

**SUBCOMMITTEE RESPONSIBILITIES**

**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 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:

- 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

AMHPAC shall consist of the following subcommittees which develop policy recommendations for adoption of the full Council and consideration of AMH:

- Behavioral Health Promotion and Prevention
- Treatment
- Recovery Support Services
- Housing/Olmstead
- Executive Committee

**Governance**

The Committee will select co-chairs. Members will include representatives from: Prevention programs in multiple parts of the state, OYA, Public Health, tribal representative, CCOs, problem gambling prevention and/or treatment; mental health advocates, family members and consumers, including young adults; and a breadth of cultural diversity should be reflected among the committee members. The Behavioral Health Promotion and Prevention committee shall be facilitated by staff from both the Children’s Mental Health team and Prevention Unit.

Decisions will be made by majority vote. Attendance at subcommittee meetings shall be expected, and absences will be excused with notification prior to the meeting date. More than 3 missed meetings will jeopardize an individual’s appointment to the subcommittee.

**Spirit**

Increase the awareness of the need for positive nurturing environments.

**Scope**

**SUBCOMMITTEE RESPONSIBILITIES**

- Define Behavioral Health (BH)
- Define Behavioral Health Promotion and Prevention (BHPP)
- Define activities that constitute Behavioral Health Promotion and Prevention
- Ensure behavioral health promotion and prevention are equally valued along the continuum of care
- Continue to strategize ways of dedicating resources in system to fund BHPP
- Review known best practices and effective strategies for BHPP
- Align with federal agenda for social marketing and technical assistance of BHPP
- Recommend policy change that supports BHPP

**Deliverables & Schedule**

- Educate AMHPAC and other stakeholders about BHPP definition and strategies
- Recommend AMH pursue asset mapping of Promotion and Prevention offerings across the state
- Define strategies and select target audience for social marketing for BHPP
- Open dialogue with CCOs, CMHP, and others in BHPP field.
- Make recommendations for strategies for dedicated funding that supports BHPP

Schedule(s) to be developed.

**Exclusion and Boundaries**

- AMHPAC and its subcommittees are advisory to AMH.
- Pursuant to ORS 430.075, at least 20 percent of the membership of all task forces, commissions, advisory groups and committees primarily relating to persons with mental health or addiction issues established by a public body, shall be consumers, with representation balanced by age.
- AMHPAC and its subcommittees are subject to the Public Meetings Law.
- Members of AMHPAC and its subcommittees serve at the pleasure of the Director of AMH.

**Dependencies**

- Awareness and understanding need for BHPP
- Money
- Resources
- Cost Analysis
- Paradigm shift
- Completion of committee membership from representative stakeholders
- Administrative buy in of OHA leadership

Approved:

Revised: