



## RURAL HEALTH CARE SERVICES OUTREACH PROGRAM – GRANT CONSIDERATION

### Decision and Next Steps

**A no-go decision has been reached for this grant opportunity.** While there is widespread recognition of the importance of direct services and collaboration, the current state of readiness and capacity has informed this decision.

The time investment to consider this opportunity has been productive and will serve as a foundation for a focused discussion at Feb. 13<sup>th</sup>'s full BHC meeting. This meeting will reflect on:

- **Consortium Priorities and Systemic Fragmentation:** How this grant discussion has helped articulate BHC priorities, identify systemic fragmentation (e.g., in housing and behavioral health), and assess the realistic capacity of agencies and organizations to contribute to collaborative efforts.
- **Preparation for Future Opportunities:** Actions needed to improve preparedness for future funding opportunities.
- **Alignment and Readiness:** Insights gained into how the BHC can better align its efforts and strengthen its capacity to pursue opportunities that fit collective priorities and readiness.

We invite the full roster of BHC participants to bring the following intention to our February 13<sup>th</sup> meeting: **With clarity and collaboration, we choose to align as we define priorities, address challenges, and strengthen our readiness for meaningful change.**

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## FEEDBACK SUMMARY

This content below summarizes input gathered from Behavioral Health Consortium (BHC) Voting Members regarding the HRSA Rural Health Care Services Outreach Program Grant opportunity. The feedback reflects a range of perspectives, highlighting potential focus areas, challenges, and barriers to pursuing this grant.

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### 1. Consideration of Rural Capacity Building for Behavioral Health and Pre-Crisis Response Coordination

Commissioner Greg Brotherton originally proposed exploring this focus – noting the potential for interagency communication pilots, technology-driven solutions, or collaborative mobile team protocols to reduce redundancy and improve service delivery.

#### Supportive Elements:

- **Quilcene Fire/CARES, EJFR, Quilcene Fire, and Brinnon Fire Department:** Recognized value in integrating or expanding existing frameworks, such as the Olympic Connect (OC) program, to

enhance interagency collaboration. It was noted that such efforts would require strong support from Jefferson Healthcare (JHC).

- **Prosecutor's Office:** Acknowledged the theoretical value of better coordination among pre-crisis response teams but noted the challenges posed by existing competition between organizations.

#### **Concerns:**

- **Duplication of Efforts:**
    - **EJFR, Brinnon Fire Department, and Recovery Café:** On the one hand raised concerns about creating new systems that might duplicate Olympic Connect and on the other hand concerns about whether Olympic Connect is fully endorsed as an optimizing effort, sustainable, and effectively integrated into the JeffCo players/community landscape.
  - **Barriers to Collaboration:**
    - **Prosecutor's Office:** Highlighted organizational competition as a significant obstacle to creating cohesive interagency collaboration.
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## **2. Concerns About Bureaucracy**

**JCSO and the JC Defense Rep:** Strongly emphasized the need to prioritize direct services for those in need and avoid adding layers of bureaucracy. They viewed ideas like Rural Capacity Building as potentially contributing to administrative inefficiencies.

**Recovery Café:** Underscored this perspective, and noted an opportunity to allow Olympic Connect's county integration and long-term sustainability plan to be made clear before attaching more to that platform.

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## **3. Support for Grant Consideration Ideas**

Members provided input on the potential focus areas outlined in the Grant Considerations document.

- **Integrated Behavioral and Primary Care (Idea 1):**
    - **Recovery Café:** Described this as a “game changer,” emphasizing its transformative potential to address critical service gaps through DBH's partial hospitalization program. He noted that even small capacity gains would significantly improve the county's behavioral health ecosystem.
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- **Jim Novelli (DBH):** Supported the idea while highlighting the tight (impossible) timeline to create a winning proposal.
  - **Youth Mental Health and Early Intervention (Idea 2): Recovery Cafe:** Identified this as an urgent need, particularly for school-based mental health services and community programs.
  - **Substance Use Disorder and Harm Reduction (Idea 3): Recovery Cafe:** Strongly supported this focus area, noting its alignment with the needs of Recovery Café and other community programs.
  - **Rural Capacity Building (Idea 4): Recovery Cafe:** noted reservations, cautioning against tying funding to Olympic Connect or creating another potentially duplicative system.
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#### 4. Governance and Structural Concerns

**Believe in Recovery:** Shared candid feedback on the HRSA grant opportunity, highlighting concerns about the Behavioral Health Consortium's (BHC) structure and its effectiveness in supporting collaborative funding efforts. Key points included:

- **Uncertainty About the BHC's Role:**
  - Questioned the purpose and structure of the BHC, suggesting that it should function as an independent entity to effectively pursue grants. Without this, she noted the consortium was simply a collection of organizations duplicating efforts that members already handle individually.
- **Grant Pursuit Concerns**
  - Emphasized the need for more focused discussions about what the consortium is pursuing and why, expressing skepticism about having multiple organizations vote on grants without a unified BHC identity.
  - Noted that the current complexity of relationships and competing organizational priorities makes it challenging to coordinate effective grant applications.
- **Comparison to Previous Hosting Arrangements:**
  - Observed that the BHC was more effective when housed under Public Health, which allowed it to distribute funds equitably to community programs. She expressed doubt about other entities, like DBH or the hospital, hosting grants - due to concerns about equitable fund allocation and collaboration.
- **Governance and Participation Concerns:** Expressed frustration with the formal governance structure, including voting members and boards, questioning whether these processes add value or create unnecessary complexity.

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## 5. Readiness and Capacity Challenges

Some stakeholders highlighted barriers to pursuing this grant due to limited capacity and readiness:

- **Public Health:** Emphasized JCPH's current focus on maintaining existing services and addressing uncertainties in state and federal funding, making it difficult to expand or coordinate new programs. Noted the importance of aligning the grant's focus with what Consortium members are prepared to deliver and avoiding duplication of efforts, such as the Olympic Connect Hub, as a potential overlap
  - **Lori Fleming:** Highlighted the challenges of developing a comprehensive application within the next 20 days along with the difficulty of securing key organization engagement in light of recent leadership transitions (ie JHC post Dunia's departure).
  - **Believe in Recovery:** Questioned the feasibility of developing new programs under current consortium dynamics, suggesting the need for a clearer BHC structure as noted in Item 4 of this document.
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## 6. Additional Context and Feedback

- **Commissioner Representation Transition:**
  - Commissioner Heather Dudley-Nollette's new role representing the County on behavioral health-related boards (BHC, BHAC, SBH-ASO) was seen as an opportunity to better align priorities and funding streams. However, participants noted that allowing time for her to establish her role could enhance long-term coordination and readiness for future funding opportunities.
- **Missing Feedback:**
  - No responses were received from representatives of **JHC, Therapeutic Courts, OlyCAP, Port Townsend Police Department**, or the **County Medical Program Director**.
- **Broad Participation for February Meeting:**
  - Voting Members proposed inviting the full BHC to the February 13 meeting to debrief and reflect on the insights generated during the grant consideration process. This meeting provides an opportunity to engage broader BHC participants, whose perspectives can enrich the discussion on consortium priorities, address systemic fragmentation, and support the voting members in refining collaborative approaches.