

Zoom Call in: <https://us06web.zoom.us/j/82550926933?pwd=sNyALq3xS4lGJbQbFeUOOaEVXot1jd.1>

Welcome and Opening Context (3:00 – 3:05 PM)

- Meeting goals: Collaborative discussion of survey feedback and alignment on next steps.

Survey Feedback Highlights (3:05 – 3:15 PM)

Key insights from the survey:

- Governance Model: Strong preference for the Hybrid Model; recommendations for leadership transitions and formal policies.
- Voting Model: Hybrid Voting Model preferred; need for clarity through examples.
- Member Roles: Progress update on role reviews; ongoing refinements.
- Cross-Representation and MOU: Recommendations for role descriptions and reporting protocols.
- Metrics Development: Identified priorities; work to resume in 2025.

Governance and Voting Models Discussion (3:15 – 3:30 PM)

- Governance Model: Refinements for leadership transitions and policy clarity.
- Voting Model: Practical examples for decision-making scenarios.
- Open discussion for additional feedback.

Member Roles and BHAC-BHC Relationship (3:30 – 3:45 PM)

- Member Roles: Progress update and discussion on ongoing refinements.
- Cross-Representation and MOU:
 - Role descriptions for representatives between BHC and BHAC.
 - Balancing transparency and collaboration.

Wrap-Up and Next Steps (3:45 – 4:00 PM)

- Recap of key takeaways.
- Next steps:
 - Refine governance, voting, and role descriptions.
 - Begin MOU development and revisit metrics in the new year.
- Next BHC meeting: February 13, 2025

SURVEY FEEDBACK SUMMARY AND RECOMMENDATIONS

Governance Model Feedback

The **governance model discussion** reflected strong support for the Hybrid Model, which combines elements of collaborative decision-making and organizational structure. Respondents emphasized the need for well-defined roles and responsibilities to ensure efficiency and equity. Some members highlighted the importance of structured leadership transitions, suggesting a time-limited approach with overlapping terms for continuity. This reflects a broader desire for thoughtful, transparent governance processes that empower members to engage meaningfully while ensuring long-term stability.

Recommendation:

- Adopt the Hybrid Model with refinements to address leadership transitions.
- Develop guidelines for time-limited lead roles with structured overlap (e.g., Lead #1 serves two years, Lead #2 transitions as Assistant Lead in year two).
- Formalize governance policies to define roles, quorum requirements, and decision-making thresholds.

Voting Model Feedback

On **voting models**, the Hybrid approach was again the preferred choice. Members appreciated its balance of inclusivity and practicality but raised questions about implementation, particularly how voting weight might be distributed and how decisions could accommodate diverse organizational interests. Some members also expressed concerns about the process for adding or removing voting members and the potential challenges of maintaining accountability in a dynamic consortium. These comments underscore a need for clearer examples of how voting would function in real-world scenarios to build confidence in the proposed systems.

Recommendation:

- Move forward with the Hybrid Voting Model while addressing concerns about representation and fairness.
- Create examples of decision-making scenarios in the Hybrid and Collaborative models to demonstrate practical implementation.
- Develop clear policies for adding and removing voting members and consider vote-by-proxy options for flexibility.

Member Roles Feedback

The feedback on **member roles** revealed varying levels of understanding and engagement with the descriptions provided. Of the 18 members, **15 have completed their Member Role reviews, 2 are in the process of finalizing edits, and 1 has not yet responded.** While many members found the descriptions helpful, others noted a need for greater specificity, as well as a desire to have their Board review the role description. Members generally agreed that role descriptions should remain flexible and collaborative, evolving to reflect the Consortium's needs and member expertise.

Recommendation:

- Encourage remaining members to use the existing role descriptions as starting points, rather than prescriptive drafts, for developing specific responsibilities.
- Schedule follow-up discussions to clarify roles for organizations with unique or complex functions, such as Crisis Response.
- Establish role refinement as an ongoing process, updating descriptions as the Consortium's needs evolve, and adding a section on data as the Consortium gains clarity on the collaborative and/or collective metrics to be tracked.

