Montana State (BHAC) Behavioral Health Advisory Council



Membership Application Information

Overview

The Montana Behavioral Health Advisory Council (BHAC) is seeking applications of individuals to serve as a voting member of the Council. The BHAC represents and makes recommendations to the department of Addictive & Mental Disorders Division (AMDD) regarding issues and services for individuals experiencing mental health and/or substance use issues.

BHAC is made up of representatives from state agencies, providers, individuals in recovery from mental health and/or substance use issues, family members of an individual in recovery, parents, and guardian of a child with behavioral health challenges, youth, and older adults. 51% of BHAC members are individuals in recovery, parents and family members that makes up the majority of the Council. New members will be given an orientation and may be linked with a mentor to provide greater understanding of Council activities.

Mission

Partners in planning for a recovery- based mental health and/or substance use system throughout Montana. BHAC encourages mental health and substance use system change that is consistent with the following working principles:

- ~ Recovery and Resilience
- ~ Equity, Access, and Satisfaction
- ~ Cultural Competency
- ~ Community-Based Solutions
- Community Education and Awareness
- ~ Flexibility
- ~ Diversion
- Address Co-Occurring Disorders
- ~ Fiscal Responsibility

Eligibility Criteria

Applicants must be a representative of one of the following groups:

- 1. An individual in recovery from a mental health and/or substance use issues.
- 2. A young adult, age 18-25 years in recovery from a mental health and/or substance use issues.
- 3. A parent/guardian of a child with a mental health and/or substance use issues, serious emotional disturbance (SED).
- 4. A family member of an individual in recovery from a mental health and/or substance use issue.
 - ~ Recovery is an ongoing, non-linear process that may include relapse.
 - Definition of a child adolescent with serious emotional disturbance (SED).

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A full time employee of a state agency is only eligible to serve on BHAC as a representative of their respective agency.

A full-time employee of a provider of mental health services (e.g., community mental health center, school, advocacy organization, etc.).

The Membership Committee solicits widely for potential members of BHAC. Membership applications are distributed to contacts at the community mental health centers, advocacy organizations, and state agencies.

The Committee reviews all completed applications and makes a recommendation to the BHAC committee. If an application is not selected for a current BHAC seat, it will be retained for one year from date of application.

~ The BHAC Committee reserves the right to contact applicants for additional information.

Things to Know

As an appointed member of BHAC, your name and representation will be posted to the DPHHS webpage. Your contact information (telephone number, mailing address, and email address) will only be included on the BHAC roster and the Mental Health and Substance Abuse Prevention and Treatment Block Grant application and reporting.

Per federal mandate and the BHAC Bylaws, the Scope of Duties Include:

- ~ To serve as advocates for adults and children with menta health and/or substance use issues and their families.
- ~ To review the Mental Health and Substance Abuse Prevention and Treatment Block Grant applications, which serves as Montana's plan for community-based behavioral health services for adults and children. The plan is provided to the BHAC Council, pursuant to Montana Code Annotated Title 53-21-702, and BHAC is required to submit any recommendations for modification to the plan. Subsequently, BHAC is required to review the annual Implementation and priority report for the prior year and submit any comments desired.
- ~ To monitor, review, and evaluate, not less than once a year, the allocation and adequacy of menta health and/or substance use services within the state.
- ~ To serve a minimum of a two-year term and attend at least four meetings per year in Helena Montana.
- ~ Expenses are reimbursed for the individual's time.

A completed membership application must be submitted via email, fax or mail to:

Gina Tracy
Gina.tracy@mt.gov

DPHHS/BHDD