



BHC'S 12/12/2024 DISCUSSION RE: BHC AND BHAC COLLABORATION

The group debated the best ways to strengthen collaboration between the Behavioral Health Consortium (BHC) and the Behavioral Health Advisory Committee (BHAC) while addressing concerns about transparency and independence.

HIGHLIGHTS

Transparency vs. Deliberation

- Some members expressed unease about the BHAC observing internal consortium discussions that might expose disagreements or evolving strategies.
- A bi-directional accountability framework was proposed, where representatives would share key updates without compromising deliberative freedom.

Role Description for Representatives

- The need for concise, actionable descriptions of cross-representation roles was highlighted.
- Representatives should provide brief updates at their home table, ensuring consistency and avoiding overburdening individuals.

Concerns about Duplication

- Several members questioned whether BHC and BHAC roles overlapped excessively, suggesting potential inefficiencies.
- Others defended the distinction, noting that BHC focuses on broader collaboration while BHAC allocates specific funding streams.

STARTER DRAFT: ACTIONABLE DESCRIPTION FOR CROSS-REPRESENTATION ROLES

The cross-representational role between the Behavioral Health Consortium (BHC) and the Behavioral Health Advisory Committee (BHAC) serves as a bridge to foster collaboration and ensure strategic alignment. This role is tasked with:

Communication and Representation:

- Attending respective meetings of the BHC and BHAC to share relevant updates, priorities, and decisions.
- Acting as a liaison to provide context and insight from one entity to the other.
- Preparing and delivering concise, 5-10 minute updates during meetings to ensure all members are informed.

Collaboration:

- Encouraging alignment between the consortium-driven initiatives of the BHC and the funding-driven mandates of the BHAC.
- Promoting transparency while respecting the autonomy and deliberative processes of both entities.

Accountability:

- **Taking notes and documenting discussions pertinent to shared goals.**
- **Ensuring the integrity of information shared and maintaining confidentiality when needed.**

Guidance:

- Highlighting opportunities for joint strategic planning, co-investment, or shared projects.
- Facilitating productive discussions on mutual priorities without compromising the independence of each entity.

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CLARIFYING THE DISTINCTION BETWEEN BHC'S VOTING ROLE AND CROSS-REPRESENTATIONAL ROLE

- The BHC's role as a voting member on the BHAC involves actively participating in decision-making processes tied to funding allocations, program priorities, and resource distribution, aligning with the BHAC's administrative goals.
- In contrast, the cross-representational role is non-voting and focuses on ensuring the flow of information, strategic alignment, and collaboration between the two entities. It is primarily an advisory and communicative function to bridge the operational and strategic objectives of the BHC and BHAC.

EXPLORING COUNTY FUNDING ELIGIBILITY

The question of whether Behavioral Health Advisory Committee (BHAC) funding should require Behavioral Health Consortium (BHC) membership is a worthy topic of exploration. Currently, organizations not represented at the BHC table are eligible for BHAC-administered funding through processes like Requests for Proposals (RFPs). However, participation in the BHC strengthens an organization's understanding of county priorities, fosters collaboration, and ensures funded projects align with community-wide behavioral health goals.

To address this issue comprehensively, the following section explores both sides of the debate, highlighting the strengths and challenges of each approach. Building on these insights, a "middle path" has been articulated to balance inclusivity with accountability. This middle path forms the foundation of what is reflected in the starter draft of an MOU document, ensuring equitable participation, robust collaboration, and alignment with Jefferson County's behavioral health priorities.

EXPLORING BHAC FUNDING OF NON-BHC ORGANIZATIONS WITHOUT REQUIRING BHC MEMBERSHIP

STRENGTHS

▪ **Inclusivity and Accessibility**

- Allows a broader range of organizations, including smaller or emerging providers, to apply for funding without the added burden of mandatory participation.
- Encourages innovation by welcoming non-traditional or niche service providers who may not yet be engaged with the BHC.
- Avoids unintentionally excluding organizations that may not have the administrative capacity or bandwidth for formal participation.

