

**OVERVIEW: 02/13/25 BHC MEETING NOTES** — BELOW IS A 1 PAGE **TL;DR (TOO LONG; DON'T READ)** - A QUICK-GLANCE HIGH-LEVEL SUMMARY. A FULL SET OF MEETING NOTES FOLLOW.

### Meeting Purpose & Key Framing

- Built on the 02/11 BHAC meeting to clarify BHC's role, governance, and priorities.
- Reframed the question from *"Why collaborate?"* to *"What can we create together that no single organization can achieve alone?"*
- Addressed governance concerns, financial oversight, and BHC's distinct role from BHAC.

### Key Takeaways

- ✓ **BHC's Role Clarified:** Not a funding body but a **collaborative leadership table** that aligns efforts across multiple sectors.
- ✓ **MOU Development:** BHAC and BHC need a **clear agreement** defining responsibilities, decision-making, and oversight.
- ✓ **Opioid Funds Debate:** Some concerns were raised about using **opioid settlement dollars** for BHC operations rather than direct services. WA MOU and County decisions support BHC's **planning and coordination role** as an approved use.
- ✓ **Strategic Planning Need:** Jefferson County **lacks a county-wide Behavioral Health Strategic Plan**—a gap BHC could help address.
- ✓ **Grant Strategy:** BHC won't apply for grants directly but will **support coordinated multi-agency applications**.
- ✓ **Collaborative Project Ideas:** Identified high-impact projects that require **cross-sector coordination**. (e.g., **medical respite, behavioral health housing, Pooling Agency Funds for Basic Needs Services**, etc. – see pp 11-12 for full list)

### Next Steps

- ◆ **Finalize & Circulate MOU** for review and approval by both BHAC and BHC.
- ◆ **Improve Transparency:** FAQ on governance & financial reporting to be added to BHC's website.
- ◆ **Prioritize Funding Strategy:** Identify 1-2 key projects for coordinated funding efforts.
- ◆ **Ongoing Collaboration:** Regular governance & funding workgroups will continue refining BHC's approach.

### Upcoming Meetings

- 📅 **May 8, 2025** – Next BHC full meeting (Zoom)
- 📅 **TBD** – Joint BHAC-BHC session to finalize MOU

## Resource Documents

[02/13/25 Meeting Discussion Guide](#), [02/13/25 BHC Meeting Video](#), [Ratified Vision, Mission, Strategy Statements](#), and [Draft BHC Member Roles](#)

## Attendees

Rebecca Marriott, Therapeutic Court; Apple Martine, Director, JCPH; Heather Dudley-Nolette, Commissioner; Tammy Ridgeway, EJFR; Matt Ready, Jefferson Healthcare Hospital Commissioner; Anya Callahan, JCPH Harm Reduction; Brian Richardson, Dove House/Recovery Café; Jim Novelli, CEO, DBH; Gabbie Caudill, Believe In Recovery; Richard Davies, Public Defender; Viola Ware and Peggy Webster, OlyCAP; David Carlbom, County Medical Program Director; and Lori J. Fleming, BHC.

## DISCUSSION

Commissioner Nollette introduced herself, sharing her background as **Deputy Executive Director of Bayside Housing and Services** and her focus on the **housing perspective** in behavioral health.

### 1. Meeting Objectives and Context

**Primary objective:** Build on the **BHAC discussion** (Feb 11 meeting) to clarify BHC's role, governance, and priorities.

**Framing question:** *Instead of asking “Why we should work together?”, shift to: “What we can create together that no single organization can achieve alone?”*

**Key focus areas:**

- Reinforce BHC’s collaborative role and address governance concerns raised at **BHAC**.
- Strengthen internal alignment to ensure **clarity and commitment** from BHC members.
- Identify new opportunities for **strategic collaboration and impact**.

## 2. Key Takeaways and Key Concerns Articulated at 2/11/2025 BHAC Meeting

This portion of the agenda/discussion focused on:

- **Recognizing BHC's Value:** BHAC members acknowledged BHC's strengths in fostering collaboration, aligning multiple funding streams, and supporting strategic planning.
- **Addressing Concerns:** BHAC members and the public raised questions about **BHC's legal status, financial oversight, and use of opioid settlement funds.**
- **Clarifying Governance:** Discussion sought to define **who controls funding**, how funds are **allocated transparently**, and how **BHC's governance ensures accountability.**

