

# Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



# SAMHSA State TA Project Planning Councils 101

Orientation for Council Members  
2016 – 2017

State Technical Assistance Project  
Advocates for Human Potential, Inc.  
Contract No. HHSS2832012000021



# Disclaimer



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# Overview & Objectives



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

# Terminology

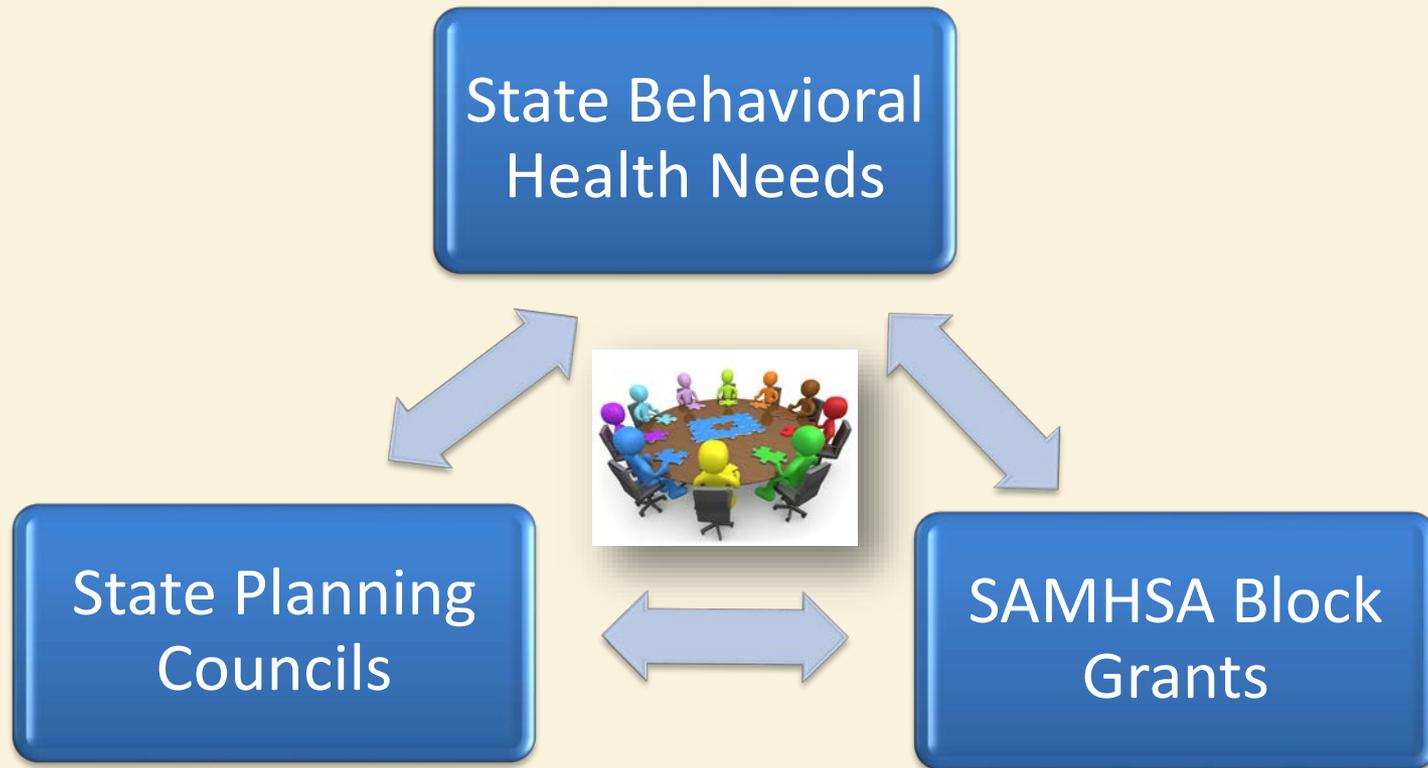
## Interchangeable Terms (for this presentation)

- ✓ 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)**

# Planning Councils – 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



- 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*

# 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
  1. Community-based mental health services for adults with serious mental illnesses and children with serious emotional disturbances
  2. Monitor progress in implementing a comprehensive, community-based mental health system.

# Substance Abuse Prevention and 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.



Common  
Purposes

# Mental Health 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 Mental Health planning councils.
- **TA resources available** to facilitate transition to new Council models.

# Membership Composition

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 (continued)



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

# Mental Health/Behavioral Health Planning Council Statutory Duties



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.



