

Summary

The Pfeiffer House Sustainable Living Project, currently exists in uptown Port Townsend and provides living spaces for young adults (ages 18-24). The facility has begun the development of a "Community Resource Center" area in one of the recently renovated facility units, with the intention of providing an open door to emerging youth and young adults (16-24yoa) who may, or may not, reside within the Pfeiffer House, who find themselves in risky situations and in need of assistance or direction to local resources.

OWL 360, a non-profit entity created to address the issue of housing and supportive services to Jefferson County youth and young adults, **is requesting \$47,000** in RCORP-I grant funds to be allocated for use between now and August 31, 2023, for the Pfeiffer House Sustainable Living Project as they serve young adults who lack consistent family or other supports to ensure they connect with age-appropriate prevention and intervention services.

Grant-Required Core Activities

| Prevention | Treatment | Recovery |
|---|---|---|
| <ul style="list-style-type: none"> P.1 Linguistic / Cultural Efforts to Reduce Stigma P.2 Increase Naloxone Access and Training P.3 Support Drug Take Back Programs P.4 Support School Community Prevention Programs P.5 Improve ID/Screening for SUD/OD; provide referrals to providers, harm reduction, early intervention, treatment, and support | <ul style="list-style-type: none"> T.1 Screen/Provide/Refer Patients with infectious implications T.2 Recruit/Train/Mentor interdisciplinary teams of SUD/OD Clinical and Service Providers T.3 Increase # of providers and social service professionals who treat/identify SUD/OD through professional development and recruiting incentives T.4 Reduce Treatment Barriers T.5 Strengthen collaboration with law enforcement and first responders to enhance response and emergency treatment to those with SUD/OD. T.6 Train Providers and Admin staff to optimize reimbursement for treatment through proper coding/billing across jurisdictions to ensure service provider sustainability T.7 Enable individuals, family and caregivers to find, access and navigate treatment for SUD/OD as well as home and community based services and social supports | <ul style="list-style-type: none"> R.1 Enhance discharge coordination from inpatient treatment facilities and/or criminal justice system -- linkages to home and community-based services, social supports. R.2 Enable individuals, family and caregivers to find, access and navigate treatment for SUD/OD as well as home and community based services and social supports R.3 Support development of recovery communities, recovery coaches, and recovery community organizations to expand the availability of and access to recovery support services |

Needs Assessment

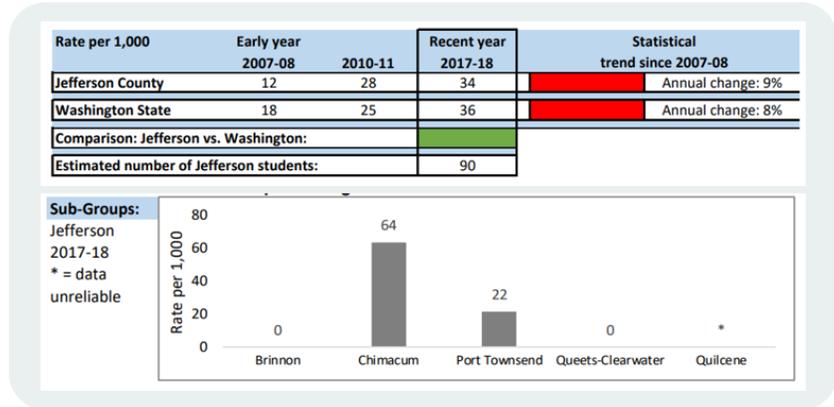
The Behavioral Health Consortium recognizes a pronounced need for a targeted prevention, treatment and recovery service connection infrastructure for Jefferson County's 16-24 year-old population of youth/young adults. The 2019 Jefferson County Community Health Assessment (CHA) showed an estimated 90 high school students in Jefferson County who lack a fixed regular and adequate nighttime residence.

