

Planning Councils 101

Orientation for State Planning Council Members

Advocates for Human Potential
Provider of State TA for Block Grants

Las Vegas and Carson City, NV
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SAMHSA
Substance Abuse and Mental Health
Services Administration

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Overview and Objectives

1. Introduction & Terminology
2. Block Grants Summary
3. Planning Council History and Membership Requirements
4. Council Duties
5. Resources for Councils



Terminology

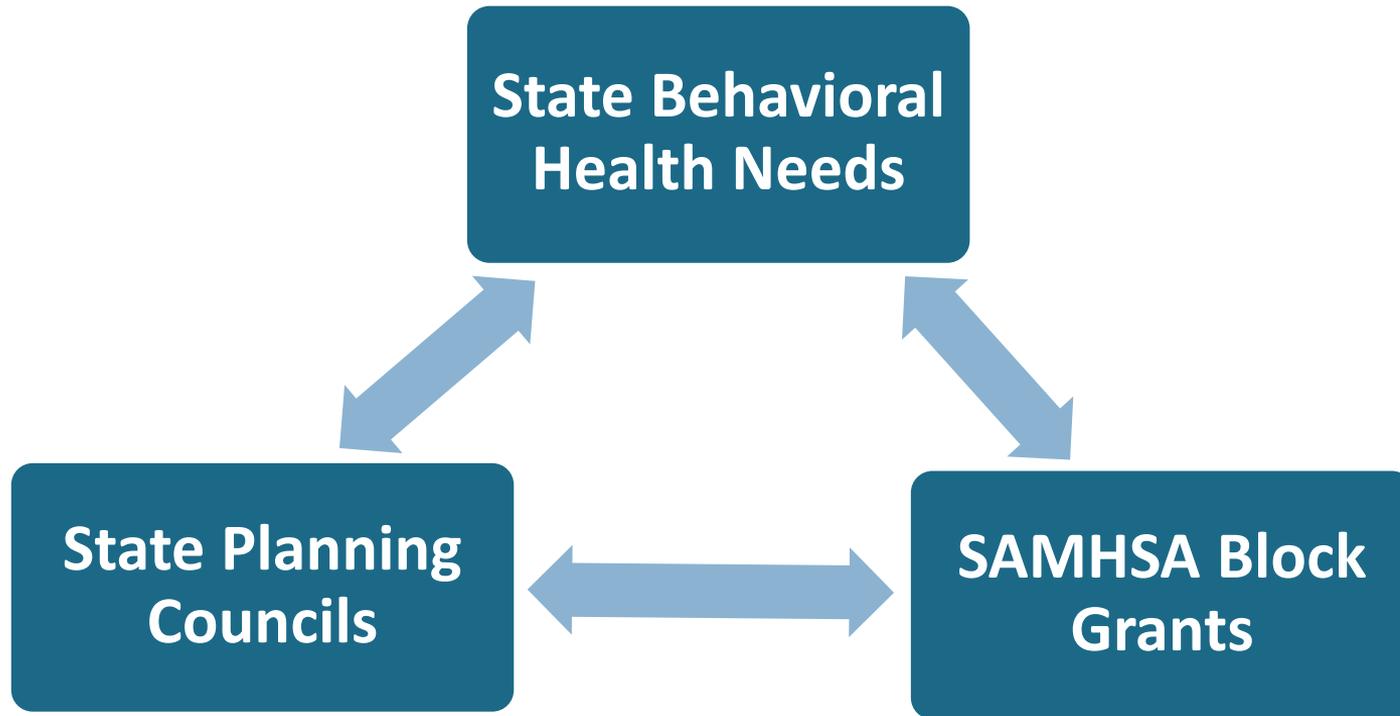
Interchangeable Terms (for this presentation)

- Planning Councils
- Planning and Advisory Councils (PAC)
- Mental Health and Substance Abuse Advisory Councils
- Behavioral Health Advisory Councils
- Council references not specific to MH or SA councils
- States, jurisdictions, & U.S. territories

