTAL	\$ 100,000

- b) If you selected "Other" above, please explain what the "Other" category included:
Indirect Costs were paid to Jefferson County Public Health to administrate this grant.

II. Network Funding – Cont’d

- c) List your network’s current annual budget and include a breakdown of sources of income.

[Current Annual Budget in \$]	
[Name of Funding Source # 1]	\$0
[Name of Funding Source # 2]	\$0
[Name of Funding Source # 3]	\$0
[Name of Funding Source # 4]	\$0
HRSA Network Planning (P10) Award Amount (Enter HRSA Total Amt Here)	\$ 0
[Other]	\$0
[Other]	\$0
Total Network Annual Budget	\$0

III. Network Activities/Implementation

- a) Describe any significant changes that occurred during the course of the project.
- The Project Director who had applied for this grant, left before HRSA awarded the RHNDP-P grant to Jefferson County Public Health.
 - Jefferson County Public Health appointed Lori Fleming as Project Director, along with John Nowak, Co-Executive Directors for Jefferson County’s Community Health Improvement Plan (CHIP) implementation effort.
 - The Network identified a new, more relevant focus for our collaboration’s attention
- b) Describe your network’s major accomplishments (these might include administrative, organizational, clinical, financial, or technological accomplishments).
- Developed / Executed Memorandum of Understanding & Governance Bylaws
 - Developed / Ratified Vision and Mission statements
 - Executed a Community Health Assessment
 - Executed an External Environmental Scan of Jefferson County
 - Executed an Internal JRMHDNetwork Organization Assessment
 - Developed, finalized, and ratified a Strategic Plan to be executed post this grant’s funding term

III. Network Activities/Implementation – Cont'd

- c) Describe any significant barriers faced in achieving your network's goals and describe the strategies you used to overcome them
- **Challenge 1:** The person who wrote the grant application was no longer in the role when the grant was awarded, and the work outlined in the grant application needed to be updated
Solution 1: A new Project Director role was created, composed of the newly appointed Co-Executive Directors of Jefferson County's Community Health Improvement Plan. The new leadership worked with the CRL Consulting Coach Lynne Kernaghan and HRSA Project Director, Sara Afayee, to craft an updated grant Work Plan.
 - **Challenge 2:** The process of formalizing the Network's MOU and Bylaws set the stage for who would be involved in the Strategic Planning effort as well as how we would move forward together. The challenge: Complex inter-Network-Member-relationships made for complicated legal reviews of the MOU document, and in some cases, the Proposed Network Members did not have the organizational decision-maker at the grant-funded table.
Solution 2: Tenacity, and a risk-with-consequences-action that involved stepping over unspoken lines to speak directly with the legal team in one Member's organization to enact MOU document review, issue resolution and ultimate procurement of the signature of the actual organizational decision-maker.
 - **Challenge 3:** Recruitment of Our Grant Coordinator, who did not start until mid-November 2018 – four months into the grant.
Solution 3: Filled the gap with unpaid Project Director time.
 - **Challenge 4:** The paucity of Network Member time for active Network engagement.
Solution 4: The Grant Team generated a great deal of draft content for the various grant deliverables throughout the grant's term, to facilitate a landscape where Network Members were able to react, redirect, or refine what had been developed, ensuring their insight was reflected in those deliverables, with considerably less time required from each Network Member.
 - **Challenge 5:** During the Grant term one of our Network Member Organizations had two interim CEOs. Then about six months into the grant, a full-time CEO was hired. This impacted the consistency of contribution from that organization in the first half of the grant, as well as the time commitment required from the grant team to bring each new team player up to speed.
Solution 5: Grant team was intentional in the effort to bring each new player up to speed as they cycled into the Network.
- d) **Unachieved Objectives**
All the RHNDP-P Grant objectives were met
- e) **Include the most up to date work plan listing the goals, objectives, activities and outcomes.**
See Attachment A – JRMHDNetwork Workplan - uploaded in EHB.

IV. Results of the Grant

- a) Describe the original goal of the network project. *(Should come from original grant application– This should be no more than 4 sentences.)*

The goal is to launch a comprehensive set of innovative solutions to address the unique health services needs within Jefferson County, WA with a focus on addressing Behavioral Health/ Substance Abuse and social determinants of health to improve population health and overall community wellbeing.

RHNDPP's four Network members will include Jefferson Healthcare a critical access hospital located in the County Seat of Port Townsend, WA, Jefferson County Public Health, East Jefferson Fire and Rescue and Discovery Behavioral Health.

- b) Have the goals and objectives of the Network Planning project been met? Why or why not?