BHAC-BHC MOU Feedback

In discussions about the **BHAC-BHC MOU**, members acknowledged the potential benefits of stronger collaboration between the two groups. However, concerns were raised about transparency and vulnerability. One respondent expressed unease about the BHAC gaining access to the “messiness” of internal Consortium operations, particularly as the BHC continues to refine its systems and processes. This comment highlights a tension between the desire for collaboration and the need for the Consortium to project cohesion and competence in external relationships. Members also suggested that regular reporting between the BHAC and BHC should be bidirectional to ensure accountability and alignment without compromising internal dynamics.

Recommendation:

- Address transparency concerns by formalizing cross-reporting protocols between BHAC and BHC.
- Create reporting templates that outline the scope of shared information, ensuring consistency while safeguarding internal operations.
- Continue refining the MOU with member input to strike a balance between collaboration and strategic discretion.

Cross-Representation Between BHC and BHAC

One **significant suggestion** was the need for greater direction and structure regarding representation at the BHC and BHAC. Members raised questions about how BHC representatives to the BHAC are selected, how they can effectively collect and disseminate information to the broader BHC membership, and how their responsibilities should be articulated to ensure consistency and accountability. A draft role description was recommended for BHC representatives to the BHAC, with the same requested of the BHAC for their representative to the BHC. This feedback highlights the importance of formalizing processes for cross-representation to ensure alignment and transparency between the two groups.

Recommendation:

- Draft and formalize role descriptions for BHC representatives to the BHAC and vice versa.
- Specify processes for collecting and disseminating information between the two groups, including expectations for regular reporting.
- Include these role descriptions as part of the governance policies to ensure consistency and accountability.

BHAC-BHC MOU Feedback

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Recommendation:

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- Create reporting templates that outline the scope of shared information, ensuring consistency while safeguarding internal operations.
- Continue refining the MOU with member input to strike a balance between collaboration and strategic discretion.

Metrics Development Feedback

Feedback on **metrics development** pointed to a strong interest in tracking outcomes such as access to services, crisis response, and coordination efforts. However, members also identified challenges, including inconsistent data collection practices across organizations and the risk of duplicating efforts. Respondents emphasized the importance of integrating qualitative data and community input to complement quantitative metrics, ensuring a holistic approach to measuring success. These insights reinforce the need for a shared framework that balances rigor with flexibility, supporting both operational goals and community impact.

Recommendation:

- Continue the exploration of the priority metrics after the New Year.
- Set goal and plan to develop a shared framework for data collection that includes standardized definitions and avoids duplication.
- Include qualitative measures and community feedback to provide a comprehensive view of impact.

General Feedback

Throughout the survey, members generally appreciated the opportunity to provide input, particularly on complex issues requiring thoughtful deliberation. The surveys are designed to streamline conversations and ensure that all members—whether present or not—can contribute their perspectives. One member raised concerns about the alignment between surveys and meeting discussions, suggesting there may be overlapping content. This feedback underscores the importance of using surveys as a complementary tool to meetings, ensuring that each serves a distinct purpose in the decision-making process.

Recommendation:

- Reaffirm the role of surveys in streamlining discussions by capturing input from members as their perspective evolves from one meeting to the next on complex topics, and those who may be unable to attend meetings where these topics have been discussed.
- Encourage members to share suggestions for improving the process to enhance engagement and avoid redundancy.

SURVEY PARTICIPANTS

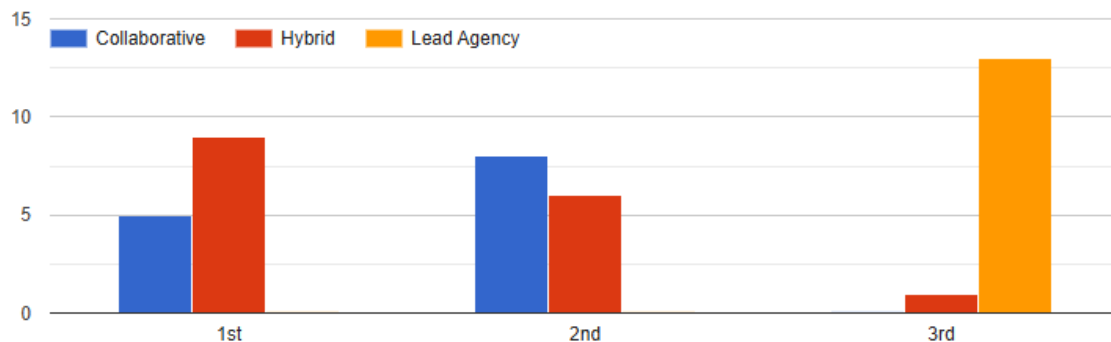
- Kelli Parcher, OWL360
- Rebecca Marriott, Therapeutic Court
- Greg Brotherton, County Commissioner
- Jolene Kron, SBH-ASO
- David Carlbom, Cty Medical Program Dir
- Brian Richardson, Recovery Café
- Tim McKern, Quilcene Fire
- Jim Novelli, DBH
- Dunia Faulx, JHC
- Bret Black, EJFR
- Patrick Johnson, NAMI
- Joe Nole, JCSO
- Apple Martine, JCPH
- Tim Manly, Brinnon Fire

