



BHC Governance Discussion

October 3, 2024, 2pm

Jefferson County's Behavioral Health Consortium (BHC) is supported by the
Jefferson County Opioid Abatement Council funding through 2038



Agenda: BHC Voting Member Meeting 10/2/2024 @2p

- Review Meeting Objectives and Context – 5 Minutes
- Review Feedback and Discuss Draft Statement Updates – 10 Minutes
- Finalize Vision, and Mission Statements – 15 Minutes
- Align Strategy Statement with Governance – 10 Minutes
- Explore Voting Models: Organizational vs. Sector-based – 5 Minutes
- Explore Governance Structure Examples: – 5 Minutes
- Set Next Steps and Action Items – 10 Minutes



Today's Objectives

- Finalize Mission, Vision, and Strategy statements to guide the BHC's governance and next phase, and
- Explore voting structure possibilities
- Explore governance structure possibilities

Proposed mantra for today's meeting:

"We bring insight and clarity, openness to new perspectives, and are guided by a sense of service for the greater good."

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Feedback Link

- [Padlet](#) for BHC Member Feedback



Context for Today's Discussion

A BHC Governance discussion took place on August 8, 2024, providing key insights from a [collaboratively reviewed document](#).

The discussion highlighted the Members' wish to establish a clear mission and vision before developing the governance structure.

To support this request, a [survey was distributed](#) to gather input on the Consortium's core purpose, goals, and governance from both a collective perspective and each member organization's viewpoint, focusing on "why the BHC exists" and "how it fulfills its purpose."

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Review Feedback

- See [Member Feedback Themes and Implications for Vision, Mission, and Strategy Statement](#)
- See [Statement Evolution Detail since 8/8/2024 & Updated Statement Drafts](#)

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Review & Refine Updated Draft Statements

Mission Statement – Updated Draft

“To lead cross-sector collaboration and drive data-informed initiatives that reduce stigma, enhance prevention, treatment, and recovery services, and promote equitable access to person-centered behavioral health care for all Jefferson County residents, focusing on harm reduction and reducing service gaps.”

Members’ Input Themes that the Mission Statement should reflect:

The BHC’s dedication to cross-sector collaboration, stigma reduction, resource coordination, and harm reduction, ensuring comprehensive and equitable care.

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Review & Refine Updated Draft Statements

Vision Statement – Updated Draft

“A resilient and unified Jefferson County where every individual has equitable, timely access to coordinated behavioral health services, free from stigma and focused on prevention, fostering a community of holistic well-being and empowered recovery.”

Members’ Input Themes that the Vision Statement should reflect:

A resilient, unified community, with a commitment to equity, coordinated services, prevention, and a stigma-free approach to behavioral health care.

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Finalizing Mission and Vision Statements

Reflect and Confirm

- Does the wording reflect our goals and values clearly and concisely?
- Is there any missing language or focus that needs to be addressed?

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Aligning Strategy Statement with Governance

Our goal is to ensure that our governance reflects our strategic priorities, making it both effective in driving our initiatives and aligned with our mission and vision.

To make this a reality, our governance model must be designed to support the following principles our feedback highlighted:

- Cross-Sector Partnerships
- Transparent Governance
- Data-Driven, Community Informed
- Resource Coordination and Funding

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Aligning Strategy Statement with Governance

- **Cross-Sector Partnerships:** Our strategy is built on collaboration across healthcare, law enforcement, social services, and more. Governance should promote open, inclusive discussions, bringing together diverse perspectives to create comprehensive, community-centered solutions. Every sector's voice contributes to coordinated action.
- **Transparent Governance:** Transparency is central to our strategy, requiring clear processes for decision-making, defined roles, and active feedback. Our governance model must ensure openness and accountability, enabling all members to participate meaningfully and share responsibility for success.
- **Data-Driven, Community-Informed:** Our decisions are to be guided by data and community input. Governance should support collecting, analyzing, and using data to shape initiatives and measure outcomes. This ensures actions are responsive, adaptable, and lead to improvements in behavioral health services.
- **Resource Coordination & Funding:** Efficient resource use and sustainable funding are strategic priorities. Governance should enable coordination across sectors to leverage resources effectively and address service gaps. By focusing on sustainable funding, we equip the Consortium to support its long-term goals.

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Aligning Strategy Statement with Governance

Strategy Statement Draft

“The BHC will strengthen cross-sector partnerships, engage in transparent governance, and develop collaborative initiatives informed by data and community feedback to reduce stigma, improve access to behavioral health services, support harm reduction, and promote prevention. We will coordinate resources efficiently to address service gaps, maximize funding opportunities, and respond adaptively to the evolving needs of Jefferson County residents.”

Members’ Input Themes that the Strategic Statement should reflect:

The BHC’s commitment to cross-sector collaboration, data-informed planning, prevention-oriented approaches, and transparent governance, centered on meeting the evolving needs of Jefferson County residents.

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Finalizing the Strategic Statement

Reflect and Confirm

Does the strategy statement clearly outline our priorities and provide a clear path for action?

- Does it effectively communicate what the BHC aims to achieve (e.g., collaboration, transparency, stigma reduction, and data-driven decisions)?
- Is it actionable and aligned with how we will plan to organize and make decisions within the Consortium?

Is there anything missing or needing adjustment to better support our mission, vision, and governance?

- Are all key aspects of our work and community needs represented?
- Does the statement support both our current efforts and allow flexibility for future growth?

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Voting Model Exploration

- See the BHC Survey's themes on voting on pp 1-4
- Explore voting model examples, including:
 - Organizational Representation
 - Sector-Based Representation
 - Hybrid: Organizational & Sector-based voting
 - Consensus-Based Decision-Making Model
 - Weighted Voting Model

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Next Steps: Determine BHC's Voting Model

- **Reflect on Priorities:** Think about the balance between organizational and sector representation that would best support the BHC's mission, vision, and strategy.
- **Consider Inclusivity & Efficiency:** Evaluate how each model aligns with your expectations for fair representation and efficient governance.
- **Discuss & Provide Input:** Share your preferences, ideas, and concerns to contribute to building a governance structure that supports the BHC's collaborative goals.

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Next Steps: Determine BHC's Governance Structure

- **Reflect on Model Fit:** Consider which governance model aligns best with your expectations for collaboration, efficiency, and representation.
- **Discuss Preferences & Concerns:** Share thoughts on how each model might support or hinder the BHC's goals and structure.
- **Identify Key Governance Needs:** Think about specific governance needs, such as decision-making processes, leadership roles, and how to best engage all members in advancing the mission and vision.

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Next Steps: Potential Data Contributions

- Review the draft of the [BHC Member Overview](#) document as we consider what data the BHC aims to gather to inform our efforts and what contributions each Member can provide.

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NEXT BHC Meeting



Thursday, November 14th, 2024
@3:00p on Zoom



Acronym Sheet

BH – Behavioral Health

BHAC – Behavioral Health Advisory Committee

BHC – Behavioral Health Consortium

BoCC – Board of County Commissioners

CAP – Communication Action Plan

CARES – Community Assistance Referral & Education Service

DBH – Discovery Behavioral Health

DCR – Designated Crisis Responder

DUI – Driving Under the Influence

ED – Emergency Department

EJFR – East Jefferson Fire Rescue

EMS – Emergency Medical Services

JCPH – Jefferson County Public Health

JeffCo – Jefferson County

JHC – Jefferson Healthcare

JCSO – Jefferson County Sheriff's Office

HFPD – Health Facilities Planning & Development Consultants

HRSA – Health Resources and Services Administration

ITA – Involuntary Treatment Assessment

MAT – Medically Assisted Treatment

MH – Mental Health

MOUD – Medications for Opioid Use Disorder

NAMI – National Alliance of Mental Illness

OAC – Opioid Abatement Council (SBH-ASO)

OUD – Opioid Use Disorder

PTPD – Port Townsend Police Department

PWUD – People Who Use Drugs

RHNDP-P1 – Rural Health Network Development Program –
Planning (HRSA Grant Awarded 2018-2019)

RCORP-P2 – Rural Community Opioid Response Program –
Planning (HRSA Grant Awarded 2019-2020)

RCORP-I – Rural Community Opioid Response Program – Implementation (HRSA
Grant Awarded 2020-2023 w/ 1 year No Cost Extension thru 8/2024)

R.E.A.L. – Recovery, Empowerment, Advocacy, Linkage

SBH-ASO – Salish Behavioral Health – Administrative Services Organization

SSP – Syringe Service Exchange

SUD – Substance Use Disorder

TBH – To Be Hired

VOA – Volunteers of America – Crisis Line (1-888-910-0416)

Vol - Voluntary

Invol – Involuntary

Dear Consortium Members,

As we embark on the journey to establish a governance framework for the Jefferson County Behavioral Health Consortium (BHC), it is vital to reflect on our collective mission, values, and the unique attributes that each member brings to our shared endeavor. The development of a robust governance structure is foundational to our success in addressing the intertwined challenges of opioid use and mental health within our community. This document serves as a starting point for our discussions and the articulation of our shared decision-making processes.

Understanding Our Collective Identity

Our Mission and Vision

- **V1: Mission:** To collaboratively enhance prevention, treatment, and recovery services for opioid use and mental health in Jefferson County, ensuring comprehensive support for all community members.
- **V2: Mission:** To strategize and drive investments through local initiatives, such as the Behavioral Health Advisory Committee (BHAC), while collaboratively reducing stigma and enhancing prevention, treatment, and recovery services for individuals with behavioral health disorders in Jefferson County, ensuring comprehensive support for all community members.
- **V1: Vision:** A community where every resident has timely access to effective behavioral health services, leading to improved overall well-being.
- **V2: Vision:** A community where every resident has timely access to effective behavioral health services

Our Values

- **Collaboration:** Working together across diverse sectors to articulate and achieve common goals.
- **Compassion:** Prioritizing the dignity and well-being of those impacted by opioid use and mental health issues.
- **Transparency:** Ensuring open and honest communication within the consortium.
- **Accountability:** Being responsible for our actions and their impact on the community.
- **Inclusivity:** Valuing and integrating diverse perspectives and experiences.

Our Unique Attributes

- **Diverse Expertise:** Our consortium is composed of healthcare and relevant service providers, First Responders including law enforcement and Emergency Management Services (EMS), judicial representatives, government officials, and community-based organizations. This diversity is our strength, allowing us to approach the behavioral health challenges from multiple angles.

Commented [1]: Glad to see prevention noted. Perhaps stigma might be included.

Commented [2]: I like the concise nature of both the Mission and vision. Jim

Commented [3]: Joe Nole - I Agree with Dunia on expand to include all substance use
1 total reaction
Barb Jones reacted with 👍 at 2024-08-08 16:15 PM

Commented [4]: I like the concise and direct nature of the vision and mission.

Commented [5]: _Marked as resolved_

Commented [6]: _Re-opened_

Commented [7]: I am curious about the mission being direct service based vs or in addition to strategy to help drive investments through other local tables (i.e. BHAC). Is there a way to word this so it includes both

Commented [8]: I would like to explore this more deeply ;)

Commented [9]: I wonder if it is time to expand this beyond opioid use to all substance use. I agree with Dr. C's comments - what about recovery services for persons with behavioral health disorders or s'thing like that.
1 total reaction
David Carlborn reacted with 👍 at 2024-08-08 16:14 PM

Commented [10]: Person-first language?
"Persons with opiod use d/o & persons w/ mental health illness."

