A few initial thoughts are outlined in this document for consideration as BHC Members explore pursuing HRSA grant 25-038 – Rural Health Care Services Outreach Program.

CHALLENGES:

- **Focus Area Selection**: The special track might require focusing on a narrower health issue, such as youth mental health or maternal health, which could limit broader behavioral health applications unless integrated thoughtfully.

- **Sustainability Planning**: BHC will need a robust plan for sustainability post-grant funding, which might involve ?leveraging Medicaid billing codes or ?creating a network dues structure. (Yeah, I have no idea – I need an expert to help think that one through...)

- **Capacity for Application Development:** The detailed application process requires significant effort, including community needs assessments, consortium agreements, and a work plan. I'd need support cobbling together all of that even with prior HRSA applications.

BHAC-IDENTIFIED GAPS AND NEEDS FROM 5/30/2024 MEETING

See the feedback from the BHAC's Breakout Groups regarding priorities starting on page 2 of this link, under "Inferred Action" List

SPIT-BALLING FOCUS AREAS IDEAS - IN NO PARTICULAR ORDER

1. Integrated Behavioral and Primary Care for Partial Hospitalization Clients

- **Focus**: Expand and enhance DBH's imminent partial hospitalization program by integrating primary care through collaboration with Jefferson Healthcare and connecting clients to essential social services via OlyCAP. This initiative aims to ensure clients establish medical homes, address basic health needs, and access holistic, wraparound care.

- **Justification**: This approach builds on existing funding for the partial hospitalization program and aligns with BHC's mission of providing seamless, person-centered care. The collaboration between behavioral health, primary care, and social service providers strengthens the continuum of care and addresses critical gaps in rural health service integration. By engaging Jefferson Healthcare and OlyCAP, the program can also address social determinants of health, reduce emergency service reliance, and improve long-term outcomes.

2. Youth Mental Health and Early Intervention:

- **Focus:** Create or enhance programs targeting early mental health interventions in children and adolescents. We are always struggling with mental health funding for sufficient School-based mental health services. In terms of specific expansion areas - We're working to open SBHC in Blue Heron... there is the aspect of supporting JACIRA-youth that sounded like it could be shored up at a school board meeting I attended last school year.

- **Justification:** This is a priority for school systems, community organizations (the Nest, etc.), and mental health providers. It aligns with community outreach goals and ?could incorporate trauma-informed care and prevention of substance use?.

3. Substance Use Disorder and Harm Reduction:

- **Focus**: Integrate harm reduction strategies, prevention, and treatment services for opioid and other substance use disorders. This could help us "expand"/support Recovery Café program, the Nest, etc. – a defined need that would give us some runway to figure out sustainable game plan for these programs.

- **Justification:** Aligns with public health, healthcare providers, and recovery organizations at the table. This focus is broad enough to include behavioral health and overlaps with existing funding streams like opioid settlement dollars.

4. Rural Capacity Building for Behavioral Health and Crisis Response Coordination

(Note: This potential focus area may have some alignment challenges with this grant opportunity, but it may still be worth exploring? Consider whether the first step, instead of building a physical space, could align with the grant by focusing on developing a digital platform or system that enhances service delivery. Such a platform could minimize redundancy and improve coordination between CARES (including Quilcene CARES), Public Health, REAL, and Believe in Recovery. In the way that housing often references the concept of "one door" to access all services. Could this grant opportunity support creating a "one door" system for behavioral health and substance use disorder services across the county? Could this approach could strengthen collaboration and efficiency within existing programs.)

- **Focus**: Establish a shared operational hub to support Jefferson County's behavioral health and crisis response teams, including EJFR's CARES team, DBH's REAL team, and JCPH's mobile team. This hub would improve coordination, efficiency, and accessibility by addressing shared infrastructure needs and benefiting rural communities. Consider using existing spaces, like the building behind the Quilcene Community Center (once vacated by the Food Bank), as a cost-effective option. Infrastructure upgrades that will occur (e.g., septic system, outdoor bathrooms) could transform this into a functional hub?)

- **Justification**: This initiative addresses the need for enhanced inter-agency collaboration and streamlined service delivery. A centralized space or system could reduce duplication, improve communication, and provide more integrated care. While physical infrastructure doesn't align with this grant, programmatic elements like interagency coordination pilots or technology-driven solutions could fit.

Potential Components:

▫ **Interagency Coordination:** Develop a pilot program for shared dispatch or communication systems.

▫ **Technology Solutions**: Create tools for resource management and team collaboration.

▫ **Service Integration**: Explore shared staff roles or collaborative mobile team protocols to address rural needs effectively.

5. Community Engagement for Stigma Reduction:

- **Focus:** Conduct community education campaigns to reduce stigma around mental health and substance use disorders.

- **Justification:** Aligns with BHC's mission to promote equitable access and reduce barriers to care. We've got plenty of BHC Members to spread this NEW effort amongst.

6. Integrated Care for Co-Occurring Conditions:

- **Focus:** Develop integrated care models addressing co-occurring mental health and physical health conditions (e.g., diabetes, heart disease, chronic respiratory conditions).

- **Justification:** Engages primary care, behavioral health, and public health partners to improve access and outcomes. Would need strong JHC engagement and I would note we'd want data expertise from them to really ground any data we might collect from other collaborators.

7. Maternal and Perinatal Behavioral Health:

- **Focus:** Address behavioral health and substance use challenges in pregnant individuals and new mothers, including postpartum depression and perinatal substance use.

- **Justificatio**n: If hospitals, public health, and behavioral health providers are represented, this aligns with the special track for maternal health and fills a critical gap in rural health services.

8. Behavioral Health Workforce Development:

- **Focus**: Address rural behavioral health workforce shortages through training programs, incentives, and partnerships with educational institutions.

- **Justification:** Fits the needs of healthcare providers, educational entities, and public health.