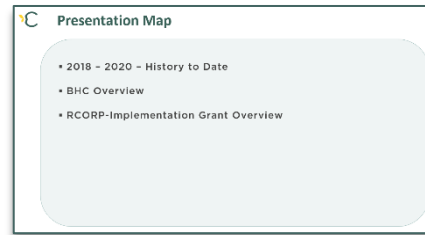




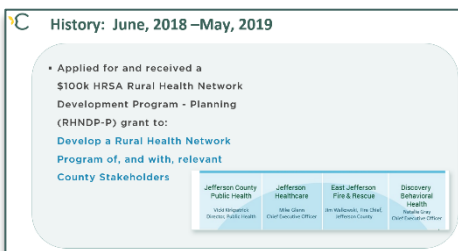
Good afternoon, my name is Lori Fleming and I am the Co-Executive Director of CHIP, as well as the Project Director of the Behavioral Health Consortium (BHC) and the RCORP-Implementation Grant award. The RCORP-I grant is for \$1M over a 3-year performance period awarded by the Health

Resources and Services Administration, which is an agency of the US Dept. of Health and Human Services. HRSA, as they are called, is the primary federal agency for improving healthcare to people who are geographically isolated, and economically or medically vulnerable.

An overview of what we'll be talking about:



I think everyone here knows, but just for the sake of clarity I'll give a bit of history: John Nowak and myself, from Public Health took over as Co-Exec Dirs in 2018, to execute the CHIP's 2016 action Plan. The health priorities included IZ, HL/CD, Access to Care and MH/CD (BH). John took on working with the community on HL/CD and Access to Care, and I took on IZ and MHCD, which was rated the top priority at that time.



Just prior to John and I taking over CHIP, our predecessor, Senovia Ewers, had applied for a Rural Health Network Development Program – Planning Grant (RHNDP-P). John and I got word of the \$100k award just after we took on the role in 2018. We were able to leverage that funding to create a “Network” composed of JCPH, JHC, EJFR and

DBH. This Network took on a targeted needs assessment to identify a focus area to concentrate their efforts. During that first year of grant funding John Nowak did a “current” and “desired state” analysis with the Mental Health Field Response Group (MHFR, coordinated by Anna McEnergy/JCPH) so we better understood how EMS and City and County Law enforcement service encounters unfold from inception to when in the call-subject was taken to the ED or Jail.

What Does the BHC Want to Accomplish?

Our overarching goal is to strengthen and expand SUD/ODU prevention, treatment and recovery services to enhance resident's ability to access in-county treatment and move towards recovery.

That exercise led to the Network to decide the group's focus would target a feasibility exploration for a local Crisis Stabilization Facility.

The Network wanted to identify solutions that would give our

residents dealing with MH/ SUD/ODU local access to the services needed for treatment and recovery. Also, they were looking to ease the use of resource intensive

options like the ED and Jail, that don't provide a call subject with access to appropriate service.


How Does the BHC Accomplish Its Mission?

By serving as a strong infrastructure between agencies, and collectively developing and executing strategic plans to:

- Integrate MH/SUD/ODU services
- Optimize service and provider investments
- Create access to appropriate services at the appropriate time
- Implement evidenced-based, innovative approaches for value-based healthcare

History: June 2019 – May, 2020

- Applied for and received a \$200k HRSA Rural Communities Opioid Response Program-Planning (RCORP-P) Grant
- Expanded Consortium executed a Needs Assessment for behavioral health services that address the treatment and recovery of Jefferson County's OUD/SUD patients.
- Developed Strategic, Workforce, and Sustainability Plans.