Commented [11]: To me, a vision statement is a view of how the world should be because of your work. It should be short (i.e., one sentence), and also inspiring, memorable, and able to remain unchanged for 100 years.

Maybe drop the final section "leading to...".

Or go completel BHAG and say something like "eliminate suffering caused by behavioral health disease"

Commented [12]: Jim I also agree with expanding beyond opioid

- **Community Focus:** We are deeply rooted in eastern Jefferson County, understanding the unique needs and strengths of our geographically diverse communities, and are dedicated to providing services that are relevant and accessible throughout the east county's rural and frontier areas. (NOTE: Perhaps add empathy to include peers.?)
- **Unified Purpose:** Despite our varied backgrounds, we are united in our commitment to improve the behavioral health system and support our residents.

Commented [13]: Perhaps add empathy to include peers.

Key Considerations for Developing Our Governance Framework

Commented [14]: What about the west end?

Defining Roles and Responsibilities

Commented [15]: Bret, Could we please add some process for sending a delegate? Plus a vote by absentia process?

- Clearly outlining the number of and roles of the Steering Committee members (Note: or sector roles represented?), Executive Director, Working Groups, and general membership. (Notes: Clarify voting rights; clarify non-traditional meetings & voting (i.e. distant in time/space), a need some minimum attendance to be engaged and a voting partner in the work; voting members should have "skin in the game" - i.e. be JeffCo-only orgs, rather than state-wide or national. Craft a phrase that leaves open possibilities of other organizations/sector we haven't thought of ... definitely include faith-based org representation.)
- Ensuring that each member understands their responsibilities and how they contribute to our collective goals. (Note: Add a process for sending a delegate and voting by absentia process?)

Commented [16]: Shouldn't we have roles of the steering committee as well as general membership? The voting rights is still a bit question in my mind.

Commented [17]: Agree clear roles for voting members vs. consulting experts, etc... voting members should have clear "skin in the game", i.e. be Jefferson County only organizations rather than state-wide, or national...

Commented [18]: Is there a cap on the number of steering committee members or a list of sector roles that are specifically represented

Establishing Decision-Making Processes

- Developing fair and transparent processes for making decisions, prioritizing consensus, and utilizing majority voting when necessary. (Note: explore dynamic of being organizational representatives vs. sector representatives.)
- Ensuring that all voices are heard and valued in the decision-making process.

Commented [19]: Interesting dynamic of being organizational representatives and not sector representatives.

Creating Mechanisms for Accountability and Evaluation

- Setting clear metrics and goals to measure our progress and impact.
- Regularly evaluating our initiatives and adapting our strategies based on data and community feedback.

Fostering Effective Communication and Collaboration

- Implementing regular meetings and communication channels to facilitate information sharing and collaboration.
- Encouraging active participation and engagement from all members.

Pursuing and Managing Funding

- Ensuring that grant funding pursuits involve multiple stakeholders for diverse representation.
- Establishing procedures for voting on grant applications and managing funds transparently and efficiently.

Building Flexibility for Future Needs

- Allowing for amendments and appendices to adapt to changing circumstances and evolving needs.
- Creating a governance structure that can grow and change with the consortium.

Identifying and Recruiting New Members

- Establishing criteria for identifying new members who can contribute to the consortium's mission.
- Actively recruiting individuals and organizations that bring diverse perspectives and expertise to enhance our collective impact, [including the community/population voice](#).
- Ensuring a transparent process for the approval of new members by the Steering Committee.

Commented [20]: Agree with Dr. Carlborn - putting room in here for the community/population voice.

Commented [21]: 👍

Governance Structure

Steering Committee (See [draft member role description](#))

- **Composition:** Comprises representatives from healthcare and relevant service providers, First Responders including law enforcement and Emergency Management Services (EMS), judicial representatives, government officials, and community-based organizations. This diversity is our strength, allowing us to approach opioid and mental health challenges from multiple angles.
- **Responsibilities:** Guides overall strategy, sanctions initiatives, manages finances, and assesses progress.
- Note: How to address the separation of the work of the BHC with the work of the individual agencies - the current scenario has shaped up to be "working board"...

Commented [22]: My work on the steering committee has been much more of a "working board" type - how to separate out the work of the BHC with the work of individual agencies is still messy.

Commented [23]: good point....

Executive Director (See [draft Executive Director role description](#))

- **Role:** Directs daily operations, connects the Steering Committee with Working Groups, and implements strategic goals. (See draft role description.) (Note: add yearly community meeting)
- **Selection:** Appointed by ??County BOCC? ?Steering Committee? (Note: Steering Committee conducts annual reviews of ED and any disciplinary action. Where does DBH as fiscal agent fit in?)

Commented [24]: Jim agree

Commented [25]: Joe Nole - I vote for appointment by the Steering Committee.

Commented [26]: Agree

Commented [27]: I agree with appointment by steering committee, and of course think Lori is doing incredible work. But if we had another ED and that person was not as incredible, should the steering committee also be responsible for annual reviews/disciplinary action? Where does the fiscal agent come in (DBH)?

Working Groups (See [draft Work Group Member role description](#))

- **Formation:** Established around focal areas determined by the Consortium members (ex. Projects related to: Data Collection and Analysis; needs assessment, strategy development, and strategy implementation around substance use disorder (SUD) Prevention, Treatment, Recovery; integrated Mental Health service delivery, etc.)
- **Functions:** Spearhead specific projects, provide counsel to the Steering Committee, and mobilize community involvement.

Decision-Making

- Prioritizes consensus within the Steering Committee, facilitated by the Executive Director. (Note: How to gather community input and encourage community involvement?)
- Employs majority voting to resolve Steering Committee impasses.

Commented [28]: Make specific mention of ways for the community to have input and be involved.

Commented [29]: I assume this is of the steering committee members

Commented [30]: This needs more clarification.

Commented [31]: I wonder about including firefighter union & law enforcement union to be sure to capture "boots on the ground" perspective not sure how to do that for other agencies

Commented [32]: BOCC appointment from recommendations from a nominating committee?

Commented [33]: Within the boundaries of Jefferson county or immediately involved.

Commented [34]: Bret: Can we have materials at least 24 hours before meetings? Thanks

Commented [35]: Yearly public meeting / community meeting to show the amazing work that is done?

Commented [36]: Can you please expand on the intent? When working with emergency services, it can be challenging to make all meetings. Can we develop a vote by absentia process?

Commented [37]: Sorry, this is Bret

Commented [38]: Agree non-traditional meetings & voting (i.e. distant in time/space), but I also thin need som emimum attendance to be engaged and a partner in the work.

Commented [39]: Jim attendance by steering cmte members is critical

Commented [40]: Agreed

Commented [41]: Jim attendance by steering cmte members is critical

Commented [42]: Agreed

Commented [43]: I agree with an absent voting process.

Membership

- Open to committed organizations and individuals. (Notes: Within the boundaries of Jefferson county or immediately involved? Possible inclusion of firefighter union and law enforcement union to get boots on the ground perspective...?)
- Subject to Steering Committee approval. (note: Bocc Appointment made from recommendations from a nominating committee?)

Meetings

- **Steering Committee Members required**, with invitation also extended Ad Hoc Group participants: Quarterly meetings, plus additional meetings as required. Develop a stated policy for non-attendance. Meeting materials to be sent 24 hours prior to meetings. (Note: Agree non-traditional meetings & voting (i.e. distant in time/space), yet also need some minimum attendance to be engaged and a partner in the work. Another NOTE: Expand on the intent of a policy for non-attendance? When working with emergency services, it can be challenging to make all meetings. Can we develop a vote by absentia process?)
- **Working Groups:** Steering Committee members are required; others as determined by each group's needs. Develop a stated policy for non-attendance.
- **Full Consortium:** Yearly convening for all stakeholders to review progress and strategize.
- **Annual Public/Community Meeting** to communicate mission, accomplishments, next steps. (Could also extend to provide this content at Board of Health, BoCC and City Council meetings?)

