

# **PROMISING PRACTICES HANDBOOK: Strategies to improve the effectiveness of your planning council**

**DEVELOPED BY:**

The National Association of Mental Health  
Planning and Advisory Councils

**FUNDED BY:**

The Center for Mental Health Services,  
Substance Abuse and Mental Health Service Administration

The National Association of Mental Health Planning and Advisory Councils (NAMHPAC) is the national organization for State and regional planning organizations throughout the United States and its Pacific Territories and is dedicated to providing technical support, opportunities for state-to-state networking, and a national voice on mental health planning issues. NAMHPAC is funded by the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.

# Table of Contents

---

<b>Introduction.....</b>	<b>2</b>
<b>History and Purpose of Planning Councils.....</b>	<b>3</b>
<b>Common Challenges Facing Planning Councils.....</b>	<b>7</b>
Holding regular PAC meetings.....	7
Assisting family members in attending PAC meetings.....	8
Developing education and training opportunities for PAC members including consumers and family members.....	9
Recruiting a diverse and culturally competent membership.....	9
Recruiting key players to the PAC table.....	10
Addressing new issues such as managed care and juvenile justice.....	11
Exerting greater influence over the state mental health administration.....	11
Dealing with political and administrative changes.....	12
Affecting state legislative agendas and budgetary decisions.....	13
Effectively monitoring state plans and mental health systems (beyond the community mental health block grant mandate) .....	14
<b>Resources.....</b>	<b>15</b>
Peer Technical Assistance Contact Information.....	15
Organizational Contact Information.....	16
Sample Documents.....	17
Model	
Bylaws.....	17
Model	
Policies	and
Procedures.....	24

## **Introduction**

Experience tells us that the success or failure of a program of mental health services balances in large part on the effectiveness of two-way communication between the providers of services and the people they serve. This truth from clinical practice also applies to the planning, implementation and oversight of mental health systems on the state and community level as well.

Federal and state leaders have recognized the wisdom of citizen oversight, resulting in the formation of federally mandated mental health planning councils. Planning councils are expected to review state applications for block grant funding, to serve as advocates for adults with serious mental illnesses and children with serious emotional disturbances, and to monitor and evaluate state mental health planning systems. Although these activities are mandated, many states do not provide funding to support them. In many cases, lack of funding and member turnover, prevent these organizations from making their full impact on service delivery and consumer empowerment.

In response to these challenges the National Association of Mental Health Planning and Advisory Councils (NAMHPAC) is pleased to present this resource to planning and advisory councils. It is our hope that this handbook will help your council craft innovative solutions to some of the challenges it faces. Our thanks to the Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration for funding for this project. Please note that all of the materials in this handbook, except where noted, are in the public domain and may be reproduced and distributed by your PAC.

Although this handbook does not provide a comprehensive analysis of each challenge, it does represent the ideas and real life practices of PACs throughout the country. More thorough analysis would require knowledge of the specific challenges facing each state. Such an analysis can best be accomplished through peer-to-peer technical assistance with other council members such as the NAMHPAC board of directors and technical assistance team (please see the resources section of this handbook for more information). For more information on technical assistance through NAMHPAC call (703) 838-7522.

## **History and Purpose of Planning Councils**

Mental Health Planning and Advisory Councils (PACs) exist in each State because of the passage of P.L. 99-660 in 1986 and continuing through P.L. 101-639 and P.L. 102-321 in 1992. These Federal laws require States to perform mental health planning in order to receive Federal mental health grant funds. These laws further state that stakeholder groups, 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 on the PAC.

States are required to submit yearly applications to receive 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) of the Substance Abuse and Mental Health Services Administration (SAMHSA). The objective of P.L. 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. It 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.

## **Membership Composition**

- State agencies with respect to 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 emotional disturbance
  - 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.

At least 51% of the members should be affiliated with constituency groups other than providers of services or State employees.

### **Duties of the Membership**

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 severe 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.

### **Block Grant Criteria/elements**

States are eligible to receive Block Grant funds only if its plan meets the 12 criteria established in P.L. 102-321 for the adult and child plans (criteria 9 is for children only). States may choose to submit their plan in a format that addresses the 12 criteria separately or may choose to present them in the consolidated five criteria format. The chart on the following page describes the 12 criteria and how they can be consolidated into 5 for planning purposes.

