

## Oregon's Addictions & Mental Health Planning and Advisory Council (AMHPAC)

### Authority

States receiving funding through the Community Mental Health Services Block Grant (MHBG), 45 CFR Part 96 Sec. 300x-3, are required to establish a Mental Health Planning and Advisory Council. The Substance Abuse and Mental Health Services Administration (SAMHSA) recommended, in 2011, that states integrate representatives of substance use disorder prevention and treatment services on their Council and develop Behavioral Health Planning and Advisory Councils.

The former Addictions and Mental Health Division (AMH) responded with the development of the Addictions and Mental Health Planning and Advisory Council (AMHPAC) which integrates representatives of:

- Behavioral Health Promotion
- Substance Use and Problem Gambling Prevention
- Substance Use, Mental Illness and Problem Gambling Treatment
- Recovery Support Services
- Consumers, and their Family Members, of Behavioral Health Services

### Goal

To educate, advocate and advise OHA for optimal quality of life for all Oregonians by the promotion of mental and behavioral wellness.

### Guiding Philosophies

1. We honor every voice.
2. We recognize that these issues are universal; everyone experiences changes in their behavioral and mental wellness.
3. Utilize Culturally Linguistically Appropriate Service (CLAS) standards
4. We value feedback from OHA regarding our recommendations-what happens to our suggestions.
5. That we can make a difference and desire to leave our fears at the door.
6. Make decisions based on the benefit for people not systems.
7. Use SAMHSA's definition of recovery.

8. Shake the system up, but not the individual.
9. Collaborate, Cooperate, Communicate, Catalyze for system change
10. Equal time and value to the full spectrum of services from prevention to treatment, across the entire lifespan.
11. The voice of the individual drives the service planning process, nothing about us without us.
12. Ensure that what is supported here fits into the Triple Aim of better care, better outcomes, less cost.
13. Ensure the system does not fall exclusively into the medical model.
14. Greater communication & understanding with the Coordinated Care Organization transformation process, evaluating processes and outcomes.
15. Being productive and not wasting our time together.
16. There is a bigger picture that we are part of.

### **Block Grant Responsibilities**

AMHPAC has specific duties as required by the Mental Health Services Block Grant. These duties are:

1. Provide input on the State Plan for Behavioral Health Services (Block Grant application) by monitoring, reviewing, and evaluating the adequacy of services for individuals with substance abuse and mental disorders within the state.
2. Advocate for children, youth, young adults, adults and older adults experiencing behavioral health disorders
3. Assess the adequacy and allocation of behavioral health services at least annually.

### **Membership**

1. AMHPAC membership shall consist of no more than 49% service providers and state employees.
2. AMHPAC members shall be appointed by, and serve at the discretion of the Behavioral Health Director.
3. The Behavioral Health Director shall consider nominations by AMHPAC prior to filling a vacant seat on the Council.

4. Representatives of state agencies will be recommended by their agency Director and appointed by the Behavioral Health Director.
5. At a minimum, AMHPAC shall consist of the following seats:
  - One representative of the Psychiatric Security Review Board
  - One representative of the Oregon Department of Corrections
  - One representative of the Oregon Health Authority Public Health Division
  - One representative of the Department of Human Services Vocational Rehabilitation Division
  - One Representative of Health Systems Division
  - One representative of the Oregon Youth Authority
  - One representative of the Department of Human Services Aging and People with Disabilities Division
  - One representative of the Department of Human Services Child Welfare Programs
  - One representative of the Oregon Department of Education
  - One representative of Oregon Housing and Community Services
  - One representative of a Federally Recognized Tribe
  - One representative of the Oregon Consumer Advisory Council
  - One representative of the Children's System Advisory Council
  - Two representatives of Coordinated Care Organizations
  - Two mental health services providers
  - Two substance use disorder treatment providers
  - Two behavioral health promotion or prevention providers
  - One problem gambling treatment services provider
  - One problem gambling prevention services provider
  - Four behavioral health advocates
  - Two adults who are in recovery from a mental health disorder
  - Two adults who are in recovery from a substance use disorder
  - Two adults who are in recovery from problem gambling
  - Two young adults in transition who are in recovery from a behavioral health disorder
  - Four family members of children with a serious emotional disorder
  - Two family members of children with a substance use disorder
  - Two family members of an adult with a behavioral health disorder

