

The Goal of HB1232 is:

To include citizens who have used Virginia's behavioral health system as members of the Behavioral Health Commission.

What is the Behavioral Health Commission?

The Commission was formally created in 2021 as a continuation of the "Deed's Commission" for the purpose of "Studying and making recommendations for the improvement of behavioral health services and the behavioral health service system in the Commonwealth to encourage the adoption of policies to increase the quality and availability of and ensure access to the full continuum of high-quality, effective, and efficient behavioral health services for all persons in the Commonwealth."

What problem will HB1232 Solve?

Include the experience and expertise of those who have used the behavioral healthcare system in policymaking decisions.¹

If HB1232 passes, expect the Behavioral Health Commission to:

Create healthcare policy that delivers care that is:

- Cost efficient²
- Effective³
- Quality^{3,4}
- Appropriate², and
- Accepted by the public²

The 3 citizen members who have been served by the behavioral healthcare system will:

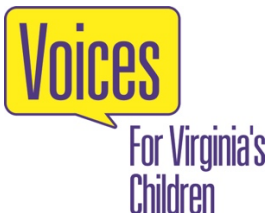
- Represent a collective voice to benefit all Virginians²
- Assess and assimilate contradictory information⁵
- Understand the subjective nature and long-term effects of scientific knowledge⁵, and
- Provide moral and ethical considerations to scientific and methodological public health debates^{1,5}

HB1232 adds:

- two nonlegislative citizen members who have received or are receiving services from the Commonwealth's behavioral health system, and
- one nonlegislative citizen member who is a certified peer recovery specialist or registered peer recovery specialist

Simply, when you know what patients want, the quality of healthcare improves⁶

HB1232 Supporters



¹Gollust, S. E., Apse, K., Fuller, B. P., Miller, P. S., & Biesecker, B. B. (2005). Community involvement in developing policies for genetic testing: assessing the interests and experiences of individuals affected by genetic conditions. *American journal of public health*, 95(1), 35–41. <https://doi.org/10.2105/AJPH.2003.025734>

²Krick, E. (2021). Citizen experts in participatory governance: Democratic and epistemic assets of service user involvement, local knowledge and citizen science. *Current Sociology*. <https://doi.org/10.1177/00113921211059225>

³Dobiasova, K., Kotrusova, M., & Wolfova, M. (2021). Engaging with the beneficiaries in reforming health care. A case study of patient involvement in the reform of psychiatric care in the Czech Republic. *Transylvanian Review of Administrative Sciences*, (63), 30+. <http://dx.doi.org/10.24193/tras.63E.2>

⁴Hall, A. E., Bryant, J., Sanson-Fisher, R. W., Fradgley, E. A., Proietto, A. M., & Roos, I. (2018). Consumer input into health care: Time for a new active and comprehensive model of consumer involvement. *Health expectations: an international journal of public participation in health care and health policy*, 21(4), 707–713. <https://doi.org/10.1111/hex.12665>

⁵Martin G. P. (2008). 'Ordinary people only': knowledge, representativeness, and the publics of public participation in healthcare. *Sociology of health & illness*, 30(1), 35–54. <https://doi.org/10.1111/j.1467-9566.2007.01027.x>

⁶Deborah Rutter, Catherine Manley, Tim Weaver, Mike J Crawford, Naomi Fulop. (2004). Patients or partners? Case studies of user involvement in the planning and delivery of adult mental health services in London. *Social Science & Medicine*, 58(10), 1973-1984. [https://doi.org/10.1016/S0277-9536\(03\)00401-5](https://doi.org/10.1016/S0277-9536(03)00401-5).