

1 **BYLAWS**  
2 **Of the WASHINGTON STATE**  
3 **MENTAL HEALTH PLANNING**  
4 **AND ADVISORY COUNCIL**

5  
6 **DIVISION OF BEHAVIORAL HEALTH AND RECOVERY**  
7 **DEPARTMENT of SOCIAL and HEALTH SERVICES**  
8

9  
10 **ARTICLE I: PURPOSE**

11  
12 **Section 1: Name**

13 The name of this unincorporated association shall be the Washington State Mental  
14 Health Planning and Advisory Council (MHPAC), throughout this document referred to  
15 as the "Council".  
16

17 **Section 2: Authority**

18 Mental Health Planning and Advisory Councils (PAC's) exist in every state and U.S.  
19 Territory because of the passage of federal law 99-660 in 1986, continuing through  
20 Public Law 101-639 and Public Law 102-321 in 1992.  
21

22 Through the authority of the Secretary of the Department of Social and Health Services  
23 (DSHS), a statewide citizen advisory council is established to aid the Division of  
24 Behavioral Health and Recovery (DBHR), the Medicaid Purchasing Administration  
25 (MPA), and the Aging and Disability Services Administration (ADSA) in their mission to  
26 assure that all persons regardless of race, ethnicity, disability, gender, age and sexual  
27 orientation experiencing a behavioral illness can lead valued and satisfying lives in their  
28 communities.  
29

30 **Section 3: Goals**

31 The Goals of the Mental Health Planning and Advisory Council shall be to transform the  
32 behavioral health system consistent with the goals of the President's New Freedom  
33 Commission on Mental Health, as follows:

- 34 A. Washington State residents acknowledge that behavioral health is essential to  
35 overall health.  
36 B. Behavioral health care is consumer and family driven.  
37 C. Disparities in mental health services are eliminated.  
38 D. Early mental health screening, assessment and referral to services are common  
39 practice.  
40 E. Excellent mental health care is delivered and research is accelerated.  
41 F. Technology is used to access mental health care and information.  
42  
43

1 **Section 4: Other Goals**

- 2 A. Review the Federal Block Grants and make recommendations concerning  
3 Projects and the State Plan, amendments, or reports to be submitted by DBHR to  
4 the Center for Medicaid and Medicare Services (CMS) on mental health and  
5 substance abuse issues.  
6 B. Provide advocacy and support, concerning legislation, funding, and regulation of  
7 mental health and substance abuse services.  
8 C. Utilize health statistics, research and proven theories in both the decision making  
9 and the planning process.  
10 D. Support and advocate for quality, cost effective and individualized consumer/  
11 family based services through evidence based best practices and other effective  
12 models of care. Encourage research and use of promising practices with a goal  
13 for excellence.  
14 E. Improve quality of life for consumers through the lifespan by removing barriers to  
15 services. The Council's focus to support and maintain children at home and in  
16 their community; meaningful daily activities, including supported employment for  
17 adults; and meaningful daily activities for older adults. Services will focus on  
18 recovery and resiliency.  
19 F. Promote educational opportunities about mental illness and substance abuse in  
20 an effort to reduce stigma.  
21  
22

23 **ARTICLE II: DUTIES**

24  
25 **Section1: Duties**

26 The Council will fulfill requirements of federal law 99-660 continuing through Public Law  
27 101-639 and Public Law 102-321 which state that the Planning Council is expected to  
28 do the following:

- 29 A. Review the Mental Health Block Grant Proposals and make recommendations to  
30 the State about the plan, as presented to the Council in final draft no later than  
31 thirty (30) days preceding the meeting in which the review are to take place.  
32 B. Serve as advocates for people with a chronic or serious mental illness (SMI),  
33 children with complex mental health needs and other individuals with mental  
34 illnesses and substance abuse disorders, whether or not they are currently  
35 enrolled or have been previously enrolled in the State publicly-funded mental  
36 health care program.  
37 C. Monitor, review and evaluate, not less than once each year, the allocation and  
38 adequacy of mental health, substance abuse services and funded projects within  
39 the state.  
40 D. Work closely and in concert with the Regional Support Networks (RSN) Advisory  
41 Boards and the State in the development of yearly Federal Block Grant  
42 proposals, for those with mental health disorders, children with complex mental  
43 health needs and substance abuse disorders utilizing criteria set forth by the  
44 Council, National Association of Mental Health Planning and Advisory Councils  
45 (NAMHPAC), and (Substance Abuse and Mental Health Services Administration  
46 (SAMHSA).  
47 E. Utilize a subcommittee system that incorporates advice and recommendations  
48 from special population groups. These populations include, but are not limited to:

1 children, adults, older adults, race/ethnic minorities, sexual minorities, and  
2 individuals with chemical dependency or drug addiction disorders.

3  
4 **Section 2: Other Duties**

- 5 A. Advocate and educate for legislation and regulations affecting mental health,  
6 children's emotional disorders, chemical dependency and drug addiction  
7 disorders.  
8 B. Exchange information and develop, evaluate and communicate ideas about  
9 services for mental health, children's complex mental health needs, and  
10 substance abuse and drug addiction disorders.  
11 C. Create and manage sub-committees deemed necessary to facilitate and inform  
12 the Council and represent those being served.  
13

14  
15 **ARTICLE III: MEMBERSHIP**

16  
17 **Section 1: Qualifications**

18 Membership criteria are guided by Revised Codes of Washington 43.20A.360 (RCW),  
19 Administrative Policy 2.10 and Public Law 102-321. Membership should:

- 20 A. Include a balanced geographic representation of race, ethnicity, gender, age and  
21 sexual orientation.  
22 B. Have a particular interest or expertise in behavioral health services.  
23 C. Be interested in social service programs;  
24 D. Be willing and able to commit to fully participate in all meetings and group  
25 activities during their term of appointment;  
26 E. Be willing to work toward success of the Mission and Goals of the Council.  
27 F. Give due consideration to the Council's federal mandates.  
28

29 **Section 2: Appointment of Members**

30 The Secretary, upon recommendation of the Director of DBHR shall appoint members  
31 to the Council. The Council will be responsible for recommending members to the  
32 DBHR Director.  
33

34 **Section 3: Membership**

35 Membership shall not exceed thirty-one (31) members, nor consist of fewer than twelve  
36 (12) members. Individuals in recovery, family members and advocates shall represent  
37 at least 51% of the total membership of the Council.

- 38 A. Any individual or organization may submit an application for membership.  
39 B. Membership will be configured to meet the federal mandate for the following  
40 state agencies' representations: Mental Health, Children with Serious Emotional  
41 Disturbances (SED), Substance Abuse, Education, Vocational Rehabilitation,  
42 Criminal Justice, Housing, Social Services (including DSHS Aging and Disability  
43 Services Administration), and the state Medicaid Purchasing Administration.  
44 Membership will meet state requirements of geographic, cultural, rural/urban  
45 diversity, consumers, families, and other underserved populations.  
46 C. The ratio of parents and caregivers of/for children with SED to other members of  
47 the Council shall be sufficient to provide adequate representation of such  
48 children in the deliberations of the Council.

- 1 D. Nominations for membership will be reviewed by the Program Planning  
2 Subcommittee for recommendation to the Council. If approved by Council the  
3 successful nominees' names will be forwarded to the Director of DBHR for review  
4 and recommendation to the Secretary of DSHS.  
5 E. Subcommittees will be represented on the Council by either the Chair of the  
6 Subcommittee, Vice-Chair, Co-Chair, or a permanently assigned designee.  
7

#### 8 **Section 4: Term of Membership**

- 9 A. Members shall hold office for three (3) calendar years except in the case of a  
10 vacancy, in which event the appointment shall be only for the remainder of the  
11 unexpired term for which the vacancy occurs.  
12 B. If approved by the Planning Council, a member may serve a second term. No  
13 member shall serve more than two consecutive terms. Eligibility to serve  
14 subsequently is regained after twelve months of absence as a member.  
15 C. Vacancies shall be filled by the Secretary upon Council and the Director's  
16 recommendation as they occur.  
17 D. Members representing required state agencies do not have a term of office.  
18

