

Washington Behavioral Health Advisory Council

Planning Council Technical Assistance

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Real World Solutions for Systems Change

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Disclaimer

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Trainers

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Agenda

- Council Statutes and Structure – The Why and How
- Council Membership Duties
- Council Leadership and Operations
- Positive Council Outcomes from Other States



Council Statutes and Structure

Block Grants Overview

Grants administered by SAMHSA

- Substance Abuse Prevention and Treatment Block Grant (SUPTRBG)
- Mental Health Block Grant (MHBG)

Attributes

- Annually awarded to states/jurisdictions based on allotments calculated by federally legislated formula (formula grant)
- Planning Council involvement **required**
- Annual applications and reports submitted by states and jurisdictions
- States may submit a combined application (covering conjoined MHBG and SUPTRBG)

Block Grant Funding - Focus

MHBG

- Funding and technical assistance to all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and 6 Pacific jurisdictions
- Comprehensive, community-based mental health services to adults with serious mental illnesses and to children with serious emotional disturbances
- Monitor progress in implementing a comprehensive, community-based mental health system

SUPTRSBG (SUBG)

- Funding and technical assistance to all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, 6 Pacific jurisdictions, and 1 tribal entity
- Plan, implement, and evaluate activities that prevent and treat substance use and promote public health

General Purposes of the Grants

Priority: Prevention, Treatment, and Recovery Supports

- Individuals uninsured or underinsured
- That demonstrate success in improving outcomes and/or supporting recovery not covered by Medicaid, Medicare, private insurance, other sources
- Universal, selective, and indicated substance abuse prevention activities and services for persons not identified as needing treatment

***Performance and outcome data
required to validate effectiveness***



Federally Mandated Membership Composition

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



Federally Mandated Membership Composition continued



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

Council Membership Duties

Behavioral Health Planning Council Statutory Duties

Review

Advocate

Monitor

1. **Review** the state's block grant application and report and make **recommendations**
2. **Advocate** for people with mental illness, including adults with serious mental illness (SMI) and children and adolescents with serious emotional disturbance (SED)
3. **Monitor, review, and evaluate** the adequacy of mental health services in 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**



Councils

- 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

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.



Duty 3: Monitor, Review, & Evaluate

- Focus on **allocation and adequacy** of services within the state.
- Consider **manageable 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.**



Council Involvement – SAMHSA Wants to Know



- How was the Council involved in the development and review of the state plan and report?
- Attach supporting documentation
 - Meeting minutes
 - Letters from Council

Planning Council Letter

- Typically signed by the Council Chair addressed to SAMHSA
- Required to be an attachment to the application
- Documents
 - The Council's involvement in the plan development
 - Comments and recommendations summarized from the Council's review
 - Date(s) during which the Council officially reviewed the application
- The Council's role is not an "approval" of the plan (unless required by the state)
- Not a letter of support as seen in other grant applications
- SAMHSA may request additional information, including how the state responds to the Council's comments and recommendations

Council Leadership and Operations

Leadership and Operations

- Planning Councils work most effectively when there is structure, focus, and leadership
- The content of Planning Council activity can be structured around the three federally mandated sets of activities:
 - Block Grant Review
 - System-level Advocacy
 - Monitoring

Leadership and Operations – Logistical Support

Planning Councils need logistical support.

Every meeting should have a note-taker and produce minutes or a brief summary report.

Operational support for scheduling meetings, managing membership, producing agendas, preparing documents, providing notes, and providing meeting follow-up are essential tasks. It is difficult for a group of volunteers to achieve efficiency in these activities. This is typically a state role.

The CONTENT related to these activities comes from the leadership of the Planning Council itself, usually through an Executive Committee.

Leadership and Operations

- Planning Councils are most often structured with an Executive Committee, and “named” committees. By-laws frequently allow ad-hoc committees to be established for specific purposes. Washington by-laws allow for both standing committees and ad-hoc committees. The standing committees are not named.
- A shared understanding of the Council’s structure and adhering to that structure helps manage Council activities.

Council Structure – A Management Tool

- The operation of the Council is dependent on using the structure!
- Committees are a primary way in which Councils conduct business.
- Committees are assigned activities; Committee Chairs report on Committee analyses and recommendations. Committee chairs brief Council leadership during Executive Committee. Committees report out to the full Council. Committees may recommend action items for the agenda.
- Unless there are extraordinary circumstances, Committees are empowered to do their jobs. The leadership does not second-guess the results of committee work and does not permit Council members to do so.
- Council members can and should ask questions of Committee chairs, but the full Council should not do or attempt to re-do the work of the committee in a full Council meeting.

