

1. Network Statement

Our community, like many others, has vulnerable residents with mental health and substance abuse issues who too often fall through the cracks. The likely outcome in Jefferson County for these patients is transportation to a hospital or jail, neither of which provides the services they need and deserve. We want to launch a comprehensive set of innovative solutions to address these problems, with a focus on addressing behavioral and substance abuse and social determinants of health to improve population health and community well-being. We're a Network of community leaders who carry a deep understanding of the issues and have personal relationships with people connected to mental health and substance abuse disorders throughout Jefferson County. By harnessing our communities' energy and enthusiasm to address the crisis, our county can do better, and we are committed to building a foundation to provide affected residents with supports to move toward stability and the recovery of their health and wellness.

The path we have outlined is to develop an implementation plan for an in-county Crisis Stabilization Facility (CSC) where vulnerable residents can start their recovery journey. In order to build and sustain this facility, we will work with the community to identify need, research options, stabilize funding streams, implement strategy, and facilitate ongoing engagement. Upon successful implementation, this approach will significantly lessen the consuming toll the behavioral health crisis currently exerts on local resources, our healthcare system, law enforcement, criminal justice, and first responders.

2. Organizational Overview

The Jefferson Rural Health Network is an emerging Network serving the six communities within Jefferson County, WA: Port Townsend, Chimacum, Port Hadlock, Port Ludlow, Quilcene, and Brinnon. The Network is composed of Jefferson County Public Health, who provides Community and School-based Health Clinics in various locations throughout the County; Jefferson Healthcare, a 25-bed critical access hospital (CAH) within Port Townsend that serves East Jefferson County; Discovery Behavioral Healthcare, the largest provider of behavioral healthcare services located in Port Townsend and serving East Jefferson County; and East Jefferson Fire Rescue, a provider of emergency medical services (EMS) and ambulance services within East Jefferson County Communities.

Co-Executive Directors for Jefferson County's Community Health Improvement Plan (CHIP) Implementation Team, Lori Fleming, from Jefferson County Public Health, and John Nowak, from Jefferson Healthcare Hospital, filled the role of grant Project Director, and Bernadette Smyth serves as the fulltime Grant Project Coordinator. The Network is composed of agencies who previously worked individually with each other in various capacities, but never collaborated fully as an entire Network. The RHNDPP Grant has provided funding for this group to become a cohesive Network who works collectively for the good of Jefferson County.

The Network'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.

The **MISSION** of Jefferson Rural Mental Health Development Network (Network) is to serve as a strong infrastructure between agencies, identify methods, integrate mental health and substance abuse services, lower cost, create access to appropriate services at the appropriate time, and implements evidenced-based, innovative approaches for value-based Healthcare.

The Network is focused on the launch of a comprehensive set of innovative solutions to address the unique behavioral health services needs within Jefferson County, WA to improve population health and overall community well-being.

GOVERNANCE

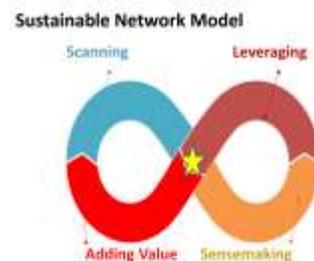
- Voting: Each Network Member Agency has one vote.
- Adhoc Team: Adhoc Team Members can be invited to meetings, but in a non-voting capacity.
- Monthly meetings: held for the purpose of network scanning, development and planning, with special meetings called as necessary.
- Remote Communications. The team may determine that one or more meetings of the Members shall be held solely by, or permit participation by, means of remote communication. Such authorizations may be general or confined to specific instances. Members will be allowed to vote by phone.
- Quorum. A quorum must be attended by at least 75% percent of the network members before business can be transacted or motions made or passed.
- Notice. An official meeting requires that each member have notice at least 3 days in advance.
- Attendance. A member shall be dropped for excess absences from the team if s/he has three unexcused absences from meetings.
- Removal: In a year, a member may be removed for other reasons by a three-fourths vote of the remaining members.

3. Strategic Planning Process



Representatives from the JRMDH Network (Network) attended regular monthly meetings for the grant term, July 2018 – June 30th, 2019, during which they participated in the strategic planning effort led and facilitated by the grant’s Project Team (Team).

The Team engaged Network Members, key community stakeholders and advocates, to understand our County’s landscape using the



Sustainable Network Framework to organize and

lead using Sustainable Network model activities: scanning, sense-making, leveraging and adding value.

Activities in the various Sustainable Network Model arenas often occurred concurrently, yet each element of the Framework provided the checkpoints for the group to ensure we were consistent in our discovery, discernment, plan, activation and execution of efforts and strategies that aligned and supported our Network’s vision and mission.

STRATEGIC PLANNING PROCESS SUMMARY

| Strategic Planning Activity | Highlights: Breakthroughs, relationship impacts, increased perspectives |
|---|---|
| The Focus: Develop MOU & Bylaws Participants: JCPH, JHC, EJF&R, & DBH Facilitated: Grant Team Members Member’ Legal Teams Timing: July – December 2018 | 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. This activity provided opportunities for the Grant Team to understand the relationships between the Network Members, the paucity of time each had for Network engagement, and where proposed Network Member(s) did not have an organizational decision-maker at the table. |

STRATEGIC PLANNING PROCESS SUMMARY – CONT'D

| Strategic Planning Activity | Highlights: Breakthroughs, relationship impacts, increased perspectives |
|---|--|
| <p>The Focus: Develop Vision /Mission Participants: JCPH, JHC, EJFR, & DBH Facilitated: Grant Team Members Timing: Oct – Dec 2018</p> | <p>A Network Member organization had a new interim CEO who became the representative during the time of this Network activity. That evolution brought a new sense of openness and possibility to our collective energy, discussions, and sense of potential impact.</p> |
| <p>The Focus: Community Health Assessment Participants: Jefferson County Residents Network Members Grant Team Kitsap Epidemiology Team Facilitated: Kitsap Epidemiology Team Grant Team Members Timing: January – June 2019</p> | <p>The 2018 CHA has included a qualitative aspect that previous CHAs have not had. Qualitative data collection efforts included 12 key informant interviews, 3 community focus groups in disparate parts of the county, and a county-wide community survey that was offered electronically as well as taken by hand to food banks, libraries, Community Centers, the County Jail, recovery service providers, etc. Over 1200 surveys were filled out in a community of 30,000. Data tabulation is underway.</p> |
| <p>The Focus: External Environmental Scan Network Org Assessment Participants: JCPH, JHC, EJFR, & DBH & Grant Team Members Facilitated: Grant Team Members Timing: Jan – March 2019</p> | <p>As the Network Members undertook these two exercises, the tenor of the discussions went from what had been relatively surface to more 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 where the Network's efforts could be applied.</p> |
| <p>The Focus: Strategic Planning Session Participants: JCPH, JHC, EJFR, & DBH Facilitated: Grant Team Members Timing: Group Strat Planning sessions March - June 2018</p> | <p>Excellent engagement and discussion over several months with two longer sessions in May 2018. The most dynamic discussion was around setting goals and objectives. In the final stages there was solid agreement about what the Network did and did not want to include, which represented a breakthrough from earlier discussions.</p> |

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| | <p>The Focus: Scanning, Sensing, Leveraging, and Adding Value</p> <p>Participants: JCPH, JHC, EJF&R, & DBH & Grant Team Members</p> <p>Facilitated: Grant Team Members</p> <p>Timing: Oct 2018 – Present</p> |
| <p>Highlights</p> | <p>Increased Perspectives</p> <ul style="list-style-type: none"> ▪ The awareness 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 procuring funding and assessing progress/success. ▪ The State-required transition to fully integrated care by the Medicaid managed care organizations (MCOs) by 2020 will affect our behavioral health services. Of concern is how much impact and disruption and how that impacts 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). ▪ 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 . |

Highlights

Breakthroughs

- **The "Behavioral Health Field Response Team" (BHFR)**, which some Grant Team and Network Members were already attending, 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 engaged, ongoing stakeholder/advocate support. The decision was made to leverage the existing momentum of the BHFR and add value to the effort.
- **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), we were 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. Sense-making, leveraging activities 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 a 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, but 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.