These students are just one contributor to the 16-24 year old demographic that is at high risk of experiencing housing instability, substance abuse or relapse and mental health decline. This population also includes those who are homeless, those aging out of foster care, those fleeing from domestic violence and those that may be transitioning from successful completion of treatment programs.

Pfeiffer House leadership offers a gateway for county-wide services to develop appropriate and successful service offerings for this demographic.

Student Homelessness in Jefferson County

Public school students who lack "a fixed regular and adequate nighttime residence" per 1,000 public school students



2019 CHA Summary Findings

Methodology

The Pfeiffer House Sustainable Living Project developed the strategies shown below as a focus for their stewardship of \$47,000 in RCORP-Implementation funds aimed at the intersection of Jefferson County's 16-24 year-old population, and a few key prevention and recovery activities stated in the RCORP-I grant requirements.

Task 1: Hire a part-time Prevention Specialist

- Support the provision of service access for those living at Pfeiffer House
- Support the Pfeiffer House's community space - where the 16-24 year-old group can gather, develop community, and connect with services

Task 1 Methodology: Develop/Refine/Approve a Prevention Specialist role description and success metrics; advertise position; identify, interview, and reference check relevant candidates; then hire; => conduct new hire orientation and onboard training; => Provide regular feedback and assess progress against set metrics.

A **Youth Intervention Specialist** performs responsible prevention/intervention work in Youth/Young Adult Development within the Community Engagement. The role's primary function is to refer at-risk youth /young adults to appropriate activities, programs or agencies. Specific duties include: giving presentations for community groups/forums/schools on awareness; assisting in problem resolution with at-risk youth; guiding youth/young adults and parents; serving as a liaison between the, schools, other agencies, and the community regarding substance awareness, safe housing, medical and mental health and other youth/young adult-related matters. Working with community providers to identify needs, assistance, conducting assessments and referring youth to appropriate intervention activities; and maintaining close contact and follow-up with referred youth. The Youth Intervention Specialist may train volunteers to assist in supporting the emerging young adults in our community.

Task 2: Partner with county-wide medical, behavioral health, and social service providers

- Develop individual responsivity-driven approaches that bridge Jefferson County's emerging adult population to services that build self-efficacy and support prevention and intervention.

Task 2 Methodology: Initiate direct resource center recovery support service provision with Believe in Recovery, Safe Harbor and Beacon of Hope and Discovery Behavioral Health. These providers will be asked to provide services that include: One-on-one direct support services (either in-person or remotely via phone call or Zoom) such as Community Connection Plan, Recovery Action Planning, recovery support check-ins, referrals; Facilitate peer group supports for emerging youth and young adults 16-24 year-old (either in- person or remotely via Zoom).

Task 3: Develop Peer Youth and Young Adult Advisory Board

- Engage participants in the development of a Youth Peer Network composed of young folks with lived experience.

Task 3 Methodology: Identify and train emerging youth and young adults in peer support network.

- Promote the skills and teach coping strategies to related to anxiety and depression and other behavior health issues.
- Promote the skills and attitudes resist pressures to use alcohol, tobacco, and other drugs
- Encourage youth and emerging adults to reduce the substance use for which they were referred
- Remove barriers to school, employment and housing success
- Increase attendance and commitment to current programing or employment

Training and supervision Program Overview

- Annual 30-hour – Recovery, Mental Health, Social Emotional Learning (not limited to above listed?)
- Monthly ongoing volunteer trainings related to target goals
- Monthly engagement of Peer Advisory Board and Community partners

Task 4: Develop and execute a communication action plan

- Raise awareness of Pfeiffer House, and
- Increase engagement and service connection for targeted population

Task 4 Methodology: Approach to Identify Audiences and Customize Messaging

- Articulate BHC/Pfeiffer House goal for each relevant audience.
- Write top level goal statements that articulate what successful communication will look like, and what the audience will understand, believe, and do as a result.
- Identify the various specific audiences, and the values they espouse.
- Map out primary and secondary audiences. For the purposes of this plan the primary audience are those who are key community stakeholders and advocates; the secondary audience members are those who influence key stakeholders and are affected by the course of action to which the Consortium commits.