BHC's Mission Vision Survey
Current Voting Member Insight - 10/2/2024

Email Address	Collective Perspective: Why do you believe the Consortium exists? Example: The BHC exists to ensure seamless access to behavioral health services for all Jefferson County residents.	Collective Perspective: What long term impact do we aim to have on our community? Example: We aim to eliminate overdose deaths and reduce stigma around mental health and substance use disorders.	Collective Perspective: Why is cross-sector collaboration important to the mission of the BHC? Example: The BHC exists to facilitate collaboration across healthcare, social services, law enforcement, and community organizations to improve service coordination, prioritize behavioral health needs, and secure funding for joint projects that address these challenges.	Organization-Specific Perspective: Why does your organization participate in the BHC? Example: We participate to improve coordination between our services and other community providers, and to expand access to care for underserved populations.	Organization-Specific Perspective: What long-term impact does your organization aim to achieve through its participation in the Consortium? Example: We aim to increase recovery rates and decrease recidivism among clients who interact with the criminal justice system.	Collective Perspective: What are the core activities the BHC undertakes to fulfill its mission? Example: The BHC coordinates cross-sector collaboration to assess needs, set priorities, and develop, fund, and implement projects that ensure all clients can access necessary behavioral health services.	Collective Perspective: What specific problems are we collectively working to solve? Example: We are working to address the challenge of coordinating limited resources across diverse agencies to ensure that behavioral health needs are met effectively, while optimizing service delivery.	Organizational Perspective: What are the primary activities your organization focuses on within the BHC? Example: We focus on expanding peer support networks and ensuring access to naloxone for at-risk populations.	Organizational Perspective: What specific goals or initiatives does your organization pursue as part of the Consortium? Example: We aim to improve transitional care for individuals moving from jail into community-based recovery programs.	Collective Perspective: How should voting membership be structured within the BHC by organization, sector, or other criteria? Example: Voting membership should be based on organizational affiliation to ensure all key service providers are represented.	Collective Perspective: What values should guide the governance of the Consortium? Example: Our governance should emphasize transparency, collaboration, and community-driven decision-making.	Organizational Perspective: How does your organization view its role within the BHC governance structure? Example: We see ourselves as a key contributor to decision-making around harm reduction policies.	Organizational Perspective: Are there specific governance changes your organization would recommend to improve the Consortium's effectiveness? Example: We would suggest a more formalized process for rotating leadership roles to ensure all sectors have a voice.	Is there anything else you would like to add about the future direction, mission, or governance of the BHC?
chief@qf2.org	The BHC exists to ensure seamless access to behavioral health services for all Jefferson County residents.	Through Data we will see a decrease in the numbers as the relate to Overdose and Mental Health responses	See Example: The BHC exists to facilitate collaboration across healthcare, social services, law enforcement, and community organizations to improve service coordination, prioritize behavioral health needs, and secure funding for joint projects that address these challenges.	To be the eyes and ears for the South End.	We aim to increase recovery rates and decrease recidivism among clients who interact with the criminal justice system.	See Example: The BHC coordinates cross-sector collaboration to assess needs, set priorities, and develop, fund, and implement projects that ensure all clients can access necessary behavioral health services.	We are working to address the challenge of coordinating limited resources across diverse agencies to ensure that behavioral health needs are met effectively, while optimizing service delivery.	In addition to above we work establish a common goals so we are working on the same page and have only one message going out.	In addition we need to review the resources being offered and their success rate.	Voting membership should be based on organizational affiliation to ensure all key service providers are represented.	Our governance should emphasize transparency, collaboration, and community-driven decision-making.	We see ourselves as a key contributor to decision-making around harm reduction policies.	We would suggest a more formalized process for rotating leadership roles to ensure all sectors have a voice.	Keep our mission as focused driven as possible
kellparche@jeffersonyouthproject.org	Work as a collaborative group to better service the community's behavioral health needs through prevention, intervention and services	Yes as example states: We aim to eliminate overdose deaths and reduce stigma around mental health and substance use disorders.	This work cannot be done alone. Collectively, we are more able to address the great community crisis while directly supporting the clients that are often part multi-system needs and services. Working collaboratively also builds community trust.	Yes, We also want to ensure that the youth of Jefferson County are receiving supportive services and access to resources that are specific. Ideally, we can offer greater prevention that illuminates young people from entering into systems of care. We also want to be part of the solutions for our community.	yes and supportive clients to access systems prior to needing to enter into other multi system crisis care.	Yes as Example states: The BHC coordinates cross-sector collaboration to assess needs, set priorities, and develop, fund, and implement projects that ensure all clients can access necessary behavioral health services.	Yes, as example states: We are working to address the challenge of coordinating limited resources across diverse agencies to ensure that behavioral health needs are met effectively, while optimizing service delivery.	We focus on supporting the youth and young adult population in both a prevention and intervention to reduce risk and increase protective factors	Improve Transitional care for those in recovery, unsheltered, lacking education, or skills for employment basic on high risk factors	Yes, as example states: Voting membership should be based on organizational affiliation to ensure all key service providers are represented.	Yes, as example states: Our governance should emphasize transparency, collaboration, and community-driven decision-making.	As a newer and smaller organization, we see ourselves as a great support to the overall behavioral health plan to our community. We are often working in collaboration with other BHC partners	none at this time	not at this time
jiron@kitsap.gov	As a tool to engage community partners across sectors to problem solve and support community needs.	Provide increase access and efficiency for behavioral health needs to individuals, families and the community.	Every point of contact is an opportunity to enhance the existing system and provide support and education.	My organization's primary function is to support behavioral health services, and I believe the BHC is an innovative model to engage all parts of the community in supporting this population.	Increase system understanding, increase access and enhance efficiency of systems.	Coordinates connections, provides opportunities for partnership and problem solving.	Enhancing community understanding and access to services for behavioral health	Within the BHC, my organizations role is to provide a regional and statewide perspective related to behavioral health. The focus is on crisis services, peer work, naloxone access, and support for individuals who do not have access otherwise.	Continued system education.	SBHASO would defer to local community leaders to determine what is best.	Transparency, partnership, cooperation	Contributing information to support decision-making	None	I have found value in this table as a place for partnership and connection for entities that would not usually be connected in this way. Good opportunity to educate leaders.
bblack@jfr.org	BHC supports a variety of programs and initiatives that focus on supporting members of the community that are impacted by mental health, behavioral health issues. Many times these modalities are multi-faceted and interwoven with other elements such as substance abuse, monetary challenges, housing instability, etc.	We strive to improve outcomes for those failing to thrive.	Collaboration is key to supporting our varied community. We are in a services desert where often there are overlapping needs from those failing to thrive.	We support BHC and other efforts for two reasons: 1. collaboration with partners is vital to the delivery of our services, 2. We want to optimize our services to improve outcomes.	In this rural setting, there are minimal services that support our population. Our services improve the quality of life for our community.	This is cited in the BHC ILA	This is also in the ILA.	CARES	Community Risk Reduction	Cited in ILA	Are we being asked to establish BHC values?	We are a voting member.	I think the chair and vice chair should rotate among the members.	
tolson@cityoflouis	Networking mental health services across the region	Reduce substance abuse and death	To better engage through well-organized collaboration.	To better understand the needs of the community and assist where we can	Eliminate accidental deaths and to get people to the services they need as quick as possible.	fund needed projects and services	how to better collaborate to meet the needs of the community	being a frontline resource to other agencies	we do not have any specific goals based on our involvement with the consortium. Trying to be good partners and problem solvers	Voting membership should be based on organizational affiliation to ensure all key service providers are represented.	transparency, collaboration, and community-driven decision-making.	partner in problem-solving	no comment	none
dfaulst@jeffersonhealthcare.org	The BHC currently exists to coordinate access to behavioral health care across Jefferson County, specifically to engage the systems that touch patients and clients.	We aim to ensure access to prevention and treatment for everyone.	The agencies in Jefferson County that work on behavioral health treatment and prevention have to work together in order to make true impact.	We participate to ensure that our patients and providers feel supported as we provide this care to this population.	We aim to increase referral networks and community-based projects around access to behavioral health prevention and treatment services.	The BHC "sets the table" for providers to meet and discuss community needs and how we should coordinate across organizations. It helps to identify, apply for, and manage funding to improve behavioral health related projects and services in our community, as well as helps us keep a pulse on the need.	We are working to address the siloed nature of behavioral health care in Jefferson County.	We are focusing on increase local funding for programs and to ensure that our providers are meeting community needs.	Voting membership should be based by organization.	Integrity, transparency, tenacity.	We are a key contributor for the health care lens.	We would suggest either maturing the organization into a membership base with an executive voting board.	We so appreciate you, Lori, and your work on this!	
gbrothero@co.jefferson.wa.us	The BHC exists to create a table where our many municipal, non-profit and even for profit organizations can come to a round table to work strategically on issues in the Behavioral Health sector in Jefferson County and to seek funding and implement those strategies.	Reduce silo'd operations between partners, build networks and consensus on strategic approaches and these challenging social and environmental issues.	See above about siloing, but also to learn about industry standards and promising practices and to help avoid confirmation bias.	I have been at this table since the beginning and continue to see its value. Great community building within a BH space is tough, but really important.	I will just talk organizationally since I am not in a direct service role and hope that together we can get our arms around the problem. How do you eat an elephant? One bite at a time.	The BHC coordinates cross-sector collaboration to assess needs, set priorities, and develop, fund, and implement projects that ensure all clients can access necessary behavioral health services. - the example was better than I could come up with.	again, the example is pretty good...We are working to address the challenge of coordinating limited resources across diverse agencies to ensure that behavioral health needs are met effectively, while optimizing service delivery.	Public Health is more involved into the day to day, but as a policy leader in the county, I'm focused on sustaining what we have as a BHC and growing the good it does.	See public health initiatives. The county itself is motivated to help all residents of the county.	organization affiliation	collaboration between stakeholders	Public Health should have a louder voice than the county itself, though therapeutic courts and potentially other law and justice departments (juvenile justice for example).	no	no at this time
dcarbom@ejfr.org	BHC exists to leverage group collaboration to provide equitable access to behavioral health services for all Jefferson County residents through innovative solutions.	Eliminate deaths related to substance use (fentanyl poisoning, etc.) & to eliminate stigma around mental health and substance use disorders in Jefferson County. To provide wrap-around care to all persons with mental health and substance use disorders within our community.	In addition to the excellent example, BHC exists to foster collaboration in innovation, sharing of resources to eliminate duplication (and thus wasting of resources) of services.	To ensure seamless delivery of services to improve the health of Jefferson Co citizens, in particular those most-vulnerable citizens w/ mental health or substance use disorder.	EMS needs to focus more on prevention, as many times at the time of fentanyl poisoning, a reactive response can be too late.	BHC serves as a place for members to work collaborative in ideation and application of novel strategies.	Ultimately for me, we are trying to end mortality & reduce morbidity from behavioral health diseases, whether this be to support persons in safe use, recovery, medication-supported recovery, abstinence, or basic needs that are necessary for charge such as housing or food.	Building relationships to augment education around behavioral health.	Improve the health of the community.	Organizational affiliation of organizations that are based in Jefferson County. Organizations outside of JeffCo who provide services should be non-voting.	agree w/ example. and active participation			Huge successes related to avoiding "red-tape" of bureaucracy. Some duplication of services leading to less innovation/collaboration.
j.nole@co.jefferson.wa.us	I believe the BHC exists is to provide a place for service agencies/first responders to meet and discuss issues, new ideas, and form partnerships that pertain to local mental health and substance use issues so we can strive to do our best to take care of those in need in our communities, not duplicate services, and get people the appropriate care they need.	We aim to reduce overdose deaths and reduce the stigma around mental health and substance use disorders, but also to minimize the repetitive use of services by a small population without them ever receiving the treatment/help they truly need.	Just like it says in the example above.	Just like it says in the above example, but also to attempt to assure that the Jefferson County Jail does not continue to be the defacto mental health facility and people can receive the help they need from the appropriate professionals.	Decreased recidivism and proper services for those in need.	The BHC coordinates cross-sector collaboration to assess needs, set priorities, and develop, fund, and implement projects that ensure all clients can access necessary behavioral health services.	We are working to address the challenge of coordinating limited resources across diverse agencies to ensure that behavioral health needs are met effectively, while optimizing service delivery and reducing recidivism.	How to keep people out of jail who need services not incarceration and reduce recidivism.	Advocating for mental health/substance use services and providing some type of helpful service while a person is incarcerated in the Jefferson County Jail.	Voting membership should be based on organizational affiliation to ensure all key service providers are represented.	Our governance should emphasize transparency, collaboration, and community-driven decision-making that provides for the greater good and not how our individual agencies may benefit.	We see ourselves as a key contributor to decision-making around harm reduction policies.	No.	Let's keep moving forward and doing our best to help the people who often are unable to help or advocate for themselves.

