

Utah Behavioral Health Planning and Advisory Council (UBHPAC)

Application for Council Membership

Name					
Home Address					
City		State		Zip Code	
Telephone			E-mail		
Agency Name					
Agency Address					
City		State		Zip Code	
Telephone			E-mail		
Ethnicity	African American	<input type="checkbox"/>	Hispanic	<input type="checkbox"/>	
	Asian	<input type="checkbox"/>	Native American	<input type="checkbox"/>	
	Caucasian	<input type="checkbox"/>	Other	<input type="checkbox"/>	

Membership Goals for Representation on UBHPAC

- The council shall include statewide representation by peers, providers, and community advocates/partners.
- The UBHPAC will have no less than 50% peer representation on the Council.

Why are you interested in serving on the Utah Behavioral Health Planning and Advisory Council (UBHPAC)?

Identify skills, strengths and interests that you would bring to the UBHPAC

The UBHPAC is eager to recruit a diverse membership. Explain how you might contribute to that goal.

List your paid involvement with behavioral health issues, groups and/or organizations, including your experience, training and past/present involvement with underrepresented communities and groups.

List your volunteer involvement with behavioral health issues, groups and/or organizations, including your experience, training and past/present involvement with underrepresented communities and groups.

Membership Definitions:

The purpose of defining an individual members position on the council is to help the council meet the requirement for participation; that being 50% peer representation. We understand that some members may find that more than one definition fits their individual circumstance. Thus it is up to that individual to choose which membership definition they prefer. Regardless of what definition an individual ultimately chooses, the hope is that they will bring the entirety of their lived experience to the council.

Peer:

1. Individuals who access or have accessed mental health and/or substance use disorder and/or prevention services*, now or in the past
2. Any person considering themselves as having a lived experience of recovery
3. Family member/care giver of an individual in public or private mental health and/or substance use disorder and/or prevention services*, now or in the past

Provider:

1. Any person representing an entity that provides mental health and/or substance use disorder and/or prevention services*
2. Any person representing an entity focused on advocacy, education and/or prevention on behalf of Peer (see definition of peer, above)
3. Any person representing an entity that is consumer-led
4. Any individual person providing mental health and/or substance use disorder and/or prevention services*

Community Advocate/Partner:

1. Any person representing an entity that may include but is not limited to legal, social service, law enforcement, education, medical, academic/research, faith-based, military, and tribal with an interest in behavioral health

** education, resiliency and recovery support, and treatment or other services*

Which of the member definitions would you prefer should your application for membership on the Utah Behavioral Health Planning and Advisory Council be approved?

Will you commit to attend monthly meetings?

Are you willing to participate on a Sub-Committee?

Do you affirm that you understand that submitting an application does not guarantee being selected for a seat on the Utah Behavioral Health Planning and Advisory Council? Do you further understand that terms on the UBHPAC will be rotating and that the council has a goal of equal representation by persons, families, providers and advocates of individuals with mental health and/or substance use disorders?

- ☐ I agree with the above statement
- ☐ I disagree with the above statement

Please sign below:

Selection to Council positions will be recommended by an Advisory Group and appointments are made by the Executive Committee of the Utah Behavioral Health Planning and Advisory Council. Applications are accepted on an on-going basis. Applications are reviewed and appointments are made quarterly.

RETURN APPLICATION TO: DSAMH
ATTN: UBHPAC, Membership Committee
195 North 1950 West
Salt Lake City, Utah 84116

orientation materials

History and Purpose of Planning Councils

Mental health planning and advisory councils (PACs) exist in every State and U.S. Territory because of the passage of federal law 99-660 in 1986, continuing through Public Law 101-639 and Public Law 102-321 in 1992. These federal laws require States and Territories to perform mental health planning in order to receive federal Mental Health Block Grant funds. These laws further require that stakeholders, including mental health consumers, their family members, and parents of children with serious emotional or behavioral disturbances, must be involved in these planning efforts through membership in the PAC.