# 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 5. Both options are presented here for your information.

Five Consolidated Criteria (Optional)	Original Twelve Criteria (Required)
<p><b>Criterion 1:</b> <i>Establish a comprehensive community-based mental health service system</i></p> <ul style="list-style-type: none"> <li>• Establishment and implementation of comprehensive community-based mental health service system</li> <li>• Reduction of hospitalization</li> <li>• Description of available services and resources in a comprehensive system of care, including case management</li> </ul>	<p><b>Criterion 1:</b> 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><b>Criterion 3:</b> 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><b>Criterion 4:</b> 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><b>Criterion 6:</b> The plan provides for activities to reduce the rate of hospitalization of adults with an SMI and children with an SED</p> <p><b>Criterion 7:</b> 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><b>Criterion 2:</b> <i>Estimate the prevalence and treated prevalence of mental illness</i></p> <ul style="list-style-type: none"> <li>• Establish quantitative targets for services</li> <li>• Estimate prevalence rates of serious mental illness (SMI) and serious emotional disturbance (SED)</li> </ul>	<p><b>Criterion 2:</b> 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><b>Criterion 11:</b> The plan contains the estimate of the incidence and prevalence in the State of SMI among adults and SED among children</p>
<p><b>Criterion 3:</b> <i>Establish management information systems</i></p> <ul style="list-style-type: none"> <li>• Identify financial resources, staffing and training</li> <li>• Estimate the manner in which the State intends to expend the Block Grant funds</li> </ul>	<p><b>Criterion 5:</b> 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><b>Criterion 12:</b> 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><b>Criterion 4:</b> <i>Identify Targeted service to homeless and rural populations</i></p> <ul style="list-style-type: none"> <li>• Describe outreach efforts and services to homeless</li> <li>• Describe service provision to rural areas</li> </ul>	<p><b>Criterion 8:</b> 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><b>Criterion 10:</b> 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><b>Criterion 5:</b> <i>Specify provisions of children's service</i></p> <ul style="list-style-type: none"> <li>• Describe comprehensive community-based service for children with SED</li> </ul>	<p><b>Criterion 9:</b> 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 Grand funds for the fiscal year involved will not be expended to provided any service of such services)</p>

## **Common challenges facing planning councils**

In considering the many challenges facing planning and advisory councils (PACs) in addressing the federal mandate it is difficult to craft a one size fits all solution. Every PAC faces particular challenges that are shaped by the needs and structure of their particular mental health system.

NAMHPAC developed this initial list of challenges from its technical assistance work with a variety of PACs around the country. NAMHPAC board members and technical assistance trainers crafted possible solutions based on their experience and on what they have seen done in other states. These responses were then field tested with a diverse group of planning council chairs and members.

### **Challenge # 1 - Holding regular PAC meetings and promoting consistent attendance**

One of the basic challenges facing many PACs is infrequent meetings and poor attendance. Without regularly scheduled and meaningful PAC meetings that draw a group of core members, it is difficult for a PAC to carry out its federally mandated agenda.

#### *Strategies*

There is no set rule for the number of times that a PAC should meet during the year. While some states meet monthly, it is more common for a PAC to meet less frequently such as four times a year with planning council staff and committees conducting business in between meetings. However, it is essential that each meeting has a concrete and meaningful agenda and that the actions taken at the meeting are followed up on by state planning staff and responsible council members so that participants can see that their work has had a meaningful impact.

In designing PAC meetings, the following factors should be considered:

- **Meeting Content** – Without a meaningful agenda, participants will see little point in attending meetings. PAC meetings must be more than opportunities to share thoughts on various mental health issues. There must be a formal agenda setting process that keeps the meeting focused around substantive issues.
- **State Agency Support** – State agencies must continually offer support to PAC meetings. In addition to attending the meetings and staffing the council, the agency should provide financial support to PAC members who would not otherwise be able to attend, especially to those whose jobs do not reimburse them for their time and expenses. The childcare for parents with minor children should be addressed in the budget for the PAC. Agency staff should also work to schedule meetings so that they do not conflict with other meetings (or perhaps so that they coincide or “piggy back” with other state meetings). Of course, meetings should be scheduled well in advance and notices should be sent out with logistical support. In partnership with relevant committees, state agencies should also implement the recommendations and action steps identified by the councils.
- **Use of Technology** – Although there can be no substitute for in-person meetings, improvements in technology can support PAC communications. Additional meetings could be held through conference calls and, in states where geography is a particular problem, PACs and state agencies could invest in video conferencing with potential cost savings. Individual members and committees can utilize email as a method of communication and some Internet providers like America Online provide electronic meeting rooms for members.

- **Accessibility** – PAC meetings should be held in accessible locations and in accessible facilities. In some states, the capital city may be strategically located so that it is an equal distance to the rest of the state. In other states, it may be a good idea to occasionally rotate meetings to other parts of the state. It is also important that the buildings being used are easily accessible to those with disabilities or other special needs.
- **Initial Orientation** – As with any board or council, new members may find themselves confused or overwhelmed by PAC activities. PACs should develop orientation materials for new members as well as set aside time for training for new members to make them aware of the history of the council, its responsibilities, and current activities. Another idea would be to create a mentoring system that pairs new and veteran council members together and sets up formal and informal time for them to work together.
- **Member Participation** – If recruited correctly, the planning council will mirror a “who’s who” of the mental health stakeholder community including mental health consumers, family members, community-based providers, and state agency representatives. These members should share their expertise in presentations before the PAC. For example, when discussing housing, a PAC could bring together a panel including a housing provider, a family member whose relative lives in community housing, and a consumer who is a resident – all of whom are council members. This active presentation will contribute to greater interest in attending meetings.

## **Challenge # 2 - Assisting Parents of Minor Children in attending PAC meetings**

Parents of minor children are one of the key groups of stakeholders who should be included in the PAC. This has been challenging in many states since many parents of young children must work during the day at jobs that may not be connected to mental health issues and are unlikely to reimburse them for their expenses.

### *Strategies*

There are several actions that PACs could take to support parents of children. While the following suggestions are appropriate for involving parents of children, they will also result in increased attendance among other groups of stakeholders as well.

