

**Learning Collaborative:**

# **Mental Health Block Grant (MHBG) Planning Councils**

*Task 7.2 Draft and Final Resources Documents*

*Task Order No. HHSS283201700019I\_75S20322F42003 (Ref. No. 283-17-1903)*

***SAMHSA State TA***

SAMHSA STATE PROGRAM IMPROVEMENT TECHNICAL ASSISTANCE

## **Learning Collaborative Resource Document: Mental Health Block Grant (MHBG) Planning Councils**

### **Acknowledgements**

This resource was prepared for the Substance Abuse and Mental Health Services Administration (SAMHSA) under contract number HHSS283201700019I\_75S20322F42003 (Ref. No. 283-17-1903) with SAMHSA, U.S. Department of Health and Human Services (HHS). Michelle Gleason served as contracting officer representative.

### **Disclaimer**

The views, opinions, and content of this publication are those of the author and do not necessarily reflect the views, opinions, or policies of SAMHSA. Nothing in this document constitutes a direct or indirect endorsement by SAMHSA of any non-federal entity's products, services, or policies.

### **Public Domain Notice**

All material appearing in this publication is in the public domain and may be reproduced or copied without permission from SAMHSA. Citation of the source is appreciated. However, this publication may not be reproduced or distributed for a fee without the specific, written authorization of the Office of Communications, SAMHSA, HHS.

### **Recommended Citation**

Substance Abuse and Mental Health Services Administration: *Learning Collaborative Resource Document: Mental Health Block Grant (MHBG) Planning Councils*. MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2023.

### **Originating Office**

Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 5600 Fishers Lane, Rockville, MD 20857. Published 2023.

### **Nondiscrimination Notice**

SAMHSA complies with applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, religion or sex (including pregnancy, sexual orientation, and gender identity). SAMHSA does not exclude people or treat them differently because of race, color, national origin, age, disability, religion, or sex (including pregnancy, sexual orientation, and gender identity). SAMHSA cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, religión discapacidad o sexo (incluido el embarazo, la orientación sexual y la identidad de género). SAMHSA no excluye a las personas ni las trata de manera diferente debido a su raza, color, nacionalidad, edad, religión discapacidad o sexo (incluido el embarazo, la orientación sexual y la identidad de género).

## Contents

1. Executive Summary .....	1
2. Brief Overview of the Planning Council Learning Collaborative .....	2
3. Overview of MHBG Planning Councils .....	2
Federal Requirements for Planning Councils .....	2
Council Membership Composition .....	3
4. Recruitment, Orientation, and Engagement of Council Members .....	5
Recruitment of Council Members .....	5
Orientation of Council Members and State Staff .....	7
Retention .....	9
5. Ways to Strengthen Council and State BH Agency Collaboration .....	11
State Example: Missouri’s Integrated Planning Council Transition .....	11
State Example: Wisconsin’s Mental Health Council .....	13
Advocacy Role Development .....	14
6. Summary of State-Shared Approaches for Strengthening Council Effectiveness .....	16
Council Coordination and Planning .....	17
Communication Related .....	17
Training .....	18
7. Resources for Planning Councils .....	20
Use of Subcommittees .....	20
Development of Council Websites .....	21
Hybrid Meeting Considerations .....	22
How to Strengthen a Planning Council: Where to Start? .....	22
8. Future Plans .....	23
9. Conclusion .....	23

## Executive Summary

---

The SAMHSA State TA project supports SAMHSA’s mission by providing technical assistance to Mental Health Services Block Grant (MHBG) recipients, emphasizing the effective use of block grant and set-aside funds, and implementation of innovative and evidence-based practices (EBPs) and models. Per federal law, SAMHSA requires that all states establish a Mental Health Planning and/or Behavioral Health Planning Council as a condition of receiving MHBG funds.<sup>1 2</sup>

Councils play a key role in supporting states’ efforts towards developing and sustaining a consumer-centered system of mental health services. Council responsibilities include 1) reviewing state plans and making recommendations for modifications; 2) advocating on behalf of and for focus populations [i.e., adults with a serious mental illness, children with a serious emotional disturbance, and others with mental illness and/or emotional challenges]; and 3) annually monitoring, reviewing, and evaluating the allocation of mental health services within the state.

This document will review information presented and discovered through a Learning Collaborative (LC) that was established to review requirements and identify best practices for councils.

We would like to extend appreciation for the contributions from each of the states who participated in the LC sessions for MHBG Planning Councils: Arizona, Delaware, Iowa, Michigan, Mississippi, Oregon, Texas, and West Virginia. Their participation in the LC provided insights, knowledge, innovations, and guidance that are outlined in this document.