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jim@discoveybh.org	A table for community providers to collaborate	To grow needed services without creating duplication	Resources are scarce and this collaboration could help prevent competition for those resources.	We participate as the community mental health agency and to ensure other agencies are aware of our services and the expertise we can provide.	Provide seamless access to services and reduce waiting times	The BHC is a unique entity that brings agencies together to develop a coordinated plan to provide an array of services.	Identifying gaps in services and finding necessary funding to help fill those gaps	As a community mental health agency we are able to provide an array of services across the behavioral health spectrum under one roof. This allows for continuity of care.	DBH's goal is to continue to provide services to those who have SDMI and to develop and to develop and grow programs to fill gaps in services.	Organization	the example says it all	As the community mental health agency our is as a key contributor based on the collective experience of our staff.	I believe the legacy members should have a permanent seat. Otherwise other agencies may rotate??	
mgarcia@olycap.org	The BHC exists to address the increasing mental health challenges of our community members, and to provide aid to those who need it most.	We aim to get people the help they need to be successful in their recovery journeys.	No single entity exists to provide all services and help in every way. Coordinated efforts need to be made by providers of healthcare, social services, and more.	We participate because we provide essential services to our community, such as nutrition and housing.	We aim to provide housing security to those who need it most. It is difficult to recover when one does not have shelter.	The BHC works to identify need, determine options for solutions and the funding for those solutions, and then implement those solutions and maintain community engagement.	In rural areas, we often do more with less. We are working to coordinate the efforts of the organizations that exist with the funding that they receive, to the best of everyone's ability and with as much efficiency as possible.	We focus on outreach to make sure that those who qualify for and need our services know that we are there for them.	We provide aid to those experiencing food and housing insecurity.	Care should be taken to make sure all key service providers are represented. As they specialize in different areas, they will have differing pieces of information to contribute.	We should make it clear that we value input from those directly affected by crises. We should remain transparent and collaborative.	We view ourselves as a resource for community members. We work with them and make efforts to understand their needs.		
briann@devehouseje.org	The Behavioral Health Consortium exists to improve behavioral health outcomes and quality of life for people experiencing behavioral health challenges by coordinating existing resources and collaborating on new opportunities to meet service needs.	We aim to ensure that everyone who wants behavioral health services - from harm reduction to detox to treatment to recovery support - is able to access it at any time they are ready.	Collaboration is at the heart of the BHC mission. By facilitating collaboration amongst stakeholder organizations and individuals, the BHC helps improve behavioral health services for everyone in the community.	We participate in the Behavioral Health Consortium to help us coordinate services with other community providers and jointly address larger systemic challenges that cannot be addressed by ours or any one agency/program alone.	It is our goal to be a long-term source of recovery support for anyone who needs it regardless of insurance status, diagnosis, or number of relapses. We're here to help fill the gaps between incarceration, institutionalization, and hospitalization. Through the community of peer support that we're building, we help improve recovery outcomes and reduce stigma regarding recovery issues making it more likely that people will seek out services when they need them.	Collectively identify service gaps in the community and identify opportunities for funding and programming to meet those needs.	Addressing unmet needs in the community for behavioral health issues	We're creating a community of peer support for recovery which means helping underserved populations access resources	We can both serve folks who are brand new to the community or to the recovery landscape and help them navigate services as well as providing long-term recovery support before, during, and after treatment stints or incarceration or hospitalization	By organization	Collaboration, open communication, celebrating new ideas	I believe we're uniquely positioned to build lasting relationships with both recipients and providers of services	None thanks	All hail Lori! Thank you for your leadership.
gabriele@elieveincoveyremail.com	BHC exists to address and coordinate the various mental health and substance use disorder treatment needs within the county. By bringing together key stakeholders from different sectors, such as healthcare providers, community organizations, law enforcement, and local government agencies, the consortium creates a collaborative network	The long-term impact we aim to have on our community is to create a healthier, more resilient population by improving access to mental health and substance use disorder treatment.	Cross-sector collaboration is crucial to the mission of the BHC because it ensures a coordinated and comprehensive approach to addressing mental health and substance use disorders.	Our organization participates in the BHC to collaborate with other community partners and enhance the effectiveness of our mental health and substance use disorder services.	Through our participation in the Consortium, our organization aims to achieve a long-term impact of creating a more integrated and accessible behavioral health system within the community.	The BHC fosters cross-sector collaboration between healthcare providers, law enforcement, social services, and community organizations. Additionally, the BHC focuses on securing funding.	We are collectively working to solve the problems of inadequate access to mental health and substance use disorder services, high rates of recidivism, and gaps in coordination between service providers.	Within the BHC, we primarily focuses on providing comprehensive mental health and substance use disorder treatment through outpatient services. We collaborate with other partners to ensure seamless care coordination, offer wraparound support, and engage in outreach efforts. Additionally, we contribute to securing funding and developing strategic initiatives that enhance access to behavioral health services and promote recovery across the community.	As part of the Consortium, our organization pursues specific goals such as expanding access to integrated mental health and substance use disorder treatment, improving care coordination across sectors, and reducing recidivism.	Voting membership within the BHC should be structured based on organizational representation	collaboration, transparency, equity, and accountability	Our organization views its role within the BHC governance structure as a key contributor to shaping policy, coordinating care, and driving collaborative efforts to improve behavioral health outcomes. We bring our expertise in mental health and substance use disorder treatment, actively participating in decision-making processes, program development, and resource allocation.	Clearer role definitions for all participating organizations, establishing more structured decision-making processes, and enhancing accountability mechanisms.	none
marrion@co.jefferson.wa.us	To foster relationships across the community to improve access and quality of our mental health service provision	I am relatively new to the consortium but happy to hear about the accomplishments listed on the email.	In order for us to work together we have to know the work of other organizations.	We participate to get updates on partnerships and learn more about resources in our community as well as to contribute our perspective.	We want to see a high level of care for our folks and reduce recidivism for folks.	Data collection and cross-sector collaboration.	We are working to ensure quality service through collaboration.	Therapeutic Courts	To provide an opportunity to people in the criminal justice system to address their mental health in a structured supportive environment.	Indifferent	I would love to see lived experience prioritized	A key contributor and representative of participants in Therapeutic Courts	N/A	I would love to have an in person meeting at some point. It doesn't have to be every meeting maybe one annually.
amartine@co.jefferson.wa.us	The BHC exists to bring community partners together across our county landscape, fine tune data collection processes for meaningful gap analysis, and leverage funding to focus on filling identified gaps.	One long-term impact of the BHC is to have a consistent and meaningful table at which leaders involved in the Behavioral Health system can convene to discuss strategy and positive change for the system countywide despite turnover in leaders ongoing.	The cross-collaborations embedded in the structure of the BHC affords new and/or improved relationships between community partners where they might not exist otherwise; it affords congruence in approach to filling gaps in the Behavioral Health landscape; and the BHC focuses the commitment of every community partner of the BHC collecting and contributing meaningful data for targeted approaches to moving the needle on improving the safety and wellbeing of our collective communities.	We participate in the BHC to be less siloed in our approach to Behavioral Health care and to grow ideas for ourselves, in collaboration and coordination with other organizations, to improve our approach to providing Behavioral Health programming and services.	We aim to reduce overdose deaths, bring mobile harm reduction services to more people where they are, educate other CBOs and businesses about reducing stigma related to mental health and substance use disorder.	Cross-sector collaborations to assess needs; strategically seek and align funds to support and/or implement services to diversify and extend the Behavioral Health network locally so that accessibility for all is achieved; empowers members to be good stewards of data collection and engage in meaningful analysis; sustains relationships and knowledge synthesis despite changing leadership across agencies/programs serving	We are working to address equity and increase access to behavioral health services and resources for all county residents. We are collectively working to combat MH and SUD stigma in and throughout our communities across Jefferson County. We collaborate to fine-tune relationships between organizations/agencies in order for the care system to work more cohesively and for the client to be at its center.	Improving access to safe disposal of sterile syringes and injection equipment, vaccination, testing, and linkage to treatment. Ensuring availability of and education for naloxone use for all. Building out our Harm Reduction Team to include sustainable and robust mobile capacity to meet the needs of unhoused residents. Building connections between our Harm Reduction scope of work with that of our Prevention campaigns and supportive programming among youth.	We aim to improve the health and safety of drug-using populations to mitigate the spread of disease and provide support to individuals through reliable connection, judgement-free healthcare, and resource navigation for addressing basic needs.	Sector representation constituting voting membership.	Our governance should emphasize transparency, collaboration, and community-driven decision-making.	Key contributors to decision-making re: healthcare access, harm reduction policies, disease mitigation (STI, HIV, TB, and Hep B), and prevention education.	The governance structure the way it is works well.	

CONTEXT SETTING

A BHC Governance discussion took place on August 8, 2024, providing insights from a collaboratively reviewed document. Members expressed a desire to establish a clear mission and vision before developing the governance structure. To support this process, a survey was distributed to gather input on the Consortium's core purpose, goals, and governance from both collective and organizational perspectives.

FEEDBACK SUMMARY

IMPLICATIONS FOR FINAL MISSION, VISION, & STRATEGY STATEMENTS

- The Mission Statement should reflect BHC's dedication to cross-sector collaboration, stigma reduction, resource coordination, and harm reduction, ensuring comprehensive and equitable care.
- The Vision Statement should focus on a resilient, unified community with a commitment to equity, coordinated services, prevention, and a stigma-free approach to behavioral health care.
- The Strategy Statement should clearly outline BHC's commitment to collaborative partnerships, transparent governance, and data-driven planning, while aiming for service coordination, funding maximization, and responsive actions to meet the community's evolving needs.

DETAILED MISSION, VISION, AND STRATEGY THEMES

1. Cross-Sector Collaboration & Unified Community Efforts

Collective Impact: Build a **collaborative network** across healthcare, law enforcement, social services, community organizations, and recovery services to address behavioral health comprehensively. Cross-sector partnerships should be leveraged to strengthen coordinated efforts toward service provision, reduce gaps, and foster holistic care.

Breaking Silos, Preventing Service Duplication & Enhancing Efficiency: Prioritize the **streamlining of services** to prevent duplication and increase **efficiency and effectiveness**. A focus on unified efforts is crucial for ensuring resources are used optimally and coordinated across the behavioral health landscape.

Governance Implications: The governance model should reflect these partnerships by ensuring that decision-making includes diverse perspectives and enables collaborative approaches that align with community needs.

Strategic Resource Coordination: Prioritize pooling resources efficiently to meet Jefferson County's behavioral health needs while navigating the challenges of **limited funding and services in a rural setting**.

2. Data-Driven, Community-Informed Action

Evidence-Based Decision Making: BHC must utilize data and evidence-based practices to assess needs, set priorities, and develop effective programs. Efforts should also be made to track outcomes and continuously improve services based on measurable feedback.

Identifying Service Gaps & Improving Access: Data-driven approaches should be used to identify gaps in behavioral health services and enhance access to care, particularly for underserved populations. This will enable the BHC to target at-risk groups and adapt services to address the community's most pressing needs.

Community Feedback & Adaptability: Engage the community in shaping services, adapting initiatives based on feedback to ensure they are relevant and impactful. Continuous input and data use ensure actions are responsive and lead to sustainable improvements in care delivery..

3. Stigma Reduction & Holistic Person-Centered Care

Fostering Respect & Compassion: Address and reduce stigma associated with mental health and substance use through community conversations, educational programs, and supportive environments. Harm reduction efforts, such as increasing access to naloxone, should be part of broader strategies to support community members with dignity and respect.

Wrap-Around, Person-Centered Support: Deliver comprehensive care that addresses not just clinical needs but also the broader determinants of health, such as housing, employment, and community connections. Programs should empower individuals and provide wrap-around support that considers each person's unique context.

Governance Implications: The governance model should actively support **initiatives that combat stigma** and **enhance harm reduction efforts** while promoting **equity in access to services**. The goal is to build a culture of **holistic, person-centered care** for all individuals.

4. Equity, Prevention, and Empowerment

Equity in Access & Services: Ensure that all populations, particularly **underserved and vulnerable groups**, have **equitable access** to behavioral health services. This includes proactive support for youth, those in recovery, and individuals in rural communities.

Prevention-Oriented Approach: Focus on **prevention, early intervention, and supportive care** to reduce the likelihood of crises and to address behavioral health challenges before they escalate. Integrating preventive strategies will help to create a more resilient and supportive community.

Governance Implications: A commitment to **inclusive representation** and decision-making in the governance structure is crucial to ensure that all voices—especially those most affected by behavioral health challenges—are actively involved in shaping the BHC's work.

5. Effective Governance & Transparent Decision-Making

Clear Processes & Accountability: Transparent governance is key to building trust and promoting active participation. The governance model should clearly define processes for leadership roles, voting, and decision-making, ensuring accountability, inclusivity, and collaborative leadership.

Balancing Organizational & Sector-Based Representation: The governance structure should allow for effective voting processes that balance organizational representation while leveraging sector expertise. It is important to keep processes efficient and inclusive to represent the diversity of voices within the Consortium.