▪ **Encourages Flexibility:**

- Avoids creating additional administrative requirements for organizations, particularly those that are already resource-constrained.
- Maintains an open and equitable funding process, emphasizing the quality and impact of proposals over membership status.
- Allows funded organizations to collect and share data according to the requirements of specific funding agreements without tying them to broader BHC-led metrics.

▪ **Avoids Perceptions of Bureaucracy:**

- Keeps the focus on funding projects that meet community needs, rather than enforcing procedural requirements.



- Reduces the risk of alienating organizations that may perceive BHC membership or its data-sharing expectations as overly time-consuming or administratively burdensome.

CHALLENGES

▪ **Misaligned Priorities:**

- Lack of participation in the BHC could result in projects that are misaligned with county-wide priorities, leading to duplication of services or gaps in coverage.
- Non-BHC organizations may develop proposals without access to the consortium's collective data, missing opportunities to address critical needs identified through shared metrics.

▪ **Reduced Collaboration Opportunities:**

- Organizations might miss the benefits of collaboration and capacity-building offered through BHC engagement, such as strategic partnerships and shared learning.
- Limited engagement with the BHC could lead to siloed approaches that weaken the systemic impact of county-wide behavioral health initiatives.

▪ **Weak Data Integration:**

- Without engagement in BHC discussions, non-member organizations may not have access to the consortium's unified data metrics, limiting their ability to understand and integrate project outcomes into county-wide evaluations.
- Lack of alignment with shared metrics may make it harder for the county to evaluate overall system performance and identify service gaps effectively.

EXPLORING A CASE FOR REQUIRING BHC MEMBERSHIP TO OBTAIN BHAC FUNDING

STRENGTHS

Collaboration Enhances Community Outcomes:

- Fosters shared learning, partnership, and coordination, aligning with the BHC's mission to lead cross-sector collaboration.
- Provides access to collective expertise, resources, and county-wide data, improving the strategic impact of funded projects.
- Participation ensures alignment on shared data metrics, facilitating better integration and collaboration across providers.

Alignment with County-Wide Goals

- Ensures funded projects align with real-time community needs and strategic priorities identified collaboratively at the BHC table.
- Promotes efficiency and coherence across initiatives, reducing duplication of efforts and addressing service gaps through informed data-sharing practices.
- Unified metrics enhance the alignment of project outcomes with overarching county goals, increasing systemic impact.

Equitable Resource Distribution

- Strengthens equity in resource allocation by ensuring all applicants contribute to discussions on county-wide priorities and shared data initiatives.
- Encourages fair decision-making through collective input informed by **comprehensive data, reducing the potential for bias in funding allocation.**

Transparency and Accountability

- Promotes open discussions and a shared understanding of funding priorities through participation in BHC meetings and initiatives.
- Supports transparent governance by integrating shared metrics into decision-making processes, ensuring accountability for both funders and recipients.

Enhanced Data Sharing and Metrics

- Participation in the BHC fosters the development of shared metrics and unified data collection systems, providing a comprehensive view of the county's behavioral health landscape.

- Shared data improves decision-making, helps identify service gaps, and strengthens grant applications by presenting a cohesive, county-wide narrative.
- Centralized metrics ensure funded projects contribute to collective evaluation efforts, enabling a stronger impact analysis across the system.

Resilient Behavioral Health Network:

- Builds relationships among service providers, fostering collaboration and strengthening the county's behavioral health system.
- Enhances adaptability by creating a unified and cohesive network capable of addressing complex and evolving challenges, informed by shared data insights.

CHALLENGES**Potential Barriers for Smaller Organizations:**

- Participation requirements may strain smaller or resource-limited organizations, particularly if they lack capacity to engage fully in meetings or contribute to shared data efforts.
- Data-sharing obligations, while valuable, may be seen as an added administrative burden for organizations with limited resources.

