

Working Age Group - Strategic Framework Development - as of 5/13/2021

Goals:	Objectives:	Strategy:	Activities	Inputs
<p><i>What are the objectives, if completed, going to lead to? What measurable goals has the workgroup decided on to make sure that it meets the purpose of the group? These should be SMART goals.</i></p>	<p><i>How are we going to implement our workgroup goals? How are the deliverables from the strategy going to be maintained?</i></p>	<p><i>What types of things do we need to develop to help met our objectives? What deliverables will we have after we perform the activities?</i></p>	<p><i>What steps need to happen to make sure that we can complete the strategy?</i></p>	<p><i>What do we need to make the activities happen?</i></p>
Goal 1:	Objective 1:	Strategy 1A:	Activities	Inputs
<p style="text-align: center;">Improve Social Determinants of Health factors in Jefferson County</p> <p style="text-align: center;">Articulate a SMART Goal Specific Measurable Attainable Realistic Time oriented</p>	<p>Increase capacity of transitional supportive housing</p>	<p>Strategy 1A: Coordinate with Bayside to assist in the creation of additional capacity for transitional supportive housing.</p> <p>Metric: XX additional capacity of this housing</p> <p>Data Source: Bayside</p> <p>Current State: Get numbers from Bayside</p>	<p>1A.1 Assist Bayside to identify (and pursue) grant and RFP opportunities</p>	<p>Identify individual to act as point of contact and coordination.</p> <p>Metrics: Need current state numbers from Bayside</p>
		Strategy 1B:	Activities	Inputs
		<p>Strategy 1B: Coordinate with Pfeiffer House to support the current project to increase capacity at Pfeiffer House.</p> <p>Metric: Capacity at Pfeiffer (Currently 2 young adults, to be increased to 10-12 young adults.</p> <p>Data Source: Pfeiffer House</p>	<p>1B.1 Collaborate with Pfeiffer House team to assess/articulate needs to increase capacity and support the development and execution an action plan.</p>	<p>Identify individual to act as point of contact and coordination.</p> <p>Metrics: Gather current state numbers from Pfeiffer House</p>

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Goal 1:	Objective 2:	Strategy 2A:	Activities	Inputs
<p>Improve Social Determinants of Health factors in Jefferson County</p> <p>Articulate a SMART Goal Specific Measurable Attainable Realistic Time oriented</p>	<p>Increase units of Workforce Rental Housing for working age adults.</p>	<p>Strategy 2A: Develop a plan to identify site(s), financing and other key components.</p> <p>Metric: Units of workforce rental housing</p> <p>Data Source: Ask County</p> <p>Current State: 0% vacancy rate on rental housing</p>	<p>2A.1 Organize workgroup to address this specific need for in-county rental housing.</p> <ul style="list-style-type: none"> - Assemble a workgroup team - Identify available city and county sites - Identify possible sources of private financing - Seek community input 	<p>County support</p> <p>Available volunteers to work on project</p> <p>Note: CDBG Planning Grant RFP is issued in March '21, and applications are due in June '21.</p>
	<p>Objective 3:</p> <p>Address poverty as a factor in substance abuse</p>	<p>Strategy 3A:</p> <p>Establish a construction trades training program for young adults in transitional and permanent supportive housing.</p> <p>Metric: Number of young adults in transitional or permanent supportive housing with a certificate of completion of training and employed in the construction industry.</p> <p>Data Source: ?</p> <p>Current State: Not available</p>	<p>3A.1 Develop a curriculum outline with local contractors and subcontractors.</p> <p>3A.2 Identify a training site (Pfeiffer House common area?)</p> <p>3A.3 Identify volunteer trainers</p> <p>3A.4 Seek grant opportunities e.g. Lowes</p> <p>3A.5 Establish a job placement process for graduates</p>	<p>Identify individual to act as point of contact and coordination.</p> <p>Metrics: TBD</p>
<p>Explore how this framework crosswalks with AHT's 10-year Housing Plan and SDOH-Poverty</p>				

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Goal 2:	Objective 1:	Strategy 1A:	Activities	Inputs
<p style="text-align: center;">By end of 2022, address county resident service needs effectively.</p> <p style="text-align: center;">Articulate a SMART Goal Specific, Measurable Attainable, Realistic Time oriented</p>	<p>Deploy available services cooperatively (medical, behavioral health, social, housing, employment) to address resident needs.</p>	<p>Strategy 1A: Break down the current structure of resources and partnership to understand County resources available, and how they integrate with the behavioral health system. (medical, behavioral health, social, housing, employment, etc.).</p> <p>Metric: ??</p> <p>Data Source: ??</p> <p>Current State: ??</p>	<p>1A.1 Poll community of providers for BH programs to identify funding sources for each Behavioral Health Provider and Program services to identify the range of hubs that need assessment. (funding sources include OCH, 1/10th of 1%, WASPC, ASO, Medicaid, MCO, Domestic Violence, Developmental Disability, recovery programs, etc.). Create an overview of services being funded</p> <p>1A.2 Develop a model example that provides an overview of the County's behavioral health resources, they are formally connected. Use behavioral health services as a hub from which to show connections (and highlight gaps) between them and community and health-based crisis services including medical, social services, housing, etc.) (OCH may have some of this?)</p>	<p>BH Agency and organization players (DBH, SH, BiR)</p> <p>Metrics: Where do we get them?</p>
		Strategy 1B:	Activities	Inputs
		<p>Strategy 1B: Identify strengths and gaps to address resident needs through cooperative deployment.</p> <p>??</p> <p>Metric: ??</p> <p>Data Source: ??</p> <p>Current State: ??</p>	<p>1B.1 Assess the role of primary BH service providers (DBH/Beacon of Hope and Believe in Recovery, etc.) and thier partnership with other resources (law enforcement, housing, socials services, funding programs - OCH, 1/10th of 1%, WASPC, ASO, Medicaid, MCO, etc., recovery programs, etc.) identified in 1A.1 to identify strengths and gaps within our community.</p>	

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Goal 2 - Cont'd:	Objective 2:	Strategy 2A:	Activities	Inputs
<p>By end of 2022, address county resident service needs effectively.</p> <p>Articulate a SMART Goal Specific, Measurable Attainable, Realistic Time oriented</p>	<p>As defined by BHC members, develop a list of standard definitions in a living document.</p>	<p>Strategy 2A: Work with BHC membership to develop definitions: BH, crisis services, law enforcement, navigator, case manager, care coordinator, etc.)</p> <p>Metric: ??</p> <p>Data Source: ??</p> <p>Current State: ??</p>	<p>2A.1 ?? ??</p>	<p>??</p> <p>Metrics: Where do we get them?</p>
	<p>Objective 3:</p> <p>Address current service gap around inter-facility transportation system of mental health patients</p>	<p>Strategy 3A:</p> <p>Perform assessment of how much utilization is currently occurring between JHC/EJFR; With Need established, identify strategies to address this gap</p> <p>Metric: ??</p> <p>Data Source: ?</p>	<p>3A.1 Chief Black's team to provide relevant data</p> <p>3A.2 Connect with OCH and integrate EJFR/Jefferson County gap quantification data and participate in the OCH-led "priority action development" around regional inter-facility transportation for behavioral health (mental health/SUD) patients.</p>	<p>??</p> <p>Metrics: Where do we get them?</p>

Jolene's Idea overview: Suggested focus is under a broad goal of "Delivering Services" - identify funding sources that are butting up against and crossing over each other. Generate clarity in one place around the fractured resource systems in our community so those resources can be better leveraged to address behavioral health challenges, ensure those with those challenges have housing and employment, and give them and us a chance at these clients becoming better parents and intergenerational trauma is reduced along with long term recidivism.