- For each individual or group identified, insights will be generated from these questions:
 - Who are the groups or individuals? Could a brief profile be written describing them?
 - How much information do they already have about the Consortium and this effort?
 - Do they already have an opinion?
 - What is their most pressing related issue, problem, or desire? What do they value?
 - Where do they get their information?
 - How will the Consortium and the effort meet a need or speak to their values?
- Research current outreach and educational efforts to be tapped for support messaging.
- Review each message/story to be used to motivate audiences and ensure the message speaks to the audience's values.

Approach to Overall and Phased Communications Action Plans

- Identify the best messenger for each message by noting who the intended audience trusts, relates to and respects.
- Determine how the message will be delivered – in-person meetings, community forums, awareness campaigns through media (website, social media, email, focus groups) -- to define multiple modes and methods to ensure multiple “touches” for each audience identified. Explore the development of a user-friendly website that will engage youth and young adults. Promote emerging young adult activities and community connections through age appropriate events. Work directly with community providers to connect services.
- Detail dates for each touch using key project dates or community happenings to help inform ideal date choice. Connect with other outreach efforts and key events or media hooks (e.g., Drug Takeback Day, Mental Health Awareness Month, Opioid Awareness Week, Overdose Awareness Day, etc.)
- Clarify desired outcomes as a result of each touch. A key desired outcome is understanding of, and support for, the BHC's focus and results.
- Use the communications/education planning tool developed to track outreach and education outcomes and any follow up needed.
- Review the entire Communications, Education and, Integration Plan at regular intervals and enact adjustments shown relevant based on progress toward stated or evolved goals.

It is intended this Communications Action Plan will be actively executed and updated throughout the three-year Implementation phase and set up the BHC for success for years beyond to continue communicating and educating on next steps, success stories, and how the

BHC and its efforts to develop the proposed Crisis Stabilization Center will add value to the people who live, work and play in Jefferson County.

Evaluation Metric

This proposed effort will track the items below in support of the BHC's success metrics outlined in the Recovery section of the BHC's workplan.

| |
|--|
| <p>health experience.</p> <p>Metrics for Recovery efforts detailed in this Work Plan: By 2025, reduced behavioral health high-utilizer Emergency Department visits by 10%. By 2025 reduced rates of incarceration for those with behavioral health issues by 10%</p> |
|--|

- Engagement: Track # of individuals coming into Pfeiffer House,
- Raised Profile: Proof of Social Media etc. used to engage public awareness that Pfeiffer House is a safe place to start – walk-in, get connected, stay connected, etc.

Pfeiffer House will track the following data:

- Housing Status and the role Pfeiffer played in their housing status
- Drug and Alcohol Recovery information such as: Desire to be in recovery; Pfeiffer role in maintaining desire for recovery; Level of current substance use; Current Risk of Mental Health Crisis; The role Pfeiffer played to prevent relapse
- Physical and Mental Health Recovery information such as: Self-report on overall physical health; Emergency Room usage in past 30 days; Pfeiffer House role in improving physical or mental health; Access to mental or physical healthcare
- Social Connectedness information such as: Self-report on the amount of hope in the participants life; Pfeiffer role in attaining that level of hope; Self-report on ability to respond to difficult situations; Pfeiffer's role in the ability to respond to difficult situations; Self-report on how connected the participant feels to the Pfeiffer; community and the community at large; Pfeiffer's role in becoming connected to peer support networks.