States are required to submit yearly applications to receive federal block grant funds. This application is known as the Block Grant Plan. The Mental Health Block Grant program is administered by the Center for Mental Health Services (CMHS), which is an agency of the Substance Abuse and Mental Health Services Administration (SAMHSA). The objective of Public Law 102-321 and block grant planning, in general, is to support the State creation and expansion of comprehensive, community-based systems of care for adults with serious mental illness and children with serious emotional disturbance.

The block grant is a formula grant awarded to States based upon an allotment calculated for each fiscal year by a legislated formula. Awards are made in response to the States' applications and to the implementation reports submitted by the States for the previous fiscal year.

State applications are developed with input from the State mental health planning and advisory councils and must address the need for services among special populations, such as individuals who are homeless and those living in rural areas. The goal of the Mental Health Block Grant program is to help individuals with serious mental illnesses lead independent and productive lives. The block grant program has served as an impetus in promoting and encouraging States to reduce the number of people receiving care in State psychiatric hospitals, and to develop community-based systems of care.

Federal Legislation

In this section, we will attempt to summarize the sections of the federal legislation that deal with the duties of the planning council, and later we describe the information that must be included in the State plan.

Membership Composition

As stated previously, Public Law 102-321 is very clear about the composition of mental health planning councils. The federal law (42 USC [United States Code] § 300x-3 [c]) states that planning councils must contain the following people:

- Representatives from the following State agencies: Mental Health, Education, Vocational Rehabilitation, Criminal Justice, Housing, Social Services, and the State Medicaid Agency.
- Public and private entities concerned with the need, planning, operation, funding, and use of mental health services and related support services.
- Adults with serious mental illness who are receiving (or have received) mental health services.
- Families of such adults and families of children with serious emotional disturbance.

Note: The ratio of parents of children with serious emotional disturbance to other members of the council must be sufficient to provide adequate representation of such children.

Most importantly, the law states that at least 51% of the members should be affiliated with constituency groups other than providers of services or State employees.

Duties of the Membership

The federal law states that the planning council is expected to do the following (see § 300-x [b]):

- 1 To review the Mental Health Block Grant Plan and to make recommendations.
- 2 To serve as an advocate for adults with a serious mental illness, children with a serious emotional disturbance, and other individuals with mental illnesses.
- 3 To monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services within the State.

Duty 1

To review the Mental Health Block Grant Plan and to make recommendations.

States are required to submit yearly applications to receive block grant funds. This application is known as the Block Grant Plan. The plans are evaluated according to the criteria established in federal law and explained in the application form. The criteria for the block grant are described on pages 5 and 6 of this toolkit. The Block Grant Plan must be accompanied by a cover letter from the Chair of the planning council indicating that members of the planning council have reviewed and commented on the plan. Additionally, States are required to submit to CMHS all comments from the planning council regarding the Block Grant Plan.

Ideally, planning is a continuous process and not something that begins upon the release of the application form. Furthermore, we recommend that planning councils be involved in all aspects of the planning process. The planning council and the State should develop a planning timeline that clearly identifies all required tasks and corresponding responsibilities, with planning council roles clearly articulated. This type of timeline should be developed by the State mental health planner and the planning council at the beginning of the year and include target dates and opportunities for participation.

Current federal law stipulates a yearly planning process with rather strict implementation guidelines. The Center for Mental Health Services allows States to submit two and three year plans, but these plans must meet the implementation guidelines established in the federal law. According to this law, States are evaluated on the complete implementation of the Block Grant Plan. If States are found to be out of compliance with this requirement, the federal government has the authority to withhold a portion of the mental health block grant money from the State.

With this said, true system change necessitates a longer planning and implementation time frame. The relationship between planning, budgeting, implementation, and evaluation requires a long-range, strategic form of planning. Many States engage in a strategic planning process in addition to the planning associated with the block grant. You will find a brief overview of strategic planning with suggestions for obtaining additional information later in this toolkit. Additionally, copies of State strategic plans can be obtained from the NAMHPAC or NTAC offices.