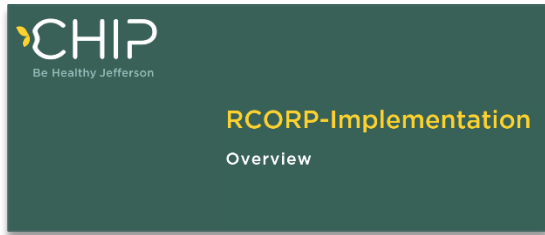
With the Mission set, we here at CHIP applied for another grant, the HRSA RCORP-P grant for \$200k. We wanted another funded year to broaden the initial four Network agency members into a group of 10 or so agencies, now called the BHC, and to engage a consultant, Health Facilities Planning and Development, to help with some collective data gathering and discernment. We wanted to

use the HFPD consultation as a base to explore the feasibility of a local Crisis Stabilization Center, or some equivalent alternative – and to develop a related Implementation Plan.

Through the course of that year from June 2019 – May 2020, the expanded group realized a year didn't give us enough insight on several fronts to get to a go/no-go on the feasibility of the Crisis Stabilization Center. Yet, we did create a Strategic, Workforce, and Sustainability Plan that addressed Jefferson County's BH landscape with some Low-Capital investment strategies, along with a commitment to continue the work of determining the feasibility of a Crisis Stabilization Facility.

2019-2020's Strategic Plan Priorities

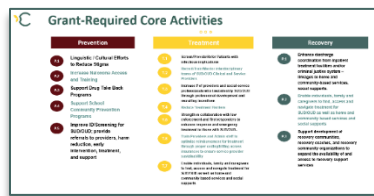
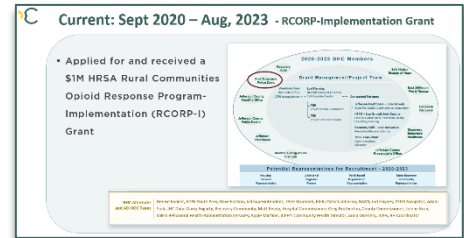
- Enhance support to Law Enforcement and Emergency Medical services for Call-Subject Navigation and Behavioral Health Service Connection
- Improve Jail-to-Community transitions
- Develop / Maintain Online/Printed Resource Directory
- Maintain Discovery Behavioral Health's Day Program
- Improve Provider/Prescriber Service Integration
- Determine feasibility of a local Crisis Stabilization Facility



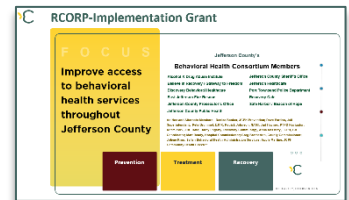
In May, 2020, CHIP submitted an application for a \$1M HRSA RCORP-Implementation grant. That grant was awarded in September 2020, for a 3-year performance period that ends August of 2023. The funds are being used to implement an updated version of the Action Plans developed by the BHC

during the RCORP Planning Grant’s performance period of 2019-2020.

Thanks to the earlier funding, for the past 15 months our community has been **fortunate to have what were siloed agencies and advocates coalesce into a County Behavioral Health system problem-solving and opportunity-leveraging collective**. This Consortium includes relevant County players, including City and County law enforcement, EMS, Criminal Justice, Service Providers, and recovery community members.

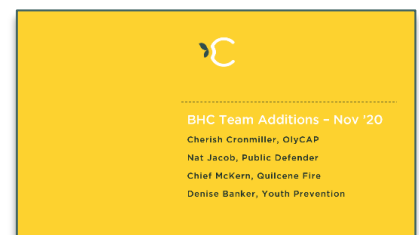


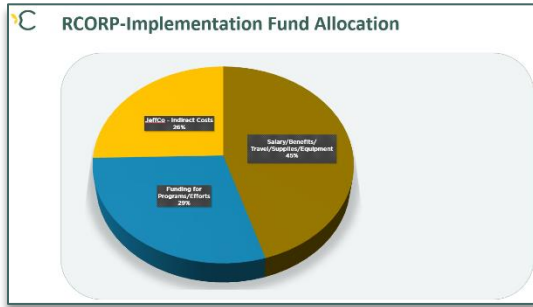
When writing the application for the RCORP-I grant, I took the Strategic, Workforce and Sustainability plans developed during the RCORP-Planning grant, and re- cast a great deal of the



content there to address the RCORP-Implementation grant’s required framework of Prevention, Treatment and Recovery their attendant required activities.