Governance Implications: Establishing clear governance roles and responsibilities will help facilitate transparent decision-making, collaborative actions, and the empowerment of all member organizations.

6. Resource Development & Sustainable Funding

Coordinated Resources & Funding Opportunities: BHC must strategically pursue funding to sustain current programs and develop new initiatives. Efficient use of available resources and coordinated efforts across sectors is key to closing service gaps and enhancing access to care.

Sustainable Partnerships & Resource Allocation: Developing sustainable partnerships is essential to ensuring long-term funding and efficient resource allocation. Emphasis should be placed on finding diverse funding sources that allow for equitable distribution of resources to improve behavioral health services across Jefferson County.

Governance Implications: Governance must support sustainable funding practices and resource coordination, maximizing impact through strategic planning, transparent allocation, and collaborative action.

OVERVIEW

The refinement evolution below is suggested to ensure the BHC's foundational statements accurately reflect the Consortium's mission, values, and strategic direction, positioning it for effective governance and community impact.

Overall Summary of Statement Evolutions

- **Vision:** The drafted vision statement has evolved from focusing on access and overall well-being to a more comprehensive and unified vision of equity, resilience, prevention, and coordinated care. The emphasis is now on holistic recovery, community strength, and the removal of barriers to access behavioral health services.
- **Mission:** The drafted mission statement shifted from a narrow focus on opioid use and mental health to a broader commitment to cross-sector collaboration, data-driven strategies, and equitable access to behavioral health care for all. It recognizes the importance of addressing service gaps, harm reduction, and reducing stigma in achieving these goals.
- **Strategy:** The introduction of a draft strategy statement is a response to the need for actionable direction. It provides a framework for implementing the mission and vision through collaborative partnerships, transparent governance, evidence-based practices, and sustainable funding, focusing on reducing barriers, improving access, and enhancing holistic care across Jefferson County.

VISION STATEMENT EVOLUTION

V1 Original Vision Draft:

"A community where every resident has timely access to effective behavioral health services, leading to improved overall well-being."

Updated Vision Draft:

"A resilient and unified Jefferson County where every individual has equitable, timely access to coordinated behavioral health services, free from stigma and focused on prevention, fostering a community of holistic well-being and empowered recovery."

Key Evolution Themes:

- **Emphasis on Resilience & Unity:** The original vision focused primarily on timely access to services. Feedback has led to expanding the scope to include a resilient and unified community, highlighting the BHC's role in fostering collaboration and solidarity within Jefferson County.
- **Equity & Comprehensive Access:** The updated vision introduces a stronger focus on equitable access to behavioral health services, recognizing the importance of reaching underserved populations and ensuring all residents can access care without barriers
- **Holistic & Empowered Recovery:** There is a shift toward holistic well-being and empowerment, highlighting a comprehensive approach to recovery that encompasses prevention, treatment, and long-term community support.
- **Coordination & Stigma Reduction:** The vision now also includes the goals of providing coordinated services free from stigma, ensuring a stigma-free environment that supports those in need and promotes inclusivity and well-being.

MISSION STATEMENT EVOLUTION

V1 Original Mission Draft:

“To collaboratively enhance prevention, treatment, and recovery services for opioid use and mental health in Jefferson County, ensuring comprehensive support for all community members.”

Updated Mission Draft:

“To lead cross-sector collaboration and drive data-informed initiatives that reduce stigma, enhance prevention, treatment, and recovery services, and promote equitable access to person-centered behavioral health care for all Jefferson County residents, focusing on harm reduction and reducing service gaps.”

Key Changes & Highlights:

- **Cross-Sector Collaboration & Data-Informed Initiatives:** While the original mission highlighted collaboration, the updated version explicitly includes cross-sector partnerships and the importance of data-informed initiatives. This expands collaboration beyond internal entities to include all sectors impacting behavioral health, making decisions based on measurable community needs.
- **Broadening Focus Beyond Opioid Use:** The initial mission had a specific focus on opioid use and mental health. The updated statement expands this focus to encompass all aspects of behavioral health care, ensuring support across the entire continuum of prevention, treatment, and recovery.
- **Addressing Service Gaps & Harm Reduction:** Survey feedback emphasized the need to focus on harm reduction strategies and reducing service gaps. The updated mission addresses these areas by highlighting the BHC's role in equitable service provision, focusing on supporting at-risk populations and improving overall access to care.
- **Promoting Equity & Person-Centered Care:** The mission now reflects a commitment to person-centered behavioral health care, ensuring that services are tailored to individual needs and that efforts are made to reduce disparities across all community members.

INTRODUCTION OF A STRATEGIC STATEMENT

Rationale for Adding a Strategy Statement:

As the feedback from the collaborative document and member survey responses were reviewed, it became clear that while our mission and vision provide strong direction and inspiration, there was a need for a dedicated **strategy statement**.

The newly developed Strategy statement draft bridges our aspirational goals and day-to-day activities, providing a clear outline of how we will achieve our mission in practice. The strategy statement clarifies the Consortium's approach to **collaboration, decision-making, resource coordination, harm reduction, and transparent governance**, ensuring that our shared goals are actionable and aligned with Jefferson County's evolving behavioral health needs.

Strategy Statement Added:

"The BHC will strengthen cross-sector partnerships, engage in transparent governance, and develop collaborative initiatives informed by data and community feedback to reduce stigma, improve access to behavioral health services, support harm reduction, and promote prevention. We will coordinate resources efficiently to address service gaps, maximize funding opportunities, and respond adaptively to the evolving needs of Jefferson County residents."

Key Themes in the Strategy Statement:

- **Cross-Sector Partnerships:** Reinforces collaboration as a core principle, aligning with the mission and vision.
- **Transparent Governance:** Highlights the need for open and inclusive decision-making processes, ensuring all members understand their roles and can contribute to the Consortium's work effectively.
- **Data-Driven, Community-Informed:** Emphasizes using data and feedback to guide initiatives, measure outcomes, and adapt to community needs.
- **Resource Coordination & Funding:** Stresses the efficient use of resources and the pursuit of sustainable funding to address community needs effectively.

CONTEXT SETTING

A BHC Governance discussion took place on August 8, 2024, providing insights from a collaboratively reviewed document. Members expressed a desire to establish a clear mission and vision before developing the governance structure. To support this process, a survey was distributed to gather input on the Consortium's core purpose, goals, and governance from both collective and organizational perspectives.

VOTING-THEMED FEEDBACK SUMMARY

BHC members' feedback suggests a need for a **balanced, equitable, and efficient voting structure** that respects the diverse perspectives within the Consortium. The preferred approach should be **inclusive, adaptable, and transparent**, with the ability to differentiate between major and routine decisions. An effective voting structure will ensure that **all members have an equitable voice**, maintain efficient decision-making, and reflect the Consortium's core values of **collaboration, transparency, and equity**. (See Page 4 for voting model examples.)

DETAILED VOTING STRUCTURE FEEDBACK THEMES

Balance Between Organizational and Sector-Based Representation

- **Member Input:** Members have discussed the importance of striking a balance between ensuring that all **member organizations** have a voice in the voting process while also representing the **diverse sectors** involved in behavioral health (e.g., healthcare, law enforcement, housing, mental health, and substance use services).
- **Implication:** There is a desire for a structure that allows individual organizations to express their specific interests while ensuring that voting reflects the broader sectoral priorities and needs, preventing any one organization from dominating the process.

Simplicity & Efficiency of the Voting Process

- **Member Input:** A recurring theme is the need for a voting process that is **simple and efficient**. Members want to avoid overly complicated rules that slow down decision-making or make the process difficult to navigate.
- **Implication:** There is an emphasis on establishing a voting system that allows for timely decisions without sacrificing representation or collaboration. A process that can distinguish between **routine operational decisions** and **strategic or policy decisions** might be preferred to streamline actions when possible.

Equity & Avoiding Power Imbalances

- **Member Input:** Concerns were raised about ensuring that all voting members have an **equitable voice**, particularly smaller organizations or sectors that may feel marginalized. Members are keen to avoid any power imbalance where larger or more influential entities dominate the voting outcomes.
- **Implication:** The feedback suggests a voting structure where **equal voting rights** are favored, and mechanisms are put in place to ensure that all votes carry equal weight, regardless of the size or perceived influence of the organization or sector.

Consensus-Building vs. Majority Voting

- **Member Input:** There is a mix of opinions on whether decisions should be made by **simple majority voting** or whether they should require **consensus or supermajority agreements**. Some members feel that consensus-based decisions foster collaboration and buy-in, while others believe that consensus can slow down decision-making and lead to diluted outcomes.
- **Implication:** A mixed approach may be favored, where **major decisions (e.g., strategic planning, funding allocation)** require a **supermajority vote (e.g., 2/3)** to ensure broad support, while **operational or routine decisions** could be handled by a **simple majority** to maintain efficiency.

Flexibility & Responsiveness to Different Types of Decisions

- **Member Input:** The feedback highlighted the importance of flexibility in the voting structure, acknowledging that not all decisions carry the same weight or urgency. Members noted that the voting process should be able to **differentiate between high-impact strategic decisions and more routine, operational matters**.
- **Implication:** A **tiered voting structure** might be suggested, where different decision types (e.g., policy changes, budget approvals, operational updates) have specific voting thresholds or processes tailored to their level of importance and urgency.

Transparent Processes & Clarity in Voting Roles

- **Member Input:** Transparency in the voting process was highlighted as crucial, with a clear outline of who is eligible to vote, how votes are cast, and how decisions are reached. Members also want to know their role and responsibilities within the voting process.
- **Implication:** Governance documents need to clearly define **voting rules, eligibility, and processes**, ensuring that all members understand how their vote impacts decisions and the overall direction of the Consortium.

Inclusivity & Empowering All Voices in the Decision-Making Process

- **Member Input:** Ensuring that all voices are included in decision-making, particularly those who may represent underserved or marginalized communities, was noted as important. This inclusivity extends to voting, where all sectors, including those who may not traditionally have as much influence, are empowered to shape decisions.
- **Implication:** Voting structures should be inclusive, perhaps providing mechanisms to ensure that sectors representing vulnerable populations or unique perspectives are not overshadowed by larger or more established organizations.

Periodic Review of Voting Structure

- **Member Input:** Recognizing that needs and priorities may evolve over time, members have indicated support for **periodic reviews of the voting structure**. This ensures that the structure remains relevant, equitable, and efficient as the Consortium grows and its work evolves.
- **Implication:** A built-in process for **reviewing and potentially updating** the voting structure allows for the flexibility to adapt to changes within the BHC and the broader community's behavioral health landscape.

VOTING MODEL EXAMPLES

Organizational Representation Voting Model

Overview: Each organization that is part of the BHC has one designated voting member, who votes on behalf of their organization.

Benefits

- **Clear Representation:** Ensures that each organization's interests and perspectives are represented directly in decision-making.
- **Streamlined Voting Process:** Decisions can be made efficiently since each organization casts a single vote, simplifying the process.
- **Accountability:** The voting member is clearly responsible for representing their organization's stance and communicating decisions back to their group.

Challenges

- **Limited Sector Representation:** If an organization represents multiple sectors or serves a diverse population, this model may limit how those broader sector needs are directly voiced.
- **Potential Imbalance:** Larger or more influential organizations might dominate decision-making if their interests are prioritized over smaller organizations or sectors.