## Term Lengths

1. Members shall be appointed to a two year term, and may serve up to three terms for a total of six consecutive years of service. State agency representatives are exempt from the maximum length of service.
2. In order to be considered for re-application, an existing member with a term ending will follow the re-application process, in which
  - a. OHA staff will send the member an email notification and form three months in advance regarding the term ending.
  - b. OHA staff will request a completed form response from the member within 14 days.
  - c. Replies will be forwarded to the Executive Committee for review of attendance.
  - d. OHA Staff will follow-up with a confirmation email regarding the new term of membership.
3. Members who have served their full term length shall wait a minimum of one calendar year before re-applying for membership on the Council.

## Meetings

1. Regular meetings of the Council shall be held on the second Thursday of March, April and June 2013. Meetings will be held on the second Thursday of every other month beginning July of 2013.
2. Meeting notices and agendas shall be posted to the AMHPAC website no less than seven calendar days prior to the meeting.
3. Per ORS 174.130, a simple majority of the Council seats constitutes a quorum.
4. All meetings of the Council shall be open to the public. A reasonable period shall be set aside at all meetings of the Council for members of the public to address the Council. Members of the public shall be permitted to propose "new business" for the next meeting of the Council. Subject to veto by the Council, such new business shall be placed on the next Council meeting agenda.
5. Council members may designate an alternate to attend meetings in their stead; however, proxy votes, absentee votes, and votes by mail are not allowed.
6. Council members anticipating absence from official Council meetings shall notify and be excused by the Co-Chairs or the Behavioral Health

Planner. After three absences in a row, or two unexcused absences within a calendar year, the matter will be discussed with the Council member in question. Continued membership will be at the discretion of the Executive Committee.

## Rules of Order

1. The AMHPAC Co-Chairs are responsible for facilitation of Council meetings. To ensure equitable participation, members are asked to wait until they are recognized by the Co-Chair(s) before addressing the Council.
2. The Behavioral Health Planner shall document any motions made by Council members attending by phone.
3. Motions require a second in order to proceed to voting.
4. After a motion is seconded, the Co-Chair(s) shall facilitate discussion regarding the proposed motion.
5. Amendments to the motion may be offered during discussion.
6. For substantive motions, a written motion shall be completed at the close of discussion, prior to a vote.
7. Proxy votes, absentee votes, and votes by mail are not allowed.

## Revisions to the Operating Procedures

1. Revisions may be made to these operating procedures by the affirmative vote of a quorum.
2. Council members shall receive a copy of the proposed revisions and notice of intent to vote on the proposed revisions must be given to Council members a minimum of 15 days prior to the vote.

## Reimbursement

1. Consumers (adults and young adults), family members, and advocates not otherwise compensated may request reimbursement for their travel expenses per Oregon Health Authority policy.

## Officers

1. The officers of AMHPAC shall consist of the AMHPAC Chair, the AMHPAC Chair-Elect, and the AMHPAC Past-Chair.
2. The AMHPAC Chair and AMHPAC Chair-Elect shall be nominated and elected by a quorum to a one-year term of service. The AMHPAC Chair and AMHPAC Chair-Elect may serve up to three consecutive terms for a total of three years.

3. The AMHPAC Chair and AMHPAC Chair-Elect shall call and preside at meetings, establish workgroups and committees, and shall serve as an ex-officio member of all subcommittees and workgroups.
4. The AMHPAC Nomination Committee will identify Council vacancies and advocate for a complete and diverse Council. AMHPAC Nomination Committee meetings shall include either the AMHPAC Chair, the AMHPAC Chair-Elect, and the AMHPAC Past-Chair.
5. The Behavioral Health Planner shall serve as the Council Secretary and Archivist.

