

SECTION O. STATE BEHAVIORAL HEALTH ADVISORY COUNCIL

The Division of Behavioral Health and Recovery is committed to creating an effective partnership with consumers to improve Behavioral Health services to persons living with mental and substance use disorders by improving the development, evaluation, and monitoring of those services by consumers, and stake holders. We affirm with the National Association of Mental Health Planning and Advising Councils that persons affected by the mental health system including consumers, parents and family members must be true partners in the planning and oversight of mental health services.

Both the Mental Health Division and Division of Alcohol and Substance Abuse (DASA) had rich histories of consumer involvement and were viewed as national leaders in giving voice to consumers in addressing their needs.

Since the merger of these two divisions into the Division of Behavioral Health and Recovery, (DBHR), efforts have been under way to integrate the Mental Health Planning and Advisory (MHPAC) with the Citizens Advisory Council for Alcohol and Substance Abuse (CAC) which had been the consumer policy partner with DASA. The merger of the divisions as well as the merger of the councils has been a difficult journey for the state, providers and some consumers due to the need to blend different cultures, traditions and histories. These difficulties have been exacerbated by an unprecedented economic down turn which has resulted in significant reductions of state staff, the loss of community programs, and the elimination of the CAC as a legislatively recognized body due to the Governor's decision to reduce boards and commissions. This action also limited the state's ability to provide staff support to MHPAC and resulted in a decrease in travel as well as the number meetings that were held.

After a series of false starts attempting to combine the CAC and MHPAC, the division capitalized on the direction provided in the new federal mental health and SAPT block grant application. The application guidelines encourage the establishment of an integrated Behavioral Health Advisory Committee (BHAC). The chairs from both the MHPAC and CAC were asked to identify two additional members from each council to participate in a planning group to implement a new integrated Behavioral Health Advisory Council.

The group was told that it was the Division's intent that the BHAC would be a policy partner with DBHR. As such, the BHAC would have a role in the key decisions that affect quality and effectiveness of the programs and services DBHR oversees. Membership for this new council would continue to meet the 51% consumer requirement, with an added goal of maintaining equal representation with the mental health and chemical dependency consumers. The other required representation would be achieved by inviting stakeholders and Tribes from both chemical dependency and mental health perspectives to join the council.

In order to support this process the state agreed to engage the individual who had facilitated the state's Mental Health Transformation Work Group to assist in this effort. Our initial intent was that the new council would be operational in early July 2011, reflecting membership from both the former MHPAC and CAC and that when the BHAC was established, the MHPAC would be dissolved. This did not occur as planned.

Due to a series of scheduling conflicts, the first BHAC planning session with the facilitator did not occur until June 4, 2011 we therefore amended our timeline and agreed to support as many meetings as was necessary to implement the BHAC prior to August 31, 2011, during the very first planning session the BHAC planning team decided to "pause" on the formation of the BHAC

and focus on developing the state plan for the Unified Block Grant application in order to ensure the broadest level of consumer participation possible.

The planning team agreed that they would refocus their efforts on the formal establishment of the BHAC after the submission of the Unified Block Grant Application. The Chairs of both the MHPAC and the CAC continued to be involved in the development of the state application. Both Chairs accompanied state staff to the National Block Grant Conference in Washington DC and were involved in the planning and execution of a statewide video conference. The video conference was used to solicit comments on how to most effectively involve consumers in the planning process proposed in the block grant application and to inform them of how to review and provide feedback to the draft application.

While the BHAC's formal structure will not be fully established until after the submission of the combined state block grant application, there has been significant and unprecedented review and input from mental health and substance abuse consumer communities and from the community at large. Draft versions of the application have been posted on-line for public access and review. Notifications of the posting went out to consumers and consumer groups, asking them to pass the information along to other consumers. We included a feedback form and a special email address to send the form back to.

It is also important to note that prior to the decision to "pause" council meetings the MHPAC reviewed the individual Regional Support Network (RSN) plans for their block grant expenditures. The RSN receives 80% of the Mental Health Block Grant award. This year, in addition to reviewing overall compliance with block grant guidelines, the MHPAC reviewed the plans and gave feedback to the RSNs on:

- Overall plan strengths
- Overall areas for improvement
- Consumer focus on the plan and areas for improvement
- How the plans addressed cultural, linguistic and linguistic barriers and strategies for improvement
- Whether or not the plan addressed the community need identified in the needs assessment portion of the plan, and how responding to community need could be improved upon by the RSN.

Our intent continues to be to establish a true partnership with the consumer community through the Behavioral Health Advisory Council. Now that the block grant application is ready for submission, we will turn our full attention to formally establishing the BHAC and fully functioning by the end of year 2011. To help with this process the National Association of Mental Health Planning Councils (NAMHPC) provided technical assistance to the planning team on August 20, 2011 to create the framework for the integrated council. NAMHPC has agreed to continue conversations and technical assistance during the development of the BHAC.

During this development stage, the planning team established the interim role of the BHAC which will include how to be engaged stakeholders in: the block grant budget and planning process; monitoring for quality assurance; and, in establishing the overall mental health and substance abuse mission of the state.