

PLANNING COUNCIL SELF-ASSESSMENT FORM



National Association of Mental Health Planning and Advisory Councils

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With the support of the U.S. Center for Mental Health Services, NAMHPAC has developed this planning council assessment form that is intended to gather baseline information about planning and advisory councils (PAC). Of course, there are no right or wrong answers to any of these questions. The information will be used to spur discussion, or to identify areas where the council may need to focus additional efforts.

Assessment forms will be reviewed by NAMHPAC's peer trainers who will then offer in-depth consultation and technical assistance on a one-on-one basis. To take advantage of this opportunity,

Please fill out this survey e-mail or fax it back to NAMHPAC

in care of Judy Stange at:

Fax: (703) 684-5968

Email: judy@namhpac.org

Name:

State:

Phone:

Fax:

Email:

Council Position:

Name _____ State _____

PAC Composition and Internal Functioning

1. How often does your PAC meet each year?
2. How many people are on your PAC?
 - a. How many are consumers of mental health services?
 - b. How many are parents of minor children with serious emotional disturbance?
 - c. How many are family members of adults with severe mental illnesses?
 - d. What state agencies are represented on your PAC? Check all that apply.
 Housing Medicaid Social Services
 Education Rehabilitation Health Veterans
 Criminal Justice
Other
Other
Other
 - e. How would you characterize the involvement of these state agencies on a scale of 1 to 5?
Choose One:
 - f. How many PAC members are state employees or providers of services?
3. What statewide mental health advocacy organizations are represented on your PAC?
4. What types of assistance are provided to support PAC members in attending these meetings? (For example, financial reimbursement for travel and accommodations, child care, stipends, and so on.)

Name_____ State_____

5. In what ways does your PAC address the mental health needs of children with serious emotional disorders?

6. Does your PAC have bylaws? If so, please attach or fax along with this document.

Yes No

7. Does your PAC have a mission statement? If yes, please attach or fax along with this document.

Yes No

8. Approximately how much funding is budgeted to PAC activities annually?

9. Are there any activities that the PAC has been unable to engage in due to lack of funding?

Yes No

Please explain:

a. Is the PAC budget managed directly by the council or by state planners?

Yes No

Please explain:

10. Does your PAC have committees? If yes, what types and what are their activities?

11. How are members selected for the PAC?

- Elected by the members
- Appointed by the Governor
- Appointed by Mental Health Director
- Other, explain

Name _____ State _____

- a. Are there term limits for members? Yes No Please explain:

12. How is the chair selected for the PAC?

- Elected by the members
 Appointed by the Governor
 Appointed by Mental Health Director
 Other, explain

- a. What is the term for the chair?
b. Are there term limits for the chair?

PAC External Functioning:

13. Please list the activities that your PAC engages in to accomplish the following federal mandates.

- a. Reviewing the Community Mental Health Block Grant plan and making recommendations.

On a scale of 1 to 5, how would you rank your state's PAC in meeting this **planning** mandate?

Choose One:

- b. Serving as an advocate for adults with severe mental illnesses, children with a severe emotional disturbance and other individuals with mental illnesses.

On a scale of 1 to 5, how would you rank your state's PAC in meeting the **advocacy** mandate?

Choose One:

- c. Monitoring, reviewing and evaluating the allocation and adequacy of mental health services within the state.

Name_____ State_____

On a scale of 1 to 5, how would you rank your state's PAC in meeting the **monitoring** mandate?

Choose One:

Evidence-Based Practices/ Promising Practices

14. Have you done an analysis of the mental health system to assess gaps in services?

Yes No

Please explain:

15. Have you done an analysis of the mental health system to assess the need for specific evidence-based practices?

Yes No

Please explain:

16. Have you considered implementing and/or are implementing any evidence-based practices?

Yes No

If Yes, please elaborate:

a. Are you assessing fidelity? Yes No

If Yes, how?

b. How involved are consumers in the development and implementation of the EBPs?

Choose One:

Please explain:

c. Check all EBPs you are currently implementing:

Assertive Community Treatment

Supported Employment

Family Psychoeducation

Integrated Dual Diagnosis

Self Management

Medication Management (Algorithm)
(Schizophrenia)

Medication Management (Algorithm)

Multi-systemic Therapy (children)

Name _____ State _____

(Bipolar)
 Therapeutic Foster Care

Positive Behavioral Interventions and Supports (children)

Other

d. Have you done any of the following initiatives to promote EBPs?

- Awareness/ Training
- Consensus Building
- Financial Incentives
- Modifications to information systems
- Budget requests specific to EBPs
- Grant applications
- Changes to state Medicaid program
- Implementation workgroups
- Technical assistance

If Yes to any of the above, please elaborate:

e. Have you utilized any of the following NAMHPAC Brochures regarding EBP's?

- Mental Health & Medication Algorithms
- Co-Occurring Mental and Substance Abuse Disorders
- Supported Employment
- Managed Care in the Public Sector
- Children's System of Care
- Evidence-Based Assertive Community Treatment
- Other – Please list title:

17. Have you considered implementing and/or are implementing any promising practices?

Yes No

If Yes, please elaborate:

18. Have you implemented any consumer-operated services? Yes No

If Yes:

- a. What are they?
- b. Are they Medicaid reimbursable?

Name_____ State_____

Transformation

19. What have you been doing regarding Transformation and the following goals from the President's New Freedom Commission:

- a. Americans understand that mental health is essential to overall health

- b. Mental health care is consumer and family driven

- c. Disparities in mental health services are eliminated

- d. Early mental health screening, assessment, and referral to services are common practice

- e. Excellent mental health care is delivered and research is accelerated

- f. Technology is used to access mental health care and information

20. To what extent do you consider your mental health system recovery focused?

Other Concerns

Please describe other key concerns about your state's PAC that you would like to have addressed by NAMHPAC's trainers.

Name _____ State _____