## District of Columbia Behavioral Health Planning Council Bylaws

#### Article 1: Authority

United States Code 42 USC Section 300x-3 requires that a State that enters into a funding agreement for federal block grant funds will establish and maintain a State Mental Health Planning Council. The Council has three federally charged duties:

1. To review the Mental Health Block Grant Plan and make recommendations;
2. To serve as advocates for adults with a serious mental illness, children with a serious emotional disturbance, and other individuals with mental illnesses or emotional problems; and
3. To monitor, review, and evaluate at least once each year the allocation and adequacy of mental health services within the District.

The Partnership Council (D.C. Official Code Section 7-1131.10) is appointed by the Director for the purposes of advising the Director, upon his or her request, about departmental matters.

In response to the Unified Application for the Community Mental Health Services Block Grant and Substance Abuse and Prevention Treatment Block Grant FY 2012–2013 Application Guidance and Instructions (OMB No. 0930–0168) and theSubstance Abuse and Mental Health Services Administration’s (SAMHSA) 2014 Block Grant guidance, the District of Columbia State Mental Health Planning Council (SMHPC), in coordination with the Partnership Council determined to merge together and incorporate providers, individuals and family members familiar with substance use related issues and funding in order to establish a Behavioral Health Council. The Behavioral Health Council (BHPC) is better able to advise the newly formed Department of Behavioral Health, created on October 1, 2013, by the merger of the District of Columbia Department of Mental Health (the State Mental Health Authority), and Addiction, Prevention and Recovery Administration, Department of Health (the Single State Authority for substance abuse).

**Article 2: Purpose**

The purpose of the Behavioral Health Planning Council is to:

1. Advise the Director in the planning and implementation of person centered behavioral health services that are easily accessible, integrated and coordinated with co-occurring physical health care treatment; and
2. Monitor, review, and evaluate at least once each year the allocation and adequacy of mental health and substance use disorder services within the District, and use the findings to review the annual Block Grant Plan and make recommendations, and
3. Serve as advocates for adults and children with behavioral health disorders and needs.

**Article 3: Membership**

1. Composition

The Council shall consist of representation that provides equal voice to consumers and clients, providers and other partners in providing recommendations for a comprehensive behavioral health system. Membership shall be at least twenty-five and no more than thirty members. Voting membership shall include representation of the following categories:

A.. At least 51% of the membership shall be consumers/clients of mental health or substance use disorder services with at least one person representing each ward of the District.

B. Up to ten District agencies that serve individuals affected by the behavioral health service system:

1. Department of Behavioral Health

2. District of Columbia Office on Aging

3. Department of Health Care Finance (state Medicaid agency)

4. Office of the State Superintendent of Education (education)

5. Department of Disabilities Services (vocational rehabilitation agency)

6. Criminal Justice Coordinating Council (criminal justice agency)

7. Department of Human Services (social services agency)

8. District of Columbia Housing Authority (housing agency)

9. District of Columbia Health Benefit Exchange Authority (state exchange)

10. Child and Family Services Agency (child serving agency)

B. One representative of labor unions that represent DBH employees.

C. Members defined as “community members shall be individuals with lived experience with mental health, substance use or co-occurring issues, or family members of adults or children who have lived experience;

D. Members of public and private entities concerned with the need, planning, operation, funding and use of mental health or substance use services and related support services.

E. Community members shall meet the additional criteria:

1. Diversity in race, ethnicity, disability, gender, age, sexual orientation, culture, and geographic representation;
2. The ratio of parents with children with a serious emotional disturbance and/or substance use disorders to other members shall be sufficient to provide adequate representation in deliberations; and

F. The DBH Director may appoint Ex-Officio District Agency Members to the Committee as deemed necessary to carry out the mission of the Behavioral Health Council. Ex-Officio Members are not considered voting members and do not serve on Executive Committees but will have all other duties, rights and tasks members. The Ex-Officio members do not count towards a quorum. Other appropriate DBH staff shall attend regularly meetings as resources to the Behavioral Health Council.

2. Terms of Appointment

1. The Director will appoint all members of the BHPC.
2. Community Members will be appointed for a 3-year term, and may be reappointed for one

additional 3-year term or until replacement.

1. State Agency Members are not subject to term expiration and serve as directed by their respective agency directors.
2. Members of public and private entities concerned with the need, planning, operation, funding and use of mental health or substance use services and related support services are not subject to a term expiration and will serve as directed by their respected agency Director.

3. Attendance at Meetings

1. Members will be expected to attend a minimum of six meetings per calendar year.
2. Members may attend no more than three meetings telephonically or through other electronic means if unable to attend in person.
3. Alternates. Members are to inform the Chair prior to a scheduled meeting when the member will be unable to attend. Only Agency members may appoint an alternate representative.

1. Absences:
2. After the second absence of 6 meetings, of any type, in any consecutive 12-month period, the Chair will notify the regarding their attendance verbally and in writing.
3. The Director shall be notified in writing of the concerns regarding the member’s attendance.

4. Training: The DBH BHPC shall conduct a new member orientation session. The Chair is responsible for ensuring that this training is conducted as needed. New members will receive a DBH BHPC orientation and training within 60 days of their appointment. The training will include but is not limited to: training on these bylaws, purpose of the organization, fiduciary responsibilities, committee participation, orientation to the mental health and substance use disorder health care system, and assigning of mentors as needed.

**Article 4: Meetings**

1. A minimum of six face-to-face meetings of the full BHPC will be held per calendar year.

2. Meetings shall be held in accordance with the requirements of the Open Meetings Act (D.C. Official Code § 2-571 et seq.).

3. Agenda

1. Agenda items for meetings are to be submitted to the Chair or any Executive Committee member no later than ten (10) business days before a scheduled meeting date. The Chair or their designee shall develop the agenda and make it available through publication in the

*D. C. Register* no later than five (5) days prior to the meetings.

1. All meetings of the BHPC are open to the attendance by members of the public. The public may be invited to comment at the end of the Council’s business or during time set aside for testimony.
2. The BHPC and its committees shall keep written minutes of their deliberations, votes and findings. These documents will be reviewed and accepted by the membership at the next meeting.

4. The DBH Director will be responsible for assigning agency staff to provide programmatic and administrative support for the DBH BHPC.

5. Quorum

1. A quorum shall consist of a minimum of twenty-five percent (25%) active and participating appointed voting members of the DBH BHPC. At meetings where a quorum is not present, the only actions that may legally be taken are to set a time for adjournment, adjourn, recess, take measures to obtain a quorum, and to determine the time for the next meeting.
2. The Chair or the Vice Chair, or their designee, of the BHPC must participate in order for the BHPC to conduct business. As members, these officers are counted when determining whether there is a quorum.

6. In all procedural matters not governed by these bylaws, the BHPC shall be bound by the provisions of the 21st Century Robert’s Rules of Order, as Revised.

7. Voting and discussions on issues may be conducted in person or through the use of electronic measures including but not limited to e-mail, telephone/teleconference, or videoconference if possible.

**Article 5: Officers**

1. The Officers of the BHPC shall be elected by the membership and shall consist of a Chair, Vice Chair and a Secretary to be elected from its non-agency membership every 3 years or when a vacancy occurs. The election will occur at the meeting immediately preceding the expected vacancy or expiration of the term; for unanticipated vacancies, the election shall occur at the first meeting following the vacancy.
2. The Chair of the DBH BHPC will be selected by the membership at the second official meeting with a quorum. A Chair will serve in that position for a 3-year period after which a quorum will elect the next Chair. There is no limitation on how many years a person can serve as Chair, except for the membership limitation in 2.E. below.

2. District agency members are not eligible for a position as an officer of the BHPC. The Nominating Committee shall create a slate of officers and disseminate to the members prior to the meeting at which the vote shall occur; and shall conduct the election. All elections will be completed through secret ballot.

3. Duties of Officers

1. The responsibilities of the Chair are:

1. Facilitate meetings as presiding officer.

2. Serve as Principle Liaison with the Director.

3. Act as an agent on behalf of the BHPC when assisting the Director with the development and submission of reports and request for funding.

4. Finalize the agenda of full membership meetings.

5. Designate ad-hoc committees as needed.

6. Solicit and appoint, with the support of the membership, the Chair of any committee.

1. The responsibilities of the Vice Chair are:

1. Facilitate meetings as presiding officer in the absence of the Chair.

2. Assist Secretary in the preparation of the agenda.

3. Act as the Treasurer, monitoring and reporting on the BHPC financial position and resources.

1. The responsibilities of the Secretary are:

1. Assist the Presiding Officer of DBH BHPC meetings in the determination of the presence of a quorum.

2. Work with state staff to collect, compile, review, and disseminate minutes of proceedings, documents and materials relevant to the DBH BHPC.