- **Compensation** – In addition to reimbursement for expenses, PACs should consider stipends for parents of children (and others) to help them afford time off of work.
- **Day Care** – PACs could provide child care opportunities for parents while they attend the meetings.
- **Scheduling** – When PAC meetings are not held for multiple days, they could be scheduled in the evenings so that work is not missed. When multiple day meetings are required, they could be held over weekends.
- **Outreach** – PACs should also work closely with the statewide associations and advocates of the groups that they are trying to recruit. For example, when trying to recruit parents of minor children with serious emotional needs, it would make sense to work with the state and local chapters of the Federation of Families for Children’s Mental Health or other local advocacy organizations interested in this group of consumers.

## **Challenge #3 - Developing education and training opportunities for PAC members including consumers and family members**

Many PACs recruit members from a broad range of stakeholders. Unless new members are given orientation and training regarding the responsibilities of the PAC, they may be confused about their roles and unable to make a meaningful contribution. Additionally, the issues facing PACs range from new innovations in community-based services to complex analysis of managed care contracts. PAC members require consistent training and support as they monitor these changes.

#### *Strategies*

PAC membership should begin with a solid orientation program possibly including mentorship with veteran council members. From that point on, PAC meetings should be structured to provide continuous opportunities for training and education. One of the easiest ways to do this is to structure formal training time into each PAC meeting. PAC members with particular expertise in a given area should be asked to make presentations to the rest of the PAC and serve as peer-to-peer consultants in the areas of their expertise. Since a well working PAC's membership will mirror the state's mental health stakeholders (consumers, family members, advocates, and so on) it should be easy to assign various PAC members to make presentations and to serve as on-call experts to both planning staff and PAC membership.

Many PACs also provide training outside of PAC meetings through technical assistance meetings and longer retreats. NAMHPAC has delivered technical assistance to representatives of PAC councils in various states through short meetings and multiple day trainings. Trainings are crafted to match the particular needs of each council with the knowledge of a network of peer-to-peer trainers. Trainings have been supported in various ways both through limited federal funds and state financing.

### **Challenge #4 - Recruiting a diverse and culturally competent membership**

PACs are the places where a statewide community comes together to evaluate community mental health services. To be fair and effective, such analysis must include the perspectives of mental health stakeholders throughout the state with careful thought to the impact of recommendations and services on people of different races, cultures, gender, sexual orientation, and geographical location.

#### *Strategies*

Many PACs are currently in the process of addressing these challenges. While many PACs carefully recruit members to create a good mix of stakeholders (urban, rural, African America, Latino, Asian/Pacific American, male and female, and so on), many councils are working to go beyond representative diversity and achieve true cultural competency. Membership committees must make an effort to continually evaluate the composition of the planning council and plan strategically when vacancies occur.

Groups representing diverse constituencies can be invited to the council and asked to make presentations regarding the specific needs of their constituencies or discuss the way that traditional services may not adequately serve them. Cultural competency committees can be established to make recommendations that specifically address the needs of diverse communities and to provide a second level of monitoring and evaluation to make certain that the PAC does not reflect a single view point.

## **Challenge #5 - Recruiting key players to the PAC table**

As has been stated throughout this handbook, a PAC is only as good as the members who comprise it. Unfortunately, in some states, key mental health stakeholders do not serve on the PAC. Potential leaders may be ignored by administrative officials who want to keep close control of PAC activities or they may not perceive the PAC as a meaningful place with which to invest their time.

### *Strategies*

Once again, unless PAC recommendations are having a meaningful impact on the planning and delivery of services, potential PAC members will rightly perceive membership as an ineffective use of their time. The PAC must be a meaningful place to be. Unfortunately, this is a bit of a “chicken and an egg” dilemma. Unless key players are involved in the PAC, it will be unable to truly impact administrative and legislative decisions. But without this impact, key players will be unlikely to participate in the first place.

The solution to this challenge begins with the relationship to the state agency that manages PAC activities. From the Mental Health Commissioner down, the PAC must be viewed as the place with which to nurture collaboration and broad, participatory feedback. To recruit key stakeholders, the administration may be a good place to begin. In addition to offering their own time, they could make requests to mental health advocates who will be inclined to accept the appointments. In turn, these key players can construct a recruitment committee which can work to make certain that expertise and new perspectives are consistently sought out and brought into PAC activities.

As key players are recruited, the PAC should simultaneously focus on making the time they spend with the PAC meaningful. The agenda setting process should be carefully monitored to make certain that key issues are addressed and substantive meetings are maintained. Year-long action plans with concrete outcomes should also be developed focusing on specific action items such as managed care, cultural competence, contracting, training, and so on. Progress by the PAC in selected areas should be evaluated to determine how the PAC could function better or to demonstrate the quality work of the PAC in order to recognize valuable members and recruit new ones.

## **Challenge #6 - Addressing new issues such as managed care and juvenile justice**

Although the primary role of the PAC is to evaluate and monitor use of the Community Mental Health Block Grant, PACs are also mandated to evaluate all community mental health services within their state. This necessitates knowledge of trends that are impacting services such as managed care contracts (which may or may not involve block grant funds), incidences of people with mental health disorders in the adult or juvenile justice system, or other issues impacting people with mental health disorders.

### *Strategies*

PACs should routinely provide education programs delivered by people who understand both the issues involved and the role of the council. PACs can best address these issues by tying into

public and private organizations and individuals who are connected to broader issues. For example, representatives of various stakeholder groups (consumer or parent groups, Mental Health Associations, local or state affiliates of the National Alliances for the Mentally Ill, Protection and Advocacy Organizations, etc.) could be brought before the council to present on a particular issue and make proposals for further action. Ideally, these organizations will already be represented on the council.

