

## The Goal of HB1232 is:

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To include citizen members to the Behavioral Health Commission, **3 who have received services in Virginia's behavioral health system**, as members of the Behavioral Health Commission.

## What problem will HB1232 solve?

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Include the experience and expertise of those who have used the behavioral healthcare system in policymaking decisions.<sup>1</sup> **When policy reflects what patients want, the quality of healthcare improves<sup>6</sup>**

## HB1232 adds:

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- 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**

And

- one nonlegislative citizen member who is **local law enforcement** with a jurisdiction in Virginia
- one nonlegislative citizen member who shall be a **behavioral health services provider**

## If HB1232 passes, expect the Behavioral Health Commission to:

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Create healthcare policy that delivers care that is:

- **Cost efficient<sup>2</sup>**
- **Effective<sup>3</sup>**
- Quality<sup>3,4</sup>
- Appropriate<sup>2</sup>, and
- Accepted by the public<sup>2</sup>

## What other healthcare policy has benefited from the voice of people receiving services?

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- Carrier screening for sickle cell anemia<sup>1</sup>
- Screening for Tay-Sachs disease in the 1970s<sup>1</sup>
- Genetic testing for clinical and public health applications<sup>1</sup>
- Breast cancer clinical trials and consent, access to drugs, and research funding decisions<sup>1</sup>

## What is the fiscal impact?

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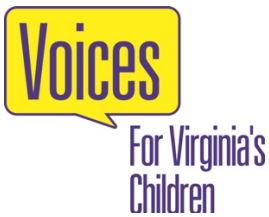
**\$7,520 annually from the \$608,507 Behavioral Health Commission annual budget.** Please refer to Item 33#1s

## How will citizen members be appointed?

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They will be appointed by the Senate Committee on Rules and the Speaker of the House of Delegates.

## HB1232 Supporters



<sup>1</sup>Gollust, 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>

<sup>2</sup>Krick, 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/10.1177/001139212111059225>

<sup>3</sup>Dobiasova, 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>

<sup>4</sup>Hall, 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>

<sup>5</sup>Martin 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>

<sup>6</sup>Deborah 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).