Deliverables

Twice yearly services reports will be generated and submitted on a form created or approved by HRSA. (HRSA's PIMS report) including: client utilization, referrals, outcomes, and any other BHC required reporting such as => Number of Community Volunteers; => Number of Community Volunteer hours; => Number of active Participants (defined as someone who commits to attending a regularly scheduled meetings/ sessions Recovery Circle (and being sober while in attendance); => Number of enrollments in a given time frame; => Number of disengaged in a given time frame (or three consecutive absences, whether excused or unexcused session); => Number of & type of "services". This can include tele-support (broken

down by contact method: phone calls, text, email), referrals to community services (broken down by type: substance use, mental health, domestic violence, housing , etc.); => Number of urgent needs provided (Meals, clothing, BL needs, sheltering outside supplies, etc.); => Upon request, additional reports of activities and services provided, to the JCPH Contract Representative.

Each quarter, participants will complete a self-report regarding the engagement in their recovery, the impact of programming, and help (or lack thereof) the program provided in rebuilding / transforming their lives.

Staff Resources needed

Prevention Specialist. See drafted role description on Page 3 of this document.

Admin Oversight – See Program Overview description on Page 4 of this document.

Work Plan

The timeline to accomplish what is listed in the methodology task section shown below.

Jefferson County of (BHC) RCORP-I - Recovery Work Plan - Grant # GA1RH39564

| TASK NAME | START | END | TEAM MEMBER | Yr 1 Q1 | Yr 1 Q2 | Yr 1 Q3 | Yr 1 Q4 | Yr 2 Q1 | Yr 2 Q2 | Yr 2 Q3 | Yr 2 Q4 | Yr 3 Q1 | Yr 3 Q2 | Yr 3 Q3 | Yr 3 Q4 |
|--|--------------|---------|---------------------------------|-----------------------------|---------|---------|---------|---------------------------|-----------------------------|---------|---------|---------------------------|---------|---------------------|---------|
| Recovery | | | | YEAR 1 - 2020 - 2021 | | | | YEAR 2 2021 - 2022 | | | | Year 3 2022 - 2023 | | | |
| Support development of recovery communities, recovery coaches, and recovery community organizations to expand the availability of and access to recovery support services | Year 1 | Ongoing | | | | | | | | | | | | | |
| b. Work with Pfeiffer House Sustainable Living Project as they serve young adults who lack consistent family or other supports to ensure they connect with age-appropriate prevention, intervention, and recovery service and support, and initiate Peer Network Training, whose participants will then be connected to strategic points and efforts throughout the community. | Y1Q3 2021 | Ongoing | Pfeiffer House, Grant Team, BHC | | | | | Develop Funding Proposal | Partner with Pfeiffer House | | | | | Plan for sustaining | |

Budget

The budget outlined below would begin upon award, and expended by August 31, 2023.

| Budget Category | Proposed Funding | Focus/Timing | Comments |
|-----------------|------------------|---|----------|
| SALARIES | \$ 40,000 | Salary/Wages Part Time Prevention Specialist 2022 -\$ 20,000 Gross 2023 - \$20,000 Gross | |
| INSURANCE | \$ 2,000 | | |
| TRANSPORTATION | \$ 2,000 | Transportation to service providers, treatment, education, employment enrollment programs | |
| ADMINISTRATION | \$ 3,000 | OWL 360 – Training/Development Support | |
| TOTAL | \$ 47,000 | | |

Participation in BHC's Memorandum of Understanding (MOU)

OWL 360 has indicated their willingness to join the BHC under the MOU the current Members have signed (see attached).

Current Prevention Specialist Role:

The Assistance Prevention-Intervention Provider is a comprehensive multi-tiered approach for behavioral health including mental health and substance use. It aims to promote social, emotional, and behavioral wellbeing. This program places Assistance Professionals in resource center to provide universal prevention programs support, and connections and supports for those experiencing housing, mental health or substance use issues.