Sector-Based Representation Voting Model

Overview: Voting members represent broader sectors (e.g., healthcare, public health, law enforcement, housing) rather than individual organizations. Each sector selects one or more representatives to vote on their behalf.

Benefits

- **Holistic Sector Perspectives:** Ensures that key sectors are well-represented, allowing a more comprehensive view of how decisions impact the entire behavioral health system.
- **Equitable Voice Across Sectors:** Allows for balanced representation across different sectors, preventing any single organization from having disproportionate influence.
- **Facilitates Cross-Sector Collaboration:** Encourages voting members to consider the needs and priorities of the entire sector rather than just their own organization.

Challenges

- **Consensus Building Required:** Representatives must actively engage with their sector to understand and represent the sector's position, which can be time-consuming and require substantial effort.

- **Risk of Diluted Organizational Input:** Individual organizations may feel their specific interests are not fully represented if they are grouped into a broader sector vote.
- **Complex Decision-Making:** Reaching consensus within sectors may be challenging, leading to longer decision-making processes.

Hybrid Model: Organizational & Sector-Based Voting

Overview: Combines elements of both organizational and sector-based representation. Voting members may represent their own organizations while also considering the broader sector's priorities, or certain votes are reserved for sector-wide decisions while others are organizational.

Benefits:

- **Balanced Representation:** Ensures that both individual organizations and broader sectors have a voice, creating a more holistic decision-making process.
- **Flexibility:** Can adapt to different types of decisions; some decisions might be best made with sector-focused input, while others might require direct organizational input.
- **Encourages Broad Engagement:** Members are encouraged to represent both their own organizational interests and the broader sector needs.

Challenges:

- **Potential Complexity:** The dual representation structure may make voting processes more complex and require additional clarification on when decisions are organizational vs. sector-based.
- **Possible Overlap or Confusion:** It may be unclear at times whether a voting member is representing their organization's interests or the sector's perspective, which could lead to conflicts or mixed messaging.
- **Decision-Making Process Clarity:** Governance documents must clearly outline when to apply organizational vs. sector-based voting to avoid confusion.

Consensus-Based Decision-Making Model

Overview: Decisions are made only when all voting members reach consensus, or at least a supermajority (e.g., 2/3 or 3/4 agreement), to ensure broad support across the group.

Benefits:

- **Inclusive & Collaborative:** Ensures that all voices are heard and considered, promoting a culture of collaboration and mutual understanding.

- **Builds Strong Buy-In:** Achieving consensus means decisions are well-supported and less likely to be met with resistance or conflict after the vote.
- **Encourages Comprehensive Dialogue:** Encourages thorough discussion on all issues to achieve agreement, ensuring that all perspectives are fully explored.

Challenges:

- **Time-Consuming:** Consensus-building can be a lengthy process, potentially slowing down decision-making and delaying action on urgent matters.
- **Difficulty in Achieving Consensus:** Reaching full or supermajority agreement may be difficult, particularly on contentious issues, leading to potential deadlocks.
- **Risk of Compromise on Effectiveness:** In seeking consensus, decisions might become watered down to accommodate all viewpoints, potentially reducing the impact of the final action.

Weighted Voting Model

Overview: Voting power is allocated based on specific criteria, such as organization size, funding contribution, or level of service provision. Some members may have greater voting weight based on these criteria.

Benefits:

- **Reflects Contribution & Impact:** Recognizes the different levels of investment and involvement among members, aligning voting power with the organization's contribution to the Consortium.
- **Streamlines Critical Decisions:** In cases where larger organizations or sectors have greater stakes in decisions, weighted voting can lead to more practical, efficient outcomes.

Challenges:

- **Equity Concerns:** Smaller organizations or those with fewer resources may feel they have less voice or power in decision-making.
- **Complex Process:** Calculating and managing voting weights can add complexity to the decision-making process, requiring additional clarity and transparency.
- **Potential Power Imbalance:** There is a risk that a small number of organizations with greater voting weight could dominate decisions, reducing the perceived inclusiveness and fairness of the process.

CONTEXT SETTING

A BHC Governance discussion took place on August 8, 2024, providing insights from a collaboratively reviewed document. Members expressed a desire to establish a clear mission and vision before developing the governance structure. To support this process, a survey was distributed to gather input on the Consortium's core purpose, goals, and governance from both collective and organizational perspectives.

GOVERNANCE-THEMED FEEDBACK SUMMARY

The BHC members' feedback suggests a strong preference for a governance model that promotes **collaborative and transparent decision-making, inclusive representation, and equitable voting rights**. There is a need for clarity in roles and responsibilities, as well as for a structure that is **efficient and adaptable**. The chosen model must also support **cross-sector collaboration** and **resource coordination** to achieve the Consortium's mission and strategic goals effectively. (See page 3 for Governance Structure examples, beginning with a hybrid structure and moving on to other examples starting on page 6.)

DETAILED GOVERNANCE STRUCTURE FEEDBACK THEMES

Feedback Themes on Governance Models

Desire for Inclusive & Balanced Representation

- **Member Input:** There is a clear emphasis on ensuring that all key stakeholders, organizations, and sectors have a voice in decision-making.
- **Implications:** The governance model should prioritize inclusivity, where both individual organizational needs and sector-wide perspectives are represented. Members seek a balance between organizational and sector-based input to ensure equitable representation without over-complicating the voting process.

Focus on Collaborative & Transparent Decision-Making

- **Member Input:** Many members expressed a preference for a governance model that fosters **collaborative decision-making** with open, transparent processes. They highlighted the importance of equal access to information and participation in decision-making to ensure trust and shared responsibility.
- **Implications:** This feedback aligns with the **Collaborative Governance Model**, where shared decision-making is key. However, it will be critical to establish clear processes to facilitate collaboration effectively and ensure transparency in how decisions are made and communicated.

Need for Efficient Processes & Clear Accountability

- **Member Input:** Some members expressed concerns about the potential complexity and time required to make decisions when every voice must be heard, particularly if consensus is required. There is also a need for **clear accountability** for decisions and outcomes.
- **Implications:** There is a recognition of the importance of efficient governance. A **Lead Agency Governance Model** could address this concern by providing clear accountability and a more centralized decision-making structure. However, it must be balanced with mechanisms to maintain collaboration and engagement from all members.

Clarity in Roles, Responsibilities & Voting Rights

- **Member Input:** Members emphasized the importance of defining clear roles, responsibilities, and voting rights within the governance structure. They want a system where the responsibilities of each voting member are understood, and decision-making processes are clearly outlined.
- **Implications:** Regardless of the chosen governance model, there is a need for a well-documented structure that specifies who has voting power, how votes are cast, and how leadership roles are distributed. This could also include **hybrid models** that combine organizational and sector-based representation to clarify roles.

Ensuring Equity & Preventing Power Imbalance

- **Member Input:** Concerns were raised about potential power imbalances, where larger organizations or sectors could disproportionately influence decisions. Members emphasized that the governance model should not favor any one group over others but should ensure **equitable decision-making**.
- **Implications:** An **equitable approach to representation** is crucial to prevent power imbalances. Both the **Collaborative and Sector-Based Voting Models** address these concerns by ensuring equal voting power or sector representation. A hybrid approach could also help balance interests between sectors and individual organizations.

Flexibility & Adaptability to Changing Needs

- **Member Input:** Members expressed a desire for a governance structure that is adaptable and responsive to the **changing needs of the community** and the Consortium's evolving priorities.
- **Implications:** A flexible governance model should allow for adjustments as the Consortium grows and its priorities shift. This could mean periodic reviews of governance processes, voting structures, and leadership roles to ensure they continue to align with the BHC's strategic goals.

Emphasis on Cross-Sector Collaboration & Resource Coordination

- **Member Input:** Given the BHC's strategic goals, many members highlighted the importance of ensuring that the governance structure supports cross-sector collaboration and coordinated use of resources to improve behavioral health services.

- **Implications:** The governance model should encourage active participation across sectors, fostering partnerships and resource-sharing. This aligns with a **Collaborative Governance Model** but requires mechanisms to ensure that resources are coordinated efficiently and that the governance model supports strategic priorities like harm reduction, stigma reduction, and prevention.

GOVERNANCE STRUCTURE EXAMPLES

HYBRID GOVERNANCE MODEL: COLLABORATIVE LEADERSHIP WITH PROJECT DIRECTOR SUPPORT

Key Components

Steering Committee as the Governing Body

- A **Steering Committee** composed of representatives from key sectors (e.g., healthcare, law enforcement, public health, housing, recovery support) and representatives from member organizations. This committee holds the primary responsibility for setting strategic priorities, making decisions, and guiding the Consortium's activities.
- Each member represents both their **organization's interests** and the broader **sector's needs**, encouraging integrated perspectives and holistic decision-making.
- The **Steering Committee** meets regularly to review progress, make strategic decisions, and ensure alignment with BHC's vision, mission, and strategy.

BHC Project Director as Central Coordinator

- The **BHC Project Director** serves as the primary coordinator for the Consortium's activities, providing **day-to-day leadership, operational support, and coordination** among members.
- The **Project Director** acts as a facilitator, ensuring efficient implementation of Steering Committee decisions and enhancing collaboration across sectors.
- **Discovery Behavioral Health** serves as the fiscal agent, providing **financial oversight and support** to the Project Director. This ensures transparent and responsible management of funds to achieve BHC's objectives.
- While the Project Director leads operational tasks, they remain **accountable to the Steering Committee**, ensuring decisions reflect the collective priorities of the BHC.

Advisory Subcommittees for Strategic Focus Areas

- **Subcommittees or Working Groups** are formed around key strategic priorities (e.g., harm reduction, prevention, data collection, community engagement).
- Subcommittees are responsible for developing recommendations, conducting focused work, and bringing forth proposals for review by the Steering Committee.

- Membership in these subcommittees can be **inclusive of non-voting community members and subject-matter experts**, enabling diverse input and engagement on specific topics.

Balanced Voting Structure within the Steering Committee

- **Voting Rights:** Each Steering Committee member has one equal vote, regardless of whether they represent an organization or a sector, ensuring balanced representation.
- Decision-Making Approach:
 - **Major Decisions** (e.g., strategic priorities, significant resource allocations) require a **supermajority vote (e.g., 2/3 agreement)**, ensuring broad support while maintaining decision-making efficiency.
 - **Operational Decisions** (e.g., program updates, routine actions) may be made through a **simple majority vote** to avoid delays and ensure the BHC can respond quickly to emerging needs.

Regular Review & Adaptive Structure

- An **annual review process** will be built into the governance model to assess its effectiveness, ensuring that it remains aligned with BHC's strategic goals and the community's evolving needs.
- A **Governance Review Subcommittee** could be established to evaluate the structure and processes, gather feedback, and recommend changes as needed to improve the model.

How This Hybrid Model Addresses Feedback Themes

Inclusivity & Balanced Representation

- The **Steering Committee** ensures representation across all key sectors and member organizations. Voting equality prevents any single entity from dominating decisions, balancing both organizational and sector interests.

Collaborative & Transparent Decision-Making

- The **Project Director** facilitates transparent and inclusive processes, and the **Steering Committee** fosters a collaborative decision-making environment where diverse viewpoints are openly discussed.
- **Subcommittees** ensure that key focus areas receive attention and in-depth exploration, contributing to transparent and informed decision-making.