GOVERNANCE MODEL VOTES-TO-DATE & FEEDBACK

Section 2 of 7: Governance Models

2.1: Please rank the following Governance models in order of preference (1 = most preferred, 3 = least preferred).

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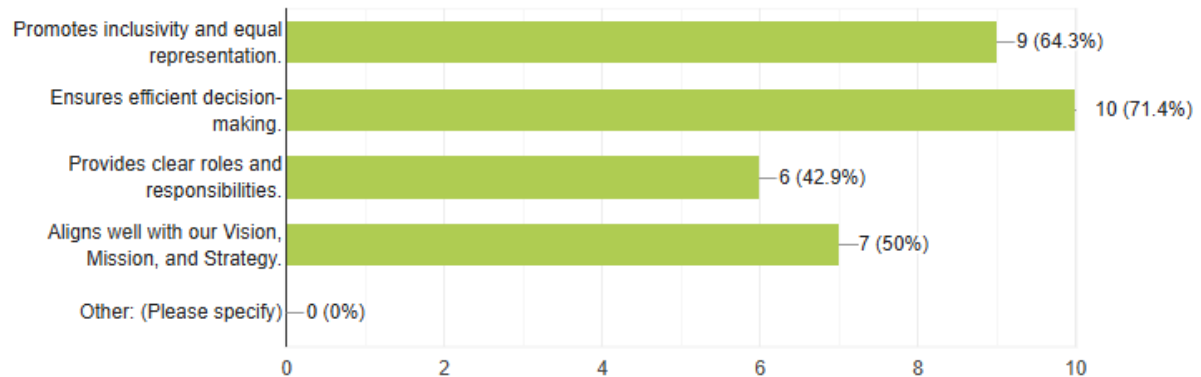
Organization & Voted Governance Model / HAVE NOT VOTED

- OWL360 - Hybrid
- SBH-ASO - Hybrid
- County Medical Program Dir – Hybrid
- JCPH - Hybrid
- Brinnon Fire - Hybrid
- DBH - Hybrid
- JHC - Hybrid
- EJFR - Hybrid
- NAMI - Hybrid
- JCSO – Collaborative
- Therapeutic Court - Collaborative
- County Commissioner - Collaborative
- Dove House/Recovery Café - Collaborative
- Quilcene Fire - Collaborative
- OlyCAP (Hybrid as of 11/14)
- PTPD (Collaborative as of 11/14)
- Believe in Recovery (Unknown)
- Defense (Unknown)
- Prosecutor (Unknown)

2.2: What is the primary reason for your top-ranked Governance model? (Select all that apply)

[Copy chart](#)

14 responses



Hybrid Governance Model Refinements

- Clearly defined standard operating procedures including roles and responsibilities (Kelli Parcher)
- Clear expectations. Also introduce time-limited terms for 'lead' roles with a structured overlap for continuity. For example, Lead #1 serves for two years, and Lead #2 transitions into an 'Assistant Lead' role starting in year one of Lead #1's term, creating a one-year overlap for smooth handoff. (David Carlbom)
- Identifying roles for each agency's part in governance. How many sit at the table. (Jim Novelli)
- We will need to make very specific operating points about the details of this model. How many people need to be present to make decisions, are there specific agencies that are "must-haves", how early in advance we need warnings about meetings, etc. (Dunia Faulx)
- Quarterly meetings, with more concise roles, such as chair, etc. (Bret Black)
- Add details to clarify roles. (Patrick Johnson)
- Identification of alternates should a voting member need to be absent. (Apple Martine)
- To make the policy Influence governance model more effective for the Behavioral Health Council, several refinements and considerations are necessary. (Tim Manly)
 - Ensuring diverse and inclusive sector representation is essential to incorporate perspectives from underserved and marginalized communities, which can be achieved through targeted outreach and engagement efforts.
 - Structured frameworks for collaborative decision-making should be established to ensure that all voices are valued and integrated into the policy-shaping process.