## Vacancies

1. Council and subcommittee vacancies shall be posted on the AMHPAC website for a minimum of 30 days.
2. Council and subcommittee vacancy notices shall be sent to all Oregon Health Authority (OHA) stakeholder distribution lists.
3. Membership recruitment and retention shall be a standing Executive Committee meeting agenda item.
4. AMHPAC and its subcommittees shall make recommendations for appointment to the Behavioral Health Director.
5. Appointments shall be made by the Behavioral Health Director within 30-days of receipt of the Council's nominations.

## Executive Committee

1. The Executive Committee shall consist of the AMHPAC Chair, the AMHPAC Chair-Elect, and the AMHPAC Past-Chair, and the Co-Chairs of each of the standing subcommittees. If the Subcommittee Co-Chair cannot attend, they may appoint a subcommittee member whom is also a Full Council member to attend in their stead.
2. The Executive Committee shall meet to develop and review agendas; review and approve requests from agencies and individuals wishing to come before the Council; recommend to the Council new or updated policies and procedures, and review and make recommendations on other items to come before the Council.
3. In between meetings and during those months the Council does not meet, the Executive Committee, shall have the general supervision of the affairs of the Council. Notice of items to come before the Executive Committee will be given to Council members.
4. All decisions made by the Executive Committee shall be ratified by the Council at the next scheduled Council meeting.

5. The Executive Committee shall review and approve the recommendations submitted by the Nomination Committee. If the recommendation is not approved it shall be sent back to the Nomination Committee for further consideration.

## Nomination Committee

1. The Nominating Committee shall consist of one member of each AMHPAC Subcommittee Committee, whom is also a member of the AMHPAC Full Council, to be elected by that subcommittee. Committee membership will include the Immediate Past Chair of the AMHPAC, Chair-Elect, or the current Chair of AMHPAC.
2. The Nominating Committee shall meet prior to an AMHPAC Executive committee meeting when there are applications to review.
3. Determine a process in which only one final application for a seat is forwarded to the Executive Committee.
4. Upon the approval of the Executive Committee, a single applicant per seat will be presented by AMHPAC co-chairs to the AMHPC Full Council, for a motion of the final recommendation to the Behavioral Health Director.

## Subcommittees

1. All AMHPAC members agree to fully participate in one subcommittee of their choice as part of active membership on the full AMHPAC committee.
2. AMHPAC shall consist of the following standing subcommittees to develop policy recommendations for adoption of the Full Council and consideration of Oregon Health Authority (OHA):
  - a. Behavioral Health Promotion and Prevention
  - b. Treatment
  - c. Recovery Support Services
  - d. Housing/Olmstead
3. Subcommittee membership shall consist of AMHPAC members and other interested parties.
4. Each subcommittee may determine the number of members and/or seats needed to meet the needs of the Council and the subcommittee. As participation on a subcommittee is required for membership on AMHPAC, Council members may join a subcommittee despite the lack of a vacancy.

5. Subcommittee membership should mimic the diversity of AMHPAC.
6. Subcommittees shall nominate members for appointment by the Behavioral Health Director.
7. Subcommittee members anticipating absence from subcommittee meetings shall notify and be excused by the Co-Chairs or the Subcommittee Liaison. After three absences in a row, or three unexcused absences within a calendar year, the matter will be discussed with the subcommittee member in question. Continued membership will be at the discretion of the Executive Committee.
8. Additional Council committees and workgroups may be appointed at the discretion of the Co-Chairs, shall continue until their purpose is completed, and shall include at least two AMHPAC Council members.
9. Members of ad-hoc committees or workgroups are eligible to apply for membership on AMHPAC or any of its standing subcommittees.

## Diversity

AMHPAC and its subcommittees value and seek to actively promote diverse, inclusive participation by officers and members.

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