The Grant Work Plan was revamped once the new Project Director was in place. The updated Work Plan goals were met, specifically:

- Development of the Network entity, ultimately with signed MOU & Bylaws
- The Network's exploration and articulation of the County's Behavioral Health need and Service landscape
- Development of a County Resource Map available to the community through the web.
- An assessment of the Network's internal strengths, weaknesses, opportunities and threats and identification of specific Network Member additions needed
- The engagement of and with the broader community to articulate and envision a current and desired state for how Jefferson County serves its residents who are dealing with Behavioral Health and substance use challenges
- The identification of a possible School-based Health Clinic in South County to expand access to healthcare services, including Behavioral Health services, in a geographically disadvantaged area of Jefferson County.
- The identification of a relevant project the Network will assess for feasibility in the follow-on year,
- Pursuit of grant funding for the next stage of Network expansion and activity.

IV. Results of the Grant – Cont'd

- c) If applicable, describe the services, functions, and benefits created, or those you anticipate will be created as a result of your network.

Benefits from the work funded with this RHNDP-P grant:

Increased Perspectives

- The Network Members went from “forming” to brainstorming as a collective.
- A collective awareness gathered and articulated at the State and Federal level around mental health issues, and the potential for support and funding opportunities.
- Need for consistent OUD/BH-related data collection over multiple agencies (County and City law enforcement, EMS, County Jail) to quantify and serve as a baseline for funding procurement and progress/success assessment.
- Awareness gathered and articulated around the State-required transition to fully integrated care by the Medicaid Managed Care Organizations (MCOs) by 2020 and an early sense of how it will affect our behavioral health services. Of concern is how much disruption this will cause and how this will impact access, etc.
- The economic trend of low County unemployment, job growth in mostly in lower wage jobs, increases the probability of vulnerability and overall reduced health. Combined with a legislative and political emphasis on short-term outcomes programs, instead of longer-term structure and policy issues, there is the potential for even greater inequity in health and health outcomes.
- The County OUD/BH challenge is underscored by a sharp increase in needle exchange program usage (in a county of with a population of 30,000 people, ~35,000 needles were exchanged in 2015, almost tripling to over 91,000 in 2017).
- Addressed the need for a centralized web-based resource map that could be updated at regular intervals and provided easy access to relevant resources for everyone, including Stakeholders, community advocates and county residents
- One Network Member and a Grant Project Team Member began attending the School Based Health Care (SBHC) Advisory Board Meetings in January 2019 to learn more about the momentum behind creating a South County SBHC to potentially be located in the Quilcene School District. Driving this effort is the awareness that an SBHC will expand student access to, and quality of, essential behavioral healthcare and substance use disorder services in a geographically and economically disadvantaged part of the county that suffers limited access challenges.

Results of the Grant – Cont'd

Increased Perspectives – Cont'd

- The result of the above Scanning, Sense-making and Leveraging effort: the Network/Grant Project Team took existing plan to facilitate a CHA focus group in South County and, during that CHA Focus Group session, facilitated dialogue among community members that can be built on in follow-on South County community forums to explore the specifics of an SBHC in their local district.
- An awareness that patients could benefit from a concentrated coordination of warm handoffs between service agencies, including Jail, MAT provider, therapeutic courts, hospital, Public Health, Law Enforcement, Fire and Rescue and housing advocates.

d) Describe the impact of your network on the community/communities you serve.

- The Network Members have gone from a “forming” to brainstorming with each other and as a collective.
- Relationships with local agencies and community advocates are benefitting from the Network’s attentiveness to understanding the various groups’ goals and activities, and how together we could be more efficient and effective with our efforts.
- The Member agencies have developed strong alliances and are moving through relationship barriers, and are on the pathway to producing improved collective impacts for Jefferson County residents.

e) How has the planning grant served as a catalyst for other network activities or programs within the community?

- Late in 2018 the Grant Team became aware of the formulation of a 2019 legislative funding request for the 24th Legislative District. The subject request was to be submitted for a Behavioral Health Center, to be located in Sequim (located in the neighboring Clallam County) that would be jointly operated by the Jamestown S’Klallam Tribe of Blyn, the Olympic Medical Center of Port Angeles, and Jefferson Healthcare hospital of Port Townsend. Sense-making, leveraging activities and adding value ensued.
- The "**Behavioral Health Field Response Team**" (BHFRT), which some Grant Team and Network Members were already, or began, attending focused on the need to identify and fund improved options for Jefferson County's Law Enforcement response to calls that involved residents suffering from Behavioral Health and Substance Use Disorders. The Network perceived this opportunity sat at the intersection of alignment with the Network’s mission and the engaged, ongoing stakeholder/advocate support. The decision was made to leverage the existing momentum of the BHFR and add value to the effort.