- Providing training and resources to council members can enhance their capacity to advocate for their sectors, interpret policy implications, and contribute meaningfully to strategic planning.
- Transparent communication mechanisms, such as regular updates on policy developments and progress, are crucial for maintaining community trust and alignment.
- Data-driven decision-making, guided by community assessments and program evaluations, ensures policies are responsive to real-time needs and have measurable impact.
- Additionally, regular reviews of sector contributions should align with the BHC's Vision, Mission, and strategic goals to promote cohesion and avoid siloed efforts.
- Finally, clear roles, responsibilities, and accountability measures will ensure sustained commitment and active participation. These refinements will strengthen the Policy Influence model, enabling the BHC to advance its mission and improve behavioral health outcomes across Jefferson County.

Collaborative Governance Model Refinements

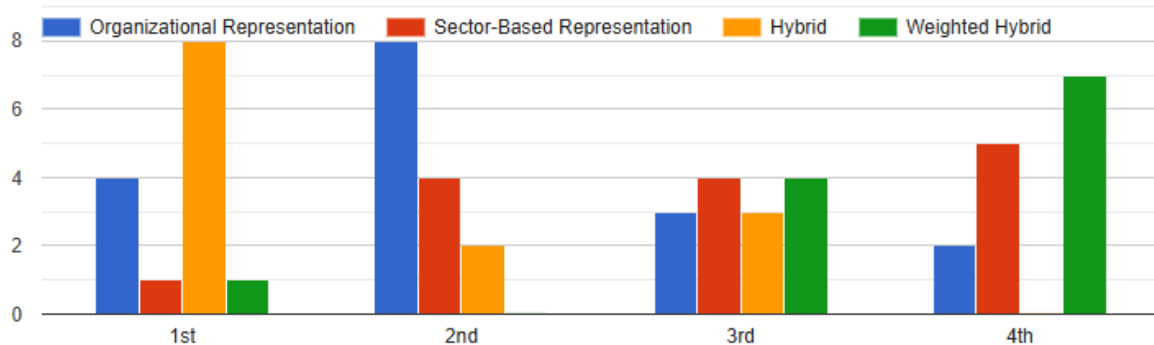
- Define Clear roles (Rebecca Marriott)
- It is more work and requires agreement on group dynamic conventions (Greg Brotherton)
- Provide multiple methods by which folks can participate. Some excel in a group setting and freely share, others do better with polls in-meeting, surveys, one-on-one, etc. There is strength in diversity and I wouldn't want to miss someone's valuable contributions. (Brian Richardson)
- We want to look at things from a 60,000 feet and not 10,000 own agendas (Tim McKern)
- Buy in from some of the other members. (Joe Nole)

VOTING MODEL – VOTES-TO-DATE & FEEDBACK

3 of 7: Voting Models

3.1: Please rank the following Voting models in order of preference (1 = most preferred, 4 = least preferred).

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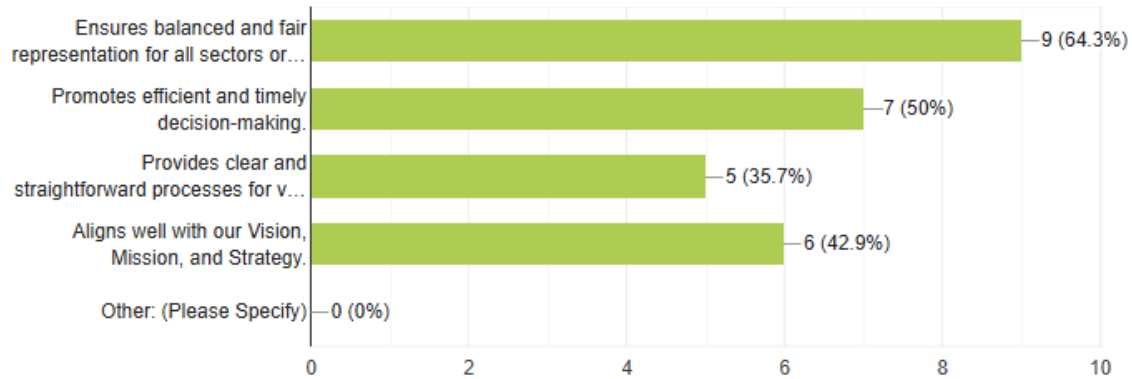
Organization & Voting Model Chosen / HAVE NOT VOTED