---

<sup>1</sup> [Community Mental Health Services Block Grant | SAMHSA](#)

<sup>2</sup> United State Code Title 42 - Public Health and Welfare, page 1100; [USCODE-2010-title42-chap6A-subchapXVII-partB.pdf \(govinfo.gov\)](#)

## Brief Overview of the Planning Council Learning Collaborative

---

SAMHSA sponsored the Planning Council (PC) learning collaborative (LC) for select states to come together to review requirements and identify best practices for councils. This LC provided multisession workshops for state participants to learn from subject experts and from each other on a range of pertinent topics and best practices. The LC also provided an opportunity for states to discuss planning, share challenges, and identify strategies and approaches for enhancing council effectiveness in improving the systems of care for individuals in need of mental health services and support.

The PC LC consisted of the following states: Arizona, Delaware, Iowa, Michigan, Mississippi, Oregon, Texas, and West Virginia. A total of four sessions were held to address the following objectives:

- Share and learn best practices for planning, implementing, sustaining, and expanding councils.
- Develop strategies for objectives related to improved functioning of councils.
- Build sustainable relationships with representatives from other states that can continue beyond the duration of the LC.

The newly released SAMHSA guidance tool, [State Behavioral Health Planning Councils: An Introductory Manual](#), was referenced throughout the LC. The Manual provides information for councils, including the purpose, required and recommended composition, primary duties, formation of, and strategies for strengthening councils and ways for councils to utilize data. This report can serve as an added resource to benefit state behavioral health agencies interested in the development of their planning councils.

## Overview of MHBG Planning Councils

---

### Federal Requirements for Planning Councils

Federal law requires state behavioral health agencies receiving Mental Health Services Block Grant (MHBG) funds to establish a planning council. The primary duties of a council are as follows:

1. To **review** the state's MHBG application and report and make recommendations to the agency receiving the grant, which may be a mental health agency or a behavioral health agency that also has responsibility for substance use disorder (SUD) prevention and treatment. The council
  - a. Will submit comments and recommendations about the MHBG application.
    - i. Typically, it will provide a comprehensive letter from the chair to the state behavioral health agency, attached to the application and reports.

- ii. The letter should address the level of review completed, the identified concerns, and council recommendations.
    - iii. The State will document how the application and reports were shared with the council for review and comment, then make the proposed plans available for public comment.
  2. To **serve as advocates** for people with mental illness, including adults with serious mental illness and children and adolescents with serious emotional disturbance. The council
    - a. Will identify potential changes needed in the mental health care delivery systems, access to care, and public knowledge.
    - b. Can advocate where state employees cannot.
    - c. Should leverage alliances and strategic relationships to increase the impact of advocacy efforts.
  3. To **monitor, review, and evaluate** the adequacy of mental health services in the state. The council will
    - a. Review funding allocations and adequacy of services within the state.
    - b. Utilize state level performance reports and presentations from providers and persons with lived experience to monitor and evaluate.
    - c. Recommend outcome and evaluation activities to help improve monitoring of systemic changes.
    - d. Include information on monitoring activities in reports to SAMHSA.

States are also encouraged to consider integrating their Mental Health PC with their Substance Use Prevention, Treatment and Recovery Services Block Grant PC.

## Council Membership Composition

The membership composition for the PC has specific requirements per the MHBG authorizing statute, 42 U.S.C. 300x-3(c):

1. State employees and mental health service providers must make up no more than 50% of the council and a state employee may not represent more than one required position. The council will
  - a. Require the inclusion of
    - i. Employees of mental health, education, vocational rehabilitation, criminal justice, housing, social services, and Medicaid agencies.

- ii. Employees of public and/or private entities concerned with the need, planning, operation, funding, and use of mental health services as well as related support services.
  - b. Recommend the inclusion of
    - i. Practitioners working in substance use, child welfare, and aging as well as healthcare providers serving diverse populations or from diverse settings across the continuum of care.
- 2. Not less than 50% of the members must be individuals with lived experience or their family members. The Council will
  - a. Require the inclusion of
    - i. Adults with serious mental illness who are receiving or have received mental health services.
    - ii. Family members of a child with an emotional disturbance or serious mental illness.
  - b. Recommend the inclusion of
    - i. Individuals that received services as a child.
    - ii. Individuals representing all geographic regions of the state, including urban and rural communities.
    - iii. Diverse individuals including a diversity of race, ethnicity, and primary language.
    - iv. Tribal communities.
    - v. At least one representative each from the youth and older adult populations.
    - vi. LGBTQI+ community.