In some states, “town hall” meetings are held during council meetings that include the mental health commissioner, the entire council, and stakeholders from around the state. Experts could be brought in to speak on model programs followed by an open PAC dialogue. Action steps could be developed for follow up by relevant committees, planning staff, and additional input from the stakeholder groups working on the council. These efforts can go beyond fact finding efforts and broad discussions and be incorporated into the regular activities of the PAC. For example, the state could provide regular updates on managed care contracts for analysis and recommendations from the council.

It is also important to bring other state agencies into a formal relationship with the council. This can include seats on the council itself from organizations such as the Division of Family Services, juvenile justice administrations, office of managed care, and so on. The PAC could play an excellent role as a coordinator of action between these various bodies, making recommendations for integrated responses to the issues before them.

## **Challenge #7 - Exerting greater influence over the state mental health administration**

Many PACs are seen exclusively as monitors of the community mental health block grants and advisors to mental health agencies in this limited domain. A major challenge facing PACs in many states is to improve their relationship with the state mental health administration so that they are made an integral part of community mental health services decisions. While their role will always be as advisors, PAC recommendations should carry the weight of statewide consensus among a diverse group of stakeholders. It is also important that such influence stretch beyond the community mental health block grant to services across the state.

### *Strategies*

Positive relationships will influence the influence of the planning council. The extent of council influence is also determined by structure. Several questions will help determine the strength of the council in affecting state decisions:

#### 1. Who staffs the PAC?

In some cases, PACs are staffed by administrative officials who are too far down in the state’s hierarchy to implement council recommendations. In these cases, the council may make recommendations with the solid support of those who provide staff support only to have their recommendations ignored by staff who have decision making authority.

Staff specifically assigned to support the PAC should have support and decision making authority within the agencies that they work for.

#### 2. Which state agencies are represented on the PAC?

PACs should have representation by high level state staff who can take recommendations back to their respective agencies and use meetings as an opportunity for collaborative planning. Unfortunately, it is often difficult to bring in meaningful involvement from agencies that are not

directly related to the PAC. Many PAC experts consulted for this handbook cited problems in ensuring attendance from outside state agencies.

### 3. What groups are represented on the PAC?

If the PAC membership represents the independent advocacy voices of the state, these advocates may be able to take recommendations even further. State administrative officials may be able to ignore the concerns of a council which serves under their authority. But when consumer, parent, and other advocacy organizations in the state are prepared to launch advocacy campaigns around these issues, the concerns of the PAC may be taken more seriously.

PACs should also hold separate meetings with state administrative officials when appropriate. A well working PAC will be relied upon by state officials when making decisions. For example, during the design of requests for proposals for managed care contracts state officials should meet with selected PAC members to review their concerns. The broad-based nature of the PAC will be helpful to administrative officials who will want to prove that they have shared the decision making process with stakeholder groups across the state.

## **Challenge #8 - Dealing with political and administrative changes**

What happens when new governor bring with him or her an entirely new administration? Could PAC members be replaced with those seen as loyal to the new political power? Could a well working PAC suddenly find its recommendations ignored and cut out of the political process? Unfortunately, the answer is yes, and PACs must be careful to diplomatically develop new relationships when political winds change.

### *Strategies*

PAC experts unanimously agreed that the best response to political change is to meet with new players as soon as possible and bring them into the cause. This includes inviting new leadership to PAC meetings or orientation events, hosting separate meetings with selected PAC staff and new officials, and other activities that inform new leaders of PAC mandates and their key role in influencing mental health decisions. In one state, the PAC contacted the new Governor to inform him of their mandated role in the recruitment of candidates for the Director of Mental Health and developed a relationship through which they could offer advice on the final selection.

## **Challenge #9 - Affecting State legislative agendas**

While many PACs are focused on administrative decisions, significant decisions are often made by the state legislature. State legislatures will often have no knowledge of PAC activities or their mandate to monitor statewide services. They may perceive the PAC simply as one of many advocacy constituencies attempting to affect policy.

### *Strategies*

The key to addressing legislative issues rests on two things: relationships and a specific legislative agenda. Just as meetings are scheduled with key administrative officials, meetings should be set up with heads of committees and other legislators who can impact mental health services. To avoid the appearance of lobbying, meetings should be seen as opportunities to

share the recommendations of this broad-based council. Legislative lobbying should be left to the individual mental health advocacy groups who will typically work through a separate advocacy coalition. However, PAC findings and analyses can be presented to legislative bodies as part of their public education mission.

As a new year begins, each PAC should examine its agenda and make very specific goals related to the legislature. While administrative officials may be interested in a year-long give-and-take over a range of substantive issues, legislators will only be interested in specific action items, budgets, and legislative proposals. For example, if the PAC has been monitoring managed care contracts they will likely develop a list of specific concerns over areas such as consumer rights and protections. In 2000 and 2001, many states will be developing consumer rights legislation to address trends in managed care. It would make sense for the PAC to schedule meetings with the lead sponsors of such legislation and key committees, to offer testimony at hearings, and to present papers to full committees. Additionally, when the agendas of the PAC match legislative calendars, key legislators and their staff could be brought into present at PAC meetings and to meet with the PAC to hear the insights of various stakeholder groups.

Just as in building relationships with state administrators, one of the keys to strong relationships with legislators is their perception of the PAC as a resource. If the PAC functions as the federally mandated council that brings together all mental health stakeholder groups to monitor and evaluate services and build consensus, legislators will want to work with the PAC in crafting legislative proposals and developing budgets.