Duty 2

To serve as an advocate for adults with a serious mental illness, children with a serious emotional disturbance, and other individuals with mental illnesses.

The membership requirements of PACs are designed to ensure broad stakeholder representation and input into the planning, evaluation, and monitoring of mental health services. Many stakeholders are motivated by their own, or a family member's, involvement with the mental health system. The planning council provides a forum for a variety of advocacy interests to work together to effect change.

Advocacy, which is defined as to "speak on behalf of" or to "argue for" a person, a group, an action, or a cause, comprises a wide range of activities. Advocacy is often associated with visible activities on behalf of a cause, such as letter writing, working with the media, educating decision makers, and in extreme circumstances, public demonstration. Advocacy also embraces the act of learning more about a topic or issue and sharing that information with family, friends, and colleagues, or supporting a cause through community service. The very act of serving on a planning council is a form of advocacy.

There is great variability among planning councils in the way advocacy is accomplished. The federal mandate provides no guidance on this matter, nor does it impose limits on the ways that the planning council can choose to act on its advocacy mandate. In the end, each planning council needs to decide how it wants to organize itself in order to accomplish this important function. In the examples that follow, we highlight the advocacy activities of a sampling of planning councils.

Example 1

Some planning councils have interpreted the mandate for advocacy to involve legislative monitoring and action. Many planning councils are called upon to testify at legislative hearings, or before other State, regional, and local bodies concerned with mental health service delivery or appropriations. Some planning councils produce white papers on issues of importance within their mental health system, such as the lack of communication between the criminal justice system and mental health system, the needs of children with serious emotional disturbance, or other important issues. This type of advocacy can also be expressed in position papers, press releases, and other forms of formal communication from the planning council.

Example 2

One mental health planning council has developed a comprehensive legislative monitoring system. Planning council members volunteer to research and track bills related to mental health and to report to the planning council should bills need amendments or to recommend that the planning council take a position on a particular bill. The council maintains an automated, online bill tracking service to facilitate this process. This is a highly developed and intense form of legislative advocacy that may be beyond your council's current capacities. However, it serves to show what is possible for PACs in the area of advocacy.

Example 3

Another mental health planning council has engaged in advocacy in several different ways. One of the most successful activities of the council has involved developing a positive relationship with the State Mental Health Administration. The planning council demonstrated an ability to influence the legislative process in a way that was advantageous to the Mental Health Administration. This helped create a foundation of trust and mutual respect. The planning council then convinced the State that all advisory groups concerned with mental health issues should be subsumed under the planning council, thus ensuring that the planning council is the foremost body asked to represent mental health issues within the State. Formerly separate advisory organizations are now accounted for in the committee structure, and the planning council has positioned itself as a leader within the mental health community. The Medicaid Capitation Committee of the planning council wrote a concept paper/proposal for the creation of an independent, mental health specific ombudsman program in the State. During the two years that it took for the Office of the Ombudsman to be established, the planning council kept the pressure on and ultimately met with success.

Planning councils may also wish to consider working in coalition with other advocacy organizations and reform movements within their State. Ideally, the planning council meeting should be the forum where a diversity of reform activities in the State are discussed. Some planning councils have found it helpful to establish a standing advocacy committee that discusses public policy issues and current events. This committee also develops action items related to these issues and presents recommendations to the entire council.

Duty 3

To monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services within the state.

This is, perhaps, the most difficult task facing planning councils because of the broadness of the mandate and the resources, time, and energy that it requires. We do not know of any State that has been found out of compliance for not fulfilling this part of the PAC mandate. However, many PACs are not even aware that evaluation and monitoring are part of its responsibility.

Based on this, there are several efforts underway in this area and new models and information are becoming available everyday. There are a variety of ways that planning councils can approach this task, ranging from designing new initiatives to taking advantage of existing programs.