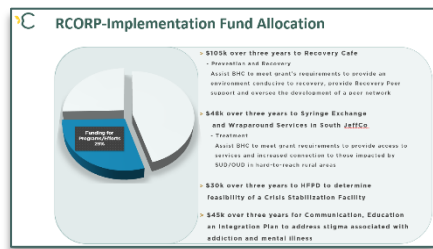
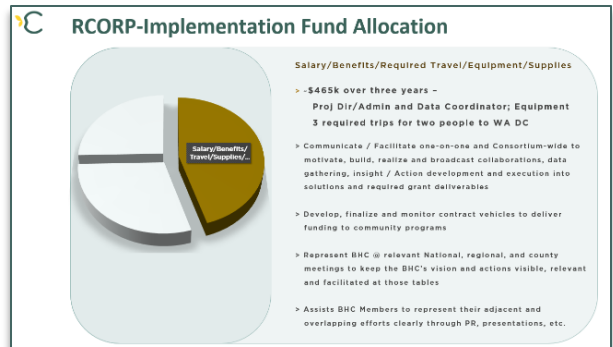
To meet the RCORP-I grant application requirements a solid Prevention component was added in along with a Youth Prevention Representative and a South County representative. Also, in subsequent meetings with the City Council, it became clear there were a few more representatives we wanted at the table – which you see here. These additional representatives will be added to the BHC in either full member or Ad Hoc roles going forward.



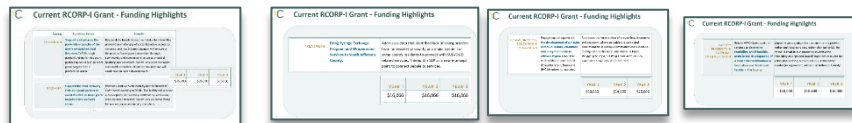


I wanted to dig quickly into the grant’s funding allocation. This is a high level visual of the grant budget’s distribution. You see the three main categories.

Section Detail: We are using grant \$\$ to fund myself in the full-time Project Director Role to hold the reins on the low capital collective projects outlined in the last grant’s Strategic Plan, and also to develop the deliverables necessary meet the current grant’s requirements which include a robust data reporting element, and tracking our progress on all the required core activities.

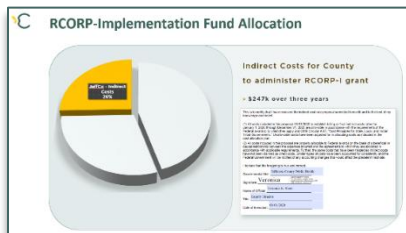


Then, to meet core activities and optimize the potential of our low capital projects’ success, this overview shows budget was also distributed to specific efforts in prevention, treatment, and recovery, as well as two projects that we consider sitting at the intersection of prevention, treatment and recovery.



I’ve included these next 4

slides just for detail that might be helpful on each of the funding efforts.



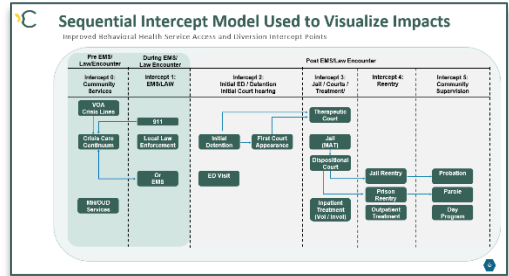
And then the last major category is the County’s Indirect Costs which go to Jefferson County Public Health, where Veronica Shaw, Deputy Director, administers this grant for CHIP / BHC.