### **Challenge # 10 - Effectively monitoring state plans and mental health systems (beyond the community mental health block grant)**

PACs are federally mandated to go beyond the community mental health block grant and to evaluate mental health services throughout the state. Unfortunately, this aspect of PAC activity is often over looked. State officials may view the PAC as an entity to keep informed of changes in block grant funding and even carefully evaluate their recommendation concerning these changes. However, these same officials may ignore the PAC when it comes to community mental health services funded outside of the block grant or new areas of concern such as managed care and juvenile justice.

#### *Strategies*

The first step to address this challenge is to make certain that all parties are fully aware of the federal mandates for the PAC that come along with a state's acceptance of block grant funding. This knowledge should be made a part of PAC orientation, meetings with state officials, and even reiterated on correspondence that carries PAC recommendations.

Once this mandate is understood, PACs should work with state officials to develop a strategic plan for oversight activities. Again, these activities should be structured around a specific agenda. For example, PAC members could be involved in state monitoring activities of managed care contracts and use its meetings or other events such as town hall meetings or focus groups to learn how changes in service delivery are affecting consumers. Councils could also engage in evaluations of juvenile justice systems to ascertain the number of minors in this system with

mental health needs and the level of services that are being provided. The PAC could also be invited to participate with the state mental health authority as they conduct monitoring visits of the providers of mental health services.

## Resources

With the understanding that this document is merely the starting point for the collection and dissemination of exemplary practices in PAC organizing, the following pages contain information on contacting sources of peer technical assistance and model documents for use within your council.

### *Peer Technical Assistance Contact Information*

NAMHPAC  
1021 Prince Street  
Alexandria, VA 22314  
703.838.7522  
703.684.5968 – fax  
[www.namhpac.org](http://www.namhpac.org)  
E-mail: [chuck@namhpac.org](mailto:chuck@namhpac.org)  
Contact: Chuck Ingoglia

Linda Hatzenbuehler, Ph.D.  
Dean , College of Health Professions  
Idaho State University  
P.O. Box 8090  
Pocatello, ID 83209  
P (208) 236-3992  
F (208) 236-4645  
E-mail: [hatzlind@isu.edu](mailto:hatzlind@isu.edu)

Courtney Clarke  
P.O. Box 123A  
Rahway, NJ 07065  
P (908) 527-4258  
F (908) 352-3980

Leila Salmon, M.Ed.  
166 Locust Avenue  
Amsterdam, NY 12010  
P (518) 842-7112  
F (518) 842-4852  
E-mail: [mymops@aol.com](mailto:mymops@aol.com)

Joseph de Raismes, J.D.  
City Attorney  
P.O. Box 791  
Boulder, CO 80306  
P (303) 441-3020  
F (303) 441-3859  
E-mail: [deraismesj@ci.boulder.co.us](mailto:deraismesj@ci.boulder.co.us)

Margaret Stout  
Executive Director, NAMI of Iowa  
5911 Meredith Drive, Suite C-1  
Des Moines, IA 50322-1903  
P (515) 254-0417  
F (515) 254-1103  
E-mail: [amiowa@aol.com](mailto:amiowa@aol.com)

Karen Hart  
291 San Bernabe Drive  
Monterey, CA 93940  
P/H (831) 373-3966  
F (831) 373-2679  
E-mail: [khart@redshift.com](mailto:khart@redshift.com)

## Organizational Contacts

National Association of Mental Health Planning  
and Advisory Councils  
1021 Prince Street  
Alexandria, VA 22314-2971  
(P) 703.838.7522  
(F) 703.684.5968  
Email: [chuck@namhpac.org](mailto:chuck@namhpac.org)  
Homepage: [www.namhpac.org](http://www.namhpac.org)

National Technical Assistance Center for State  
Mental Health Planning  
NASMHPD  
66 Canal Center Plaza, Suite 302  
Alexandria, VA 22314  
(P) 703.739.9333  
(F) 703.548.9517  
Homepage: [www.nasmhpd.org](http://www.nasmhpd.org)

Center for Mental Health Services, Substance  
Abuse and Mental Health Services  
Administration  
Knowledge Exchange Network (KEN)  
P.O. Box 42490  
Washington, DC 20015  
1.800.789.CMHS  
Email: [ken@mentalhealth.org](mailto:ken@mentalhealth.org)  
Homepage: [www.mentalhealth.org](http://www.mentalhealth.org)

NAMI  
Colonial Plaza Three  
2107 Wilson Blvd., Suite 300  
Arlington, VA 22201-3042  
(P) 703.524.7600  
(F) 703.524.9094  
Homepage: [www.nami.org](http://www.nami.org)

National Mental Health Association's  
Consumer/Supporter Technical Assistance  
Center  
1021 Prince Street  
Alexandria, VA 22314  
(P) 703.684.7722  
(F) 703.684.5968  
Homepage: [www.nmha.org](http://www.nmha.org)

Federation of Families for Children's Mental  
Health  
1101 King Street, Suite 420  
Alexandria, VA 22314  
(P) 703.684.7710  
(F) 703.836.1040  
Homepage: [www.ffcmh.org](http://www.ffcmh.org)

#### Sample Documents

1. Model Mental Health Planning and Advisory Councils Bylaws
2. Sample Mental Health Planning and Advisory Council Policies and Procedures

## **Bylaws**

Many planning councils have developed bylaws that describe the purpose, work, structure and accountabilities of the planning council. NAMHPAC staff has collected bylaws from a number of planning councils and these may be helpful to you for comparison sake. Contact the NAMHPAC office at 703.838.7522 to request copies of bylaws from other planning councils.

