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- Optimized resource allocation and streamlined collaboration

## 1. PURPOSE AND SCOPE

This Memorandum of Understanding (MOU) between the Behavioral Health Consortium (BHC) and the Behavioral Health Advisory Committee (BHAC) establishes a framework for collaboration, alignment, and strategic partnership to advance Jefferson County's behavioral health priorities. Recognizing their distinct roles and responsibilities, this agreement formalizes pathways for mutual engagement, enhances data-sharing mechanisms, and fosters a unified approach to addressing community needs.

The MOU aims to:

- Align funding decisions with county-wide behavioral health goals.
- Foster inclusivity through membership pathways and participation opportunities.
- Promote transparency in data collection, reporting, and utilization.
- Optimize strategic planning, resource allocation, and service delivery.

Together, the BHC and BHAC affirm their commitment to building a resilient, equitable, and collaborative behavioral health system that reflects Jefferson County's diverse needs.

## 2. GUIDING PRINCIPLES

The BHC and BHAC's partnership is grounded in these guiding principles:

1. **Inclusive and Equitable Engagement:** Welcoming diverse stakeholders ensures all voices contribute to addressing Jefferson County's behavioral health challenges.
2. **Transparency and Accountability:** Open communication, regular reporting, and shared metrics foster trust and effective resource utilization.
3. **Data-Driven Collaboration:** Unified metrics and shared data guide decisions, identify service gaps, and amplify impact.
4. **Dynamic Resilience:** Flexibility and innovation enable effective responses to emerging needs while maintaining focus on shared goals.

These principles guide the BHC and BHAC toward a unified system that prioritizes prevention, recovery, and well-being.

## 3. OVERVIEW OF BHC AND BHAC ROLES

The Behavioral Health Advisory Committee (BHAC) and the Behavioral Health Consortium (BHC) play distinct but complementary roles in Jefferson County's behavioral health system.

### **BHAC as County Funding Administrator**

Operating within Jefferson County Public Health, the BHAC manages key behavioral health

funds, including the 1/10th of 1% Hargrove tax and opioid settlement funds. Through a structured RFP process, the BHAC allocates resources to programs supporting mental health, substance use prevention, housing, youth behavioral health, and therapeutic courts.

### **BHC as a Consortium**

The BHC unites stakeholders across public health, law enforcement, healthcare, and community organizations to foster collaboration and create a cohesive behavioral health network. Independently funded through opioid settlement funds and grants, the BHC addresses emerging needs, supports cross-sector initiatives, and enhances system-wide coordination.

### **Distinct Funding and Operational Independence**

While the BHAC oversees targeted funding for county-wide goals, the BHC's financial independence enables it to respond swiftly to community needs and advance innovative projects. Together, they ensure Jefferson County's behavioral health system is collaborative, responsive, and impactful.

## **4. GOVERNANCE STRUCTURES**

Maybe just include links to documents that cover each organization's structure so they can be updated independently of the MOU? (Maybe explore if it is necessary to include this section?)

## **5. MEMBERSHIP AND PARTICIPATION (DRAFT ONLY COVERS BHC PERSPECTIVE)**

The BHC and BHAC affirm the importance of diverse engagement to support Jefferson County's behavioral health system. Participation options include full membership and non-voting observer roles:

### **1. Full Membership:**

- Full members actively participate in decision-making and strategic initiatives.
- Responsibilities include regular meeting attendance, engagement in collaborative projects, and contributing data aligned with BHC metrics.

### **2. Non-Voting Observer Membership:**

- Observers access meeting materials, provide feedback during designated sessions, and build collaborative networks.
- This role allows flexibility while maintaining alignment with BHC priorities through data contributions.

### **3. Pathways for Transition:**

- Organizations may transition from observer to full membership as their capacity evolves, promoting engagement tailored to organizational readiness.

#### 4. Responsibilities of Cross-Representational Members:

- Serve as liaisons to ensure alignment between BHC and BHAC priorities.
- Provide updates, insights, and recommendations to strengthen collaboration.
- Contribute to transparency by documenting discussions and sharing actionable insights.

These roles ensure inclusive participation and alignment with Jefferson County's behavioral health goals.

#### 6. ELIGIBILITY FOR BHAC FUNDING

Engagement with the BHC is required for BHAC-administered funding applicants to ensure alignment with county priorities. Participation pathways include:

- **Full Membership:** Voting members participate in strategic discussions, collective decision-making, and data-sharing efforts, contributing to county-wide metrics.
- **Non-Voting Observer Membership:** Observers maintain flexibility while meeting data contribution requirements that align with shared metrics.

Data contributions from both roles support planning, evaluation, and resource allocation, ensuring funded projects reflect Jefferson County's priorities.

#### 7. DATA SHARING AND METRICS DEVELOPMENT

Effective collaboration relies on robust data-sharing mechanisms. Key elements include:

- **Data Contribution:** All BHAC-funded organizations provide relevant data to support county-wide metrics, planning, and evaluation.
- **Metrics Development:** The BHC and BHAC collaborate to establish shared metrics reflecting community priorities and guiding resource allocation.
- **Reporting:** Standardized formats and schedules ensure consistent, accurate data contributions without imposing excessive administrative burdens.
- **Transparency:** Shared data informs decision-making, enhances resource distribution, and strengthens community-wide collaboration.

This framework ensures alignment, accountability, and improved outcomes for Jefferson County's behavioral health system.

## 8. COLLABORATION MECHANISMS

The Behavioral Health Consortium (BHC) and the Behavioral Health Advisory Committee (BHAC) will collaborate to align their distinct roles in advancing Jefferson County's behavioral health goals.