IV. Results of the Grant – Cont'd

e) How has the planning grant served as a catalyst for other network activities or programs within the community? – Cont'd

- **Olympic Peninsula Behavioral Health Campus 2019 WA State Legislature Capital Budget Request** Initially, as the JRMHDNetwork strategized approaches to the long-term solution to affect the BHFR's desired outcome discussed in bullet above, the Network *was positioning to submit a legislative funding request for the 2020 Legislative session*. Then, late in 2018 the Grant Team became aware of the formulation of a *2019 legislative funding request* for the 24th Legislative District. The subject request was to be *submitted for a Behavioral Health Center, to be located in Sequim (neighboring Clallam County) that would be jointly operated by the Jamestown S'Klallam Tribe of Blyn, the Olympic Medical Center of Port Angeles, and Jefferson Healthcare hospital of Port Townsend*. Action focused on sense-making, leveraging and adding value ensued:

Using separate funding, a Grant Team Member connected with the healthcare facilities consultant who was writing the funding request to explore how Jefferson County's desired Crisis Stabilization Center could be included in this *regional* legislative funding request. Over the next few months discussions and information were processed, *culminating with Jefferson County sliding their desired Crisis Stabilization Facility into the 2019 regional legislative funding request submitted in early 2019 for a three-phase project*

- **Phase 1** focuses on a medication-assisted, addiction treatment (MAT) facility that will be built in 2021 on land being purchased by the Jamestown S'Klallam Tribe in Sequim, WA.

- **Phase 2** will consist of a 16-bed inpatient psychiatric facility that will be built beginning in 2021 to be located on the same land.

- **Phase 3** focuses on the buildout of two crisis stabilization centers, one in Jefferson County and one in Forks, WA – a part of Clallam County. These locations are at the opposite ends of the Olympic Peninsula, with the Campus located more to the center of the subject geographic region.

- In April State lawmakers approved \$7.2 million for Phase 1 of the proposed project, now called the Olympic Peninsula Behavioral Health Campus. *Phases 2 and 3 of this project have not been approved, nor are budget numbers currently attached to these phases*, however there is a potential for follow-on phase funding to be appropriated in a supplemental Budget that will be passed in future legislative sessions that begin in January 2020.

IV. Results of the Grant – Cont'd

- f) If applicable, if a needs assessment was conducted during the grant period, describe the results of the needs assessment and the impact of the needs assessment.

A Community Health Assessment was undertaken in 2019. Relevant qualitative Drug Use and Mental Health/Suicide themes and findings are listed below, after which relevant Quantitative data findings are listed.

Qualitative Findings - Harm Reduction

- Overall, community members and key informants believed substance use and mental health were significant health concerns in the county. A major treatment concern was the **lack of inpatient substance use and mental health treatment facilities**.

Respondents felt it is a barrier to treatment to have to travel outside of the county, as well endure long wait times for treatment referrals or beds to become available.

Qualitative Findings - Opioid Treatment & Drug-related hospitalizations

- Respondents were supportive about recent additions of medically assisted treatment (MAT) services available in Jefferson County. Respondents were also supportive of existing harm reduction efforts in the community, including needle exchanges and sharps containers installed in public restrooms.
- Healthcare providers have been slow to uptake MAT and support its provision in clinics and hospitals.

Qualitative Findings - Coordination of Services

- **Drug-related hospitalizations/EMS transports:** Hospitalizations and arrests due to behavioral health crises were common concerns regarding access to health care and behavioral health treatment. Key informants explained in crisis situations, there is no 24/7 accessible alternative to stabilize patients than at the Emergency Department or county jail. Key informants expressed a strong need for crisis stabilization, as well and behavioral health integration in the health care system to reduce crisis incidents in the first place. Trained mental health and social worker professionals are needed at all steps in the behavioral health, crisis prevention system.
- **Agency coordination, behavioral health integration:** Respondents experienced gaps as well and redundancies in the services offered by behavioral health agencies and non-profits. They felt that some agencies seem to be seeking the same clients, while also not having enough capacity to meet all clients' needs. Key informants suggested additional efforts to coordinate funds, services, linkages to address gaps and sustain existing programs.