# 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)

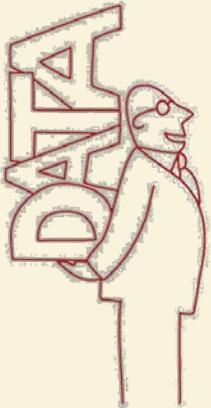
- **Educate** members on issues – share with others beyond the Council.
- **Use various formats and approaches** - letter writing, working with media, educational and social events with decision makers.
- Council leaders should help the Council **speak with ONE VOICE**. Find the points of consensus.
- 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.

# 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.

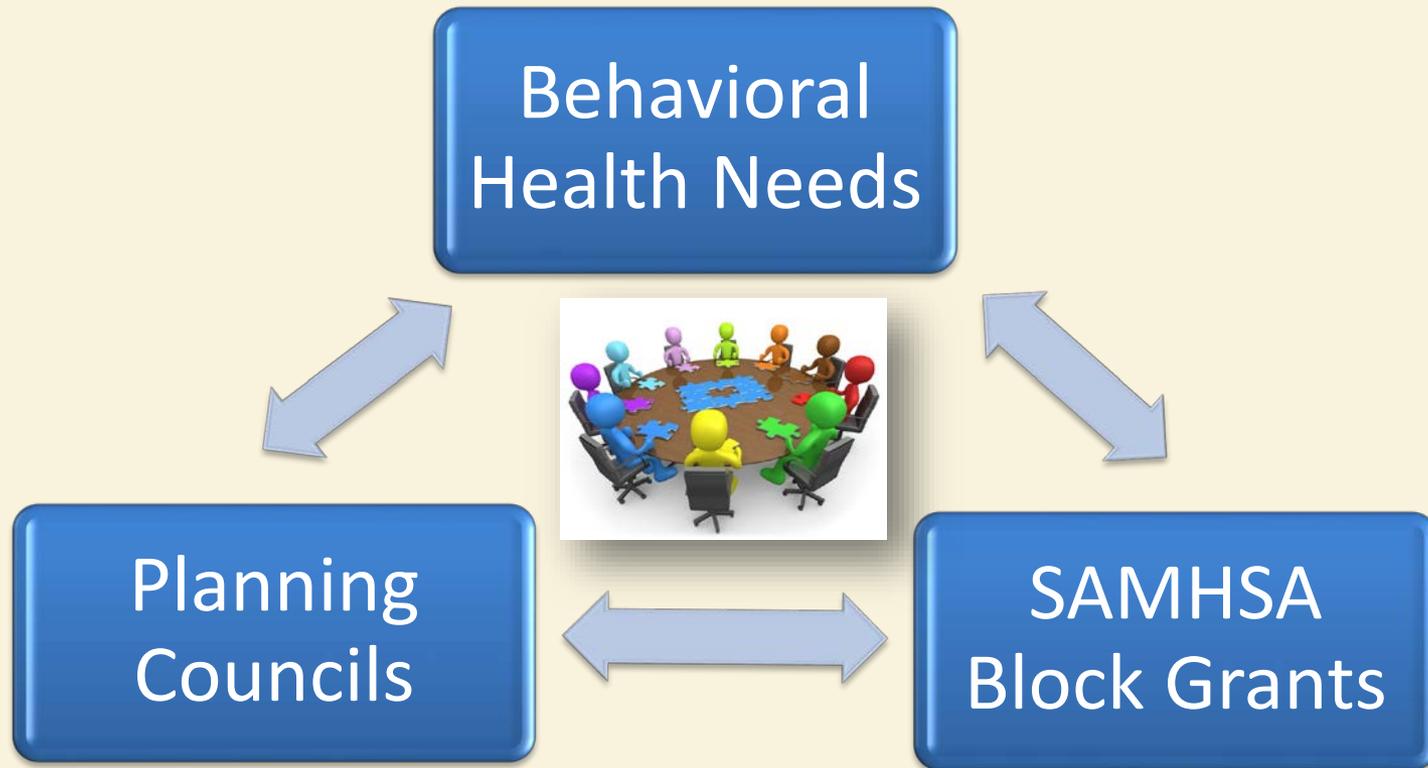
# Monitoring Suggestions (Duty 3)

- 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.

# 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

## Impact 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

# Additional Resources

- *Best Practices for State Planning Councils: Increasing the Pace of Our Progress* (June 2016) [www.BHTalk.org](http://www.BHTalk.org)
- *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 [mmurphy@ahpnet.com](mailto:mmurphy@ahpnet.com)



**Thank you for all  
you do!**