Perception of Bureaucracy:

- Mandatory participation may be viewed as an unnecessary administrative burden, discouraging engagement from some providers.
- The integration of data-sharing expectations into funding eligibility might amplify perceptions of inflexibility or over-regulation.

Risk of Reduced Innovation:

- Exclusive focus on BHC membership might inadvertently limit participation from non-traditional or niche service providers with innovative solutions.
- Smaller or newer organizations may struggle to navigate the data-sharing and metric alignment requirements, potentially stifling creative approaches to addressing behavioral health needs.

Potential for Duplicative Requirements:

- Overlapping commitments between the BHC and other consortia may lead to “meeting fatigue” for members, diluting their overall engagement.
- The added layer of data-sharing expectations, while beneficial for systemic impact, may feel duplicative for organizations already reporting to other funders or regulatory bodies.

BRIDGING FROM "FOR AND OPPOSED" VIEWS TO A "MIDDLE PATH"

The discussions on requiring BHC membership for BHAC funding highlight two valid perspectives: the need for inclusivity and flexibility versus the benefits of alignment, collaboration, and accountability. A "middle path" seeks to integrate these viewpoints by balancing the strengths of both approaches while addressing their challenges. The MOU proposes a balanced approach that emphasizes inclusivity while maintaining accountability. By introducing a **Non-Voting Observer Membership Role**, the MOU ensures all organizations, regardless of size or resource constraints, can participate meaningfully in county-wide discussions without the burden of full membership.

Simultaneously, **requiring all BHAC funding recipients to contribute data to the BHC supports a unified framework for behavioral health metrics, fostering transparency and alignment with county priorities.** This "middle path" strengthens the collaborative fabric of Jefferson County's behavioral health system, ensuring that funding processes remain equitable, inclusive, and strategically aligned.

PROPOSED MIDDLE PATH: LEVERAGING NON-VOTING OBSERVER MEMBERSHIP

1. **Inclusivity and Accessibility:**

Non-voting observer membership offers an avenue for organizations to engage with the BHC without committing to full membership. This role ensures smaller or resource-limited organizations can remain eligible for BHAC funding while accessing valuable information and opportunities for collaboration.

2. **Transparency and Alignment:**

Observer membership facilitates alignment with county-wide behavioral health priorities by granting access to discussions, documents, and collective insights without imposing the administrative burden of full participation. This promotes transparency and ensures that projects funded by BHAC are informed by community-wide goals.

3. **Encouraging Collaboration Without Mandates:**

The observer role provides a bridge for organizations that prefer independence, allowing them to network and collaborate on their terms while benefiting from the consortium's collective resources and strategic insights.

4. **Pathway to Full Engagement:**

Observer membership serves as a flexible steppingstone, allowing organizations to explore the value of deeper involvement. Over time, as they experience the benefits of participation, they may transition to full membership and contribute more actively to the consortium's mission.

FRAMING THE MOU AROUND THE MIDDLE PATH

To incorporate this middle path into the MOU:

- **Eligibility Requirement:** State that applicants for BHAC funding must demonstrate engagement with the BHC, either through full membership or non-voting observer membership. This ensures inclusivity while fostering accountability.
 - **Observer Membership Benefits:** Highlight how this role addresses capacity concerns for smaller organizations, avoids bureaucracy, and ensures alignment with county priorities.
 - **Collaboration Focus:** Position the BHC as a collaborative space that complements direct partnerships, reinforcing its value as a convening table for addressing system-wide challenges.
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HOW THIS SUPPORTS ADDRESSING CURRENT MEMBERS QUESTIONING THE NEED FOR THE BHC

For members questioning the need for the BHC:

- Emphasizes the flexibility of participation through the observer role, showing respect for their autonomy while keeping them engaged.
- Highlight the added value of the BHC in fostering collective influence, supporting shared data metrics, and amplifying the impact of individual collaborations.