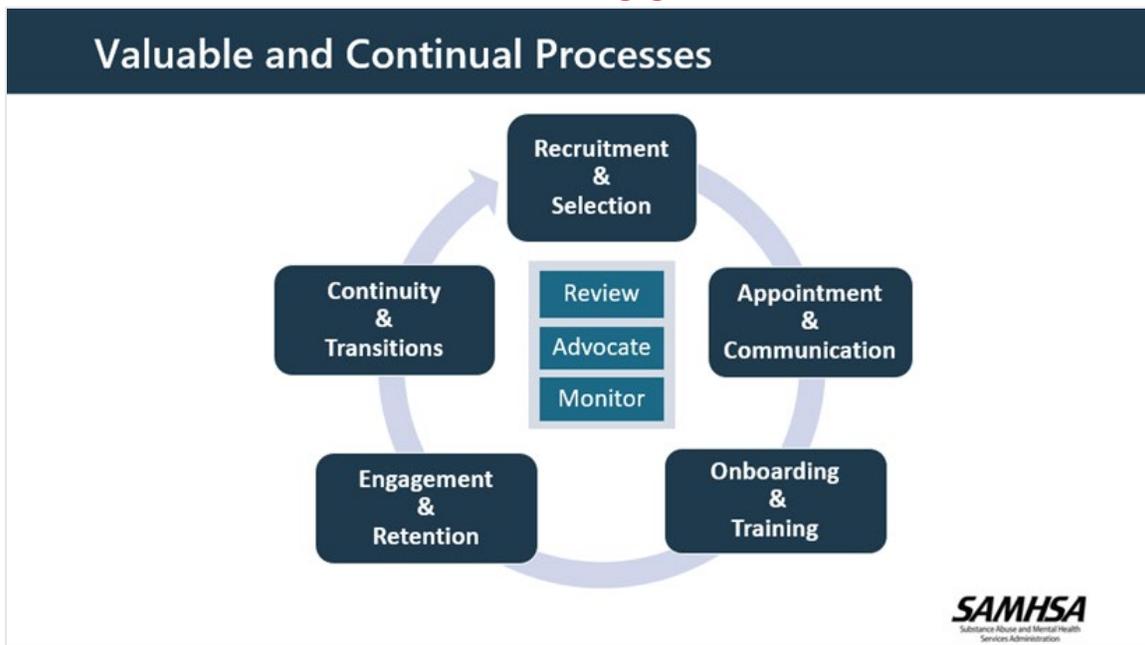
In reviewing the membership requirements, states in the LC shared common challenges of recruiting diverse membership (e.g., youth; individuals who identify themselves as representing LGBTQ+, BIPOC [Black, Indigenous, People of Color], and veteran perspectives) as well as challenges in ensuring statewide representation (i.e., urban, rural, suburban, frontier communities).

## Recruitment, Orientation, and Engagement of Council Members

John Hudgens, a member of Advocates for Human Potential (AHP), shared training information related to this topic.

Federal requirements for membership are driven by a goal of ensuring council balance with diverse perspectives from individuals with varied experiences, access to influence, connections to valuable information, and pathways for collaboration and leveraging resources. Recruitment, orientation, and engagement are continual processes for a planning council.

### PC Recruitment, Orientation, and Engagement Need to be Prioritized



Source: SAMHSA State TA Learning Collaborative: MHBG Planning Council, Session 2 Presentation

### Recruitment of Council Members

The recruitment process sets the stage for developing an effective and high-functioning council. It is important to invest the time needed to thoughtfully identify and market for members; proactively reach out to individuals; be transparent in sharing information and expectations, including a realistic estimate of the time commitment; and utilize a welcoming and supportive communication approach. Several additional strategies listed below can also support successful recruitment of members.

## Recruiting Strategies Best Practices

### Proactive Recruitment - Best Practices Ideas

- Continually assess diversity gaps
- Utilize a membership committee to recruit and vet
- Develop marketing materials
- Feature Council on websites and social media
- Articulate “job descriptions” for members
- Adhere to term limits for non agency representatives
- Set terms to begin at set times each year
- Identify desired agency representatives
- Recommend appointments to Authority or Governor’s office
- Create official appointment letter with details
- Develop systems for virtual participation
- Offer childcare, technology, and other supports
- Use non-members on committees



Source: SAMHSA State TA Learning Collaborative: MHBG Planning Council, Session 2 Presentation

States utilize a variety of procedures and structures when appointing members to the council. The process can be determined by state regulations or policies and council bylaws.

## Membership Appointments

### How Members are Selected

**Determined by relationship within state government & Council Bylaws**

- Appointed by governor
- Appointed by behavioral health agency director
- Appointed by secretary of the agency within which the behavioral health agency is situated
- State agencies representatives appointed by department director or secretary
- State law identifies agency heads a council members (may designate alternate)
- Chair appoints voting members (may appoint others to serve on subcommittees)
- Members elected by Council other than agency representatives



Source: SAMHSA State TA Learning Collaborative: MHBG Planning Council, Session 2 Presentation

## Orientation of Council Members and State Staff

States in the LC shared common challenges related to orientation of council members and state staff:

1. Providing training to both community- and government-appointed members as well as state staff supporting the council. Training specific to key areas of council include
  - a. Member representation roles and responsibilities
  - b. Mental health system and statewide community needs assessment
  - c. State strategic plan
  - d. Block grant applications
  - e. Performance of programs and services in the continuum of care
  - f. How to develop focused actionable motions/recommendations
2. Building in expectations to prevent inconsistent attendance and to promote active participation.
3. Ensuring orientation is provided from the viewpoint of a person with lived experience.

States shared successful strategies of developing formalized orientation procedures to help address these challenges. Orientation begins during the recruitment process. This sets the stage for safe, open communication. Council members and staff receive a formal appointment letter followed by a welcome letter expressing appreciation and membership expectations along with attached orientation materials (e.g., meeting dates and times, how to find minutes of previous meetings, bylaws, membership list). Several states utilize members with lived experience in the orientation/mentoring process for new members and state staff alike. One state allows new members to attend a meeting or two and then choose a senior member to be their mentor.

## Orientation Strategies for New Members

### Orienting New Members

- Formal Appointment Letter
- Explanation of Communication Processes, Meeting Cadence, Pre-Meeting Reads
- Structured Orientation
  - PC 101
  - Bylaws and State Specific Information
  - Membership List and Roles
- Contacts for Questions and Guidance
- Accommodations and Supports
- Mentoring
- Meeting Debriefs and Coaching



Source: SAMHSA State TA Learning Collaborative: MHBG Planning Council, Session 2 Presentation

### State Spotlight: West Virginia's Leadership Academy

West Virginia has developed a free self-advocacy training program held regionally several times during the year for adults living with mental health and/or substance use disorder histories and their adult family members. Participants receive a manual, supplies and meals, and opportunities to “work with others and practice skills to become a more effective and motivating speaker, presenter, and organized leader.” The Leadership Academy helped planning council members to learn how to provide input and have their voices heard.

## Retention

States in the LC identified turnover of membership and loss of experienced members with historical knowledge as a significant challenge for planning councils. Common to the discussion of ways to engage and retain members was the importance of providing a communication loop so that members of the council have a routine method for learning about what happens with their recommendations and how the council has made a positive impact. Some additional strategies are listed below.

### Strategies for Member Engagement and Retention

## Engagement and Retention



- Safe space and leveling the playing field
- Coaching on advocacy and collaboration
- Frequent use of mission statement
- Name tags and tents
- Feedback loop for members
- Eyes and ears for the Chair
- Experienced member outreach
- Addressing absences
- Supports for agency representatives
- Informal and network opportunities
- Name and call out Council successes



Source: SAMHSA State TA Learning Collaborative: MHBG Planning Council, Session 2 Presentation

Another area that was highlighted is the need to promote the engagement of the state department/division representative members on the planning council. Turnover among state agency representatives and assigned state staff who support planning councils creates a need to ensure there is access to training and orientation for specific roles.

## State Spotlight: Iowa's Strategy for State and Council Communication

Iowa's Mental Health Planning and Advisory Council (IMHPC) utilizes an established structure (i.e., a standing agenda item) to ensure that council members are kept updated and informed by the Iowa Division of Behavioral Health and Disability Services. The state mental health authority designee attends the full meeting. They provide a 20-minute update on the status of new and current state and department initiatives, projects, policies, legislation, and listening sessions/townhalls. This provides an opportunity for leadership to hear council feedback and to be able to answer any questions or requests for clarification that may arise. This process keeps the Council informed of what is going on at the state level with regards to behavioral health and clears up any confusion or misunderstandings regarding projects, policies, or other issues. Another technique utilized to keep members updated and informed on state-level work is a running document entitled the "Attachment to the Agenda" that summarizes information shared by Iowa HHS and other state agencies, as well as other resource-related items (e.g., MHBG allocations and priorities, as well as their status and staff contact information). This document also provides a reference for members who need to miss a council meeting.

In addition, the IMHPC has regular presentations from other state agencies so that they can provide updates on programs or projects that may be of interest or fall within IMHPC's scope of work.