- **Joint Strategic Planning:** Regular planning sessions will align BHC initiatives with BHAC funding strategies, ensuring efficient and impactful resource use.
- **Alignment of Initiatives:** Programmatic and fiscal alignment between the BHC and BHAC will enhance initiative impact, reduce duplication, and improve outcomes.
- **Funding Synergy:** Co-investment and resource-sharing opportunities will strengthen collaboration and create a seamless, equitable behavioral health network.
- **Conflict Resolution:** Transparent, structured processes will address disagreements constructively, ensuring alignment with shared goals. (See Section 10)

Through these mechanisms, the BHC and BHAC will build a unified behavioral health system, maximizing collective impact while respecting operational independence.

## 9. ROLES AND RESPONSIBILITIES

Defined roles ensure effective collaboration, transparency, and goal alignment:

- **BHC Leadership:** Coordinates consortium initiatives, strategic planning, and cross-sector collaboration to address identified community needs.
- **BHAC Leadership:** Administers behavioral health funds, oversees compliance, and aligns funding priorities with county goals.
- **Cross-Representational Members:** Facilitate alignment between the BHC and BHAC through updates, recommendations, and transparency in shared discussions.
- **Full Members:** Actively participate in consortium efforts, sharing expertise and contributing data to enhance county-wide initiatives.
- **Observer Members:** Stay informed, provide feedback, and meet data-sharing expectations to support strategic goals.

This structure reinforces the shared commitment to a collaborative and effective behavioral health system.

## 10. PROCEDURAL DETAILS AND TERMINATION CLAUSES

### Duration and Renewal

This Memorandum of Understanding (MOU) will remain in effect for a period of two (2) years from the date of execution unless terminated earlier as outlined below. A formal review of the MOU will occur at least 90 days prior to the expiration date, during which both parties will

evaluate its terms and effectiveness. If mutually agreed, the MOU may be renewed or extended for an additional term through written agreement.

### **Amendments and Revisions**

This MOU may be amended or revised at any time upon mutual written consent of the Behavioral Health Consortium (BHC) and the Behavioral Health Advisory Committee (BHAC). Amendments must be documented and signed by authorized representatives of both parties to become effective.

### **Termination Clause**

Either party may terminate this MOU with sixty (60) days' written notice to the other party. Before termination, the parties will convene to discuss potential amendments or resolutions to identified challenges. Termination shall not absolve either party of their obligations to complete activities or reporting commitments initiated prior to termination.

### **Dispute Resolution Process**

In the event of a dispute arising from this MOU, the parties will first engage in informal resolution efforts, facilitated through direct discussions between their designated representatives. If resolution cannot be achieved, the parties agree to participate in third-party mediation to address and resolve the dispute. The costs of mediation will be shared equally between the parties unless otherwise agreed.

## **11. ACCOUNTABILITY AND REPORTING**

### **Accountability and Reporting**

To ensure transparency and reinforce shared goals, the Behavioral Health Consortium (BHC) and the Behavioral Health Advisory Committee (BHAC) commit to robust accountability and reporting mechanisms that highlight progress, align priorities, and enhance collaboration.

### **Annual Reporting Requirements**

Both entities will prepare and submit biennial reports summarizing key activities, outcomes, and contributions toward shared behavioral health goals. These reports will include updates on funding allocations, program impacts, and progress toward strategic objectives such as stigma reduction, service accessibility, and harm reduction.

### **Shared Metrics Development**

The BHC and BHAC will collaborate on the development and refinement of shared metrics to measure system-wide progress. These metrics will encompass county-wide priorities, such as reducing duplication, improving service equity, and strengthening cross-sector initiatives. By aligning data collection and evaluation, the entities will create a comprehensive view of Jefferson County's behavioral health landscape.

### **Transparency and Data Utilization**

Both entities will ensure that data and findings from annual reports are shared with stakeholders and used to inform ongoing decision-making. The integration of community-level insights and program-specific data will provide a foundation for evidence-based strategies and highlight areas for continued improvement.

### **Progress Monitoring and Continuous Improvement**

Regular joint reviews of annual reports will facilitate continuous improvement, enabling the BHC and BHAC to adapt strategies in response to emerging needs or challenges. These reviews will ensure that shared goals remain aligned with evolving community priorities and funding landscapes.

By formalizing these accountability and reporting measures, the MOU ensures a transparent, data-driven approach to enhancing Jefferson County's behavioral health system, fostering trust among stakeholders, and reinforcing the commitment to equitable, person-centered care.

## **12. ANTICIPATED OUTCOMES OF THE MOU**

This Memorandum of Understanding (MOU) establishes a collaborative framework between the Behavioral Health Consortium (BHC) and the Behavioral Health Advisory Committee (BHAC) to achieve the following outcomes:

### **Strategic Alignment**

The MOU ensures coordination between BHAC funding priorities and BHC initiatives, promoting a unified approach to addressing county-wide behavioral health needs.

### **Data-Driven Decision-Making**

Shared metrics and collaborative data collection enhance evidence-based decision-making, enabling the identification of service gaps, evaluation of program effectiveness, and prioritization of initiatives aligned with community goals.

### **Improved Integration and Engagement**

The agreement strengthens cross-sector collaboration, fostering a unified network of BHC members, BHAC stakeholders, and community partners to address complex behavioral health challenges.

### **Optimized Resource Allocation**

By aligning funding and initiatives, the MOU ensures efficient resource use, avoiding duplication, and targeting high-impact projects that equitably serve the community.

This MOU lays the foundation for a stronger, more cohesive behavioral health system in Jefferson County, ensuring responsiveness, equity, and effectiveness in meeting community needs.