#### 19 **Section 5: Attendance at Meetings**

- 20 A. The Chair and Vice-Chair will review the circumstances of members with three  
21 (3) excused absences in a calendar year and will submit a recommendation for  
22 action to the full Planning Council.  
23 B. Unless the Council determines otherwise, any member who has three (3)  
24 unexcused absences during a calendar year from regularly scheduled meetings  
25 shall be terminated from the Council's membership, and a vacancy shall be  
26 declared.  
27 C. Prior notification of inability to attend shall be given no later than five (5) days  
28 before the meeting. In cases of unexpected emergency or sudden illness,  
29 notification to the Chair and Staff within a 48-hour window of the missed meeting  
30 will suffice and will not be counted as unexcused.  
31 D. State agency and Council members who are unable to attend a meeting may  
32 send an alternate representing the same constituency who shall have the same  
33 rights and privileges as the Council member being represented. The alternate  
34 may cast a vote upon written appointment signed by the member.  
35 E. A leave of absence may be requested and considered by the Council. If an  
36 alternate is needed in the interim, before Council approval of the leave, the  
37 member requesting leave or the Program Planning Subcommittee will appoint a  
38 temporary alternate until Council action occurs.  
39

#### 40 **Section 6: Communication**

41 Council communication during face to face meetings, emails and/or telephone  
42 conference calls shall follow these guidelines:

- 43 A. Be respectful of diverse opinions;  
44 B. Be aware of confidentiality and personal privacy in all areas of communication.  
45 C. All Council communication is in the public domain. *Records pertaining to the*  
46 *Council are "Public Records" for purposes of the Public Records Act, ch.42.56*



1 **Section 4: Emergency Meetings:**

2 In the case of an emergency, action may be taken by the Chair and Vice-Chair, with  
3 concurrence by a majority of the members by telephone or e-mail. Such action shall be  
4 noted in a special memo placed in the minute book and signed by the person obtaining  
5 such concurrence and shall be reported in the minutes of the next meeting.  
6

7 **Section 5: Executive Sessions:**

8 May be called for business concerning national emergencies, personnel matters, legal  
9 concerns and discussions on negotiations with DBHR Executive Sessions, like other  
10 meetings of the Council must abide by 21<sup>st</sup> Century Robert's Rules of Order, as  
11 Revised.  
12

13 **Section 6: Decision Making Process**

14 Decisions of the Council shall be made, preferably, by consensus or, failing that by a  
15 majority vote of the members present.  
16

17 **Section 7: Quorum**

18 A quorum shall consist of a simple majority of the appointed members/designees of the  
19 Council (50% + 1).

- 20 A. At meetings where a quorum is not present, the only actions that may legally be  
21 taken are to fix a time for adjournment, adjourn, recess, take measures to obtain  
22 a quorum (such as contacting absent members), and to determine the time for  
23 the next meeting.  
24 B. The Chair (or the Chair's designee from the Council, if the Vice-Chair is not  
25 present) must be present in order to conduct business. These officers are  
26 members, and are counted when determining whether there is a quorum.  
27 C. Members of the public are not counted in determining quorums.  
28

29 **Section 8: Rules of Order**

30 In all procedural matters not governed by these Bylaws, the Council shall be bound by  
31 the provisions of the 21<sup>st</sup> Century Robert's Rules of Order, as Revised.  
32  
33  
34

35 **ARTICLE V: ELECTIONS AND OFFICERS**

36  
37 **Section 1: Election of Officers**

38 The Council shall elect from its membership a Chair and Vice-Chair. An election will be  
39 held at the November meeting (or December meeting in the event that there is no  
40 November meeting) to take office the following January.

- 41 A. Both Chair and Vice-Chair will hold two-year terms of office, with mandatory term  
42 limits of three consecutive full terms. Following a minimum of 1-year out of either  
43 office, following such term limitation, the former Chair or Vice Chair would  
44 become eligible again to serve in the same office. This does not preclude  
45 someone from serving in the other office upon reaching the term limit for one  
46 office.

- 1 B. Should someone take office to fill an unexpired term, they will serve until the end  
2 of the unexpired term and then may be elected to their first full term in either  
3 office.  
4 C. The Chair shall vote whenever his or her vote will affect the outcome: to break or  
5 cause a tie; to block or cause attainment of a two-thirds majority when a two-  
6 thirds majority is necessary for an action pending.  
7

## 8 **Section 2: Removal**

9 An officer may be removed by the Council whenever, in its judgement, the best interests  
10 of the Council would be served thereby, but such removal shall be without prejudice to  
11 such officer's position as a member.