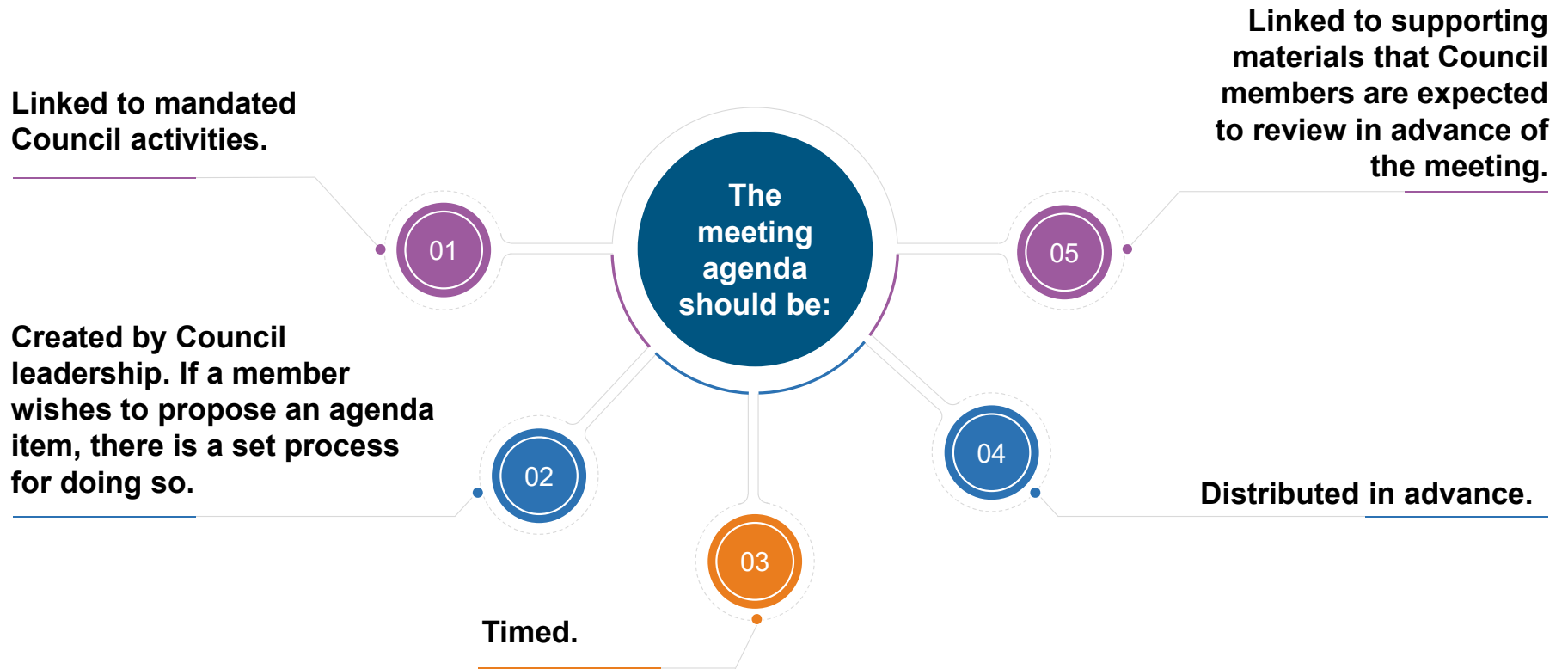
Council Structure – A Management Tool

Part of Council structure is the process by which the agenda is developed.

A successful strategy is to have a very structured agenda with standing items, committee reports, and time limits for discussion.

Agendas can be a tool for council management. A structured agenda prevents free-wheeling discussion of unplanned items and focuses Council member attention on the three mandated responsibilities.

Meeting Agendas



Meeting Conduct



- The meeting should start and end on time.
- Stick to the agenda.
- The internal timeline should be respected. This is the job of every Council member, not just leadership.
- The goal of inclusiveness should guide meeting behavior. If a member tends to dominate discussions, the leader's role is to thank the person for their input and move on to someone else. A full discussion must include all who wish to participate. Good leadership holds the line with dominant personalities. Be overt about it.
- At each major break in agenda, leader or notetaker should summarize and identify action/next steps.

Leadership Tips for Discussions

**Frame the purpose
- relate to Council
mission**

**Adhere to ground
rules**

**Keep agenda
moving**

**Stick to the
published times in
the agenda**

Involve everyone

**Draw out opinions
and ideas**

**Avoid domination
by individuals**

Councils Can Make a
Difference:
Positive Outcomes from
Other States

Oklahoma

Example 1

Action: Council questioned the lack of block grant funding that focused on older adults. The Assistant Commissioner requested the Council prepare recommendations for her consideration. A committee was formed and proposed possible redistribution of block grant funds (reducing some recipients) to include specific amounts for services to older adults.

Result: The Assistant Commissioner quickly accepted their suggestions and implemented those changes.

Example 2

Action: Council studied the requirement for driver's license applicants to state if they had histories of treatment for mental illness. The Commissioner worked with the council and collaborated with the State Driver's License Administrative to drop this requirement.

Result: Through the study process the Council and Commissioner discovered this was an administrative procedure and not a statutory or administrative rule.

Example 3

Action: The Council set a priority to add a mandatory member with lived mental health treatment experience to the state behavioral health governing board (ODMHSAS). When that was presented to the Commissioner, he requested the Council to work methodically and patiently with him to make that happen.

Result: The Commissioner effectively (and quietly) pushed for this change in state law and skillfully avoided reactions from other groups that might have wanted to specify a membership slot on the board specific to their advocacy interest. The state law was changed!

Other State Accomplishments

Maryland

Action: Council
Published a study on
access to crisis services

Result: Adjustment to the
overall system

Missouri

Action: Following the
legalization of Cannabis
in Missouri, the State
Advisory Council
published a white paper
on the impact of access
to cannabis on youth

Result: Information base
for community
discussion

Arkansas

Action: Council
requested AHP to
research access to
services via a mix of
statewide and local crisis
call numbers

Result: Enabled state to
more strategically
prepare for the 988 roll
out

Discussion