Federal Terms

- Substance Abuse & Mental Health Services Administration (SAMHSA)
- Substance Abuse Prevention and Treatment Block Grant (SABG)
- Mental Health Block Grant (MHBG)

The Valuable Connections

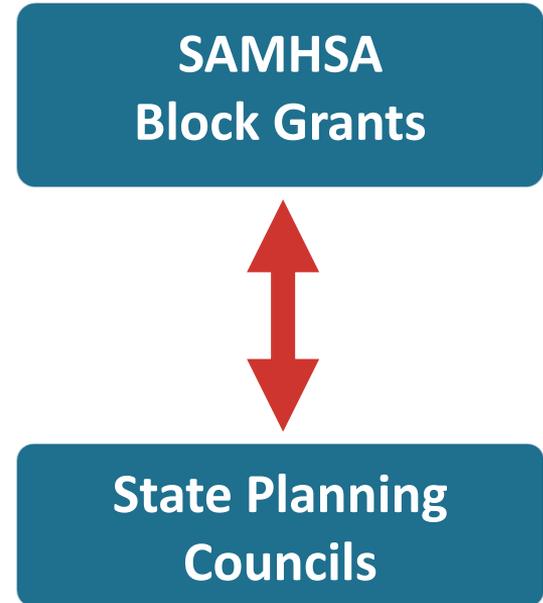


Block Grants Overview

- Grants administered by SAMHSA
 - Substance Abuse Prevention and Treatment Block Grant
 - Mental Health Block Grant
- Annually awarded to states/ jurisdictions based on allotments calculated by legislated formula
- Planning Council involvement required
- Annual applications and reports submitted by the states and jurisdictions

Block Grants & Council Involvement – 1

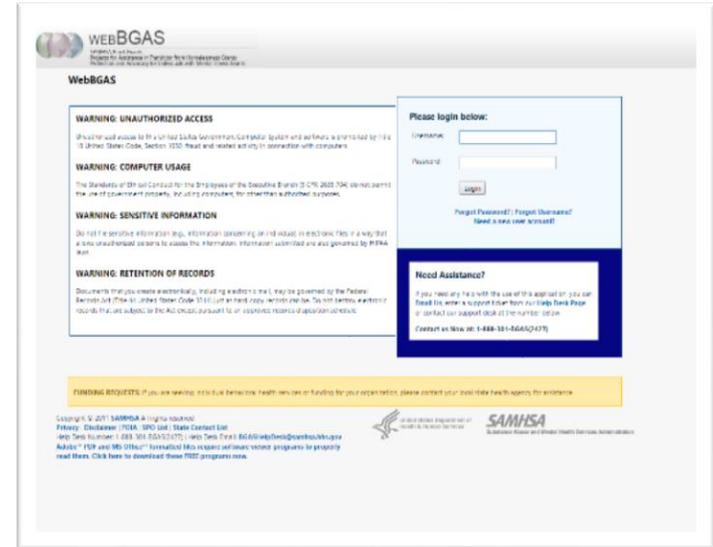
- Review and comment on applications
- Monitor progress on goals and indicators
 - Mental health, substance abuse prevention, treatment, and recovery.
- Review and comment on reports
 - Implementation Reports (annual progress reports)
 - Synar Report (sales of tobacco to minors)
 - States must not exceed specific thresholds
 - Separate from other block grant reports



Block Grants & Council Involvement – 2

SAMHSA's Web Block Grant Application and Reporting System (WebBGAS)

- On-line portal to block grant applications and reporting systems
- Supports citizen (and council member) comments via <https://bgas.samhsa.gov/>
- State staff can assist members gain access



Mental Health Services Block Grant (MHBG)

- Provides funds and technical assistance to all 50 states, DC, Puerto Rico, the Virgin Islands, and 6 Pacific Jurisdictions
- Funds these activities:
 - Community-based mental health services for adults with serious mental illnesses and children with serious emotional disturbances
 - Monitor progress in implementing a comprehensive, community-based mental health system.

