

# Behavioral Health Advisory Council

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## Accomplishments 2012 - Current

This document includes Council activity history targeted at new members, along with accomplishments. Most are administrative/internal to BHAC and a few are external/deliverables completed based on fulfilling our mission stated below. **Deliverables are highlighted.**

### Mission Statement:

*The Behavioral Health Advisory Council mission is to advise and educate the Division of Behavioral Health and Recovery, for planning and implementation of effective, integrated behavioral health services by promoting individual choice, prevention, and recovery in Washington State.*

### Accomplishments

#### **Year One and Two** - March 2012 - December 2013

- Focused on sharing and learning where Mental Health Services and Substance Use Disorders Services intersect and what differences exist between them.
- Agreed that common goal for both services is recovery, prevention, and promotion of choice for individuals.
- Council was educated on the different elements associated with each federal block grant.
- The Council's role was discussed from the perspective of the Department of Behavioral Health (DBHR) Director Chris Imhoff and Members; which was as a partner that not only advises... but also as a conduit to giving voice to the folks we represent.
- Protocol for electing officers and an Executive Team was approved and voted in Dec. of 2012.
- Meeting dates and schedules were decided upon with a time line for when BHAC Meetings would be during the year.
- Council Leadership (aka "Executive Committee") structure was established: consisting of 5 members: two Co-Chairs (1 from CD background and another from MH background). Two additional members focused on succession to Co-chair positions and a secretary position.
- Council formulated their mission statement (see top of page).
- Council agreed it needed more consumers and family members, including parents of children under age 18 with SED and SUD. In January, Council voted for these priority areas as new members came on.
- Decision was made that Council would use Ad Hoc committees vs. standing Sub-Committee
- Feb. 2013 a special meeting called regarding the application for a combined Federal Block Grants. BHAC provided feedback to DBHR which DBHR responded positively by rewriting sections that Family Members provided feedback on.
- Some Council members participated in July in a Marijuana Conference centered on how to prevent usage in underage children and results of passages of this law.
- Frequent educational sessions on progress of marijuana legalization were provided to by DBHR throughout 2013 and 2014. Council continues to provide DBHR with informal feedback regarding this issue.
- 2013 Peer Review: Council completed its compilation and review of DBHR's Independent Peer Review Process of SUD treatment providers. An Ad Hoc committee performed reviews and

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finalized the compilation of reports followed by the Chair preparing a report including recommendations. Full Council reviewed and approved the final document.

### Year 3 - 2014

- An introduction to different grants that DBHR had received) were shared with Council ... not just the FBG's.
- Melodie Pazolt requested input from the Council regarding the PORCH Grant. She also provided regular reports on her progress. Included PATH-which identifies, connects, and reaches homeless people to support them for housing, benefits, and recovery; and, BRIDGES which funds outreach teams to connect with people who are chronically homeless and help them get housing, employment and benefits
- It was agreed by Council and DBHR that Behavioral Health Organizations (BHOs) must include issues of Housing and Employment.
- In July, Council did a self-assessment of its performance based on a SAMSHA Best Practices document for similar councils. An area of weakness was identified related to strategic planning (establishing strategic objectives and plans to carry them out) and execution.
- More information on Councils roles from Director Imhoff: She discussed where and how Council can be helpful to DBHR. She stated that non-clinical feedback is important for her to hear and that we need to build early interventions and transition support for consumers. She values the input Council provides in many areas but specifically currently for her to know what helps a person to not get into an acute state, or if a person does experience an acute episode, what transitions help so a person gets the best possible care, etc.
- A Membership Ad Hoc Committee was formed to address the need for new members. Focus was on priorities previously established (Parents of Children with SED or SA under 18, Consumers, and Family Members). Ten new members were brought onto Council with about half having their first meeting on Nov. 5, 2014 and others having their first at the Jan. 5th, 2015 BHAC Meeting.
- 2014 Peer Review was completed on Oct. 15<sup>th</sup>. Again an Ad Hoc Group from BHAC went over the reviews and compiled comments; the report was written by our Co-chairs and presented to DBHR by Dec. 1 to forward to SAMHSA.
- Council Bylaws were approved at the Nov. 5th BHAC. These were signed by then current Co-chairs: Carrie Huie-Pascua and Beth Dannhardt, and Director Chris.

### Year 4 - 2015

#### January

- One of the Councils co-chairs resigned her position due to a conflict caused by a new job she agreed to take with DBHR. Becky Bates of the Executive committee agreed to fill the remaining term for this vacated position.
- It was decided that the Council would utilize SAMSHA's Technical Assistance to address the strategic planning weakness identified during last year's self-assessment. The document used to perform the self-assessment; SAMHSA's "Best Practices for State Behavioral Health Planning Councils" will be reviewed again with new members.