3. Ensure members who are not attending meetings in person are equally a part of the meeting conversations.

**Article 6: Committees**

1. The Council is empowered to create and/or disband Standing or Ad Hoc committees, in accordance with these Bylaws.

2. Committees at the discretion of the Committee Chair may include individuals who are not members of the Council. These nonmembers are nonvoting members.

3. Standing and Ad Hoc Committee Chairs shall be appointed by the BHPC Chair.

4. Standing committees shall meet as needed to satisfy their missions.

5. The following shall be Standing Committees of the DBH BHPC:

**Roles and Responsibilities of BHPC Committee Chair and DBH Staff to Committee**

The Behavioral Health Planning Council has four (4) standing committees and an Executive Committee;

1. Advocacy and Outreach:   The committee will provide education, information, and support to efforts related to the prevention and treatment of mental health and substance use disorders.  The committee will also provide comment on proposed legislation, regulations, and policies affecting the constituencies served by DBH and will report their efforts to the BHPC.
2. Planning & Accountability:  This committee will help ensure that the Council continually has a forward-looking, proactive role in improving DC’s behavioral health system, including by giving input on DC’s Mental Health Block Grant and helping to develop accountability and performance measures.
3. System & Benefit Design:  The committee will make recommendations to improve DC’s behavioral health system and enhance Medicaid’s package of services.
4. Connection to Care:  The committee will look at citywide access to services, how DC is meeting behavioral health needs, and advocacy for consumers to have easily accessible and timely access to care
5. Executive Committee – Officers and Standing Committee Chairs:  The committee’s responsibilities will include governance and reporting.

Each committee will have a DBH staffer who will:

* Attend all committee meetings and serve as a liaison to the Committee Chair
* Strategically assist the committee in meeting their goals
* Share information about DBH projects, initiatives, or meetings related to the committee’s charge
* As necessary, arrange for subject matter experts to attend committee meetings to answer questions and provide information
* Brainstorm suggestions for how the committee can best meet its charge
* Provide any requested logistical support for committee meetings
* The DBH Staffer does not participate in the committee deliberations or take minutes, but upon request, may assist chair in clarifying issues or action tasks

Behavioral Health Planning Council Committee Chair:

* Establish committee agenda, conduct committee meetings and ensure that minutes are completed.
* Submit minutes to the Behavioral Health Planning Council Secretary to register as Council work.
* Interacts with the DBH Staffer to requests technical, logistical or resource assistance to the committee.
* Communicates significant issues for decision or action in writing to the Council for vote and action.

In addition to the established roles and duties of the Council, the Council will receive requests from the standing committees for vote and action.

7. Ad Hoc Committees: may be formed by the DBH BHPC Chair for a specific [task](http://www.businessdictionary.com/definition/task.html) or [objective](http://www.businessdictionary.com/definition/objective.html), and dissolved after the [completion](http://www.businessdictionary.com/definition/completion.html) of the task or achievement of the objective. Most [committees](http://www.businessdictionary.com/definition/committee.html) (other than the [standing committees](http://www.businessdictionary.com/definition/standing-committee.html)) are of [ad hoc](http://www.businessdictionary.com/definition/ad-hoc.html) type. Examples of ad hoc committees include but are not limited to: workforce development, nominating and by-laws.

8. Conflict of Interest

A. Community BHPC members should disclose any financial relationships, employment, affiliations and memberships that may be perceived as having a relationship with the goals and functions of the BHPC.

B. If a BHPC member has a direct personal or financial interest in a motion under consideration, that member shall not vote on such a motion.

**Article 7: Amendment of Bylaws**

BHPC bylaws may be amended by a majority vote of the quorum present provided that written notice of the proposed amendment along with the proposed amendment shall be sent to the voting members at least ten days prior to any meeting at which action to amend the Bylaws is proposed.. Amendments must be congruent with the legislative requirements of the State Mental Health Block Grant and the Partnership Council.

**Article 8: Miscellaneous**

1. The Department of Behavioral Health Behavioral Health Council is neither an extension of, nor a part of, any District agency.

2. The BHPC is charged to monitor, review, and evaluate a broad range of behavioral health issues under the purview of DBH. As a result, the DBH BHPC will provide consensus, observations and suggestions, determined by a majority vote of quorum, or by the Executive Committee as noted in Section 7.5.A and may include minority opinions. These positions will serve as a basis to advocate for adults and children with behavioral health issues and needs.

**Bylaws approved on July 22, 2016 by a unanimous vote of members present.**

**Bylaw revision was made on November 30, 2018 by a majority vote.**