- 12 A. Any officer may resign at any time by giving written notice to the Council.  
13 Removal may occur only at a properly scheduled meeting of the Council,  
14 following at least a thirty-day notice to the person proposed to be removed.  
15 B. A member of the Council may be removed whenever the Council, in its  
16 judgement, finds the best interests of the Council would be served thereby.  
17 Removal may occur only at a properly scheduled meeting of the Council,  
18 following at least a thirty-day notice to the person proposed to be removed.  
19 C. Any removal of a member of the Council must be made upon the vote of the  
20 super majority (*two-thirds (2/3) majority*) of the Council.  
21 D. After removal of said officers or members a letter of notification will be sent to the  
22 Director of DBHR and Secretary by the Chair or Vice Chair of the Council in  
23 regards to the removal.  
24

## 25 **Section 3: Spokesperson for the Council**

26 The Chair will be the spokesperson for the Council. When individual Council members  
27 speak or write publicly, they must clarify that they represent themselves, or represent  
28 the Council with its endorsement.  
29

30 If member of the Council or subcommittee falsely state or imply that they represent the  
31 Council this shall be grounds for dismissal from Council or said subcommittee.  
32

## 33 **Section 4: Nominating Committee**

34 The Chair will appoint a three member Nominating Committee at the August meeting to  
35 recommend candidates for nomination as Chair or Vice-Chair.

- 36 A. Each candidate must have agreed to have her/his name placed in nomination.  
37 B. The names will be submitted by the Nominating Committee at the November  
38 meeting. Additional nominations may be submitted from the floor.  
39  
40

# 41 **ARTICLE VI: TRAVEL AND EXPENSES**

## 42 **Section 1: Reimbursement for Expenses**

43 Expenses and reimbursement for Council and Subcommittee members shall be  
44 consistent with RCW 43.03.050-060 and Department Policy.

- 45 A. Members shall be encouraged to use the least costly means of travel. Requests  
46 for travel arrangements must be made to the DBHR at least two weeks prior to  
47 any regularly scheduled meeting.  
48

- 1 B. Travel expenses for members representing state agencies, provider agencies,  
2 and Regional Support Networks (RSNs) will be covered by those respective  
3 agencies  
4 C. Advisory Council members who work for agencies, which contract with the  
5 Division, are responsible for their travel expenses when they represent said  
6 agency.  
7  
8

## 9 **Article VII: SUBCOMMITTEES**

### 10 **Section 1: Subcommittees**

11 The Council is empowered to create and/or disband such Standing or Ad Hoc  
12 Subcommittees as it deems appropriate.  
13

### 14 **Section 2: Subcommittee Membership**

15 The Council Chair or the Chair's designee shall be an ex-officio member of all Council  
16 subcommittees. The Chair and/or Co-Chairs of each subcommittee shall be  
17 recommended by the Subcommittee members and appointed by the Council Chair,  
18 upon approval of a simple majority vote of the Council. Subcommittee members shall  
19 serve at the pleasure of the Chair of the Council within the member's term of  
20 appointment and may include both Council members and non-members. Each Council  
21 member will serve on a subcommittee.  
22

### 23 **Section 3: Size and Terms of Appointment**

24 Size of Subcommittees and Terms of appointment for members of subcommittees shall  
25 be as follows:  
26

- 27 A. Ad Hoc Subcommittees: the duration of the assignment to the subcommittee as  
28 determined by the Council. Ad Hoc Subcommittees shall be not less than three  
29 members. The Ad Hoc Subcommittee will generate recommendations for  
30 consideration by the Program/Planning Subcommittee and a vote by the full  
31 Council.  
32 B. Standing Subcommittees: three full calendar years with the possibility of  
33 reappointment for one additional term. Persons who have completed six  
34 consecutive calendar years of service on a given subcommittee may not be  
35 reappointed before the lapse of one full year following the expiration of their  
36 previous appointment. Standing Subcommittees shall have not less than 5 nor  
37 more than 15 members and must include at least one council member.  
38 Whenever possible, membership on standing subcommittees will be, at  
39 minimum, 51% consumer/family representation of the populations they represent  
40 and will also be diverse in regional and ethnic/racial representation.  
41