IV. Results of the Grant – Cont'd

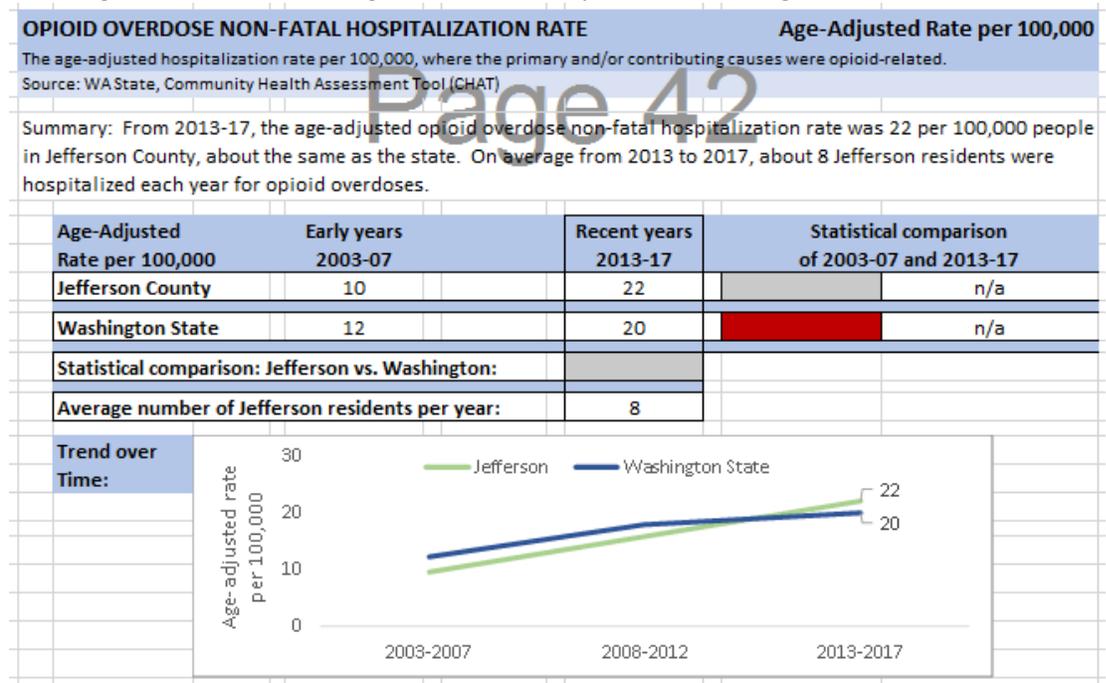
Qualitative Findings - Mental Health Services

- Community leaders and members considered mental illness and substance use as significant health concerns in the county. Barriers and challenges to getting treatment included:
 - Limited outpatient options with Medicaid/Medicare coverage
 - Long referral periods; limited walk-in opportunities
 - Minimal treatment options for youth
 - Stigma associated with needing/seeking mental health care
 - High staff turnover, inconsistent case management and care
 - Adverse childhood experiences, inter-generational trauma
- **Youth and adolescent mental health:** Respondents expressed specific concerns about mental health care for adolescents, which they felt is lacking in the county. Respondents were supportive of existing efforts to provide services in schools and they requested additional efforts in this area. Existing mental health programs such as Jumping Mouse, were considered successful and effective in the community. Other respondents felt that community programs and activities play a key role in preventing mental illness and substance abuse among youth, especially in transition periods after high school graduation. Respondents encouraged additional efforts to create community support and activities for active engagement.
- **Behavioral health integration:** Many respondents spoke favorably about integrating behavioral health care in the health system to meet access needs. Key informants mentioned clear links between mental health and emergency department utilization, and suggested continued efforts to provide services, prevent debilitating mental illness, and save costs. It was felt the behavioral health system needs to move away from crisis-oriented care and increase capacity to address the life disrupting, but not disabling, issues that affect more people.
- **Mental health and justice system:** Mental health was a significant concern for populations in the justice system and therapeutic courts. Key informants believed strongly that behavioral health services integrated in the jails, and in the re-entry transition period, would reduce recidivism and help this population successfully rejoin the community. One key informant felt that the services offered currently in the jails are minimal and inconsistent; a greater focus on accountability and sustainability was a common concern - regarding effectiveness of mental health care.

