



## Behavioral Health Consortium (BHC) Working Group FAQ

### What is the Behavioral Health Consortium (BHC)?

The **Delaware Behavioral Health Consortium** is a statewide advisory body that brings together public members, providers, advocates, and state agencies to improve behavioral and mental health systems in Delaware. The BHC focuses on collaboration, coordination, and practical recommendations—not direct service delivery. Even incremental progress matters.

### What is a BHC working group?

A working group is a focused group within the BHC that explores a specific topic area. They include:

- Community Mental Health and Substance Use Disorders
- Maternal Mental Health
- Communities of Care
- First Responders and Veterans

Working groups meet to:

- Discuss gaps and strengths in the system
- Share expertise and lived experience
- Develop recommendations for the full Consortium to consider

### What is the purpose of my working group?

Each working group exists to:

- Elevate real-world challenges and opportunities
- Inform statewide strategies and policy discussions
- Strengthen coordination across agencies, providers, and communities
  - Working groups **advise**—they do not implement programs or make funding decisions.

### What is my role as a working group member?

As a member, you are expected to:

- Attend meetings when possible

- Share your perspective, expertise, or lived experience
- Ask questions and help identify system gaps
- Provide feedback on draft ideas or recommendations

You do **not** need to be a subject-matter expert on everything—learning together is part of the process.

## How much time is expected?

Time commitments are intentionally reasonable:

- Most working groups meet monthly or bi-monthly
- Quarterly meetings of the entire Consortium
- Occasional follow-up emails or feedback requests
- Optional sub-group or ad-hoc work, if you choose - participation is valued, but flexibility is understood.

## Who leads the working group?

Each working group has:

- A Chair (or Co-Chairs) who facilitate meetings and guide discussion
- BHC staff support from the Lt. Governor's Office, mainly the BHC Administrator, who helps with coordination, agendas, and follow-up

## How are decisions made?

Working groups generally operate by consensus, with formal votes sometimes called for.

Ideas and recommendations are:

- Discussed within the working group
- Refined with member input
- Brought to the full BHC for consideration, discussion, or endorsement

## Does the working group control programs?

No. Working groups

- Do **not** oversee programs
- Do **not** supervise agencies or providers

They **inform and influence** decision-making by elevating needs, trends, and practical recommendations.

## How does BHC mini-grant funding work?

- Purpose: Supports community behavioral-health events and engagement activities aligned with BHC priorities.
- Who: Community organizations, public entities, coalitions, and partners.
- Amount: Up to \$2,500 per event | Max 2 events per organization per year.
- Payment: Reimbursement only (no upfront funding)
- Timeline: Apply 45+ days before the event; report due 30 days after.
- Not Allowed: Political/lobbying activity or non-behavioral-health events.
- Conflicts: Must be disclosed; conflicted members do not vote

## What happens to the ideas we discuss?

Ideas may:

- Inform BHC recommendations or reports
- Shape priorities shared with state agencies or partners
- Influence future planning, coordination, or policy discussions

Not every idea becomes a formal recommendation—but all input helps guide the work.

## How does my working group connect to state agencies?

Many state agencies participate in or align with working group discussions. This helps:

- Reduce duplication
- Improve coordination
- Ensure community voices are heard alongside government perspectives

Working groups are a **bridge**, not a replacement, for agency authority.

## What if I disagree or have concerns?

Disagreement is welcome and expected. Members are encouraged to:

- Ask clarifying questions
- Offer alternative perspectives respectfully

- Flag concerns early so they can be discussed openly
- The goal is thoughtful dialogue, not unanimity.

## **Who do I contact with questions?**

For logistics, scheduling, media needs, legislative help or process questions:

- Contact the **BHC Administrator** – Katie Leibel-Marin
  - [Katrina.leibelmarin@delaware.gov](mailto:Katrina.leibelmarin@delaware.gov)
  - Cell: 610-517-7831
- Reach out to your **working group Chair** or raise the question at a meeting
  - Community Mental Health and Substance Use Disorders Chair: Carolyn Petrak
  - Maternal Mental Health Chair: Dr. Malina Spirito
  - Communities of Care Chair: Wade Jones
  - First Responders and Veterans Chair: Diane Glenn

## **What does success look like for a working group?**

Success may include:

- Clear, actionable recommendations
- Strong cross-sector relationships
- Better understanding of system gaps and overlaps
- Increased alignment across behavioral health efforts statewide
- Partnerships and support for existing systems within the state as well as providers/nonprofit organizations