Substance Abuse Prevention & Treatment Block Grant (SABG)

- Provides funds and technical assistance to all 50 states, DC, Puerto Rico, the Virgin Islands, 6 Pacific jurisdictions, and 1 tribal entity.
- Funds to plan, implement, and evaluate activities to prevent/treat substance abuse and promote public health.
- Synar reporting required.

Purposes of Block Grants

- Block grants fund ***priority treatment and support*** services:
 - Individuals uninsured or underinsured
 - That demonstrate success in improving outcomes and/or supporting recovery that are not covered by Medicaid, Medicare, private insurance
 - Universal, selective, and indicated substance abuse prevention activities and services for persons not identified as needing treatment
 - Grants require ***performance and outcome data*** to:
 - validate effectiveness of behavioral health promotion, treatment, and recovery support services



Planning Councils' History and Purpose

- Public Law 99-669 established federal requirements for planning councils in 1986
 - Requirements in additional statutes (PL 101-639; PL 102-321; PL 106-310).
 - States and jurisdictions must satisfy mental health planning requirements to receive MBHG funds.
 - Details of planning council requirements specifically articulated in law.

History and Purpose Revised & Renewed

Council requirements: technically connected to MBHG statutes, however . . .

- SAMHSA encourages *integrated* (MH and SA) Behavioral Health Planning Councils
- Councils must still meet requirements stipulated for previous Mental Health planning councils
- TA resources available to facilitate transition to new Council models



Membership Composition – 1

1. Representatives from federally-specified State agencies.
2. Public and private entities concerned with the need, planning, delivery, operation, funding, and use of services and related support services.
3. Adults with serious mental illness who are receiving (or have received) mental health services.
4. Family members of adults and of children with serious emotional disturbance.

Membership Composition – 2



5. Majority of Council membership **cannot be** state/jurisdictional employees or providers of behavioral health services.
6. At least 50% of members **should be** individuals with first person experience (recipients of services) or family members.
7. Ratio of **parents** of children with serious emotional disturbance to other council members must be sufficient to provide adequate representation.

Required State Agency Representatives

↓ Required

- Education
- Vocational Rehabilitation
- Criminal Justice
- Housing
- Social Services
- Health (MH)

↓ Recommended

- Medicaid
- Child Welfare
- Marketplace
- Aging

Behavioral Health Planning Council Statutory Duties

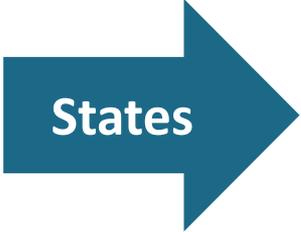
Review

Advocate

Monitor

1. **Review** the block grant plan and make **recommendations**.
2. **Advocate** for adults with a serious mental illness, children with a serious emotional disturbance, and others with mental illnesses or substance use disorders.
3. **Monitor, review, and evaluate**, not less than once each year, the allocation and adequacy of behavioral services within the state.

Duty 1: Review the Block Grant Plan



States

- Document how **application and reports were shared with the Council** for review and comment
- Make proposed plans **available for public comment**



Council

- Submit **comments & recommendations** to SAMHSA
 - Letter from Council Chair to verify the Council reviewed the application and reports
 - Attached to the application and reports
 - Substantial and complete comments; not a simple letter of support

Reviewing Suggestions (Duty 1)



- Planning and review should be a year-long process
- Work with the State Planner
- Be strategic – plan when to see budgeting, data, etc.
- Utilize subcommittee(s) for detail work that regularly reports back to the Council
- Provide training for Council on the block grant structure and requirements.

Best Practices Example (Duty 1)

- **New Jersey** — Releases WebBGAS citizen's password to all members of the BHPC to facilitate their reviews of the draft Block Grant application and plan.
- **Georgia** — Posts a copy of the draft application on its Council website to ensure stakeholders have opportunity to provide feedback. Council members utilize this information in its review to formulate an official comment on the plan.
- **Kentucky** — An annual public forum is held one day before a regularly scheduled Council meeting at the agency offices. The comments are reviewed at the Council meeting so the council and state planner can consider and incorporate feedback into the state's Block Grant plan report.