Efficient Processes & Clear Accountability

- The **Project Director** acts as a point of coordination, allowing for efficient operational management and clear leadership, while remaining accountable to the **Steering Committee** for strategic direction.
- The **fiscal oversight by Discovery Behavioral Health** ensures proper management of resources, enhancing financial accountability.

Clarity in Roles, Responsibilities & Voting Rights

- Clear distinctions are made between the Steering Committee's strategic leadership, the Project Director's operational coordination, and Discovery Behavioral Health's fiscal role.
- Voting processes are defined for major and operational decisions, maintaining both clarity and flexibility in how decisions are made.

Equity & Prevention of Power Imbalance

- The equal voting structure of the **Steering Committee** promotes equity and prevents power imbalances, ensuring all sectors have an equal voice in decisions.
- Input from diverse sectors and subcommittees reinforces balanced, holistic decision-making that reflects the broader interests of the behavioral health community.

Flexibility & Adaptability to Changing Needs

- The **annual review process** supports a dynamic governance model that can evolve to meet changing community needs and strategic shifts in BHC's priorities.
- Subcommittees provide flexibility by allowing in-depth focus on emerging issues and adapting efforts to new challenges.

Cross-Sector Collaboration & Resource Coordination

- The **Project Director's role** enhances collaboration across sectors, providing central coordination and facilitating partnerships.
- The involvement of **Discovery Behavioral Health as the fiscal agent** ensures that funds are managed responsibly, with strategic oversight from the Steering Committee to align resource allocation with BHC's goals.

Balancing Potential Tensions

- **Inclusivity vs. Efficiency:** The Steering Committee provides inclusive decision-making, while the Project Director ensures that operational tasks are carried out efficiently. The **supermajority vote** for major decisions balances the need for broad support with timely action.
- **Collaborative Governance vs. Centralized Coordination:** While the Steering Committee holds ultimate decision-making power, the Project Director provides centralized leadership to coordinate daily activities and drive actions forward, ensuring alignment with strategic priorities.

OTHER GOVERNANCE STRUCTURE EXAMPLES: BENEFITS AND CHALLENGES

Collaborative Governance Model

Overview: A **collaborative governance model** emphasizes shared leadership and decision-making across all member organizations. Representatives from each organization or sector work together to form a **governing board or steering committee** that is responsible for setting strategic priorities, making decisions, and guiding the Consortium's activities.

How It Works:

- **Shared Decision-Making:** Decisions are made collectively, often by consensus or through a voting process with clearly defined roles for each member.
- **Inclusive Representation:** All member organizations have representation on the governing body, and the structure supports equal input from all parties.
- **Subcommittees & Working Groups:** Specific tasks or projects may be managed by subcommittees or working groups that report back to the main governing board.

Benefits:

- **Inclusivity & Equal Voice:** Ensures that all member organizations or sectors have a voice in decision-making, promoting transparency and collaboration.
- **Cross-Sector Collaboration:** Encourages input from diverse sectors, fostering partnerships and a holistic approach to addressing community behavioral health needs.
- **Collective Ownership & Accountability:** Shared leadership promotes joint responsibility for outcomes and ensures that no single entity dominates the decision-making process.

Challenges:

- **Decision-Making Efficiency:** Collective decision-making can be time-consuming, particularly when achieving consensus among diverse perspectives.
- **Role Clarity:** Ensuring clarity of roles and responsibilities is critical; otherwise, collaborative governance can lead to confusion or overlap in leadership functions.
- **Risk of Dilution of Focus:** With multiple sectors and organizations represented, there is a potential for too broad a focus, leading to challenges in prioritizing strategic initiatives.

Lead Agency Governance Model

Overview: In a **lead agency governance model**, a single organization or agency acts as the main decision-making body and provides **centralized leadership** for the Consortium. While the lead agency coordinates the activities and governance of the BHC, input from other member organizations is incorporated through an advisory board or coalition.

How It Works:

- **Centralized Decision-Making:** The lead agency makes key decisions, manages resources, and drives the Consortium's activities in line with the mission and vision.
- **Advisory Structure:** An advisory board or coalition of member organizations provides input, recommendations, and expertise to guide the lead agency's decisions.
- **Accountability & Leadership Roles:** The lead agency is accountable for ensuring that the goals and priorities of the Consortium are met while seeking input from the advisory group.

Benefits:

- **Efficient Decision-Making:** Centralizing leadership and decision-making with a lead agency can streamline processes and lead to more efficient actions.
- **Clear Roles & Accountability:** The lead agency has clearly defined responsibilities for guiding the Consortium's activities, ensuring alignment with strategic priorities.
- **Focused Implementation:** Having one central body can help maintain a focused approach to initiatives and ensure that resources are used effectively.

Challenges:

- **Potential Imbalance of Power:** There may be concerns over the lead agency having too much authority or disproportionately influencing decisions, which could reduce collaborative input from other members.
- **Limited Cross-Sector Representation:** While an advisory board allows for input, the primary decision-making rests with the lead agency, which may not fully represent the diverse sectors involved in behavioral health.
- **Need for Strong Communication & Inclusion:** To ensure equitable input from all members, the lead agency must maintain open communication channels and actively engage advisory members in decision-making.

FACTORS TO CONSIDER WHEN CHOOSING A GOVERNANCE MODEL

Decision-Making Efficiency vs. Representation:

- Consider the need for **timely decision-making** versus the importance of **ensuring all voices are represented**. A collaborative governance model is more inclusive but can be slower, while a lead agency model is more streamlined but may not be as representative.

Accountability & Leadership:

- Think about the balance between **shared leadership responsibilities** and the desire for a **single point of accountability**. Collaborative governance promotes joint responsibility, while a lead agency provides clear leadership and accountability.

Adaptability & Sector Engagement:

- Evaluate how adaptable each model is to changing needs and how well it engages **diverse sectors and community perspectives**. The collaborative model fosters engagement across all sectors, while the lead agency model relies on the advisory group to represent those sectors.

Alignment with BHC's Mission, Vision, & Strategy:

- Reflect on which model best supports the **goals of the BHC**, including **stigma reduction, harm reduction, prevention, and community empowerment**. The chosen governance model should align with strategic priorities and enhance the BHC's ability to serve Jefferson County effectively.

NEXT STEPS FOR BHC MEMBERS

- **Reflect on Model Fit:** Consider which governance model aligns best with your expectations for collaboration, efficiency, and representation.
- **Discuss Preferences & Concerns:** Share thoughts on how each model might support or hinder the BHC's goals and structure.
- **Identify Key Governance Needs:** Think about specific governance needs, such as decision-making processes, leadership roles, and how to best engage all members in advancing the mission and vision.

BHC Member Overview

Member	Organization	Representative	Sector Represented	BHC Role Description	Interest Represented (Organizational; Sector Expertise; Broader Community Needs)	Exploring Potential Data Contribution
1	Discovery Behavioral Health	Jim Novelli	County Behavioral Health Organization (Mental and Substance use disorder)	Advocates for behavioral health treatment and support services, with a focus on mental health and substance use disorder programs. Provides input on policies that impact service delivery, patient care, and resource allocation.	Primarily sector expertise with a focus on organizational interests. Representatives will bring their in-depth knowledge of behavioral health services to inform discussions on best practices, patient needs, and resource distribution.	<p>Treatment and Service Utilization Data: Number of clients served, types of services provided (e.g., mental health counseling, substance use treatment), and client demographics.</p> <p>Outcomes Data: Metrics on treatment effectiveness, recovery rates, and client satisfaction or quality of life measures post-intervention.</p> <p>Needs Assessment Data: Trends in behavioral health issues presenting at clinics, service gaps, or unmet needs identified through client interactions.</p>
2	Jefferson HealthCare	Mike Glenn/ Dunia Faulx	Hospital - Critical Access Hospital	Provides a healthcare system perspective, particularly in relation to the hospital's role in addressing mental health crises, substance use treatment, and coordination of care across medical services.	Balances both organizational interests and sector expertise. This role is crucial for bridging hospital resources with behavioral health needs and identifying gaps in treatment and community health services.	<p>Emergency Department (ED) & Inpatient Data: Data on mental health and substance use-related ED visits, hospital admissions, and readmissions.</p> <p>Referral Pathways & Follow-Up Data: Information on patients referred to community-based behavioral health services and the effectiveness of follow-up care.</p> <p>Care Coordination Metrics: Success rates and challenges of integrating behavioral health with other healthcare services (e.g., primary care, specialty care).</p>

BHC Member Overview

Member Organization	Representative	Sector Represented	BHC Role Description	Interest Represented (Organizational; Sector Expertise; Broader Community Needs)	Exploring Potential Data Contribution
3 Jefferson County Public Health	Apple Martine/ Barb Jones	Local Health Department	Serves as a public health advocate and liaison, focusing on the intersection of public health policy, prevention strategies, and community health promotion related to behavioral health and substance use.	Sector expertise with a broader focus on community needs. While tied to the organization, the representative focuses on public health initiatives that impact community wellness.	<p>Community Health Indicators: Public health data on mental health, substance use trends, and social determinants of health (e.g., housing instability, income levels, employment rates).</p> <p>Prevention & Outreach Data: Data on the reach and impact of community-based prevention programs, vaccination rates for behavioral health-related conditions (e.g., hepatitis), and harm reduction services (e.g., naloxone distribution).</p> <p>Health Equity Metrics: Disparities in access to behavioral health services across different populations (e.g., by race, age, or geography).</p>
4 Jefferson County Sheriff's Office	Joe Nole / ?Dave Fortino?	Criminal Justice Entity - Law Enforcement (Jail)	Represents the perspective of law enforcement in discussions on behavioral health, focusing on the intersection of mental health crises, public safety, and substance use disorder within the justice system.	Primarily sector expertise with a strong alignment to community needs. The representative's role is to balance enforcement, safety, and community-based solutions for individuals in crisis.	<p>Behavioral Health & Law Enforcement Encounters: Data on calls involving behavioral health crises, substance use, or mental health-related incidents.</p> <p>Crisis Intervention & Jail Data: Information on the use of crisis intervention teams, jail admissions related to behavioral health, length of stay, and linkage to treatment upon release.</p> <p>Diversion Program Outcomes: Effectiveness of diversion programs like mental health courts or drug courts and their impact on reducing recidivism.</p>
5 Port Townsend Police Department	Tom Olson	Criminal Justice Entity - Law Enforcement	Represents the perspective of law enforcement in discussions on behavioral health, focusing on the intersection of mental health crises, public safety, and substance use disorder within the justice system.	Primarily sector expertise with a strong alignment to community needs. The representative's role is to balance enforcement, safety, and community-based solutions for individuals in crisis.	<p>Behavioral Health & Law Enforcement Encounters: Data on calls involving behavioral health crises, substance use, or mental health-related incidents.</p> <p>Crisis Intervention & Jail Data: Information on the use of crisis intervention teams, jail admissions related to behavioral health, length of stay, and linkage to treatment upon release.</p> <p>Diversion Program Outcomes: Effectiveness of diversion programs like mental health courts or drug courts and their impact on reducing recidivism.</p>