## Engagement is Crucial to the Success of the Planning Council

### State Agency Representative Engagement Strategies

- Enhance representatives' understandings of all members' roles and the value.
- Respect representatives' priorities, goals, and time constraints.
- Promote agency to agency collaborations.
- Invite agency representatives to present on topics relevant to the Council.
- Consult with agency leadership to identify representative likely to contribute the broader perspectives of the Council.
- Relate issues (e.g., workforce development, recovery, prevention, effective treatment, and stigma) to all populations and previews of different agencies.
- Establish protocols for communicating with state agency staff outside of scheduled meetings.

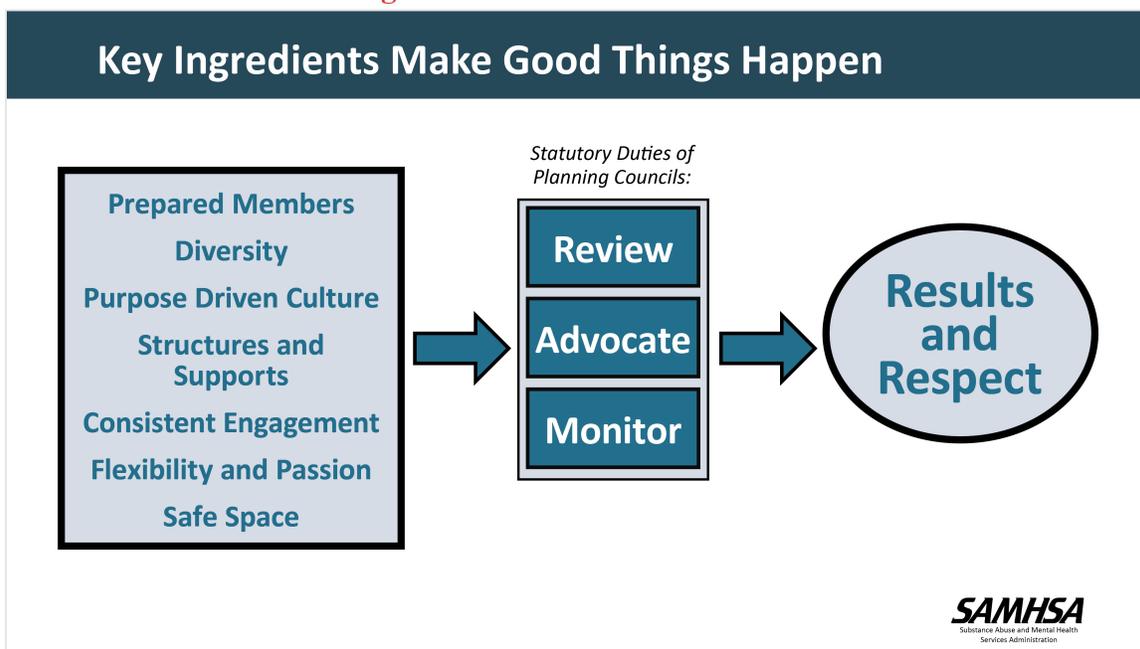


---

Source: SAMHSA State TA Learning Collaborative: MHBG Planning Council, Session 2 Presentation

Combining proactive recruitment, orientation, and engagement of council members does more than just help to retain a full council membership. These are also the ingredients for an effective planning council that supports a state's ability to enhance services to individuals with mental health concerns.

## Ingredients for Effective Councils



Source: SAMHSA State TA Learning Collaborative: MHBG Planning Council, Session 2 Presentation

## Ways to Strengthen Council and State BH Agency Collaboration

The LC reviewed Missouri’s and Wisconsin’s Planning Councils for strengths and learning opportunities.

### State Example: Missouri’s Integrated Planning Council Transition

Rosie Anderson-Harper, the Director of Recovery Services for the Missouri Department of Mental Health provided a presentation on ways to nurture and support the relationship between the planning council and the State behavioral health agency. Missouri utilized technical assistance support from SAMHSA and JBS International to integrate and combine their mental health and SUD Planning Councils into one council. Their process included performing a SWOT (strengths, weaknesses, opportunities, and threats) analysis to better understand the concerns from both the MH and SUD councils about integrating. The transition occurred over a couple years and to address concerns about equity the council chose to establish separate mental health and SUD subcommittees. The integration into one planning council has contributed to greater efficiency and effectiveness. For example, the planning council recently drafted a white paper for the division, wrote a scope of work for a grant funding opportunity specific to settlement funding, and began working on public health messaging specific to youth.

Lessons learned from Missouri include the importance of taking steps to nurture relationships between the Council and State Agency, providing opportunities for meaningful input and strong communication.