The Assistance Professional:

- Facilitates and coordinates building awareness events and young person leadership activities to promote positive climate of mental health and wellbeing and non-use.
- Provides early prevention and intervention behavioral health or connections support for young adults and their families.
- Assists in referrals to treatment providers.
- Strengthens life transition for youth and young and young adults

Improvement Benefits

- Promote the skills and teach coping strategies to related to anxiety and depression and other behavior health issues.
- Promote the skills and attitudes resist pressures to use alcohol, tobacco, and other drugs
- Encourage youth and emerging adults to reduce the substance use for which they were referred
- Remove barriers to school, employment and housing success
- Increase attendance and commitment to current programming or employment

MEMORANDUM OF UNDERSTANDING (MOU)

Between

JEFFERSON COUNTY PUBLIC HEALTH

And

**JEFFERSON HEALTHCARE
DISCOVERY BEHAVIORAL HEALTHCARE
EAST JEFFERSON FIRE RESCUE
PORT TOWNSEND POLICE DEPARTMENT
JEFFERSON COUNTY SHERIFF'S OFFICE
JEFFERSON COUNTY PROSECUTORS OFFICE
SAFE HARBOR RECOVERY CENTER / BEACON OF HOPE
BELIEVE IN RECOVERY
OLYMPIC PENINSULA HEALTH SERVICES****PURPOSE AND SCOPE**

The purpose of the Health Resources and Services Administration (HRSA) RCORP-Planning project is to support prevention of and treatment for substance use disorders, including opioid use disorder (OUD). The overall goal of the program is to reduce the morbidity and mortality associated with opioid overdoses in high-risk, rural communities by strengthening the capacity of multi-sector consortia to address one or more of three focus areas at community, county, state, and/or regional levels: (1) prevention—reducing the occurrence of opioid addiction among new and at-risk individuals, as well as fatal, opioid-related overdoses, through community and provider education and harm reduction measures, including the strategic placement of overdose-reversing devices, such as naloxone; (2) treatment—implementing or expanding access to evidence-based practices for OUD treatment, such as medication-assisted treatment (MAT); and (3) recovery—expanding peer recovery and treatment options that help people start and stay in recovery.

Jefferson County Public Health has been awarded an RCORP-Planning grant that will benefit Jefferson County, WA. The purpose of the Behavioral Health Consortium (BHC) project is a planning effort that will work towards developing a comprehensive plan for a Crisis Stabilization Center or other feasible option to be located in Jefferson County, WA for residents suffering from Opioid Use Disorder and Behavioral Health related issues.

DURATION

This MOU shall become effective upon signature by the duly authorized representatives of the Consortium Members and Jefferson County Public Health and will remain in effect at least for the duration of the funding period for the Behavioral Health Consortium (BHC) project, unless modified by mutual consent and executed in writing by the authorized representatives of all parties.

ROLES AND RESPONSIBILITIES OF JEFFERSON COUNTY PUBLIC HEALTH

JCPH is a local government organization located in Jefferson County, Washington, whose mission is to protect the health of all Jefferson County residents by promoting safe, healthy communities and environments and includes helping eradicate risk factors and generate positive change and opportunity for residents of Jefferson County. JCPH brings an expertise evident in their leadership of the existing Network's development to date.

As the RCORP-funding recipient, Jefferson County Public Health will undertake the following activities:

- Administer HRSA funds on behalf of the Behavioral Health Consortium (BHC) project in a manner consistent with federal grant guidelines.
- Facilitate collaboration toward the completion of the goals, objectives, activities, management, and evaluation of the Behavioral Health Consortium (BHC) project, as submitted for HRSA funding.
- Provide a designated representative to be seated on the Behavioral Health Consortium (BHC) to provide oversight and insight on all components of the project.

ROLES AND RESPONSIBILITIES OF CONSORTIUM MEMBERS

Each of the Consortium Members brings a unique perspective and extensive expertise on the needs and challenges associated with providing services and support to residents of Jefferson County who suffer from OUD/BH. They will work together to develop a plan to address OUD/BH related issues and solutions in the county. A list of Consortium Members' specific expertise pertinent to the project is attached as [Appendix A](#).