There are a few planning councils that have approached this task in creative ways.

Example 1

In one southern State, the mental health planning council participated in the Peer Review Team visitation of their State's 15 community mental health centers and two state hospitals. The Adult Community Services Peer Review team has established a process for assessing the strengths and weaknesses of community programs from the perspective of primary consumers, family members, and community mental health service providers, thus establishing a monitoring process that also provides technical assistance at the community level.

Example 2

Another mental health planning council has partnered with the Office of Behavioral Health Services in creating a process and instruments for the evaluation and allocation of federal block grant monies. This process includes the review of program requests for funding and recommendations for fund allocation from the planning council. Once funding decisions are made, the planning council also partners with the State to conduct on-site utilization review of public mental health service providers.

Although there are some examples of planning councils that have created new initiatives, evaluation is not a process that the planning council must approach on its own. There are several national initiatives funded by the Center for Mental Health Services that can be of use to planning councils for their evaluation activities. These initiatives include the following:

The Mental Health Statistics Improvement Program (MHSIP)

This program seeks to build the capacity for uniform, comparable statistical information about mental health services to enable broad-based research on systems of care and models for service delivery. Most notable in this project was the development and implementation of a consumer-focused mental health report card for managed care that is in use in many States. You may want to find out if your State is using the MHSIP report card and how the data is being utilized to monitor and evaluate services.

The 16- State Pilot Indicator Project

This is a grant program from the Center for Mental Health Services operating in 16 States. The purpose of these grants is to pilot 32 selected performance indicators in participating States. This grant effort stems from the growing need to have information on the performance of existing mental health systems and services for improved planning. Part of this program focuses on the development of common performance indicators across participating States that will allow for the comparison of similar data. This program requires stakeholder input and the planning council should be aware of developments in the project. The States participating in this project include: Arizona, Colorado, Connecticut, Illinois, Indiana, Missouri, New York, Oklahoma, Rhode Island, South Carolina, Texas, Utah, Vermont, Virginia, Washington, and Washington DC.

NAMHPAC hopes to survey planning councils regarding the level of activity in the evaluation and monitoring of mental health services. Once complete, this survey will enable the identification of promising practices in evaluation that will be replicable by other planning councils.

Criteria for Mental Health Block Grant Plan

States are required to submit yearly applications to receive block grant funds. This application is known as the Block Grant Plan. The Block Grant Plan is evaluated according to the 12 criteria established in Federal Law 102-321, section 1912(b).

States may choose to consolidate the 12 criteria into five. Both options are presented here for your information.

<i>Five Consolidated Criteria (Optional)</i>	<i>Twelve Original Criteria (Required)</i>
<p><i>Criterion 1:</i> Establish a comprehensive community-based mental health service system</p> <ul style="list-style-type: none"> • Establishment and implementation of comprehensive community-based mental health service system • Reduction of hospitalization • Description of available services and resources in a comprehensive system of care, including case management 	<p><i>Criterion 1:</i> The plan provides for the establishment and implementation of an organized community-based system of care for adults with an SMI and children with an SED</p> <p><i>Criterion 3:</i> The plan describes available services, available treatment options, and resources (including federal, State, and local public services and resources and, to the extent practicable, private services and resources) to be provided for adults with an SMI and children with an SED</p> <p><i>Criterion 4:</i> The plan describes health and mental health services, rehabilitation services, employment services, housing services, educational services (including services to be provided by local school systems under the Individuals with Disabilities Education Act), medical and dental care, and other support services to be provided to enable adults with an SMI and children with an SED to function outside inpatient and residential institutions to the maximum extent of their capacities with federal, State, and local public and private resources</p> <p><i>Criterion 6:</i> The plan provides for activities to reduce the rate of hospitalization of adults with an SMI and children with an SED</p> <p><i>Criterion 7:</i> The plan requires the provision of case management services for each adult with an SMI and child with an SED who receives substantial amounts of public funds or services</p>
<p><i>Criterion 2:</i> Estimate the prevalence and treated prevalence of mental illness</p> <ul style="list-style-type: none"> • Establish quantitative targets for services • Estimate prevalence rates of serious mental illness (SMI) and serious emotional disturbance (SED) 	<p><i>Criterion 2:</i> The plan contains quantitative targets to be achieved in the implementation of the mental health system, including the number of adults with a SMI and children with an SED residing in the areas to be served under each system</p> <p><i>Criterion 11:</i> The plan contains the estimate of the incidence and prevalence in the State of SMI among adults and SED among children</p>