- 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 Stakeholder, 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 from limited access challenges.
- The result of the above Scanning, Sense-making and Leveraging effort was for the Network/Grant Project Team to take an existing plan to facilitate a CHA focus group in South County and, during that CHA Focus Group session, facilitate initiating 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 effort to coordinate warm handoffs between the various service agencies, (Jail, MAT provider, therapeutic courts, JHC and JCPH, housing advocates, etc.)

Relationship Impacts

- 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, producing better collective impacts for Jefferson County residents.

4. Network Organizational Assessment Summary

| Network Strengths | Network Weaknesses |
|--|---|
| <ul style="list-style-type: none"> • The Network as a whole is committed to continuing beyond the life of the grant • The Network MOU and Bylaws, which have been ratified by all members. • Network proactively seeks, listens and responds to community input • Network is flexible and willing to embrace, develop, and activate short- and long-term efforts to address the mental health and substance abuse crisis in Jefferson County • The Network model is allowing us to move from silo to integrated resource management and problem solving throughout the entire county. | <ul style="list-style-type: none"> • Challenging process and approval cycle to finalize formal agreements across Network Organizations • Lack of high-level decision-makers at the Network table representing some of our Network Organizations • Member organizations (not referring to the Network Members themselves here!) are not always clear on the value of their organization being part of the Network • Need more organizations to be part of the Network if we’re going to galvanize a credible exploration that culminates in a Crisis Stabilization Center Implementation Plan, or some other appropriate plan. • Need Network funding to do the work of developing a plan for a potential CSC • Need regional relationships and advocates if we are to successfully position Jefferson County to be funded in Phase 3 of the Olympic Peninsula Behavioral Health Campus Project that recently received some initial funding toward its Phase 1. (Phase 3 would be the buildout of a Crisis Stabilization Center here in Jefferson County and one in Forks, WA, as well.) |

5. External Environmental Scan Summary

| External Opportunities | External Threats |
|--|--|
| <ul style="list-style-type: none"> • New levels of awareness at the State and Federal level about mental health issues, and the support and funding opportunities that are available as a result. • Momentum where the County is working with the courts, EMS and criminal justice departments to explore diversion options for residents with OUD/MH issues who come to their attention. This group can/will be leveraged into exploring a long term, in-County diversion option – such as a CSC Implementation Plan. • Multi-agency coordination would go a long way to providing warm-hand-offs of county residents cycling through our Hospital Emergency room and Jail facilities. • Potential collaboration in a future Phase of the Olympic Peninsula Behavioral Health Center project, to be located in Sequim, located in the neighboring Clallam County. This effort received legislative funding in March 2019 for \$7.2M toward the project’s Phase 1. This project is currently set to be jointly operated by the Jamestown S’Klallam Tribe of Blyn, the Olympic Medical Center of Port Angeles, and Jefferson Healthcare hospital. • There is an openness to standardize some data collection efforts and reporting across agencies such as EMS, Law Enforcement, Hospital and County Jail to set baseline and performance criteria. • The School-based Health Clinic (SBHC) Advisory Board is exploring the possibility of siting an SBHC in an area referred to as South County. Mental health services are stigmatized in this area and access to these services is extremely limited for the area’s youth by a day long public transportation commute. It is recognized an SBHC is often the pathway for a students who present with physical symptoms to speak with an ARNP who can, when appropriate provide an MH service referral that a student might not otherwise receive such a referral. An SBHC located in South County has the potential to make a profound difference for youth from this geographically-disadvantaged area. | <ul style="list-style-type: none"> • Increase in opioid use in Jefferson County in the last few years - currently the second highest county in the State for non-heroin opioid deaths. • Sharp increase in needle exchange in a short period of time: 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 • The County currently lacks an OUD/MH related issues CSC, yet a majority of Law Enforcement and EMS calls deal primarily with the County’s OUD/MH demographic. This demographic continuously cycles in and out of the County Jail and JHC emergency department. • A lack of updated/current awareness among our County residents’ around the Behavioral Health Crisis and its impact in our County • The State-required transition to fully integrated care by the Medicaid managed care organizations (MCOs) by 2020 will affect our behavioral health services. Of concern is how much impact and disruption and how that impacts access, etc. • The current situation where OUD/MH individuals 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. |