The following bylaws are based in the bylaws of an actual planning council. They are meant to illustrate one approach to organizing and structuring your bylaws. They are provided for informational purposes only and are not meant to be proscriptive for other planning councils.

### **BYLAWS OF THE [Insert State Name] MENTAL HEALTH PLANNING AND ADVISORY COUNCIL**

#### **ARTICLE I - NAME**

The name of this unincorporated association shall be the [Insert State Name] Mental Health Planning and Advisory Council (the "Council").

#### **ARTICLE II - PURPOSE**

The purposes of the Council shall be: (1) to exchange information and develop, evaluate and communicate ideas about mental health planning, (2) to write and/or amend the Federal Mental Health Services Block Grant plan for mental health services in the State of [Insert State Name] and recommend such plans to the [Insert State Name] state government, (3) to advise the [Insert State Name] state government concerning proposed and adopted plans affecting mental health services provided or coordinated by the state and the implementation thereof, (4) to monitor, review and evaluate the allocation and adequacy of mental health services in [Insert State Name] and to advise the [Insert State Name] state government concerning the need for and quality of services and programs for persons with mental illness in the state, and (5) to develop and take advocacy positions concerning legislation and regulations affecting mental health.

#### **ARTICLE III - MEMBERSHIP**

##### **Section 1. Qualification**

Council membership composition shall follow the guidelines set forth in P.L. 102-321 and any subsequent federal regulation. Status as a "provider" of mental health services shall be determined by the Council, upon recommendation of the Nominating/Membership Committee. Such determination shall be made upon recommendation of appointment by the Council and may be changed upon receipt of new or changed information. In order to facilitate such determination, applicants for and members of the Council shall be required to disclose to the Nominating/Membership Committee any work regularly performed for pay as or for a provider of mental health services.

(a) Individuals that spend \_\_\_% or more of paid time providing mental health services shall be considered as providers.

(b) Volunteers and advisory and governing board members shall not be considered as providers solely because of such status

(c) Under general ethical principles, members of the Council shall recuse themselves when they have a direct financial stake in the outcome of a Council decision, independent of their status as a provider.

Section 2. Appointment

Membership shall be by appointment of the Governor or the Executive Director of the [Insert State Name] Department of Human Services (\_\_\_\_\_) or designee. From time to time, the Council may recommend appointment of new members or removal of existing members. Failure of the appointing authority or designee to veto such recommendation within thirty days of mailing shall constitute approval of the recommendation.

Section 3. Meetings

Regular meetings of the Council shall be held on [insert day, time and location, e.g.: the second Friday of each month from 9:00 a.m. through 12:00 noon at the Fort Logan Mental Health Institute], unless changed by the Council or the Chair. Special meetings of the Council may be called at any time by the Chair or by any (\_\_\_\_) members.

Section 4. Notice

The call for regular or special meetings of the Council shall be published by mailing an agenda to all of the members at least 7 days prior to any such meeting, and not more than 60 days prior to any such meeting.

Section 5. Quorum

A quorum of the Council shall exist if (\_\_\_\_)% or more of the total members as of the day prior to the meeting are present. A majority (\_\_\_\_)% of the members present is required for any action of the Council.

Section 6. Powers

The Council shall have all of the powers vested in it by virtue of these Bylaws, together with any other reasonable and necessary powers to carry out the purposes of the Council. The Council may commit the Council, but not the state of \_\_\_\_\_ or any member, concerning any matter within the purpose of the Council.

Section 7. Open Meetings

All meetings of the Council shall be open to the public. A reasonable period shall be set aside at all meetings of the Council for members of the public to address the Council. Members of the public shall be permitted to propose "new business" for the next meeting of the Council.

Subject to veto by the Council, such new business shall be placed on the next Council meeting agenda.

Section 8. Alternates; Abstention

There shall be no proxies for meetings of the Council. However, state employees and members of advocacy organizations who are designated as members by virtue of their office or advocacy organization representation may appoint a designated alternate to attend meetings in their stead, and such alternate may cast a vote upon presentation of a written appointment signed by the member. No Council member may abstain in any matter not involving a conflict of interest for that member, and all non-voting members who do not declare a conflict shall be counted as affirmative votes.

Section 9. Rules of Order

In all procedural matters not governed by these Bylaws, the Council shall be bound by the provisions of Robert's Rules of Order, Newly Revised (1990). But the Council may, by the vote of two-thirds of a quorum of the Council present at a meeting of the Council, suspend any provision of these Bylaws or of Robert's Rules, at any time, whether or not such suspension is on the call.

Section 10. Amendment of Bylaws

These bylaws may be amended by the Council at any time, provided that any such potential amendment is noticed as provided in Section III. 4, above, ordered published by a majority of a quorum of the Council, published in final form by a notice as provided in Section III. 4 above, and approved by a majority of a quorum of the Council present at a meeting held after publication in final form, without any substantive amendment.

Section 11. Compensation

The members of the Council shall serve without pay, but the Council may authorize or recommend the payment of reasonable and necessary expenses incurred by members in the performance of their duties.