### Concern 1: BHC's Legal Status & Authority Over Funds

💡 *"Now that [BHC] is not actually a legal entity nor affiliated with any organization, I'm just wondering what authority the table has to receive or allocate funds moving forward and what transparency measures are in place to ensure accountability for those funds."* (Concern articulated by Gabbie, Believe In Recovery/Gateway to Freedom, during 2/11/25 BHAC Meeting's Final Public Comment)

💡 BHC Voting Member - Jim, DBH CEO

*"We do not directly receive or distribute funds. Funds are held by fiscal agents like DBH, which acts as a financial steward, but we at the BHC make collective funding decisions. The governance structure ensures accountability—funding priorities are set through a transparent decision-making process, and all fund use is subject to oversight and reporting."*

💡 BHC & BHAC Voting Member - Commissioner Nollette

*"I think it might be useful to clarify more specifically in our response who exactly is responsible for oversight and reporting. It may be different depending on the funding source. But from what I understand, DBH is currently managing financial oversight, correct?"*

💡 BHC Voting Member - Jim, DBH CEO

*"Correct. We prepare financial reports monthly and submit them to the County Finance Department. Our CFO ensures all reporting requirements are met. Commissioners made the decision that BHC should have these funds to continue its work, and we are ensuring full accountability."*

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## Concern 2: Use of Opioid Settlement Funds for BHC

💡 "This quarterly meeting is costing the county \$6,000 a month plus additional fees for AI use and whatever other expenses. We're spending \$72,000 a year on this, instead of investing directly into services for people. I see value in this table, but I don't think this is what the opioid settlement funds are intended for." (Gabbie, Believe In Recovery/Gateway to Freedom, BHC Voting Member)

💡 Chat box: BHC Voting Member - Apple, JCPH Director

*"The commissioners agreed at the BoCC workshop that using the opioid distributors funds would allow the BHC table to persist beyond the end of the HRSA grant. Many hours have been spent between August 2024 and now to equitably source the ways in which the BHC should and can be governed. That work had to be done to create the survivability of the table and it doesn't happen overnight. The BHC going out for larger grants now, and in the future, can only happen if the table is securely staffed and promoted to ensure that its members are engaged."*

💡 Lori, Facilitator

*"... helpful to look back at the 14 abatement strategies outlined in the One Washington MOU. ([See section J, #3](#)) One of the approved uses of opioid settlement dollars is 'Leadership, Planning, and Coordination'—which is what this funding is being used for at the BHC Table. "*

*"I hear Gabbie's concern that we need to show that the investment in BHC is providing clear and meaningful return. While planning and coordination are essential, we also need to ensure transparency and demonstrate how this work leads to direct impact."*

💡 Additional Clarification: BHC Voting Member - Jim, DBH CEO

*"The County specifically allocated these funds for BHC under the 'Leadership, Planning, and Coordination' category. If the funding weren't used here, there is no guarantee it would go directly to services—it could just as easily be redirected elsewhere."*


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## Concern 3: Lack of Transparency & Oversight

💡 "Where is the transparency? Under public health, all funds are public record. Now that it's under BHC, it's not." (Gabbie, Believe In Recovery/Gateway to Freedom, BHC Voting Member)

💡 BHC Voting Member - Jim, DBH CEO


*"All of our financial records and reporting are shared with the county, and the financial documents are available to members here. The spreadsheet of expenditures is updated monthly and accessible."*

 BHC & BHAC Voting Member - Commissioner Nollette

*"It would be helpful if we made it clearer where these financial reports are available. Maybe an FAQ on the website that explicitly details how to access them?"*

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#### Concern 4: BHC's Role in Grant Pursuits


 **"How is BHC going after larger grants if it isn't an entity? It would have to be an organization applying—not the BHC itself."** (Gabbie, Believe In Recovery/Gateway to Freedom, BHC Voting Member)

 Lori, Facilitator

*"That's exactly right. BHC does not apply for grants directly. Instead, we act as a collaborative space where agencies come together, identify priorities, and strategically align their efforts. When an opportunity arises, we determine which organization will serve as the lead applicant, and BHC members coordinate to support the application."*

 BHC Voting Member - Viola, OlyCAP, Director of Housing & Community Development


*"One of the major benefits of this group is that we can support each other's funding efforts. For example, I'm currently working with two different agencies in Clallam and Jefferson counties, helping them draft MOUs and share office space as part of their grant applications. That kind of collaboration doesn't happen if we're all working in silos."*

 BHC Voting Member - Commissioner Nollette

*"I've been on the other side of this, where housing organizations were hesitant to share grant opportunities because of competition. This table provides a space where organizations can actually strategize together instead of competing."*

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#### Concern 5: BHAC vs. BHC – Confusion Over Roles [\(See BHC/BHAC Responsibilities Comparison Table\)](#)

 **"Isn't BHAC already supposed to be doing strategic planning? Why do we need a separate table for that?"** (Gabbie, Believe In Recovery/Gateway to Freedom, BHC Voting Member)

 BHC Voting Member - Apple, JCPH Director

*"BHAC primarily administers county-controlled funds and distributes them via an RFP process. BHC, on the other hand, helps align agencies to secure external funding and coordinates efforts beyond county dollars. The two tables are complementary, not redundant."*

 BHC & BHAC Voting Member - Commissioner Nollette

*"Having a single commissioner sit on both tables is beneficial for coordination."*

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 Lori, Facilitator

*"A key distinction is that BHAC is required by law to allocate certain county funds. BHC exists to maximize impact by coordinating cross-sector strategies and securing additional funding. It's important that we clarify this distinction clearly in the MOU."*

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### Next Steps Resulting from This Discussion

- **Improve Transparency:** Website FAQ to include financial reporting details; Clearly outline **who is responsible for oversight** and where reports can be accessed.
  - **Address Funding Concerns:** Further clarify **how opioid settlement dollars are aligned with planning & coordination**; Consider ways to **showcase the return on investment for maintaining BHC**.
  - **Clarify BHC's Role in Grants:** Ensure clear messaging: **BHC does not apply for grants but coordinates efforts**; Support agencies in strategically aligning **multi-agency grant applications**.
  - **Finalize MOU to Define Roles:** Clearly distinguish between BHAC and BHC functions; Reinforce how **BHC's work complements BHAC** rather than duplicating it.
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### 3. Governance, Decision-Making, and Transparency

The governance discussion focused on **how BHC makes decisions, ensures financial oversight, and maintains transparency**. It was emphasized that while BHC does not **directly control funds**, it plays a **critical role in setting funding priorities and fostering collaborative funding strategies**. The proposed **Fist-to-Five voting model** and **sector-based governance structure** were presented as ways to ensure fairness in decision-making. The discussion also addressed how **fiscal agents like DBH manage funds on behalf of BHC**, while financial oversight remains with **county authorities**. The goal was to **gather feedback to refine and finalize the governance structure in the upcoming MOU**.

#### Concern 1: How Does the Governance Structure Ensure Transparency?

 *"I haven't seen any formal process that shows who actually has the final say when funding decisions are made. If BHC isn't a legal entity, who is ultimately accountable?"* (Gabbie, Believe In Recovery/Gateway to Freedom, BHC Voting Member)

 BHC Voting Member - Jim, DBH, CEO

*"The BHC votes on funding priorities collectively. DBH, Public Health, or another fiscal agent may be holding the funds, but they are not making independent funding decisions—those decisions are made here, at this table."*

 BHC Voting Member - Viola, OlyCAP, Director of Housing & Community Development

*"The whole point of this governance model is to ensure that no single entity is controlling funding decisions. If we don't have a structure in place, things could revert to the old way, where funding decisions happen in silos rather than collaboratively."*

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## Concern 2: Who Has the Final Say on Funding Allocations?

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*"The BHC votes on funding priorities collectively. DBH, Public Health, or another fiscal agent may be holding the funds, but they are not making independent funding decisions—those decisions are made here, at this table."*

 BHC & BHAC Voting Member - Commissioner Nollette

*"It might be useful to clarify more specifically in our response who exactly is responsible for oversight and reporting. It may be different depending on the funding source. But from what I understand, DBH is currently managing financial oversight, correct?"*

 BHC Voting Member - Viola, OlyCAP, Director of Housing & Community Development

*"The whole point of this governance model is to ensure that no single entity is controlling funding decisions. If we don't have a structure in place, things could revert to the old way, where funding decisions happen in silos rather than collaboratively."*

 BHC Voting Member - Jim, DBH, CEO

*"Correct. We prepare financial reports monthly and submit them to the County Finance Department. Our CFO ensures all reporting requirements are met. Commissioners made the decision that BHC should have these funds to continue its work, and we are ensuring full accountability."*

 Lori, Facilitator

*"That's exactly why we're formalizing these governance structures—to make sure the decision-making process is clear, and the oversight mechanisms are transparent."*

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**Concern 3: Is the Fist-to-Five Voting Model Effective?**