IV. Results of the Grant – Cont'd

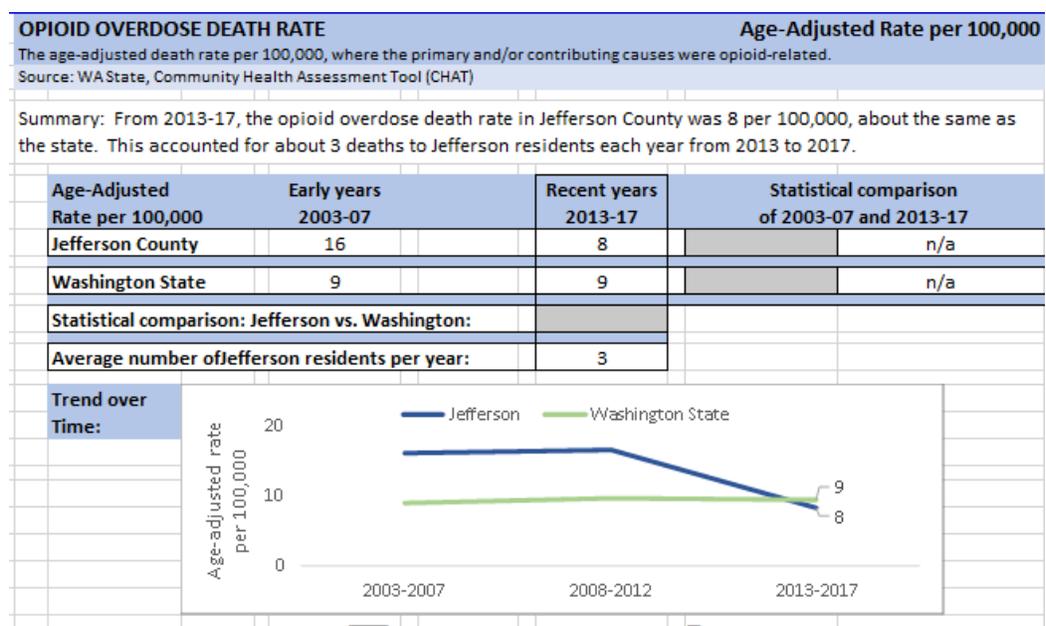
Quantitative Findings: Opioid Overdose Non-Fatal Hospitalization Rate

- Washington State is decreasing, Jefferson County is still increasing



Quantitative Findings: Opioid Overdose Death Rate

- Washington State is consistent, Jefferson County is decreasing



If you have requested a **no-cost extension** and it has been approved by HRSA, please submit your Final Programmatic Report within 90 days of the approved project period end date. If you have any questions, please contact your HRSA Project Officer (PO).

IV. Results of the Grant – Cont'd

Quantitative Findings: Drug Overdose Death Rate

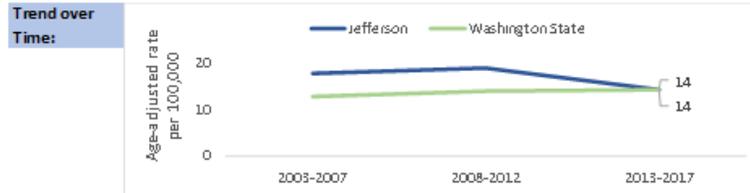
- Washington State is consistent, Jefferson County is decreasing

DRUG OVERDOSE DEATH RATE Age-Adjusted Rate per 100,000

The age-adjusted death rate per 100,000, where the primary and/or contributing causes were drug-related; excludes alcohol, tobacco and marijuana.
 Source: WA State, Community Health Assessment Tool (CHAT)

Summary: From 2013-17, the drug overdose death rate in Jefferson was 14 per 100,000. This is an average of 5 deaths to Jefferson residents every year from 2013 to 2017, or about 1% of all deaths during this time.

Age-Adjusted Rate per 100,000	Early years 2003-07	Recent years 2013-17	Statistical comparison of 2003-07 and 2013-17
Jefferson County	18	14	n/a
Washington State	13	14	n/a
Statistical comparison: Jefferson vs. Washington:			
Average number of Jefferson residents per year:		5	
Percent of total deaths:		1%	



IV. Results of the Grant – Cont'd

- g) Please calculate the economic impact of your program by using *the Economic Impact Tool* on the Rural Health Information Hub webpage (<https://www.ruralhealthinfo.org/econtool>).



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You have a funding total of \$ 100,000 and have entered \$ 100,000 in spending.

This scenario was created: 7/28/2019

Because this scenario was created on or after January 8, 2018, your economic impact report will use BEA RIMS II 2007/2015 Multipliers, U.S. Census Bureau Population Estimates, and 2007 North American Industry Classification Codes. See [About the EIA Tool \(/econtool/about\)](/econtool/about) for more information.

Economic Impact Report

<i>Total economic impact</i>	\$ 119,343
<i>Ratio of economic impact to total spending</i>	1.19
<i>Ratio of economic impact to HRSA funding</i>	1.19

* Ratios show the dollars returned to a community per dollar invested.

IV. Results of the Grant – Cont’d

h) How did you define “success” for your Network Planning project?

Success is:

- A fully formed Network with a fully ratified MOU and Governance bylaws
- An executed Community Health Assessment for Jefferson County
- A Network-originated external environmental Scan of Jefferson County
- An executed Internal JRMHDNetwork Organization Assessment
- A final, ratified Vision, Mission, Objectives and Strategic Plan to expand access to life disrupting and crisis-oriented Behavioral health services in Jefferson County.

i) How do you define “success” for your future, proposed network activities?