All parties to this MOU shall commit to undertaking the following activities:

- Work together as Consortium members to explore potential solutions that will address the County's need to provide improved access to OUD and Behavioral Health services.
 - Initial explorations will focus on the feasibility of a Crisis Stabilization Center located in Jefferson County—deemed to be the best service model for Jefferson County.
 - If this approach is deemed feasible, the Consortium will move on to develop an Implementation Plan for a Jefferson County Crisis Stabilization Center (CSC).
 - If the CSC option doesn't appear feasible, the Consortium will move on to develop another option to address the same challenge.
- Ensure all activities are conducted in compliance with all applicable State, Federal and Local Laws, rules and regulations.

- Treat shared information as confidential and agree not to disclose shared information to unauthorized entities.
- Disclose any conflict of interest that may arise in the course of Behavioral Health Consortium (BHC) project activities.
- Attend or provide a designated representative to attend all Behavioral Health Consortium (BHC) meetings and scheduled events, including monthly planning meetings.
- Be responsible for each of their own respective expenses. There will be no reimbursement for any costs incurred in the delivery of the Behavioral Health Consortium (BHC) project.
- Protect patients and comply with all Health Insurance Portability and Accountability Act and federal requirements.

MUTUAL INDEMNITY

To the extent of its comparative liability, each party agrees to indemnify, defend and hold the other parties, their elected and appointed officials, employees, agents and volunteers, harmless from and against any and all claims, damages, losses and expenses, including but not limited to court costs, attorney's fees and alternative dispute resolution costs, for any personal injury, for any bodily injury, sickness, disease or death and for any damage to or destruction of any property (including the loss of use resulting therefrom) which are alleged or proven to be caused by an act or omission, negligent or otherwise, of its elected and appointed officials, employees, agents or volunteers. A party shall not be required to indemnify, defend, or hold the other party or parties harmless if the claim, damage, loss or expense for personal injury, for any bodily injury, sickness, disease or death or for any damage to or destruction of any property (including the loss of use resulting therefrom) is caused by the sole act or omission of the other party. In the event of any concurrent act or omission of the parties, negligent or otherwise, these indemnity provisions shall be valid and enforceable only to the extent of each party's comparative liability. The parties agree to maintain a consolidated defense to claims made against them and to reserve all indemnity claims against each other until after liability to the claimant and damages, if any, are adjudicated. If any claim is resolved by voluntary settlement and the parties cannot agree upon apportionment of damages and defense costs, they shall submit apportionment to binding arbitration. The indemnification obligations of the parties shall not be limited in any way by the Washington State Industrial Insurance Act, RCW Title 51, or by application of any other workmen's compensation act, disability benefit act or other employee benefit act. Each party hereby expressly waives any immunity afforded by such acts to the extent required by a party's obligations to indemnify, defend and hold harmless another party. A party's waiver of immunity does not extend to claims made by its employees directly against the party as employer. The foregoing indemnification obligations of the parties are a material inducement to enter into this MOU and have been mutually negotiated between the parties.

GOVERNING STRUCTURE

Consortium members agree to support the by-laws of the Consortium, which are attached as [Appendix B](#). Meetings of the Consortium will be chaired/facilitated by Project CoDirectors.

USE OF BEHAVIORAL HEALTH CONSORTIUM (BHC) NAME

No party will use the name or logo of the Behavioral Health Consortium (BHC) project in any advertisement, press release, or other publicity without written prior approval of Jefferson County Public Health. Jefferson County Public Health has the right to acknowledge Consortium Members' support of the work performed under this MOU in public communications.

TERMINATION

It is mutually understood and agreed by and among the parties that Consortium Members will provide at least 30 days' notice of the intention to withdraw from the Behavioral Health Consortium (BHC). If a Consortium Member chooses to withdraw, said Member commits to making arrangements to complete assigned or pending activities before termination.