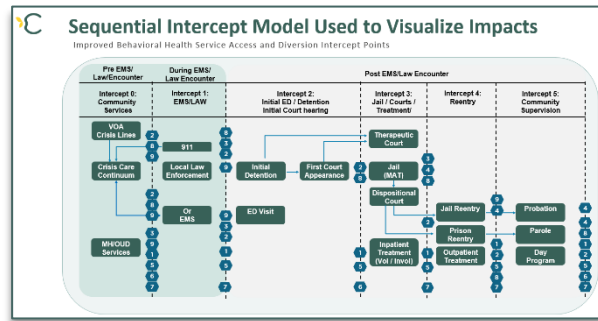
As I alluded – there is a robust data reporting effort required of the RCORP-I Award. This slide shows one year of deliverables that are required for each of the three years of the grant’s performance period.

Explain the model:

An exciting aspect of the BHC is how it is a body with a county-wide purview that can be leveraged to understand what, how, and where any potential funding stream can optimally support the County’s BH system. There are many opportunities for efficiency, shoring up, that are being collaboratively explored, prioritized and acted upon - as we work together to build a robust, sustainable

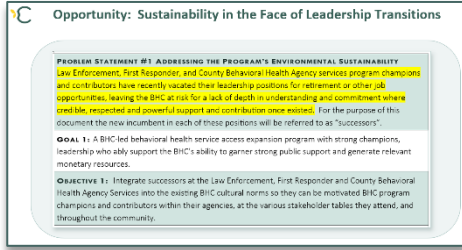


behavioral health service infrastructure here in Jefferson County. To that end the BHC members are finding this customized Sequential Intercept Model valuable as a base to create shared understanding and a comprehensive picture of how people with mental health and OUD/SUD issues flow through the County’s potential intercept points of ⇒ community services, ⇒ EMS/Law Enforcement, ⇒Initial ED or Detention and Initial Court Hearings, ⇒Jails/Courts/Treatments, ⇒Reentry, and⇒ Community Supervision.



These two slides give an overview of all the Strategic Action Plans and Projects we wrote into the latest grant, and shows the intercept point(s) where each strategy is intended to have impact.

This slide gives a summary of the project initiation points we expect within the first year of the RCORP-I grant’s Performance Period. 6 of the projects are, or will be initiated before the end of 2020. The Care and Navigator Coordination and Friendly Faces Program (that project addresses collective case management) projects will start next Spring and Summer, respectively.

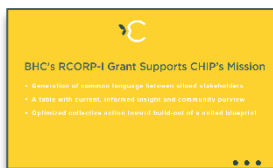


When I'm queried about the sustainability of this effort, one of the top things on my mind is how we can intentionally cultivate and maintain strong champions in Agencies' leadership to knowledgeable support the BHC's work. We depend on their insight and reach to garner strong stakeholder and public support, and to generate funding streams that will integrate wisely with the

County's Behavioral system as a whole. Over the past year we've had leadership transitions at DBH, the Fire Department, as well as the City Police Department where we are about to have another transition as Acting Chief Surber retires, and a new Police Chief is brought on board.

John and I are intentional in our efforts generate a two-way connection. We want to understand each new leader's lens for their own agency goals, and to offer the new leader a chance to understand the BHC's history and on-going efforts. This takes a great deal of time and energy, the result of which can make or break the momentum with which we power the work.

I also want to take this opportunity to assure this Board that the BHC is working to cultivate our own educated awareness and thoughtful integration with various efforts that are going on – whether it is the work presented in the COVID-19 Recovery and Resilience Plan, or individual stakeholder funding efforts, such as the RSAT Grant that looks at Jail Treatment and Aftercare, or the WASPC grant the JCSO is pursuing to fund a County Navigator. We support the need for each agency to nimbly pursue funding opportunities as they arise, and we also offer a supportive, knowledgeable table for stakeholders to brainstorm how these streams of work and funding can fit into the buildout of a county-wide system that is strong, stable and efficient.



Finally, I wanted to underscore the BHC is solidly nested under the umbrella of CHIP. The RCORP-Implementation Grant awarded to CHIP funds the BHC to focus on a key CHIP priority identified in the 2016 CHIP Plan, Mental Health/Chemical Dependency, and is actively supporting CHIP's Mission to improve the quality of life for people who live, learn,

work, and play in our community.

And, now I'll turn it back to John...