PRIMARY GOALS (NETWORK PURPOSE)		
Decreased Deaths Due to Opioid Misuse	Reduce Crime, Law Enforcement, Corrections, EMS & Emergency Room costs	Improve Health of County Residents suffering from Behavioral Health issues
Strategies (Measurable Steps)		Timeline
• Procure funding to develop a capital and operational Implementation Plan for sustainable in-county Crisis Stabilization Center.		• Mid 2019
• Use procured funding to develop a capital and operational Implementation Plan for a sustainable in-county Crisis Stabilization Center. Research funding pipeline, facility, legal regulations, facilitate community buy-in, establish services to be provided, and staffing strategies.		• 06/2019 -
• Establish/Activate a multi-sector agency coalition to identify useful, consistent behavioral-health related data to be used as a baseline and performance metric going forward.		• 06/2019 -
• Develop community education plan to address community awareness among our County residents around the Behavioral Health Crisis, its impacts in our community and the ideas being explored and/or implemented by the Network, associated stakeholders and community advocates.		• June-Dec 2019
• Convene frontline service workers within various organizations to initiate a warmer hand-off for shared clients, and to identify gaps in services.		• June-Dec 2019
• Assist with next steps to explore development of a School-Based Health Clinic to facilitate better chances for South County youth to be referred to BH services when appropriate.		• 06/2019 -
• Enhance relationships between provider ARNPs and behavioral health services ties		• 2019 - 2020
• Convene multi-agency coalition to quantify and address gaps in Navigator/Social Worker services		• June – Dec 2019
• Develop plan for better collaboration and communication between participants using a care coordination model		• 2019 - 2020

If you have requested a **no-cost extension** and it has been approved by HRSA, please submit your Final Programmatic Report within 90 days of the approved project period end date. If you have any questions, please contact your HRSA Project Officer (PO).

IV. Results of the Grant – Cont'd

- j) Please provide a story or two about how your program made a difference in either
- Your target population/are
 - Your organization, network/consortium, or,
 - Your community
- **A difference in target area: More resources now focused on identifying collective solutions.**
The formation of a Network, built with range of community leaders who hadn't formally collaborated to date, facilitated the development of a strong, focused team of talent and expertise. This team is interested in, and capable of, improving how, and how well, residents who suffer from substance use disorder and mental health are taken care of in our community.
 - **A difference within the Network: Relationship improved between two major stakeholders.**
The regular Network meetings have given all our Network Members, and specifically Jefferson County Public Health and Jefferson Healthcare, an opportunity to improve their shared communication.
 - **A difference for our Community: The inclusion of a qualitative data component in the Community Health Assessment (CHA) provided a space for the community to enter into conversation with community leadership about the health-related landscape they experience and operate in, and to articulate their concerns and values.**
The CHA has provided a pathway for our community members to articulate the strengths and weaknesses they perceive in Jefferson County's healthcare landscape. As the conversation progresses, this feedback will inform the space county leadership and community members come together in to set priorities and work collectively to improve the health and wellness of this community.

V. After the Grant

- a) Will your network continue operations after the FORHP grant funds are expended? If yes or partly, describe your future plans for the network, including your expectations for sustaining activities/programs/products.
 Yes, the Network’s work will continue, funded by a grant procured from HRSA’s RCORP-P funding, which extends from June 2019 through May 31st, 2019. Focus will be:

PRIMARY GOALS (NETWORK PURPOSE)		
Decreased Deaths Due to Opioid Misuse	Reduce Crime, Law Enforcement, Corrections, EMS & Emergency Room costs	Improve Health of County Residents suffering from Behavioral Health issues
Strategies (Measurable Steps)		Timeline
• Procure funding to develop a capital and operational Implementation Plan for sustainable in-county Crisis Stabilization Center.		• Mid 2019
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• Establish/Activate a multi-sector agency coalition to identify useful, consistent behavioral-health related data to be used as a baseline and performance metric going forward.		• 06/2019 -
• Develop community education plan to address community awareness among our County residents around the Behavioral Health Crisis, its impacts in our community and the ideas being explored and/or implemented by the Network, associated stakeholders and community advocates.		• June-Dec 2019
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• Enhance relationships between provider ARNPs and behavioral health services ties		• 2019 - 2020
• Convene multi-agency coalition to quantify and address gaps in Navigator/Social Worker services		• June – Dec 2019
• Develop plan for better collaboration and communication between participants using a care coordination model		• 2019 - 2020

V. After the Grant

GOAL (INTERNAL PURPOSE)

Strong, vibrant, effective Network that achieves
 and builds upon the agreed Programmatic Goals and Objectives

