

Attention: Washington THDs & Delegates

From: Johns, Wanda (DSHS/DBHR) [<mailto:JOHNSW@dshs.wa.gov>] **On Behalf Of** DSHS DBHR BHAC
Sent: Thursday, January 05, 2012 10:23 AM
Subject: BHAC Membership Memo and Application Form

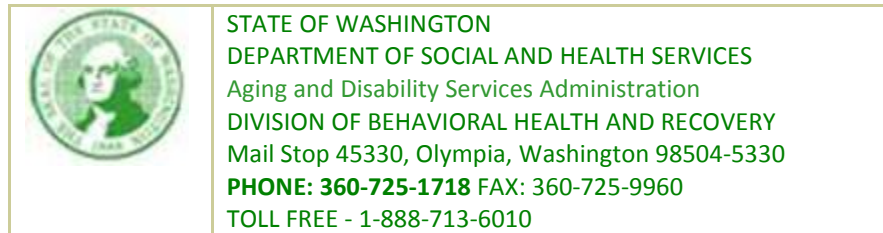
Hi folks,

I am very pleased to announce that the Division of Behavioral Health and Recovery is now accepting applications for membership on our integrated Behavioral Health Advisory Board. Please see the attached documents.

If you know of other interested individuals, please forward this message on to them.

Thank you,

Wanda Johns,
Secretary Senior



Washington State Recovery Help Line: 1-866-789-1511

www.waRecoveryHelpLine.org

866-Teenlink: 1-866-833-6546

www.866TeenLink.org



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Aging and Disability Services Administration
Division of Behavioral Health and Recovery
PO Box 45330, Olympia, WA 98504-5330

January 5, 2012

TO: Interested Individuals
FROM: Ron Jemelka, Ph.D., DBHR Interim Director
SUBJECT: BHAC Membership Applications

The Division of Behavioral Health and Recovery (DBHR) is recruiting interested individuals to apply for membership on the Division's Behavioral Health Advisory Council (BHAC). This Council incorporates the work of the Mental Health Planning and Advisory Council (MHPAC), and the Citizen's Advisory Council on Alcoholism and Drug Addiction (CAC) into an integrated council. This Council will work directly with the DBHR Director and staff, in support of the Division's commitment to consumer voice and the need to transform our system of care into one that truly supports consumer choice and recovery.

The purpose of the Behavioral Health Advisory Council will be to:

- Advise the state on the allocation of the Federal Unified Block Grant <http://www.dshs.wa.gov/pdf/dbhr/mh/2011UBGStatePlan.pdf>.
- Exchange information and develop, evaluate and communicate ideas about behavioral health planning, including mental health and substance abuse prevention and treatment services.
- Write and amend strategic plans for statewide behavioral health services.
- Advise state government on proposed and adopted plans for behavioral health services provided or coordinated by the state, and the implementation thereof.
- Monitor, review and evaluate the allocation and adequacy of behavioral health services and to advise state government on the need for, and quality of services and programs for persons with mental illness and/or substance abuse issues. Develop and take positions concerning behavioral health legislation and regulations.

Council membership will include private industry, local and tribal government, treatment and prevention providers, community groups, educators, law enforcement and individuals who have been impacted either directly or indirectly with mental illness and/or substance abuse.

The Behavioral Health Advisory Council membership requirements are as follows:

- Members must agree to actively participate on the Council for one (1) full year.
- Advisory Council members will need to be available to meet for one (1) full day at least quarterly (videoconferencing may be used to facilitate participation).
- Members must participate on one or more sub-committees of the Council.
- Members must have access to internet and an email address.

Interested Individuals

January 5, 2012

Page 2

- Members must attend all regularly scheduled Council meetings either in person or via determined media outlet.
- Members must be actively involved in the behavioral health community or in their local community.
- Members must report back to their communities on the work of the BHAC.

We are now accepting applications for the Washington State Behavioral Health Advisory Council. If you are interested in being a member of the Council please submit the attached application no later than January 20, 2012 via email to dbhrbhac@dshs.wa.gov or mail:

Division of Behavioral Health and Recovery (DBHR)
Office of Policy, Planning, Certification, Licensing, and Legislative Relations (OPPCLLR)
ATTN: Sandra Mena-Tyree
626 – 8th Avenue SE
Mail Stop: 45330
Olympia, WA 98504-5330

All applications will be reviewed by the BHAC Planning Team and then forwarded to the DBHR Director's office. Appointments will be made by the Director.

Important note: Submitting an application does not guarantee appointment by the Director. Appointments and the number of appointees (i.e., the size of the Council) are at the discretion of the Director.

We look forward to hearing from you. Please let us know if we can provide additional information to assist you with your decision. If you have any questions, please feel free to call Sandra Mena-Tyree at (360) 725-3750 or email to sandra.mena@dshs.wa.gov.

Attachment (1)

Questions for Application to Behavioral Health Advisory Council

Name	Phone	E-Mail
Street Address	City	Zip Code

Check all of the following constituency groups you represent:

- | | | |
|--|---|---|
| <input type="checkbox"/> Education | <input type="checkbox"/> Private industry | <input type="checkbox"/> In recovery from addiction to alcohol, tobacco or other drugs |
| <input type="checkbox"/> City/County government | <input type="checkbox"/> Treatment provider | <input type="checkbox"/> Family member is/was addicted to alcohol, tobacco or other drugs |
| <input type="checkbox"/> Corrections (including jails and prisons) | <input type="checkbox"/> Tribal Government | <input type="checkbox"/> Community Group member (list groups): |
| <input type="checkbox"/> Judicial system | <input type="checkbox"/> Parent (list ages of children under 18): | |
| <input type="checkbox"/> Law Enforcement | | |

Explain your experience with the following strategies in behavioral health:

Prevention Strategies (including education programs in communities and schools)

Treatment Strategies (including inpatient and out patient services)

Law and Justice Strategies (including law enforcement and programs through the courts, jails and prisons)

Explain why you are interested in becoming a member of the Advisory Council:

I am interested in becoming a member of the DBHR Behavioral Health Advisory Council because:

Is there any factor(s) which would cause a potential conflict of interest with your responsibilities as a Department of Social and Health Services (DSHS) Advisory Council member? No Yes

If yes, please explain:

The following demographic information assists in our effort to present a balanced representation on the Advisory Council. However, you are not required to fill out every item to be considered for the Council. Therefore, you should decide which items you choose to complete.

The following information is provided on a voluntary basis:

1. Gender: Male Female

2. Age: _____

3. Ethnic/Cultural Background:

Black/African-American

White/Caucasian

Native Hawaiian

Hispanic

Two or more races (check all that apply)

Native American

Native Alaskan

Other Pacific Islander

Other

Do you live in a rural area?

No Yes (please explain):

As a member of a public advisory council or subcommittee, your name and representation will be posted on the BHAC webpage. However, no personal information such as mailing address, phone number, or email address will be posted.

Signature

Date

Please attach a resume if available and return to:

Division of Behavioral Health and Recovery

PO Box 45330

Olympia, WA 98504-5330

or by Fax (360) 725-9960

Email: dbhrbhac@dshs.wa.gov