**"I get that this table is supposed to make decisions collectively, but I'm not sure how that actually works in practice. If we're using a consensus model, how do we avoid just getting stuck in discussions where nothing actually gets decided? Who decides when we've reached a decision?"** (Gabbie, Believe In Recovery/Gateway to Freedom, BHC Voting Member)

 **BHC Voting Member – Brian, Dove House/Recovery Cafe**

*"I think consensus-based models are important, but we also need to make sure we have clear decision points. We can't get stuck in cycles of endless discussion where no decision actually gets made."*

 **BHC Voting Member - Apple, JCPH Director**

*"Agreed. The Fist-to-Five model gives us a way to gauge consensus quickly and move forward when there is strong alignment, while still allowing for concerns to be voiced and addressed."*

 **Lori, Facilitator**

*"If people feel like we need to refine the process further, we can certainly take that feedback into account. But having a structured approach to decision-making is critical to ensuring BHC remains a functional entity."*

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**Concern 4: Ensuring Accountability & Decision-Making Clarity in the MOU**

**"I've not seen the most recent version of the MOU draft, but I hope it captures the organic, nimble nature of this group. Unlike a formal government agency, BHC has the flexibility to be responsive to community needs. That's an important part of our governance structure."** (BHC Voting Member- Dr. Carlbom, County Medical Program Director)

 **BHC Voting Member - Apple, JCPH Director**

*"That's exactly what we're trying to formalize in the MOU. We don't want rigid structures that undermine collaboration, but we also need clear guidelines to ensure accountability."*

 **Lori, Facilitator**

*"That's why today's discussion is so important—so that when we finalize the MOU, it's something that truly reflects the needs and values of this group."*

## Key Takeaways & Next Steps

- **Governance Model Refinement:** The **Fist-to-Five voting model** will remain in place, but additional clarity is needed to define **decision points and accountability**; Ensure transparency in **who is responsible for final funding decisions**.
  - **Financial Oversight & Transparency:** Add more specific financial oversight details to governance documents & public FAQs; Clearly define the role of fiscal agents vs. decision-makers.
  - **MOU Finalization:** Incorporate feedback into the MOU draft to **balance flexibility with accountability**; Ensure **members feel clarity and confidence in governance processes**.
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## 4. Funding Strategy & Lessons from Past Grant Pursuits

The discussion on **funding strategy and lessons from past grant pursuits** centered on the insights gained from previous funding attempts, particularly the **RHNDPP and HRSA Healthcare Services Outreach Grant** applications. While not all funding pursuits were successful, they provided valuable opportunities to refine BHC's collaborative model and clarify its approach to securing external resources.


Members reflected on **high-priority funding areas** that have emerged through past applications, shaped by both community needs and stakeholder input. These priorities include integrated behavioral and primary care, youth mental health, and sustaining harm reduction and recovery support programs.

Challenges from previous applications were also addressed, with a particular focus on **capacity and eligibility requirements** that have, at times, made certain funding opportunities difficult to pursue. Members noted that large federal grants often demand extensive compliance and reporting, which not all agencies are equipped to manage. Another key challenge identified was the **risk of overreliance on regional initiatives like Olympic Connect**, which, while promising, remain in early development stages and may not provide a stable foundation for BHC's long-term strategy.

The discussion emphasized that even when grants are not secured, the **process of applying strengthens BHC's ability to align multi-agency efforts, clarify funding strategies, and build momentum for future opportunities**. Looking ahead, members discussed ways to improve readiness for upcoming grant cycles, including better **coordination among partners, earlier planning for key funding opportunities, and clearer project scopes to increase competitiveness** in future applications.

### Concern 1: Readiness & Capacity for Large Grants

"I understand the need to go after these grants, but I feel like sometimes we're just not ready for the scope of what's being asked. Some of these federal grants require a level of coordination and reporting that not all agencies here have the capacity to manage." (Gabbie, Believe In Recovery/Gateway to Freedom, BHC Voting Member)

 BHC Voting Member - Jim, DBH, CEO

*"That's a valid point. HRSA grants in particular have huge reporting requirements, and we've struggled in the past to find an agency that can be the lead applicant while also meeting compliance needs. That's why we need to plan further ahead—so that when a good opportunity comes up, we already have a framework in place."*

 Lori, Facilitator

*"One of the benefits of this table is that we can strategize before the next funding cycle and be more proactive instead of reactive. If we identify a high-priority funding opportunity now, we can start working on readiness months in advance."*