### 42 **Section 4: Subcommittee Meetings and Reporting**

- 43 A. Standing Subcommittees shall meet a minimum of 4 times per year, with a  
44 minimum of three (3) face-to-face meetings. *Exceptions will be made only in*  
45 *extreme economic crises. Due to the passage of E2SHB2617 and its*  
46

1 *implementation from July 1, 2010 through June 30, 2013, subcommittees will*  
2 *reduce face to face meetings to a total of twelve, to be distributed between the*  
3 *subcommittees annually. In addition, subcommittees will combine their meetings.*  
4 *Program Planning will temporarily meet with Legislative Administrative;*  
5 *Children's services will, due to its complexity, continue to meet individually;*  
6 *Sexual Minorities Services and Ethnic-Multicultural Advisory will temporarily*  
7 *combine their meetings; Older Adults Treatment and Services will temporarily*  
8 *meet once annually; and Adult Consumers and Alcohol and Drug Addiction*  
9 *subcommittees shall meet together. The distribution of the twelve face-to-face*  
10 *subcommittee meetings will be determined by the Council.*

- 11 B. Reporting from the Subcommittees to the Council shall be mandatory on a  
12 regular basis in a format and in accordance with a schedule outlined by the  
13 Council Chair at the time of the subcommittee's creation, or as may be modified  
14 in writing by the Council Chair.
- 15 C. Subcommittees shall work in concert with one another to develop relationships  
16 and promote cross-system sharing by utilizing the Council's communication  
17 protocols and in consultation with other Subcommittees regarding issues  
18 pertaining to the populations they represent.
- 19 D. Children's Services, Sexual Minorities, Older Adult Treatment and Services,  
20 Ethnic Multicultural Advisory, Adult Consumers, Legislative Administrative, and  
21 the Alcohol and Drug Addiction subcommittee's will each work with the Program  
22 Planning subcommittee to bring their concerns to Council.

## 24 **Section 5: Standing Subcommittees:**

25 The following shall be Standing Subcommittees of the Council:

### 27 Program Planning Subcommittee:

- 28 A. First and foremost is to serve as an Executive Subcommittee for the Council to  
29 assure that MHPAC meets its federal obligations to plan, advocate and evaluate.
- 30 B. Other duties include, and are not limited to, developing the Council's agenda;
- 31 C. Assure the integrity of Council functions;
- 32 D. The Subcommittee provides resolution of conflicts to assure the smooth  
33 functioning of the Council and its subcommittees.
- 34 E. Review, analyze, and evaluate the effectiveness based on costs and consumer  
35 outcomes of publicly funded mental health and substance abuse policies and  
36 practices which pertain to access for services, treatment, rehabilitation, and  
37 reintegration of adults affected with serious mental illnesses (SMI), children  
38 affected by complex mental health needs (SED) and individuals affected by  
39 alcohol and substance abuse. The Subcommittee will review and interview  
40 Council member applicants and term reappointments and make  
41 recommendations to the Council.
- 42 F. Bring recommendations for Subcommittee Chairs and Co-Chair to the Council.
- 43 G. Make recommendations for the development of needed Ad Hoc Committees.
- 44 H. Recommend to the Council projects and activities which may include  
45 consumer run services and use of Mental Health Federal Block Grant (MHFBG)  
46 & Substance Abuse Preventative Treatment (SAPT) funds.