<i>Five Consolidated Criteria (Optional)</i>	<i>Twelve Original Criteria (Required)</i>
<p><i>Criterion 3:</i> Establish management information systems</p> <ul style="list-style-type: none"> • Identify financial resources, staffing, and training • Estimate the manner in which the State intends to expend the Block Grant funds 	<p><i>Criterion 5:</i> The plan describes financial resources and staffing necessary to implement the plan, including programs to train individuals as providers of mental health services, with emphasis on training of providers of emergency health services regarding mental health</p> <p><i>Criterion 12:</i> The plan contains a description of the manner in which the State intends to expend the grants for the fiscal year involved to carry out the provisions of the plan</p>
<p><i>Criterion 4:</i> Identify targeted service to homeless and rural populations</p> <ul style="list-style-type: none"> • Describe outreach efforts and services to homeless • Describe service provision to rural areas 	<p><i>Criterion 8:</i> The plan provides for the establishment and implementation of a program of outreach to and services for adults with an SMI and children with an SED who are homeless</p> <p><i>Criterion 10:</i> The plan specifies the manner in which mental health services will be provided to adults with an SMI and children with an SED residing in rural areas</p>
<p><i>Criterion 5:</i> Specify provisions of children's service</p> <ul style="list-style-type: none"> • Describe comprehensive community-based service for children with SED 	<p><i>Criterion 9:</i> The plan provides for the establishment and implementation of an integrated system of social, educational, juvenile, and substance abuse services that together with health and mental health services for children with an SED will be provided in order for such children to receive care appropriate for their multiple needs. The plan provides for the establishment of a defined geographic area for the provision of the services of such system, which will include services provided under the Individuals with Disabilities Education Act. (The Block Grant funds for the fiscal year involved will not be expended to provide any service of such services.)</p>

How to be an Effective PAC Member

This Toolkit focuses on the duties, responsibilities and possibilities of planning and advisory councils in improving the planning, evaluation and delivery of mental health services. The potential of planning councils is only realized through the active involvement of individual members. For those new to planning councils, we highlight some strategies for making sure your voice is heard and for advancing the effectiveness of your planning council.

Even though mental health systems are recognizing more and more the importance of stakeholder oversight, many barriers prevent mental health consumers, family members and parents from participating in policy and decision making. There are now resources designed for and by these groups to help insure an active voice for stakeholders.

The National Mental Health Consumers' Self-Help Clearinghouse has prepared a *Self-Advocacy Technical Assistance Guide* that helps mental health consumers identify and develop strategies for overcoming obstacles they face. Many of the principles discussed in this curriculum are relevant to mental health planning councils in their work. Information on contacting the Clearinghouse is located in the resources section of this toolkit. Below we highlight some self-advocacy strategies.

The most important principle in self-advocacy is the belief that you are someone worth advocating for. Once you believe in yourself it is often possible to be more assertive. Sometimes our moods may prevent us from being as assertive as we need to be, or sometimes there is a fear of reprisal or punitive measures.

A very simple first step to becoming assertive is to ask the question, "why?" when confronted with conditions or situations that do not seem to make sense. This lesson is as important in mental health planning as it is in service delivery.