Duty 2: Serve as an Advocate



- Highlight changes needed in service delivery systems, access to care, and public knowledge.
- Council can advocate where and when state (regional, local) employees cannot.
- The Council should leverage alliances and strategic relationships to increase impact of advocacy efforts.

Advocacy Suggestions (Duty 2)

- **Educate** members on issues — share with others beyond the Council.
- **Use various formats and approaches** — letter writing, working with media, educational and social events with decision makers.
- Council leaders should help the Council **speak with ONE VOICE**. Find the points of consensus.
- Present information in powerful ways; **use data and illustrate** with real life stories.
- Frame **legislative advocacy as information and education** — independent from the state behavioral health authority.

Best Practices Example (Duty 2)

- **Louisiana** — Letters to the governor and the Department of Health & Hospitals to advocate for open access to medication.
- **Colorado** — Legislative Day involvement by PAC, testifies at hearings, and closely tracks legislation.
- **Marshall Islands** — Radio show hosted by Council to provide information about behavioral health
- **North Dakota** — Legislative Breakfast hosted by PAC; awards to champions/state legislators.
- **Florida** — Quarterly newsletter disseminated statewide by PAC.



Duty 3: Monitor, Review, & Evaluate

- Focus on allocation and adequacy of services within the state.
- Numerous strategies fulfill requirement.
 - Peer-review organizations and programs.
 - Presentations to Council from block grant funded organizations.
 - Design outcome and evaluation activities to monitor improvements and systemic changes.
- Include information on monitoring activities in report to SAMHSA.

Monitoring Suggestions (Duty 3)