- Therapeutic Court - Hybrid
- County Commissioner - Hybrid
- Dove House/Recovery Café - Hybrid
- SBH-ASO - Hybrid
- County Medical Program Dir – Hybrid
- Brinnon Fire - Hybrid
- DBH - Hybrid
- NAMI - Hybrid
- OWL360 - Organizational
- JCSO – Organizational
- EJFR - Organizational
- Quilcene Fire – Organizational
- JHC – Sector-based
- JCPH – Weighted Hybrid
- OlyCAP (Hybrid as of 11/14)
- PTPD (Organizational as of 11/14)
- Believe in Recovery (Organizational as of 11/14)
- Defense (Unknown)
- Prosecutor (Unknown)

3.2: What is the primary reason for your top-ranked Voting model? (Select all that apply)

[Copy chart](#)

14 responses



Hybrid Voting Model Refinements

- Examples (Rebecca Marriott)
- May require some clarity around how voting members can be added or removed if organizations/people change. (Brian Richardson)
- How to determine representation at the table. (Jim Novelli)
- Vote by Proxy (Bret Black)
- To make the policy model more effective for the BHC, policies should be:
 - rooted in data from community assessments and aligned with the BHC's Vision, Mission, and strategic goals.
 - Clear processes for stakeholder engagement and impact evaluation are essential to ensure inclusivity, adaptability, and measurable success.
 - Transparent communication about policy objectives and progress will build trust and accountability.

These refinements will enhance the model's ability to improve behavioral health outcomes across Jefferson County (Tim Manly)

Organizational Voting Model Refinements

- Organizational: SOPs (Kelli Parcher)
- Organizational: The hybrid model appears to ensure that organizations, that wish to, have an opportunity to participate in the BHC. (Patrick Johnson)
- Organizational: Same as above bigger Countywide will prevail. (Tim McKern)

Sector-based Voting Model Refinements

- Sector-based: The differentiation between sector and organization is very difficult for people to understand. I also wonder if eventually we will get to a pay-in model that would change all of this. (Dunia Faulx)

Weighted Hybrid Voting Model Refinements

- Weighted Hybrid: Further explanation re: how the hybrid model operates (i.e., voting procedure and who is additionally included) when a complex issue is being addressed by the BHC with a weighted approach such as this. (Apple Martine)

MEMBER ROLES DEVELOPMENT

Comments and questions regarding BHC Member Roles

Reviewed/Feedback Provided

- Greg Brotherton, County Commissioner
- David Carlbom, Cty Medical Program Dir. - Still need to clarify some data responsibilities once we learn what others can & cannot provide.
- Tim McKern, Quilcene Fire
- Patrick Johnson, NAMI - How to ensure that persons with mental illness and their families are effectively represented on the BHC.
- ? Kelli Parcher, OWL360 – No questions at this time. As P & P and SOP are define there my be some questions
- Rebecca Marriott, Therapeutic Court
- Reviewed/Agree: Jolene Kron, SBH-ASO
 - Questions around role if engaged with BHASO

Reviewed/Agree

- Brian Richardson, Recovery Café - In reviewing our member role description, we do have data we could share regarding recovery support services we provide: number of people served, demographics, and self-report survey of outcomes. Happy to discuss further how this may serve the BHC.
- Apple Martine, JCPH - No questions or concerns about my specific role within the BHC representing Public Health. The direction of the BHC as expressed in the Member Overview document is highly public health focused (by that I mean the public's health, not JCPH specifically); I do wonder if other BHC members will feel as aligned from their specific disciplines. That being said, the Member Roles & Contributions document is a very helpful guide in understanding one's orientation to the primary activities of the BHC.
- Jim Novelli, DBH
- Joe Nole, JCSO
- Tim Manly, Brinnon Fire - I don't have immediate concerns about my role or responsibilities within the BHC, but I do want to ensure that I am fully aligned with the council's expectations and priorities. I'm committed to contributing meaningfully to the policy-shaping process and supporting our shared goals. If there are areas where you feel I could improve or focus more attention, I'd appreciate any guidance or feedback. I'm excited to be part of this collaborative effort and look forward to helping make a positive impact in the community.