1 Legislative Administrative Subcommittee:

- 2 A. Provide an informed perspective on proposed mental health and substance  
3 abuse public policy which affects services, treatment, rehabilitation, and social  
4 reintegration of adults/older adults affected by serious mental illnesses (SMI),  
5 substance abuse disorders and of children affected by complex mental health  
6 needs (SED).  
7 B. LAS will provide for the Council an overview of the merits, cost effectiveness,  
8 and impact on consumers/families concerning established policy, legislation,  
9 WAC's, and DBHR contracts.  
10 C. This Subcommittee, if possible, should consist of one representative from each of  
11 the subcommittees; one RSN representative; an expert in policy development;  
12 and a consumer advocate, in an effort to provide balanced representation,  
13 meeting the diverse needs of our consumer community.  
14

15 Children's Services Subcommittee:

16 To focus on mental health policy, the allocation of resources, and services to children  
17 impacted by mental health challenges and their families.  
18

19 Sexual Minorities Services Subcommittee:

20 To focus primarily on the impact of legislation, public policies, and practices particularly  
21 as they affect sexual minorities at the service provider level, in institutions, residential  
22 facilities, and/or community settings.  
23

24 Older Adults Treatment and Services Subcommittee:

25 To focus primarily on the impact of legislation, public policies, and practices, particularly  
26 on affected older adults in institutional, residential facilities, and/or community settings.  
27

28 Ethnic Multicultural Advisory Committee: to focus primarily on the impact of legislation,  
29 public policies, and practices, particularly those affected ethnic/cultural minorities in  
30 institutional, residential facilities, and/or community settings. To promote increased  
31 linguistic and cultural competence in the state public mental health system, including  
32 promotion of comparable access for comparable service results.  
33

34 Adult Consumer Subcommittee:

- 35 A. To focus primarily on the impact of legislation, public policy and practices, to  
36 advise Council concerning decisions made on program composition, quality,  
37 equity, safety and access to public mental health.  
38 B. The Adult Consumer Subcommittee composition will be an adult consumer (who  
39 self-identifies as 18 and above) subcommittee (according to the definition of  
40 consumer in WAC 388-865-0150.) This subcommittee includes Youth in  
41 Transition individuals and their needs.  
42 C. Seek quality, equity and excellence in mental health services.  
43 D. Promoting consumer run services, reducing barriers and streamlining access to  
44 public mental health and substance abuse services and giving voice to our most  
45 vulnerable populations.  
46

1 Alcohol and Drug Addiction Subcommittee:

- 2 A. To review the federal Substance Abuse Prevention and Treatment (SAPT) Block  
3 Grant which includes holding a public hearing for each Washington State SAPT  
4 block grant application submitted to the Substance Abuse Mental Health  
5 Services Administration (SAMHSA).  
6 B. Conduct an annual peer review of at least 5% of the treatment providers who  
7 receive SAPT block grant funding.  
8 C. Focus primarily on the impact of legislation, public policies and practices which  
9 impact the delivery and availability of substance abuse services to eligible  
10 individuals in need.  
11 D. Utilize the combined strengths of a core group of advocates to inform the Council  
12 to ensure the availability of quality alcohol and drug prevention, intervention  
13 treatment, and aftercare services.  
14 E. Funding to support this subcommittee will be provided through the Substance  
15 Abuse and Prevention Treatment Block Grant (SAPT).  
16

17 **Section 6: Removal**

18 Subcommittees are requested to bring before the Planning & Policy Subcommittee a  
19 recommendation for a subcommittee member's removal from the Subcommittee or  
20 Council, stating the reasons for dismissal after a two-thirds majority vote of a quorum of  
21 the Subcommittee's membership and/ or the Subcommittee Chair's decision on  
22 warranted circumstances.  
23

24 The Chair or any member of any Subcommittee may be removed for willful misconduct  
25 by a super (two-thirds) majority vote of the Council at any properly scheduled meeting of  
26 the Council upon a 30-day notice to said person.  
27  
28

29 **ARTICLE VIII: PUBLIC DISCLOSURE AND MEDIA RELATIONS**

30  
31 **Section 1: Public Disclosure**

32 All state agencies are required by RCW 42.17 to have available for inspection and  
33 duplication, public records such as procedural rules and statements of general policy.  
34

35 **Section 2: News Media**

36 The news media has the important function of informing the public about state  
37 government operations. In doing so, the media provides an important link with the  
38 community.

- 39 A. Individual Council members may speak publicly on any issue as private citizens.  
40 B. The Department of Social and Health Services (DSHS) media relations staff is  
41 available to assist the Chair with media relations.  
42 C. The Chair, or the Chair's designated spokesperson for the Council, is  
43 encouraged to consult with the Director of DBHR and DSHS media relations staff  
44 before any contact with the media.  
45  
46  
47