TERM OF AGEEMENT

This MOU will be effective upon the signature of each authorized representative listed in this agreement and will remain in effect until such time as it may be dissolved by mutual agreement of all existing parties, but at least for the duration of the funding period for the Behavioral Health Consortium (BHC) project. This agreement may only be extended in writing and signed by all parties. Parties indicate agreement with this MOU by their signatures. New members may be added to the Consortium with the agreement of current members and by the addition of the new member organization's name, representative and signature to the signature pages of this agreement.

(SIGNATURES ARE ON THE FOLLOWING PAGES)

SIGNATURES

IN WITNESS THEREOF, the parties have executed this agreement as follows:

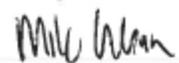
JEFFERSON COUNTY PUBLIC HEALTH (JCPH)



Vicki Kirkpatrick, Public Health Director
Jefferson County Public Health
615 Sheridan Street, Port Townsend, WA 98368
vkirkpatrick@co.jefferson.wa.us / 360-385-9409

Date: 8/21/19

JEFFERSON HEALTHCARE (JHC)



Michael Glenn, Chief Executive Officer
Jefferson Healthcare
834 Sheridan Street, Port Townsend, WA 98368
mglen@jeffersonhealthcare.org / 360-385-2200

Date: 8/21/19

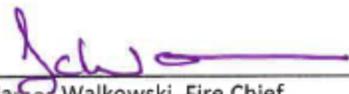
DISCOVERY BEHAVIORAL HEALTH (DBH)



Natalie Gray, Chief Executive Officer
Discovery Behavioral Health
884 West Park Ave, Port Townsend, WA 98368
natalieg@discoverybh.org / 360-385-0321 x301

Date: 8/21/19

EAST JEFFERSON FIRE RESCUE (EJFR)



James Walkowski, Fire Chief
East Jefferson Fire Rescue
24 Seton Road, Port Townsend, WA 98368
jwalkowski@ejfr.org / 360-385-2626

Date: 8/21/19

PORT TOWNSEND POLICE DEPARTMENT (PTPD)



Date: 10/2/19

Mike Evans, Police Chief
Port Townsend Police Department
1925 Blaine St #100, Port Townsend, WA 98368
mevans@cityofpt.us / 360- 385-2322

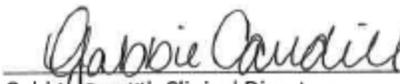
JEFFERSON COUNTY SHERIFF'S OFFICE



Date: 10/2/19

Joe Nole, Sheriff
Jefferson County Sheriff's Office
81 Elkins Rd, Port Hadlock, WA 98339
JNole@co.jefferson.wa.us / 360-385-3831

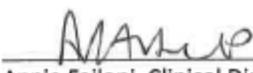
BELIEVE IN RECOVERY



Date: 8-27-19

Gabbie Caudill, Clinical Director
Believe in Recovery
211 Taylor St, Suite 20, Port Townsend, WA 98368
believeinrecovery@live.com / 360-385-1258

OLYMPIC PENINSULA HEALTH SERVICES (OPHS)



Date: 8/27/19

Annie Failoni, Clinical Director
Olympic Peninsula Health Services
661 Ness Corner Rd, Port Hadlock, Washington 98339
micah@ophsmall.com / 360-912-5777

SAFE HARBOR RECOVERY CENTER / BEACON OF HOPE



Ford Kessler, President and CEO
Safe Harbor Recovery Center/Beacon of Hope
686 Lake St, Port Townsend, WA 98368
fordk@safeharborrecovery.org / 360-385-3866

Date: 8-27-2017

JEFFERSON COUNTY PROSECUTOR'S OFFICE



James Kennedy, Prosecuting Attorney
Jefferson County Prosecutor's Office
1820 Jefferson St, Port Townsend, WA 98368
jkennedy@co.jefferson.wa.us / 360-385-9180