6. Network Programming Goals and Objectives

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 |
|---|---|
| <ul style="list-style-type: none"> Procure funding to develop a capital and operational Implementation Plan for sustainable in-county Crisis Stabilization Center. | <ul style="list-style-type: none"> Mid 2019 |
| <ul style="list-style-type: none"> 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. | <ul style="list-style-type: none"> 06/2019 - |
| <ul style="list-style-type: none"> 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. | <ul style="list-style-type: none"> 06/2019 - |
| <ul style="list-style-type: none"> 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. | <ul style="list-style-type: none"> June-Dec 2019 |
| <ul style="list-style-type: none"> Convene frontline service workers within various organizations to initiate a warmer hand-off for shared clients, and to identify gaps in services. | <ul style="list-style-type: none"> June-Dec 2019 |
| <ul style="list-style-type: none"> 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. | <ul style="list-style-type: none"> 06/2019 - |
| <ul style="list-style-type: none"> Enhance relationships between provider ARNPs and behavioral health services ties | <ul style="list-style-type: none"> 2019 - 2020 |
| <ul style="list-style-type: none"> Convene multi-agency coalition to quantify and address gaps in Navigator/Social Worker services | <ul style="list-style-type: none"> June – Dec 2019 |
| <ul style="list-style-type: none"> Develop plan for better collaboration and communication between participants using a care coordination model | <ul style="list-style-type: none"> 2019 - 2020 |

7. Adaptive Capacity Goal and Objectives

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 |
| <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 |

8. Use of the Strategic Plan

COMMUNICATIONS – Our **Network Statement** is the declaration that informs every one about the Network’s top priorities and what the Network’s core beliefs are. This Statement will be used by all Network Members to develop talking points about the work of the Network Team. As such this statement is the foundational, consistent opening message whether in written or verbal information to the County Commissioners, a Junior High School Assembly, a potential investor, a reporter, to critical regional and state collaborators and everything in between.

MANAGEMENT – The Grant team will be reaching for this document often to do on-the-spot, as well as in depth, reviews and planning of the work the Network has committed to in the Programmatic Goals and Objective section. The document will provide the basis to line out the order, timing and Grant Team member resource of work and communication steps necessary between Network meetings to ensure Network Members have clear direction on their action items, each meeting is productive, and we are collectively moving toward our goals.

PARTNER ENGAGEMENT – Because the partners have all agreed to the goals, objectives and activities included in this agreement, the Strategic Plan is the road map we’ve created together for how each will contribute. Additionally, the thought, planning and goals are clear and can be used as a trampoline for use in the recruitment of additional partners.

PROGRAM EVALUATION – The Strategic Plan is a living document, and the key is to visit it regularly to assess if what we’ve laid out still makes sense on an evolving landscape, as well as to see if we are on target with milestone achievements that will set us up to meet the broader goals. We want to leverage all our Network members who come from key organizations whose purpose it is to serve assess, invest and evolve the who, what, when, where aspects of this Community’s health.

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| <p>Desired External County Environment Outcomes</p> <ul style="list-style-type: none"> • Increased visibility and knowledge of challenges and opportunities around addressing BH/SA prevention, treatment and recovery, as well as the social determinants of health that affect this landscape • Developed research, increased data, added new knowledge, • Increased influence on external actors to affect solution adoption and funding for those solutions • Overcame important “sticking” points in moving an agenda or policy • Increased public will • Increased coordination of activities • Increased resources on every relevant level | <p>Desired Internal Network Participant Outcomes</p> <ul style="list-style-type: none"> • Developed sense of belonging and value • Increased skills and capacity • Increased information/data • Increased access to resources (while maintaining autonomy) • Decreased transaction costs • Increased legitimacy and power |
|---|--|