- **Believe In Recovery:** Expressed approval their role description at 11/14 meeting; did not respond to survey.
- **OlyCAP:** Approve their role description, did not respond to survey.
- **Defense:** Approve their role description; did not respond to survey.

Edits Forthcoming

- Dunia Faulx, JHC
- Bret Black, EJFR - Yes, I would like more time to have my BOC review final documents.

No Feedback

- **Prosecutor:** Has not responded on the Member role Description and emailed to convey a lack of familiarity with what the BHC does now.

BHAC-BHC MOU DEVELOPMENT FEEDBACK

- **OWL360:** Nothing at this time to recommend.
 - Critical/priority areas for a successful partnership: Membership and Participation, Strategic Planning and Coordination, Funding Synergy and Project Collaboration, Procedural Details and Termination Clauses
- **Therapeutic Courts:** no feedback at this time.
 - Critical/priority areas for a successful partnership: Strategic Planning and Coordination
- **Commissioner:** Looks good
 - Critical/priority areas for a successful partnership: Membership and Participation, Data Sharing and Collaboration, Strategic Planning and Coordination
- **SBH-ASO:** Good starting place
 - Critical/priority areas for a successful partnership: Strategic Planning and Coordination, Funding Synergy and Project Collaboration
- **County Medical Program Director:** No Recommendations
 - Critical/priority areas for a successful partnership: Membership and Participation, Data Sharing and Collaboration, Strategic Planning and Coordination
- **Dove House/Recovery Café:** I appreciate the emphasis on Funding Synergy and Project Collaboration and I share in the hope that this MOU will help optimize resource allocation for behavioral health services in our communities.

For mutual representation, there are several people participating in both groups. I would be interested to see this MOU result in a more formal partnership (as is suggested therein) where a designated person from BHAC is reporting to the BHC, for example, each meeting."

 - Critical/priority areas for a successful partnership: Strategic Planning and Coordination, Funding Synergy and Project Collaboration
- **Quilcene Fire:** Looks good from what I see
 - Critical/priority areas for a successful partnership: Membership and Participation, Data Sharing and Collaboration, Funding Synergy and Project Collaboration
- **DBH:** No Recommendations
 - Critical/priority areas for a successful partnership: Data Sharing and Collaboration, Funding Synergy and Project Collaboration
- **JHC:** I am a little concerned that having BHAC committees attend the BHC. As a funder, BHAC decision-makers will have an inside look at the inherent messiness that exists within agencies

as we struggle to figure out next steps, what to do, how to move forward. I do think that the BHC ED should sit on BHAC.

- Critical/priority areas for a successful partnership: Data Sharing and Collaboration, Strategic Planning and Coordination
- **EJFR:** Have not had time to review.
 - Critical/priority areas for a successful partnership: Procedural Details and Termination Clauses
- **NAMI:** It appears that the MOU covers the essential areas including accountability and reporting, which must include reporting to the larger community
 - Critical/priority areas for a successful partnership: Membership and Participation, Data Sharing and Collaboration, Strategic Planning and Coordination, Funding Synergy and Project Collaboration
- **JSCO:** No Recommendations
 - Critical/priority areas for a successful partnership: Membership and Participation, Data Sharing and Collaboration, Funding Synergy and Project Collaboration
- **JCPH:** The proposed MOU primer is thorough and representative of the BHC's mission, vision, and values. The MOU is specially representative of transparent governance, enhancing collaboration across the BH network, supporting shared priorities for strengthening/stabilizing access to BH care, ensuring resource alignment in a limited landscape, and enabling productive data sharing between tables.

More direction and emphasis would be helpful re: representation at each table's convenings. How does a BHC representative (other than you Lori) get selected to attend the BHC, and once doing so how does that person effectively and consistently collect and disseminate information to BHC membership for consideration. My suggestion is that a role description be drafted so that BHC reps to the BHAC are fully aware of their responsibilities. And the BHAC should do the same for their rep to the BHC.