Date: 27 Aug 30/19

APPENDIX A: CONSORTIUM MEMBERS' EXPERTISE PERTINENT TO THE PROJECT

- **Jefferson County Public Health (JCPH)** brings an expertise evident in their leadership of the existing Network's development to date. Through the authority of the designated County Health Officer, JCPH has legally mandated oversight of all things pertaining to the health of Jefferson County residents. They will lead the proposed project, be responsible for financial reporting, and ensure all goals and timelines are met.
- **Jefferson Healthcare (JHC)** is a Critical Access Hospital and provides services to the whole of Jefferson County, and emergency services to residents suffering from OUD/MH-related issues. There is currently no Crisis Center outside of the Emergency Room in the County.
- **East Jefferson Fire Rescue (EJFR)** plays a vital role in providing services to County residents, including provision of medical services in the field, transporting them to the hospital emergency room or assisting them in reaching and obtaining services from Crisis Centers outside the County.
- **Discovery Behavioral Health (DBH)** is the single Behavioral Healthcare service in the area that accepts Medicaid patients, and collaborates with Jefferson Healthcare to provide Behavioral Health services to residents.
- **Port Townsend Police Department (PTPD)** is a city law enforcement agency, often first line responders to OUD/BH situations in Port Townsend.
- **Safe Harbor Recovery Center / Beacon of Hope** provides non-court-related substance abuse and alcohol rehabilitation and counselling services in Jefferson County.
- **Believe in Recovery** is a private substance abuse rehabilitation service with regular and intensive outpatient treatment and counseling services, including cognitive/behavioral therapy.
- **Olympic Peninsula Health Services (OPHS)** is a community stakeholder private treatment and recovery service with MAT services for those with opioid use disorders. OPHS works in cooperation with criminal justice, county jail, Jefferson County Therapeutic Courts, Public Health and other public and private faith-based treatment and recovery organizations.
- **Jefferson County Sheriff's Office** is a county law enforcement agency, often first line responders to OUD/BH situations in Jefferson County.,
- **Jefferson County Prosecutor's Office** represents the criminal justice perspective within Jefferson County's Therapeutic Courts, including Behavioral Health Therapeutic Court and Drug Therapeutic Court.

APPENDIX B:**BYLAWS
OF
BEHAVIORAL HEALTH CONSORTIUM (BHC)****PREAMBLE**

This team will work to plan and develop a Consortium of community members that will improve the mental healthcare of Jefferson County. These members will develop a plan to provide improved mental health care to the community.

NAME

This organization will be named Behavioral Health Consortium (BHC).

MEMBERSHIP

From each agency represented in the Consortium, there shall be one (1) voting member, with the ability to make decisions for their organization. Members shall be entitled to vote only upon those matters related to the activities covered by this team. Ad Hoc members can be invited to meetings but in a non-voting capacity. Decisions will be made by consensus. If the Consortium is unable to reach consensus on an issue, a vote will be held (one vote per member) and decided by a simple majority of members present.

MEETINGS OF MEMBERS

Regular Meetings. The regular meeting of the members shall be held at such time and place as the team may determine. Such meetings shall be for the purpose of scanning, development and planning. This team will meet at least monthly and also may determine the need for special meetings as necessary.

Remote Communications. The team may determine that one or more meetings of the Members shall be held solely, 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 will be at least 60% percent of the Consortium 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 or their alternate has three unexcused absences from meetings. In a year, a member may be removed for other reasons by a three-fourths vote of the remaining members.

Officers and Leadership. No officers will be needed for this Consortium. The meetings will be facilitated, and minutes taken, by the CHIP staff.

AMENDMENTS

These Bylaws maybe be amended when necessary by a 75% majority of Consortium members. Proposed amendments must be submitted to the team members at least 10 days prior to the meeting and to be sent out with regular announcements.

These Bylaws were approved by the Behavioral Health Consortium (BHC) on August 8th, 2019.