### Concern 2: Avoiding Overreliance on Unstable Regional Programs

One of the things that came up in the last funding discussion was caution around relying too heavily on programs like Olympic Connect. It's still in an early phase, and if we build our funding models around it before it's fully stable, we risk losing momentum if it doesn't pan out." (Concern noted in Meeting Packet from Member Survey)

 BHC Voting Member – Brian, Dove House/Recovery Cafe

*"I agree. We need to make sure that any regional partnerships we build are solid ground before we stake too much of our funding future on them. That's why focusing on local agency collaboration makes sense—so that we're not dependent on outside factors we can't control."*

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### Key Takeaways & Next Steps

- **Prioritize Readiness for Large Grants:** Start early preparation for key opportunities rather than rushing applications; Identify which agencies can realistically handle compliance and reporting.
- **Strengthen Local Funding Strategies:** Focus on grants that allow for agency collaboration without overreliance on uncertain regional programs.
- **Develop Clearer Funding Alignment:** Use BHC as a **strategic alignment hub** to avoid duplication and maximize funding impact.

## 5. Collaborative Opportunities – What Can We Achieve Together?

The discussion shifted from past funding pursuits to a forward-looking conversation about **system-wide gaps in services and potential collaborative projects** that BHC could pursue. Members reflected on **what can be created collectively** that no single organization could accomplish alone. The conversation focused on identifying high-impact initiatives that align with **community needs, existing strengths, and funding opportunities**.

The discussion underscored that **true collaboration requires alignment of resources and commitment from multiple agencies**. Members shared **examples of successful cross-sector initiatives** and reflected on how BHC can leverage **its convening power** to make these ideas actionable.

During the discussion on **collaborative opportunities**, several project ideas emerged. The ideas below need to be ordered by priority/feasibility/agency commitment and funding alignment so we can insightfully decide what to move beyond the brainstorm phase into the project scoping, team buildout and plan development phase: Ideas brought forward include:

1. **Integrated Behavioral & Primary Care** – Creating **co-located or closely coordinated behavioral health and primary healthcare services**, particularly for **underserved and unhoused populations**. (possibly combine with next idea..?)
2. **Medical Respite & Transitional Housing** – Developing a **structured medical respite program** for individuals transitioning from hospitals, behavioral health facilities, or detox programs who need **stable recovery housing with medical oversight**.
3. **Pooling Agency Funds for Basic Needs Services (Laundry, Hygiene, Shelter Support)** – Exploring ways to **combine funding from multiple agencies to reduce duplication of spending** on essential services like **laundry, emergency shelter, and hygiene kits**, ensuring **greater efficiency and sustainability** in service provision.
4. **Coordinated Housing & Support Services** – Establishing stronger **behavioral health-housing partnerships** to create **long-term supportive housing solutions** for individuals with **mental health and substance use needs**.
5. **Harm Reduction Expansion** – Increasing **access to harm reduction services, including syringe exchange, overdose prevention, and community outreach**, with a potential **brick-and-mortar center** modeled after Clallam County's opioid settlement initiative.
6. **Urban Rest Stops** – A centralized facility offering **showers, laundry services, phone charging, and basic hygiene resources** for unhoused individuals, modeled after successful programs in other cities.

7. **Dementia & Aging Behavioral Health Services** – Expanding behavioral health services to **address dementia, cognitive decline, and mental health challenges in older adults**, including **trauma-informed care for aging populations**.
8. **Mobile Medical & Behavioral Health Outreach Teams** – Deploying **multidisciplinary teams** (nurses, behavioral health specialists, outreach workers) to **meet people where they are**, ensuring **access to care without requiring clinic visits**.
9. **Community Resource Hub** – A centralized facility that **integrates multiple support services under one roof**, offering **legal aid, harm reduction, peer support, employment assistance, and case management**.

These projects **span short-term relief efforts and long-term system changes**, with opportunities to **layer funding and agency expertise** to create sustainable solutions.

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## 6. Finalizing the BHAC-BHC MOU

### Overview of What Was Presented

This section focused on **clarifying the relationship between BHAC and BHC** to ensure **alignment in roles, funding collaboration, and governance structures**. The facilitator emphasized that the **MOU should reflect the evolving relationship** between the two tables, **reinforcing collaboration while maintaining clear distinctions in responsibilities**.

The discussion revisited key points raised in earlier agenda sections, including **governance, funding oversight, and decision-making processes**. Members were asked to **provide final feedback** on what should be included in the MOU and whether any lingering concerns needed to be addressed **before drafting begins**.