## Approaches to Facilitate Collaborative and Effective Councils

### Key Ways to Nurture Relationships Between Planning Councils and the State Agency

- Ensure that meetings appear on the agency’s annual calendar and that agency leadership are encouraged to attend.
- Demonstrate value by providing constructive input on projects such as demonstration projects or applications for other types of federal funding.
- Request specific information from the state agency.
- Request staff presentations about upcoming initiatives to “stay ahead of the curve”.



Source: SAMHSA State TA Learning Collaborative: MHBG Planning Council, Session 3 Presentation

Provide opportunities for meaningful constructive input by planning a minimum of three meetings in advance of the MHBG application due date.

1. First meeting—Review the block grant application with council members (overview, major initiatives, structure of the application).
2. Second meeting—Review the block grant strategic plan. Utilize state staff to share data, policy and work being done across the full continuum of care statewide. Provide program information as well as outcome and performance reporting. Provide an opportunity for verbal feedback/questions.
3. Third meeting—Seek a vote.

#### Practical application tips:

- Email sections of application and performance reports to members in advance.
- Utilize a department website for the council and post information from current and previous years on the website. (In addition to block grant materials, include bylaws, membership application, public meeting notices.)
- Develop a structure in council meetings to keep members informed of state updates.

Missouri's agenda structure (as an example):

1. Report by the state Division Administrator/Commissioner to provide updates, share challenges and successes, and invite council members to share feedback and concerns
2. Presentation(s) from community programs, other departments, state BH agency staff, etc.
3. Subcommittee reports
4. Partner agency reports (e.g., National Alliance on Mental Illness, credentialing boards.)
5. Break for Lunch
6. Separate meetings for the two subcommittees representing mental health and substance use

### **State Example: Wisconsin's Mental Health Council**

Ryan Stachoviak, Performance Management Section Supervisor, for the Bureau of Prevention Treatment and Recovery for the Wisconsin Department of Health Services provided information about Wisconsin's Mental Health Council. In Wisconsin the Governor appoints all 25 members of the Mental Health Planning Council. In addition to the federally required roles, state statute further authorizes the council to serve in an advisory capacity to the governor, legislature, and Department of Health Services. The council meets six times a year and oversees multiple subcommittees that advise the council and typically meet more often. The bylaws include subcommittees and outline membership and roles and provide the chairperson with the authority to appoint non-council members to each subcommittee. Subcommittees are typically up to 15 members and try to mirror the composition of the full council with more than 50% being individuals with lived experience, their family members, or advocates. The non-council members can make recommendations and vote in the subcommittees but may not vote in the full council meetings.

Subcommittees allow the Wisconsin Mental Health Council to accomplish much more, while also adding valuable perspectives. At times, in addition to the core subcommittees, ad hoc subcommittees will be developed to work on specific projects:

- Executive Committee
- Legislative and Policy Committee
- Adult Quality Committee
- Children and Youth Committee
- Criminal Justice Committee

Each subcommittee has two co-chairs (and at least one co-chair is a full council member) to ensure strong communication between the subcommittee and full council. Subcommittees make motions and can request discussion points for the full council.

One of the challenges for the council and its subcommittees is organizing goals and a scope of work, as it can be tempting to try to tackle everything. To address this, the full council collaborates to develop strategic plans that include subcommittee participation and recommendations. Another common challenge is turnover of membership and the risk of losing momentum during periods of transition. The final challenge noted is the need for strong communication to keep the full council and all subcommittees informed of each group's work to avoid duplication of efforts. Wisconsin addresses this concern by including subcommittee reports during each full council meeting.

Wisconsin has also found training and communication for the state staff supporting the full council and subcommittees to be critically important. There is room for continued exploration of how state staff can best support the council and subcommittees so that they are empowered and have what they need to accomplish their work.

## Advocacy Role Development

Steve Buck with Care Providers Oklahoma, provided training on the council role of advocating for individuals with mental health needs; strategies, recommendations, and other state examples.

There is a statutory requirement for planning councils “to serve as an advocate for adults with severe mental illness, children with severe emotional disturbance, and other individuals with mental illness or emotional problems.” Advocacy and lobbying are not interchangeable words. Planning councils have a role in advocacy and should not be lobbying.

Strategies for planning councils to advocate for individuals with mental health issues include:

- Advocacy Committee
- White papers (e.g., to share best practices or key points to consider regarding proposed legislation or policy.)
- Formal recommendations beyond the Block Grant
- Advocacy trainings
- Social media strategies
- Network development
- Partnering with advocacy groups

Planning councils are expected to be trusted partners. To maintain trust, here are some recommendations.