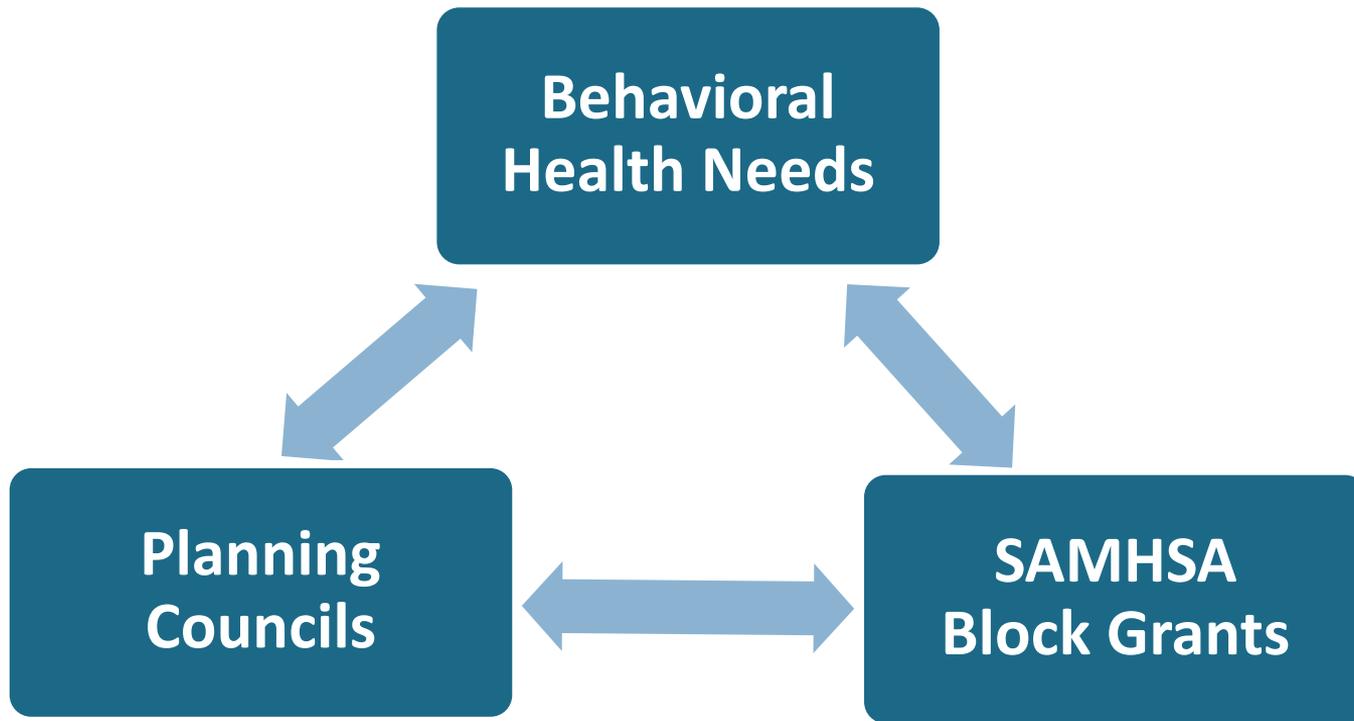


- Recruit members with data and evaluation expertise.
- Consider a designated liaison from the state data staff to regularly attend planning council meetings to:
 - Identify, access, and explain available data.
 - Develop understandings of the role and needs of the Council.
 - Translate Council priorities into data and evaluation points.
- Access the State Epidemiology Outcomes Workgroup.
 - SEOWs sponsored/required by SAMHSA for each state
 - Population based data utilized by prevention networks
 - Helpful resource to assist Council with monitoring duties.

Best Practices Examples (Duty 3)

- **Tennessee** — PAC initiated longitudinal survey of 95 county jails, which led to initiatives for cross-training, jail diversion, and education.
- **Rhode Island** — Created PAC subcommittee to investigate 100% increase in state-funded acute psychiatric hospitalization – published results with recommendations which were responded to by mental health division to remedy problem.
- **Nevada** — PAC Collaborated with Mental Health Department to do Consumer Survey on perceived quality of outpatient services.
- **Oklahoma** — State Decision Support Staff provide Council training on data, indicator development, and monitoring.

Moving Forward: How Will Your Council Connect



Contexts for Future Operations

- Focus on **current and evolving** factors.
- Continually increase members' knowledge of **public policy, funding, systems and emerging practices.**
- Leaders support Council to be dynamic, flexible, and action-oriented while maintaining a **focus on the Council vision and roles.**



Examples — Policy and Practice

Changes Impacting Planning Council Duties

- Affordable Care Act , MHPAEA, & Medicaid Expansion
- BH/PC integration & health homes
- Prevention and wellness focus
- Certified Community Behavioral Health Centers
- Emphasis on recovery
- Expansion of peer services
- Resiliency and early interventions for children and youth

SAMHSA Priorities

- People with serious mental illness (SMI) and serious emotional disturbance (SED)
- Behavioral Health Integration
- Suicide Prevention
- Medication-Assisted Treatment (MAT)
- Workforce Development

Additional Resources

- *Best Practices for State Behavioral Health Planning Councils: The Road to Planning Council Integration*
<http://www.samhsa.gov/sites/default/files/manual-planning-council-best-practices-2014.pdf>
- State Epidemiological Outcomes Work Groups
<http://www.samhsa.gov/capt/tools-learning-resources/data-prevention-planning-seow>
- Substance Abuse and Mental Health Services Administration's (SAMHSA's) Web Block Grant Application System (WebBGAS)
<https://bgas.samhsa.gov/>

SAMHSA State TA Project

- Technical Assistance provided to State Planning Councils (2012-present)
 - Via E-mail, telephone, virtual learning communities and on-site
- Additional information:
 - Margie Murphy, TA Coordinator
mmurphy@ahpnet.com

SUPPORT

Thank You

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

www.samhsa.gov

1-877-SAMHSA-7 (1-877-726-4727) • 1-800-487-4889 (TDD)