 - Critical/priority areas for a successful partnership: Membership and Participation, Data Sharing and Collaboration, Funding Synergy and Project Collaboration
- **Brinnon Fire:** The proposed objectives and key areas outlined in the BHAC-BHC MOU Development primer seem well thought out and aligned with the mission of enhancing behavioral health outcomes. However, I believe a few areas could benefit from additional emphasis and clarification. First, the objectives around stakeholder engagement and representation could be expanded to specify strategies for ensuring inclusivity, particularly for

underserved populations. It might also be helpful to clarify how the MOU will support collaborative decision-making processes and ensure accountability among members.

Additionally, more detail on how the MOU will guide resource allocation and funding priorities would strengthen its impact, especially regarding alignment with community assessments. Emphasizing the role of data-driven decision-making and including specific mechanisms for monitoring and evaluating outcomes would enhance the clarity and effectiveness of the objectives. Overall, the primer provides a solid foundation, and with these refinements, it can serve as a robust framework for guiding the BHC's efforts.

- Critical/priority areas for a successful partnership: Membership and Participation, Data Sharing and Collaboration, Strategic Planning and Coordination, Funding Synergy and Project Collaboration

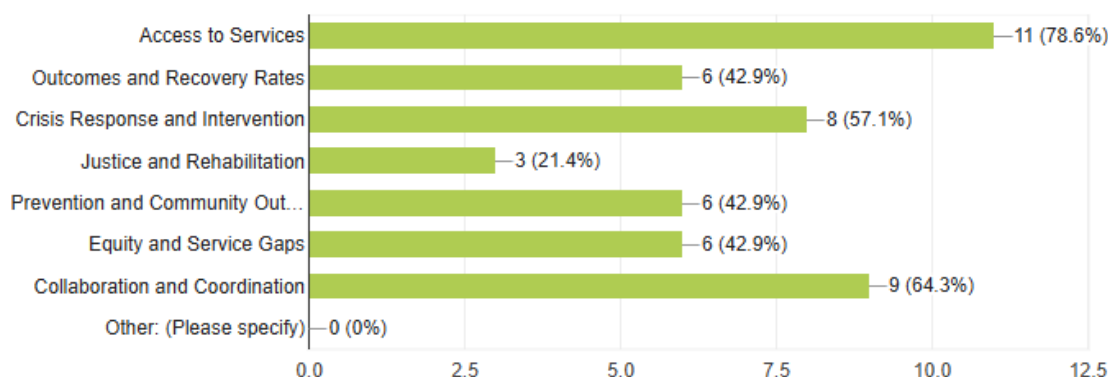
METRIC DEVELOPMENT FEEDBACK

6 of 7: Metric Development Feedback

6.1 Which areas of the proposed metrics framework do you feel are most important for the BHC to prioritize? (Select all that apply)

[Copy chart](#)

14 responses



Metrics frameworks prioritized in this feedback

1. Access to Services - 78.6%
2. Collaboration and Coordination - 64.3%
3. Crisis Response and Intervention – 57.1%
4. Outcomes and Recovery Rates – 42.9%
5. Prevention and Community Outreach – 42.9%
6. Equity and Service Gaps – 42.9%
7. Justice and Rehabilitation 3%

Members' Metric Considerations/Challenges and Specific Data/Insights

OWL360: I see a possible challenges from to procedural function and requirements between very small agencies to very large agencies

- Specific Data/Insights: Date input to a universal system

Therapeutic Courts: Creating an action plan

- Specific Data/Insights: Recidivism rates

Commissioner: Standard metrics across independent orgs

- Specific Data/Insights: see public health, I guess.

SBHASO: R.E.A.L. does not provide crisis services and should not be noted in that section. They are diversion. Standardized definitions are needed to ensure accuracy and relevance of data.

- Specific Data/Insights: SBHASO can provide support related to data for SBHASO funded services.

Medical Program Director: Clear definitions & description of data processes as individuals move in/out of roles.

- Specific Data/Insights: Opioid data from WA State WEMSYS

Dove House/Recovery Cafe: The data can be difficult to obtain in the first place due to the great challenges people with behavioral health issues face in our community. And when it is obtained, we often cannot determine if the data is being duplicated by several entities. Many of the people we serve are also receiving services elsewhere.