Do:

- Present facts with understanding (be factual and accurate; utilize data/academic literature).

- Remain positive and represent the best interests of those you are serving.
- Share potential outcomes based on decision options (utilize data, information, knowledge, insights, wisdom together to explain impact) and advocate for the option that was selected.
- Share formal recommendations related to the block grant and beyond (to help inform the quality of state policy).
- Understand the politics behind the politics (effective ways to communicate).

Don't:

- Endorse candidates (elected or appointed).
- Actively lobby legislation.
- Retaliate.
- Speak in hyperbole or make assumptions or exaggerations.

**LC state shared examples** of how planning councils have performed advocacy:

### **Identify and Elevate Issues**

- Identify and share state gaps and service needs for community and decision-maker awareness (prioritize highest needs and highlight special populations).
- Elevate workforce challenges and provider needs/concerns.
- Help lawmakers to understand caveats, research limitations and any unintended policy consequences.
- Identify implementation recommendations and interpretation issues with newly enacted legislation.
- Identify missing voices and recruit new members with added advocacy perspective.
- Encourage the state to apply for available federal funds.
- Monitor performance and suggest the development of data reports to help to inform the council and state (with an understanding of what is reasonable to gather) or conducting their own information-gathering efforts via community survey or listening sessions.

### **Communication Related**

- Utilize informal consultation with the state behavioral health agency for time-sensitive matters.
- Provide training to council members so that they know how to advocate and can also engage their agencies and communities to advocate.

- Designating a person responsible for informing the council of any relevant upcoming legislation.
- Developing an advocacy subcommittee

Recommendations from LC participants to **address challenges or barriers** to carrying out the advocacy role include:

### **Council Structure**

- Increase the number of council meetings and/or utilize subcommittees to accomplish advocacy along with the other council work.
- Be aware of what is being requested of council members. Avoid placing too many expectations upon members or sending too many emails. Give members enough time to review materials.

### **Communication Related**

- With the speed of change and number of systems involved, seek state feedback prior to publicly advocating to ensure awareness of all considerations. Also, be aware of funding challenges including that state contracts are sometimes funded in 5-year cycles.
- To increase community support, utilize the planning council website to share advocacy information. Remind members to take information back to their agencies and communities.
- Establish legitimacy with legislators as advising council. This requires sharing positive or affirming language related to reviews of legislation or other changes, avoiding exaggeration, utilize facts/data, etc. (Social media can be another place to share council feedback).
- Develop strategies for balancing the voices of members. Members who feel strongly about a particular issue can dominate the discussion. Facilitation or group guidelines can help ensure all voices are heard.
- Develop state-level structures to coordinate communication and collaboration between multiple state-level councils.

## **Summary of State-Shared Approaches for Strengthening Council Effectiveness**

---

The states in this LC shared many additional innovative strategies that they have used or hope to implement to support highly effective planning councils. These include:

## Council Coordination and Planning

- Fairly divide council member workload and increase capacity using subcommittees to support the work of the council.
- Include certified community behavioral health clinics as representatives on the council.
- Use the hybrid format for council meetings (allowing for individuals to attend via web-based platforms to avoid travel barriers) and/or reimburse for travel costs. Another option is to rotate locations throughout the state.
- Build the Block Grant application into annual agenda-setting to ensure time to review and respond. Some councils address the Block Grant application and the performance of Block Grant-funded programs and services in every council meeting.
- Build in methods for greater community awareness, including presentations from providers, other departments and divisions, etc.
- Introduce topics and tasks (e.g., projects, new funding, performance issues, gaps/needs) in a timely manner so the council has an ability to provide meaningful and reflective feedback.
- Establish goals for the council based on the mission and vision.
- To increase engagement and participation, try to avoid frequent changes to representative delegations from state departments.
- Maintain both structure and flexibility so that individuals feel comfortable talking. It is important for the council to be a safe place to speak. Develop tools to navigate adversarial comments. The council should also encourage all voices, rather than just a few.
- State behavioral health agencies should ask the council to review specific contracts, performance, and expectations.

## Communication Related

- Establish strong communication protocols so that council members know the impact of their feedback.
- Celebrate successes! Ensure that council members feel appreciation from state partners for the work they are performing.
- Keep comprehensive and accessible records (e.g., bylaws, policy, meeting agendas and minutes, roster).
- Maintain an ongoing list of projects attached to the agenda to keep up interest.
- Seek advocacy agencies' feedback on concerns.

