

OVERVIEW

Over the past six months, the Jefferson County Behavioral Health Consortium (BHC) has utilized OAC funding to transition from a grant-funded table to an opioid settlement-funded collaborative, focused on strengthening county-wide coordination, governance, and behavioral health system improvements. This period has been marked by deep stakeholder engagement, governance and voting model development, and foundational work to define the BHC's strategic priorities and success metrics for its second phase.

KEY ACTIVITIES & ACCOMPLISHMENTS

1. Governance & Strategic Planning

BHC-BHAC Memorandum of Understanding (MOU):

- Developed a draft MOU to formalize the working relationship between the BHC and the Behavioral Health Advisory Committee (BHAC), outlining roles and responsibilities in the next phase of the Consortium.
- Facilitated numerous working sessions between BHC governance members and BHAC consultants to advance alignment.

BHC Phase Two: Governance & Voting Model Development:

- Designed and facilitated the process to develop the governance and voting models for BHC's second phase.
- Conducted over 70 individual meetings with governance group members to deepen relationships, assess challenges, and collaboratively identify strategic opportunities.
- Developed, implemented, and summarized results from governance surveys focused on gathering member feedback on the structure and decision-making processes for BHC's next phase.

Strategic Funding Pursuits:

Led the HRSA Rural Health Network Development Planning Grant application process:

- Navigated the Go/No-Go decision-making process with BHC governance members on two major grant opportunities.
- Secured multi-agency collaboration on the HRSA RHNDP-P opportunity, including the hospital, public health, behavioral health stakeholders, and the County's EMS Council.
- Developed a detailed project plan, budget, and proposal, ultimately earning 97 out of 100 **points**, though the application was not funded.



2. Resource Development & Data Infrastructure

Jefferson County Behavioral Health Consortium Website (jeffcobhc.com):

- Successfully transitioned resources from the previous grant-related site to the new Jeffco BHC website, creating a centralized hub for behavioral health information.
- Maintained and expanded a **regional resource directory**, categorizing essential services such as basic needs, housing, child advocacy, mental health, substance use, and legal/justice support.

Defining BHC's Success Metrics for Phase Two:

- Engaged in research and discussion to establish potential metrics and evaluation **frameworks** that will define BHC's success in its second phase.
- Building on these governance efforts, BHC has turned its attention to defining measurable outcomes that will shape its long-term impact.
- This foundational work will guide future data collection and tracking across BHC members once metrics are finalized.

3. Cross-Sector Coordination & Engagement

Government & Policy Engagement:

- Actively participated as a representative for Jefferson County on the Salish Behavioral Health Administrative Services Organization (SBHASO) Advisory Board.
- Attended Jefferson County Board of Health meetings to stay informed on rising health trends and policy developments.

Judicial & Reentry Initiatives:

- Regularly attended Jefferson County Drug Therapeutic Court proceedings to remain informed on behavioral health trends in the justice system.
- Participated in SAMHSA's GAINS Learning Collaborative on Risk-Need-Responsivity Principles, aligning BHC's work with criminal justice behavioral health strategies.
- Attended the Reentry Simulation in Sequim, deepening connections with behavioral health providers supporting justice-involved individuals.

Regional Behavioral Health & Harm Reduction Work:

 Collaborated with Jefferson County Public Health's Harm Reduction Program through regular check-ins with lead staff, cross-sector relationship-building, and strategic planning.



- Attended Washington Department of Health Syringe Service Program (SSP) meetings to track harm reduction program developments.
- Engaged in state opioid and overdose response planning learning collaboratives, ensuring BHC aligns with state-level strategies.

4. Behavioral Health System Strengthening & Community Engagement

Behavioral Health Summit & Provider Engagement:

- Supported the Jefferson County Behavioral Health Summit, collaborating with the County Medical Program Director.
- Engaged in monthly OCH Board of Directors meetings to identify regional funding and program alignment opportunities.
- Supported the development of multiple School-Based Health Center meetings in an effort to establish a clinic at Blue Heron Middle School.
- Attended multiple school district board meetings to track behavioral health challenges and opportunities in local education settings.

Community-Based Recovery & Peer Support:

Attended Recovery Café circles to stay connected to individuals with lived experience in behavioral health and recovery.

Participated in Olympic Communities of Health (OCH) recovery events, tracking regional funding, collaboration, and opportunities that could align with county behavioral health service delivery.

CHALLENGES & LESSONS LEARNED

Navigating Role Differentiation Between BHC & BHAC:

 Clarifying the strategic planning function between the two entities remains a work in progress, requiring intentional framing to ensure complementary, not overlapping, efforts.

Defining BHC's Phase Two Success Metrics:

 While BHC made strong progress in collective data gathering during Phase One, we are now refining what data to track and how to measure success across members before resuming collection.



Stakeholder Engagement & Capacity Building:

 While many key stakeholders are engaged, justice system representatives remain underrepresented, requiring continued outreach.

EMERGING OPPORTUNITIES

Formalizing BHC's Role as a Behavioral Health Planning Entity:

- The nested meeting strategy (aligning BHAC-BHC discussions) has demonstrated promise in building a stronger county-wide behavioral health vision.
- Potential exists to develop a shared strategic planning process with BHAC, aligning Jefferson County with statewide behavioral health planning efforts.

Sustainability & Future Funding:

- Securing additional funding beyond opioid settlement dollars is essential for BHC's longterm impact and sustainability.
- To support this, BHC is working to map the funding landscape, helping Jefferson County agencies and organizations identify, compete for, and align with external funding **opportunities** at local, state, and federal levels.
- This effort includes assessing existing opportunities and actively generating new ones by expanding partnerships with state and regional funders, public health entities, and local **agencies** to maximize available behavioral health resources.

CONCLUSION

BHC has made substantial progress in its transition from a grant-funded collaborative to a structured opioid settlement-funded entity. OAC funding has been instrumental in:

- Strengthening governance and stakeholder relationships
- Developing BHC's second-phase governance and voting models
- Laying the groundwork for behavioral health system metrics and evaluation
- Enhancing cross-sector coordination and engagement

As BHC moves forward, the focus will remain on solidifying governance structures, finalizing success metrics, and ensuring sustainable funding pathways. The momentum generated over the past six months has positioned BHC as a vital collaborative force in Jefferson County's behavioral health system—one that will continue to drive meaningful improvements in access, coordination, and community well-being.



RELEVANT LINKS

- BHC Resource Page for all materials related to the BHC.
- JeffCo BHC Meeting Videos

Please contact Lori Fleming, JeffCo BHC Director, at 206.714.1925 for additional information.