- Specific Data/Insights: We collect data on number of people served, demographic information, and self-reported surveys. First at 'baseline' when someone enrolls and then follow-up surveys 3-6 months apart thereafter. Our participants report about their substance use, mental health status, housing status, employment, education, and other outcomes over time.

Quilcene Fire: Too many programs that offer same services

- Specific Data/Insights: We can provide pre hospital data as it relates to responses and overall outcomes

DBH: Data sharing and collaboration/ coordination when agencies are applying for grants.

- Specific Data/Insights: DBH provides metrics on access, and crisis to the ASO and state

JHC: Outcomes are always hard to measure, but it is important to keep the patients central to this work. I think that access is a much easier metric to evaluate.

- Specific Data/Insights: As the sole health care system for East Jefferson County we can track output metrics including ER visits, behavioral health related visits across our system, penetration of our BH services throughout the county, etc.

EJFR: Time commitment is difficult to meet.

- Specific Data/Insights: We continue to offer data as requested.

NAMI: Timely reporting, sharing the metrics with the community, using the metrics to improve services, ensuring that the data being collected is necessary and has utility, exploring data collection beyond the ""traditional sources,"" including qualitative data that reflect the ""experience"" of persons utilizing behavioral health services. On a specific note, collecting data

reflecting where persons with mental illness are referred for services with emphasis on inpatient services, i.e., what hospitals and treatment centers are people from Jefferson.

County being admitted to, how many are involuntary commitments, length of stay, what happens to the person after they are discharged, how they were transported to a facility.

- **Specific Data/Insights:** Our focus is on education, support and advocacy for persons with mental illness and their families. While family members and others are not directly involved or participants in the behavioral mental system, their perspective and input is important as is that of the larger community. We work with families and can collect selected data to add to the BHC understanding of issues facing persons with mental illness and their family members. It is important that the BHC not be a "closed system." Community assessments and input are a critical part of identifying service gaps, the effectiveness of services, and the process of accessing services.

JSCO: Group priorities.

- **Specific Data/Insights:** Contact with individuals and reason why.

JCPH: The challenge is generally ongoing relative to high variability and gaps in data collection strategies, expertise, and awareness. Education, guidance, and support for fine-tuning the collection of data by service providers and implementing those metrics is needed ongoing.

The BHC has a good track record of mentoring/encouraging entities and programs to think critically about the data they are collecting and also how to use sound methodologies for that data collection. I see this quality/skill of the BHC being a critical element for the BH network in Jefferson County to thrive over the long-term.

- **Specific Data/Insights:** JCPH can provide data to inform/refine the BHC metrics framework by contributing harm reduction strategies outcomes, community healthcare programming impacts for a diverse set of populations served, data on access to services, prevention initiative metrics, stigma reduction impacts, and care coordination data among others.

Brinnon Fire: None.

- **Specific Data/Insights:** Our organization can contribute valuable insights and data to help inform and refine the metrics framework as it evolves. Specifically, we can provide information from community assessments, including demographic trends, behavioral health needs, and gaps in service accessibility. Additionally, we can share data on service utilization rates, response times, and outcomes from existing programs to highlight areas of success and opportunities for improvement.

We can also contribute qualitative insights gathered through community engagement, such as feedback from residents and stakeholders about their experiences and priorities. This combination of quantitative and qualitative data can help create a well-rounded metrics

framework that reflects both measurable outcomes and the lived experiences of those we serve. As the framework becomes more defined, we are committed to remaining flexible and open-minded, contributing additional data or adjusting our approach to align with shared goals and objectives.

ADDITIONAL FEEDBACK

- Giving examples of past projects for newer members would be helpful. (Therapeutic Court)
- OK to take my survey vote as my actual vote. (Medical Program Director)
- Grateful for this opportunity to participate. (Dove House/Recovery Cafe)
- This was a great idea and please provide an attachment of MOU as the link did not work but I saw the draft version. (Quilcene Fire)
- I ask the group to consider and strongly weight efficiency instead of solely engagement. As someone who has been part of this group since the very beginning (like pre-Lori/John beginning) - we have gone through several iterations of decision making and systems. (JHC/Dunia Faulx)
- The surveys are repeating what is discussed in the meetings. (EJFR)
- Thank you. (NAMI)