## ARTICLE IV - OFFICERS

Section 1. Fiscal Year; Terms

The Council shall use the same fiscal year as the state. The officers of the Council shall consist of a Chair, who shall be, [elected by the council, appointed by the Executive Director of the [Insert State Name] Department of Human Services, the Governor, etc.] or designee from a list of three nominees presented by the Council, and a Vice Chair, who shall be elected by the members at the first meeting of the Council following the appointment of a Chair. Each officer shall serve for two years or until such person ceases to be qualified to serve as an officer. Each officer shall hold office until his or her successor shall have been duly appointed or elected, as set forth above.

Section 2. Nominations

Nominations for positions as officers may be made by: (a) submitting an application to the Nominating Committee appointed by the Council which reviews applications and makes recommendations to the Council for three nominees for the position of Chair and for at least one nominee for the position of Vice Chair; or (b) nominations from the floor. Nominees receiving a majority vote for the available vacancies shall be declared nominated or elected, as set forth in Section 1, above. Cumulative voting shall not be permitted for either nomination or election of officers. The low vote getter, plus ties, shall be eliminated at each round of voting until two nominees remain for each position for which a nomination or election is required. Each position, including each of the three nominees for the post of Chair, shall be voted on separately.

Section 3. Duties of Chair

The Chair shall be the parliamentary chair of the Council. It shall be the duty of the Chair to preside over all meetings of the Council, and, subject to the control of the Council, to supervise and control all of the business affairs of the Council. The Chair shall be an ex-officio member of all committees. The Chair shall see that all motions and resolutions of the Council are carried into effect.

Section 4. Removal

An officer may be removed by the Council whenever in its judgment the best interests of the Council would be served thereby, but such removal shall be without prejudice to such officer's position as a member. Any officer may resign at any time by giving written notice to the Council. Removal may occur only at a properly called meeting of the Council, after at least thirty days notice to the person proposed to be removed.

Section 5. Vacancy

A vacancy shall exist whenever an officer is removed, resigns, dies, or ceases to be a member of the Council. A vacancy in the office of Chair shall be filled by the Executive Director of the [Insert State Name] Department of Human Services or designee for the remainder of the term, using the same procedure set forth in Sections 1 and 2 above. A vacancy in the office of Vice Chair shall be filled by the Council for the remainder of the term.

Section 6. Agenda; Executive Committee

After consultation with the Vice Chair, the immediate past Chair, and the Director of Mental Health Services of the State of [Insert State Name], to the extent feasible, the Chair shall set the agenda for meetings of the Council and recommend action to the Council. Upon delegation by a majority of a quorum of the Council at a properly called meeting of the Council, including authorization of action on any matter otherwise properly before the Council, to the extent limited by such authorization, the Chair, the Vice Chair and the immediate past Chair of the Council may be constituted as an Executive Committee to make any other decision concerning the affairs of the Council in the interim between properly called meetings of the Council.

Section 7. Duties of Vice Chair

The Vice Chair shall, in the absence or disability of the Chair, perform the duties and exercise the powers of the Chair, and shall perform such other duties as the Council shall prescribe.

**ARTICLE V - COMMITTEES**

Section 1. Appointments

Except for the Nominating Committee, the Chair, in consultation with the Council, shall appoint all chairs and members of all committees of the Council. The Nominating Committee shall be appointed by the Council.

Section 2. Standing Committees

The standing committees shall be as follows:

- (a) Nominating/Membership/Bylaws Committee: This committee shall be responsible for receiving and reviewing applications and nominating members to be members and officers of the Council. This committee shall include at least 5 members.
- (b) Mental Health Resources Group: This committee shall be responsible for budgetary advocacy on behalf of the Council.
- (c) Planning Committee: This committee shall be responsible for drafting working with the Department of Mental Health in the development of the mental health services block grant plan. This committee will also coordinate the council's review and comment on the State plan.
- (d) Legislative/Regulatory Committee: This committee shall be responsible for reviewing and recommending to the Council positions on legislative and regulatory changes affecting mental health.
- (e) Children's Committee: This committee shall be responsible for coordinating information about children's mental health issues.
- (f) Capitation Committee: This committee shall be responsible for coordinating information about capitation and managed care for mental health services.
- (g) Others as Determined by the Council: Older adults, hospital based services, etc.

Section 3. Powers

The committees shall have the power and authority to make decisions only as may be specifically assigned by a majority of a quorum of the Council at a properly called meeting of the

Council. Chairs shall be responsible for keeping minutes of committee meetings and for reporting activities to the Council.

Section 4. Other Committees

Other committees may be appointed by the Chair as the Council shall from time to time deem necessary or expedient to carry on the business of the Council. The members are encouraged to suggest and to serve on committees in order to further the activities of the Council.

Section 5. Removal

The chair or any member of any committee may be removed for willful misconduct by a majority of a quorum of the Council at any time at a properly called meeting of the Council.

**ARTICLE VI - ANTI-DISCRIMINATION**

The Council shall not discriminate in any regard with respect to race, creed, color, sex, sexual orientation, marital status, religion, national origin, ancestry, pregnancy, parenthood, custody of a minor child or physical or mental disability.