Very often our reasons for becoming involved in mental health advocacy stem from our own or a family members involvement with the mental health system. At its worst, the mental health system can be fragmented and unresponsive to the needs of vulnerable persons. Sometimes these kinds of experiences lead to anger, which if not directed appropriately may actually make self-advocacy and appropriate assertiveness difficult. Use your anger appropriately to motivate actions, but control it so that it does not become a liability to your efforts.

The National Consumer-Supporter Technical Assistance Center located at the National Mental Health Association has published a booklet titled, *How to Develop and Maintain a Consumer Advisory Board* that contains these tips:

General Expectations

- **Know your PAC's mission, purposes, goals, policies, strengths and needs.** Review the material in the orientation manual, and ask questions about things that do not make sense to you. Find another member of the council that you feel comfortable asking questions of and find out about the work and functioning of the planning council.
- **Bring good will and a sense of humor to the PAC's deliberations.** Things will not always go as hoped. It is important to be persistent and to demand what is right, but do not let little things keep you from addressing the important issues.

Meetings

- **Prepare for and participate in all PAC and committee meetings.** Read materials that are sent out ahead of time. Ask questions of the chair or other committee members if things do not make sense to you. Learn where you can get answers to your questions. Take advantage of the resources listed in this toolkit.
- **Complete assignments on time and present results as requested.** You want people to take you seriously and to know that you are a valuable member of the planning council, this is better accomplished through actions and example.
- **Feel comfortable asking questions; other people are probably wondering the same thing.** By asking questions you are indicating your interest in the work of the planning council and also that you do not just accept what people are telling you.

- **Make an effort to know the larger mental health community.** Attend community meetings and events as time allows. The planning council is but one avenue for change in the mental health system and it needs the information from the larger mental health community to make the best decisions possible.
- **Know your organization or constituency.** Make a point to share information with the PAC about your constituents' work and vice versa. If you represent a particular interest group make that perspective known, but try not to become myopic. The goal of planning councils is to make recommendations that are good for all of the persons and populations served by the mental health system.
- **If you have a topic that you wish to bring to the agenda,** follow through to make sure that it is addressed. Talk with other PAC members and the chair to have it placed on the agenda.

Having expectations for your own involvement on the planning councils does not absolve others of theirs. In general, the planning council and the state mental health administration must make a commitment to making the planning council effective. There are some generally agreed upon components that make stakeholder participation meaningful, they include:

- cultural competency;
- on-going training;
- on-going logistical support and child-care support;
- adequate and timely information and staff support to allow for in-depth consideration of complex issues;
- open meetings, on a regular schedule, and in a location and setting convenient and welcoming to PAC members;
- open meetings fostering meaningful and respectful dialogue among PAC members and decision makers;
- broad dissemination of minutes and reports to PAC members; and
- staff follow-up to assure that PAC members are informed of the results of meetings and that the results are effectively disseminated for maximum impact.
- As more outcome data and consumer report card results becomes available, this information needs to be disseminated in a timely manner to PAC members, and used as a tool in the planning, evaluation and monitoring processes.
- Organizational development activities need to be given a priority to increase board effectiveness.

Strategic Planning: An Overview

The information on strategic planning is taken in large part from the FAQs (Frequently Asked Questions) section of the Alliance for Nonprofit Management's web page. For more detail on strategic planning, or other nonprofit development issues, please visit their site at <http://www.allianceonline.org>. You can reach the Alliance by dialing 202.955.8406.

The FAQs were inherited from Support Centers of America (SCA), following a merger between SCA and Nonprofit Management Association (NMA), and are now a product of the Alliance for Nonprofit Management.

What is strategic planning?

Strategic planning is a management tool, period. As with any management tool, it is used for one purpose only: to help an organization do a better job – to focus its energy, to ensure that members of the organization are working toward the same goals, to assess and adjust the organization's direction in response to a changing environment. In short, strategic planning is a disciplined effort to produce fundamental decisions and actions that shape and guide what an organization is, what it does, and why it does it, with a focus on the future. (Adapted from Bryson's *Strategic Planning in Public and Nonprofit Organizations*.)