### Key Concerns and Responses

#### Concern 1: Ensuring the MOU Accurately Reflects BHC's Role & Flexibility

**"I've not seen the most recent version of the MOU draft, but I hope it captures the organic, nimble nature of this group. Unlike a formal government agency, BHC has the flexibility to be responsive to community needs. That's an important part of our governance structure."** (BHC

Voting Member- Dr. Carl bom, County Medical Program Director)

 **BHC Voting Member - Apple, JCPH Director**

*"That's exactly what we're trying to formalize in the MOU. We don't want rigid structures that undermine collaboration, but we also need clear guidelines to ensure accountability."*

 **Lori, Facilitator**

**"That's why today's discussion is so important—so that when we finalize the MOU, it's something that truly reflects the needs and values of this group."**

## Concern 2: Clarifying How Funding Alignment Will Be Structured in the MOU

**"If the MOU is going to define how BHC and BHAC work together, then it needs to be crystal clear about how funding decisions are made. Who decides which funding opportunities we pursue, and what role does BHAC have in that process?"** (Gabbie, Believe In Recovery/Gateway to Freedom, BHC Voting Member)

 **Lori, Facilitator**

*"That's a key part of what we need to finalize. BHAC has statutory authority over county funds, while BHC facilitates strategic alignment for funding beyond that scope. The MOU will clarify that distinction and ensure that both groups understand how we coordinate without stepping on each other's roles."*

 **BHC Voting Member - Jim, DBH, CEO**

*"That's why having a structured governance model within BHC matters. We need to ensure that when funding priorities are set, it's done transparently and in a way that supports collaboration rather than competition."*

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## Key Takeaways & Next Steps

- **Refining the MOU Language:** Ensure BHC's flexibility and collaborative role are clearly articulated; Define BHAC's oversight role vs. BHC's coordination role for funding pursuits.
- **Ensuring Transparency & Alignment:** Clarify how funding decisions are made to avoid confusion or overlap; Maintain clear distinctions between governance and fiscal oversight.
- **Final MOU Review & Approval Process:** Draft the updated MOU incorporating today's feedback; Circulate the draft to both tables for review and approval.

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## CLOSING REFLECTIONS & ACTION STEPS

### Reflections

 **(Viola, OlyCAP, BHC Voting Member)**


*"This meeting reinforced why BHC exists—we're not just talking about services in silos, but figuring out how to truly work together. I feel like we're moving from conversation to action, and that's exciting."*

 **BHC Ad Hoc Member Anya, JCPH Harm Reduction**

*"I appreciate that we're looking at both immediate needs and long-term solutions. We can't just focus on crisis response; we need to be thinking about sustainable systems."*

 **BHC Voting Member – Brian, Dove House/Recovery Cafe**

*"I think the biggest takeaway for me is that we have to be strategic about funding. We can't go after everything—we need to be smart about what we pursue and make sure we have the right partners in place."*

 **Lori, Facilitator**

*"We've surfaced a lot of strong ideas today, and now it's about putting structure around them. The MOU will be a big step in defining how BHC and BHAC work together, and our funding priorities need to align with what's most achievable in the near term. This table is about what we can create together. I appreciate everyone's engagement today, and I'm looking forward to seeing how we turn these discussions into meaningful impact for our community"*

### **Final Action Steps & Responsibilities**

- **MOU Finalization:** **Draft the revised MOU** incorporating today's feedback; **Circulate the draft** to BHC and BHAC members for review.
- **Funding Strategy & Project Prioritization:** **Identify 1-2 priority projects** for funding pursuit; **Assess potential lead agencies** for grant applications.
- **Transparency & Governance Enhancements:** Create an **FAQ document** addressing governance and funding transparency; Provide **clear guidance on fiscal oversight processes**.

### **NEXT MEETING DATES & FOLLOW-UPS:**

- **BHC's Full Meeting** [Upcoming 2025-26 Meeting Dates @ 3-4:30p – May 8, 2025](#); 8/14/2025; 11/13/2025; 2/12/2026; 5/14/2026; 8/13/2026; 11/12/2026
- **BHC Governance Meeting** – To finalize the governance structure and review MOU - TBD.
- **Joint BHAC-BHC Session** – To review and approve the MOU. - TBD
- **Ongoing Working Groups** – Focused on grant readiness and project development – As needed.

**Next Meeting** is set for **May 8, 2025 @ 3p on zoom**