Approved by the [Insert State Name]  
Mental Health Planning  
and Advisory Council:

Date:



**POLICIES AND PROCEDURES  
OF THE [Insert State Name] MENTAL HEALTH PLANNING AND  
ADVISORY COUNCIL**

**[Insert Effective Date]**

- (1) [Insert Chair's name] will facilitate meetings of the Council from [insert term].
- (2) The agenda will be timed, and, absent a motion to the contrary, the Council will stick to the agenda, within the limits set by the Chair for the conclusion of debate\_\_\_\_\_ will keep time and let [the Chair] know when each time segment has expired, unless and until s/he can find a replacement.
- (3) Name tags will be available, and Council members will make an effort to wear them at all times, so that Council members can get to know one another's names better.
- (4) The final agenda will be set, as provided in the bylaws, by the Executive Committee. Executive Committee decisions will be made when the agenda is mailed, in order to take account of developments which require space on the agenda. However, the entire Council will become more involved in agenda discussions, by scheduling the discussions after the break. This will allow all Council members to participate in the agenda discussions. If a Council member wishes to put an item on the agenda, it should be presented in writing to the Chair, if possible, before the meeting. Alternatively, it can be brought up in the agenda discussion. It is the aim of the Council to fulfill its statutory mission by bringing diverse agenda items to the Council and avoiding repeated debates on the same issue, while giving Council members the right to comment and debate on new developments. The Executive Committee ultimately sets priorities, after hearing from the Council.
- (5) As provided by the bylaws, committee assignments and chair designations are made by the Chair. However, committee appointments are open to all members of the Council who are interested, subject to the Chair's need to balance committees and assignments, and all committee meetings are open meetings. The Chair will make available some time at the July meeting to go over committee and committee chair assignments, and all Council members are urged to participate in committee work whenever possible. If Council members wish to sign up to receive notice of meetings of a committee even though they cannot be regular attendees, they should sign up in a separate category.
- (6) There will be no handbook. Instead, it is urged that Council members consult this document and the attached bylaws for the basic structure of the Mental Health Planning and Advisory Council. An orientation packet will be prepared by staff by September, and orientation will then be scheduled for all Council members who are interested. At a minimum, Council members should become familiar with the strategic plan approved by the Council and the Department in 1997, the structure of the Department, the budget of the Department and the Mental Health Services Unit, the 1997 audit and Department's response, and the most recent Medicaid

- capitation request for proposals. But it is impractical to duplicate all of these documents for every new Council member.
- (7) “Soap-box” time will be scheduled after agenda setting, just after the break. The tentative plan is to schedule a ten minute period for soap-box time, with a (roughly) one minute time limit per speaker. This would also be the time for making announcements.
- (8) The Council is formed under and required to execute the duties provided under the federal mental health planning law, PL99-660, now codified at PL102-321. This law has been in the process of revision for several years, and most recently was revised administratively by combining the twelve original plan categories into five new categories and by greatly simplifying the annual mental health plan format. The law requires that the Council advise the state executive branch on the annual mental health plan, the submission and implementation of which is a condition of the federal mental health block grant. Because the plan must be fully implemented within the plan time period (now stretched from one to three years), it is not a true strategic plan. In fact, the Council recently completed its first true effort at a strategic plan, largely in response to dissatisfaction at the lack of a strategic or forward looking focus in the block grant planning process. The other federal mandate is for ongoing review of the mental health system, which requires significant monitoring, through the efforts of the committees and the agenda items brought before the Council, particularly reports from mental health services.
- (9) The basic structure of the Council is that members are appointed by the Council with the consent of the Director of the Department of Human Services, and a Chair is appointed by the Director from three nominees made by the Council. The Council thereafter appoints its own Co-chair, who serves as a stand-in for the Chair. The role of the Chair or the Co-chair is to serve as the parliamentary leader of the Council. Thus, the Chair’s job is to help set agendas and to run the meetings, subject to the power of the Council to overrule the Chair by an appropriate motion. The Chair’s principal job in running the Council is to assure that all viewpoints are heard and that decisions are made expeditiously, without Council members feeling either rushed or disenfranchised. The committee structure is essential to this aim, since it allows for more discussion than can occur at a general Council meeting. Persons who are not members of the Council may serve on committees, if the Chair finds that they have significant expertise that would not otherwise be represented on the committee. Committee membership and leadership is subject to change whenever a new Chair takes office, or at the pleasure of the Chair in the interim. The aim is to assure a balance of points of view on each committee and to deal with imbalances and other difficulties whenever they occur.
- (10) The current committee structure includes an Executive Committee, which consists of : the Chair, Co-chair, and immediate past Chair of the Council, a Planning Committee, a Resources Committee, a Membership and Bylaws Committee, a Resources Committee, a Medicaid Capitation Committee, a Children’s Committee, an Older Adult’s Committee, a Diversity Committee, and a Legislative Committee. The committee structure is quite fluid, and new committees can be appointed at the election of the Council at any time.

- (11) While it would be possible to formulate additional policies and procedures, it is the view of the Executive Committee that more rules in the end make for more inflexibility and a less functional organization. Accordingly, while a number of rules have been established, as set forth above, it seems unnecessary and unproductive to create additional policies and procedures. Instead, it seems appropriate to make rules only when they are needed. If the forgoing rules are not adequate to put the Council on a track satisfactory to all of the Council, that should become apparent by the December meeting, when it is intended that the Council's progress be reevaluated. Accordingly, the Executive Committee suggests that the Council resolve to consider additional policies and procedures after these have been given an adequate trial.

Attachment: Bylaws (restated and amended through this date)