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6 Jefferson County Therapeutic Courts	Brandon Mack/ Rebecca Marriott	Criminal Justice - Drug Court (Mental Health? Family?)	Provides insight into the legal aspects of behavioral health, including drug courts, defense, and prosecution. Helps to develop programs and policies that address behavioral health within the criminal justice framework.	Sector expertise with strong ties to organizational interests. These representatives advocate for legal reforms, therapeutic court processes, and supportive services that address behavioral health.	<p>Court-Related Behavioral Health Data: Number and types of cases involving behavioral health disorders, outcomes of cases (e.g., sentencing to treatment programs vs. incarceration).</p> <p>Program Participation & Success Rates: Data on client participation in therapeutic courts, compliance rates, and program success metrics (e.g., reduced substance use, improved mental health).</p> <p>Legal Barriers & Challenges: Insights into barriers faced by individuals with behavioral health needs within the legal system (e.g., access to legal counsel, housing post-release).</p>
7 Defender's Office	Richard Davies	Criminal Justice - Defense	Provides insight into the legal aspects of behavioral health, including drug courts, defense, and prosecution. Helps to develop programs and policies that address behavioral health within the criminal justice framework.	Sector expertise with strong ties to organizational interests. These representatives advocate for legal reforms, therapeutic court processes, and supportive services that address behavioral health.	<p>Court-Related Behavioral Health Data: Number and types of cases involving behavioral health disorders, outcomes of cases (e.g., sentencing to treatment programs vs. incarceration).</p> <p>Program Participation & Success Rates: Data on client participation in therapeutic courts, compliance rates, and program success metrics (e.g., reduced substance use, improved mental health).</p> <p>Legal Barriers & Challenges: Insights into barriers faced by individuals with behavioral health needs within the legal system (e.g., access to legal counsel, housing post-release).</p>

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8 Prosecutor's Office	James Kennedy	Criminal Justice - Prosecutor	Provides insight into the legal aspects of behavioral health, including drug courts, defense, and prosecution. Helps to develop programs and policies that address behavioral health within the criminal justice framework.	Sector expertise with strong ties to organizational interests. These representatives advocate for legal reforms, therapeutic court processes, and supportive services that address behavioral health.	<p>Court-Related Behavioral Health Data: Number and types of cases involving behavioral health disorders, outcomes of cases (e.g., sentencing to treatment programs vs. incarceration).</p> <p>Program Participation & Success Rates: Data on client participation in therapeutic courts, compliance rates, and program success metrics (e.g., reduced substance use, improved mental health).</p> <p>Legal Barriers & Challenges: Insights into barriers faced by individuals with behavioral health needs within the legal system (e.g., access to legal counsel, housing post-release).</p>
9 Quilcene Fire Department District #2	Tim McKern	District Emergency Medical Service Entity	Represents the emergency medical perspective on behavioral health crises, focusing on immediate response, crisis intervention, and coordinated care between EMS and healthcare providers.	Sector expertise with community-oriented needs. Their role is centered on providing emergency services and ensuring continuity of care for individuals experiencing behavioral health emergencies.	<p>Crisis Response Data: Volume and nature of calls for behavioral health crises, overdose responses, and substance use incidents.</p> <p>Response Time & Intervention Data: Data on EMS response times, use of interventions like naloxone, and transport outcomes (e.g., hospital admission, stabilization in the field).</p> <p>Training & Coordination Metrics: Information on the training of EMS personnel in mental health crisis intervention and collaboration with other services (e.g., co-response teams with behavioral health professionals).</p>

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10	Brinnon Fire Department District #4 Tim Manly	District Emergency Medical Service Entity	Represents the emergency medical perspective on behavioral health crises, focusing on immediate response, crisis intervention, and coordinated care between EMS and healthcare providers.	Sector expertise with community-oriented needs. Their role is centered on providing emergency services and ensuring continuity of care for individuals experiencing behavioral health emergencies.	<p>Crisis Response Data: Volume and nature of calls for behavioral health crises, overdose responses, and substance use incidents.</p> <p>Response Time & Intervention Data: Data on EMS response times, use of interventions like naloxone, and transport outcomes (e.g., hospital admission, stabilization in the field).</p> <p>Training & Coordination Metrics: Information on the training of EMS personnel in mental health crisis intervention and collaboration with other services (e.g., co-response teams with behavioral health professionals).</p>
11	East Jefferson Fire and Rescue District #1 Bret Black	District Emergency Medical Service Entity	Represents the emergency medical perspective on behavioral health crises, focusing on immediate response, crisis intervention, and coordinated care between EMS and healthcare providers.	Sector expertise with community-oriented needs. Their role is centered on providing emergency services and ensuring continuity of care for individuals experiencing behavioral health emergencies.	<p>Crisis Response Data: Volume and nature of calls for behavioral health crises, overdose responses, and substance use incidents.</p> <p>Response Time & Intervention Data: Data on EMS response times, use of interventions like naloxone, and transport outcomes (e.g., hospital admission, stabilization in the field).</p> <p>Training & Coordination Metrics: Information on the training of EMS personnel in mental health crisis intervention and collaboration with other services (e.g., co-response teams with behavioral health professionals).</p>
12	Believe In Recovery/Gate way to Freedom Gabbie Caudill	Behavioral Health Organization (Mental and Substance use disorder)	Advocates for behavioral health treatment and support services, with a focus on mental health and substance use disorder programs. Provides input on policies that impact service delivery, patient care, and resource allocation.	Primarily sector expertise with a focus on organizational interests. Representatives will bring their in-depth knowledge of behavioral health services to inform discussions on best practices, patient needs, and resource distribution.	<p>Treatment and Service Utilization Data: Number of clients served, types of services provided (e.g., mental health counseling, substance use treatment), and client demographics.</p> <p>Outcomes Data: Metrics on treatment effectiveness, recovery rates, and client satisfaction or quality of life measures post-intervention.</p> <p>Needs Assessment Data: Trends in behavioral health issues presenting at clinics, service gaps, or unmet needs identified through client interactions.</p>

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13	Dove House Recovery Café Brian Richardson	Community Recovery Environment Organization	Focuses on supporting individuals in recovery through community-based programs, peer support, and safe environments that encourage behavioral health and substance use recovery.	Sector expertise with a strong focus on organizational interests. They represent the needs of those in recovery, emphasizing community integration and support services.	<p>Peer Support & Recovery Service Data: Data on the reach and impact of peer support programs, community recovery spaces, and transitional support services.</p> <p>Housing & Support Service Outcomes: Metrics on the provision of supportive housing, stability rates among clients, and connections to other behavioral health services.</p> <p>Community-Based Recovery Trends: Trends in substance use recovery, relapse prevention efforts, and the needs of clients served within community-based environments.</p>
14	County Medical Program Director David Carlbom	County Emergency Medical Service	Provides medical oversight for county-level programs and services related to behavioral health. Works to ensure that medical policies and practices align with best practices for treatment and recovery.	Sector expertise with a broad focus on both organizational oversight and community health. This representative ensures the medical integrity of behavioral health programs.	<p>County-Wide Medical & Behavioral Health Integration Data: Metrics on how behavioral health is integrated into broader county health services, coordination between medical services, and outcomes.</p> <p>Healthcare Access & Service Gaps: Data on where residents experience gaps in care (e.g., lack of services in certain areas, waiting times for treatment).</p> <p>Policy & Program Effectiveness Metrics: Data that tracks the effectiveness of county-level policies on improving behavioral health outcomes. Metrics on how behavioral health is integrated into broader county health services, coordination between medical services, and outcomes.</p> <p>Healthcare Access & Service Gaps: Data on where residents experience gaps in care (e.g., lack of services in certain areas, waiting times for treatment).</p> <p>Policy & Program Effectiveness Metrics: Data that tracks the effectiveness of county-level policies on improving behavioral health outcomes.</p>

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15 OlyCAP	Heidi Morgan/ Viola Ware	Housing Assistance	Provides input on housing needs, youth recovery programs, and services that address the social determinants of health related to mental health and substance use.	Primarily organizational interests with strong sector expertise. The representative focuses on housing stability, recovery environments, and wraparound services for vulnerable populations.	<p>Housing Stability & Behavioral Health Data: Data on clients served through housing programs, connections between housing stability and mental health/substance use outcomes.</p> <p>Wraparound Service Metrics: Metrics on the effectiveness of housing plus supportive services (e.g., case management, counseling) for individuals with behavioral health needs.</p> <p>Housing Gaps & Barriers: Insights into the availability of housing for specific populations (e.g., youth, families), barriers to accessing stable housing, and unmet needs.</p>
16 OWL 360 (The Nest/Pfeiffer/Parliament House)	Kelli Parcher	Community Youth Housing & Recovery Environment	Provides input on housing needs, youth recovery programs, and services that address the social determinants of health related to mental health and substance use.	Primarily organizational interests with strong sector expertise. The representative focuses on housing stability, recovery environments, and wraparound services for vulnerable populations.	<p>Housing Stability & Behavioral Health Data: Data on clients served through housing programs, connections between housing stability and mental health/substance use outcomes.</p> <p>Wraparound Service Metrics: Metrics on the effectiveness of housing plus supportive services (e.g., case management, counseling) for individuals with behavioral health needs.</p> <p>Housing Gaps & Barriers: Insights into the availability of housing for specific populations (e.g., youth, families), barriers to accessing stable housing, and unmet needs.</p>

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17	Salish Behavioral Health - Adm Svcs Org Jolene Kron	Behavioral Health Crisis & State Funded non-medicaid & Opioid Action Committee	Represents state-funded programs, crisis response, and initiatives related to opioid and other substance use, providing a policy and administrative perspective on the allocation of resources and service provision.	Sector expertise focused on aligning state resources with community needs. This role emphasizes leveraging state funding and programs to address local behavioral health priorities.	<p>Crisis Response & Service Utilization Data: Information on crisis hotline calls, mobile crisis team dispatches, and outcomes of crisis interventions.</p> <p>Funding & Resource Allocation Metrics: Data on how state-funded behavioral health resources are distributed and their impact on meeting community needs.</p> <p>Outcome Measures for State Programs: Effectiveness of state-funded programs (e.g., non-Medicaid services) in improving mental health, reducing substance use, and supporting community resilience.</p>
18	National Alliance on Mental Illness Patrick Johnson	Community Mental Health Organization	Advocates for mental health services and support, providing input on policy, education, and community programs that address the needs of those with mental illness.	Community needs and perspective. This role is critical for providing insights from those directly impacted by behavioral health services, offering a voice that might otherwise be underrepresented.	<p>Education & Advocacy Metrics: Data on the reach and impact of community mental health education, support groups, and advocacy efforts.</p> <p>Stigma Reduction & Community Support Trends: Insights into community attitudes towards mental health and the impact of programs aimed at reducing stigma.</p> <p>Client & Family Experience Data: Feedback and data on the experiences of individuals and families navigating the behavioral health system, highlighting challenges and successes.</p>
19	Other ?	Lived Experience	Offers a personal perspective on mental health and substance use issues, representing those with lived experience in recovery or treatment. Ensures that policies and programs are grounded in real-life experiences and needs.	Community needs and perspective. This role is critical for providing insights from those directly impacted by behavioral health services, offering a voice that might otherwise be underrepresented.	<p>First-Hand Experience Data: Qualitative data on the lived experience of mental health challenges, substance use, and navigating the behavioral health system.</p> <p>Barriers & Access Insights: Insights into challenges faced when seeking services, including system gaps, stigma experiences, and effective support strategies.</p> <p>Community Impact Stories: Real-life stories that demonstrate the impact of behavioral health services, programs, and policies on individual and community well-being.</p>