Objectives	Timeline
<ul style="list-style-type: none"> • Build Capacity Expand Network by recruiting key organizational representatives from City and County Law Enforcement, Criminal Justice, Port Townsend City Council, County Jail & relevant Behavioral Health service providers, as well as to establish Ad hoc relationships with key relevant advocates. 	<ul style="list-style-type: none"> • June-Dec 2019
<ul style="list-style-type: none"> • Continue Network Formalization that includes clear organizational representation definition: Develop a clear expectation and accountability for Network Members through governance and/or policy. Ensure the presence of higher-level decision makers at every meeting that in turn ensures the “scanning, sense-making, leveraging and adding value” work done is productive, informative and efficient, and worthy of every Network Member’s time investment. 	<ul style="list-style-type: none"> • June-Dec 2019
<ul style="list-style-type: none"> • Clear Communication Develop a Communication Action Plan (CAP) for Network to collectively generate and disseminate messaging around the value Network members seek to create and the Network’s Plan to do so. The CAP will incorporate communication points to be conveyed to the organizations each Network Member represents, and external communications on the Network’s Strategic Plan focus and planned actions. This goal will require attentive thought and planning on how to have safe, difficult conversations within the Network and with each Network’s organization around organizational goals that could compete with the Network’s county-wide solution definition, planning, and implementation. 	<ul style="list-style-type: none"> • June-Dec 2019 • June-Dec 2019
<ul style="list-style-type: none"> • Create a funding strategy Develop a funding strategy to support the Network’s sustainability and ensure the mission areas defined in the Network’s Statement are met over time. This plan will be the foundation for appropriate planning and human resource allocation. 	<ul style="list-style-type: none"> • June-Dec 2019
<ul style="list-style-type: none"> • Create an Action Plan with assigned resource and metrics to develop and leverage relationships with entities focused on addressing and funding BH/SUD challenges at regional and state levels. 	<ul style="list-style-type: none"> • June-Dec 2019

b) Describe how the network will document and/or disseminate the value of its programs and services.

A Communication Action Plan (CAP) is being updated for the Network to collectively generate and disseminate messaging around the value Network members seek to create, and the Network’s Plan to do so.

The CAP will incorporate communication points to be conveyed to the organizations each Network Member represents, and external communications to the broader community (and specific segments within the community) on the Network’s Strategic Plan focus and planned actions.

This effort to communicate value will require attentive thought and planning on how to have safe, difficult conversations within the Network and with each Network Member’s organization. Conversations referred to here would be around the Network’s organizational goals for county-wide solution definition, planning, and implementation – some of which might be perceived as having the potential to be competitive with various Network Member’s current organizational priorities.

v. After the Grant

- c) Briefly describe a mechanism for assessing continued need for the programs and services provided to the network and to the community.

To date, no specific program or services has been implemented. However there is a concentrated effort to standardize specific quantitative data sets being collected between city and county law enforcement agencies, and East Jefferson Fire and Rescue, our emergency responder resource. The resulting data will be used as a baseline for measuring success of measures and programs we implement going forward

On the qualitative side: the Grant team has developed a Gap Analysis Tool we will use. This tool is based on [the CDC's Evidenced-Based Strategies for Preventing Opioid Overdose](#). The tool allows us to assess the need for related programs, services and interventions using various frameworks and distinctions against which to measure our county, including:

- Acceptance at the "Individual, organization, and community"
- Level of Awareness/Understanding of the CDC-reviewed/endorsed interventions
- Awareness/Evaluation of the Current Service Landscape
- Level of Buy-in, and obstacles or support that exist for this Intervention

As programs and services are defined and implemented, the results of the Gap Analysis Tool's outcomes will serve as a baseline to assess how the "met need" is being perceived at a qualitative level at this time, and to show expansion on this front in the future. A copy of the Gap Analysis Tool will be uploaded as an attachment in EHB.

v. After the Grant – Cont'd

d) Provide your Network's "lessons learned."

Internally:

- A year goes by fast, and the internal grant team needs to be very organized to get the most out of a year's funding.
- A Network without the various Network Member organization decision-makers at the monthly meetings, can result in unexpected lack of buy-in to the plans and steps discussed.
- Comprehensive, repeated, deliberate communication is needed, especially early on, and throughout the Network's collaboration, to create and maintain a baseline of shared understanding that includes the Network Member's perspective, the Network Member Organization's perspective and the community perspective when establishing a goal and collective next steps toward a given solution.

Externally:

- As the Network Members undertook the Environmental Scan, Internal Network Organization Assessment and Community Health Assessment exercises, it precipitated in-depth discussion between Members, that were full of insights, perspectives that needed to be aired and heard, and a growing sense of how these individual players could be impactful as a Network. It was clear from these exercises there were existing efforts at the intersection of OUD/BH challenges and in-progress-momentum in different parts of our agency/community landscape that would benefit from the Network's focus.
- Jefferson County currently does not provide Crisis Stabilization services. The majority of Law Enforcement and EMS calls deal primarily with the County's OUD/MH demographic. Some outpatient services are available, but for a resident in crisis, the Emergency Room or Jail are the most likely options to be utilized. Next steps are needed to address:
 - The current situation of OUD/MH individuals who are not being connected with the MAT or social services necessary for stability, treatment, recovery and wellness.
 - The expensive, ineffective use of City and County Law Enforcement, EMS and Hospital Emergency Department resources.
 - The challenge of Western State Hospital closing, and the need for a focused effort to provide avenues of earlier intervention at a local level.

VI. Feedback to the Federal Office of Rural Health Policy

- a) **Provide your opinion on whether similar projects could work well in other rural settings.**
Yes. This first step of our project, to create a Network and a shared understanding of landscape, then working collectively to generate solutions, is critical work in rural areas, and would not likely occur without this type of funding.
- b) **Based on your experience, discuss the main issues and problems that other communities might face in using your project as a model for establishing a rural network.**
A strong credible-in-the-community grant team is key to running the effort; decision-makers must be at the table; the ability to run hard out of the gate when funding is awarded is challenging because *knowledge of award comes so close to actual award of funds*; challenging history between key stakeholders needs to be worked through, hence it is critical to have a solid skillset around how to facilitate conversations, how to usher white elephants into the open and resolve their existence and conflict in general, without losing credibility.
- c) **Now that the grant funds are depleted, what would be most helpful to your network in the future?**
This grant team procured funding for another year, solid coaching for this phase of the Consortium's growth. We now need a depth of understanding around funding strategy and steps appropriate for this stage of our Network/Consortium's growth
- d) **What were you able to accomplish with a HRSA Network Planning grant that you would not have been able to accomplish otherwise?**
We would not have accomplished: the initial step to create a Network and a shared understanding of landscape; a collectively generated proposed set of steps to identify and ratify a given solution. Furthermore, we would not have perceived ourselves as an entity who is capable of pursuing additional funding to research feasibility and generate an implementation plan for whatever solution rises to the top. This funding is critical work in rural areas, and the work would not likely occur without this type of funding.

Feedback on Technical Assistance (delivered via CRL Consulting or NCHN as the TA provider)

- a) **Was the technical assistance offered helpful?**
Yes. The technical assistance was critical to the success we have experienced.
- b) **What type of technical assistance would have been beneficial to your network?**
We received a great deal of Technical Assistance from our Coach – Lynne Kernaghan. I can't think of anything more we would have asked, considering the stage we were at in our awareness of how to do this work.

Feedback on Reporting Requirements

a) Moving forward, do you think your network will utilize the (PIMS) data?

1. If so, how?

Yes. As a template to fill out future reports needing PIMS data.

2. If not, what measures would be useful to capture as your network moves forward with developing?
Can't think of any at this stage of our Network's growth.

b) Moving forward, do you think your network will utilize the information gleaned from performing the Network Organizational Assessment?

We have already reached for the information articulated in this assessment to guide us as we expanded our Network into a Consortium of players. Having done this work allows the Grant Team to be intentional in the follow-on year to build on the strengths and address the weaknesses articulated therein. This tool helped generate a central space for Network Members went from siloed to collective thinking. Our Network first started thinking of itself as a collective when we did this exercise. It was, and will be, a critical part of our evolution and success.

c) Do you have any suggestions for FORHP that you believe would improve the grant program? What did you find most/least helpful during the past year? What can be improved?

Most helpful:

- Flexibility to navigate from the grant application focus to a new and positive direction.
- Our HRSA Project Director, Sara Afayee, was a gift for this grantee who had no experience with federal grants. Ms. Afayee's directions were clear, her communication was always well-timed, patient, helpful, humored, pro-our-effort and obstacle-reducing in every way. I'd be ecstatic to work another grant with her at the helm.
- The value of the coaching/technical assistance. Our coach was awesome, and this grant team is grateful we were teamed with CRL/Lynne Kernaghan who really walked with this Grant Team as we felt our way through the first months, got our footing and helped us take good ideas and make them better articulated with more clear next steps than we could have come up with so quickly on our own. We have a sustainable Network thanks in large part to Coach Kernaghan.

Less helpful:

- Some of the webinars weren't relevant to the work we were doing

Improvements / Potentially Useful Tools:

- Alerting grantees earlier of a grant award. Two weeks' notice of funding that will affect EVERYTHING that needs to be accomplished in the next 12 months makes inhibits effective implementation and execution.
- Webinars that feature grant teams/Networks who are further along in the type of work we are doing would be useful.
- Tools/Training introduced early in the grant cycle on how to work through complicated relationships between Network members.