- Keep the council energized. Encourage active engagement by providing information needed to understand landscape, meaningful topics to discuss, and good communication (methods for members to provide recommendations, take action, and share back).
- Establish effective protocols for communication between/with state agency staff (inside and outside planning meetings).
- Setting expectations for members needs to be a continuous process, not just a once-a-year process.
- Seek council member feedback on what they would find helpful from state staff.

## Training

- Create *Council Membership 101*, a formalized training and orientation for new members
- Empower the council to function in a more independent manner. (e.g., members could facilitate meeting agendas, and the executive committee could orient new members and support development of strategic plans.)
- Create a leadership academy and a self-advocacy training program. These help members to gain public speaking skills, knowledge of how to oversee meetings, make motions, etc. (See the [Resources](#) section to learn about West Virginia's Leadership Academy that has received international attention.)
- Provide a mini-Block Grant TA session each year prior to application review
- Train facilitators
- Utilize resets when needed. Training provides an opportunity to adjust expectations (e.g., member roles and responsibilities, council mission, the value of all perspectives)
- Invite ethics and state legal counsel to provide orientation and relevant training. Provide information in multiple modalities (e.g., written, in person) and in plain language

## State Spotlight: Arizona Behavioral Health Planning Council

In the past several years, circumstances contributed to the development of a more empowered and independent Arizona Behavioral Health Planning Council. In response to transitions during a state level reorganization and a change in leadership, the council absorbed some duties previously coordinated by state staff. Over time, the planning council became accustomed to being more directive and engaged in setting its agenda; taking the lead on establishing priorities based on community feedback; and reviewing legislation, policies, procedures, and statistical data. The council's move to more active leadership has been very effective in comparison to the prior more passive or reactive role (i.e., waiting for information to be presented by the state).

The foremost benefit of a more proactive planning council is that it creates an environment that fosters a collaborative attitude and attracts a diverse team composed of people who genuinely care about fulfilling the purpose. The planning council has been able to discuss an extensive list of topics that directly affect the individuals being served and has increased collaborative problem solving with the State. The planning council has also successfully identified and brought forward grant funding opportunities for new and innovative programs.

Arizona's Behavioral Health Planning Council draws from several factors that contribute to its greater independence:

- The behavioral health system is uniquely positioned with a strong pool of persons with lived experience who are especially prepared to be knowledgeable and effective participants in the planning council.
- Arizona offers training programs that educate and coach peers and family members to become effective advocates in the behavioral health system. This also gives the Council a diverse and well-informed pool of potential candidates for membership.
- Arizona employs a significant number of peers and family members as service providers, and it values the unique contribution they offer in the continuum of care. In addition to having the benefit of their lived behavioral health experience, these individuals also understand the complex aspects of the behavioral health system itself.
- The planning council has diverse representation with a wealth of knowledge, lived experience, passion, and understanding of the council's purpose. The members are involved in their communities and have established the reputation of being approachable and effective advocates.
- Arizona's state behavioral health agency serves as both the Single State Agency and State Medicaid Agency. Many state agency representatives on the council have extensive experience working "in the field" in addition to clinical expertise and lived experiences. This background results in these representatives, who are ultimately responsible for the implementation of the grants, being able to meaningfully recognize not only the high-level concepts related to legislation, policy, procedure, etc. but also having a genuine understanding of what these concepts "look like" in practice and sharing a passion for the people. In culmination, the council members and state representatives can communicate about information brought "to the table" during meetings in a manner that elicits tangible ways to overcome real-life barriers.
- The state has made active efforts to be transparent and elicit involvement of the planning council. The most notable example is the drafting and formatting of the Substance Use Prevention, Treatment and Recovery Services/MHBG Combined Application tables in a side-by-side draft/feedback document that was then sent to the BHPC, facilitating line-by-line feedback to the drafted content. The documents were sent in July, allowing for feedback to be prepared and discussed during scheduled meetings prior to the release of the application for public comment and submission to SAMHSA. This new approach reflects the commitment to a stronger partnership between the council and the state agency. Through mutual trust and respect, the planning council can be more productive and influence positive changes that improve daily living for those we serve.

## Resources for Planning Councils

---

States are encouraged to review [SAMHSA's newly released manual for state behavioral health planning councils](#), released in April 2023.

### Use of Subcommittees

States participating in the LC were interested in exploring the ways in which states utilize subcommittees to help increase their capacity to accomplish work. Below are some examples of subcommittees being utilized by planning councils:

- Executive Committee for Planning (develops agenda, determines speakers, addresses issues that arise, carries out membership-related tasks)
- Children, Youth, and Families and Transition Age Youth Development Committees
- Adult Quality or Older Adult Behavioral Health Committee
- Legislative and Policy or Regulations Committee
- Performance Monitoring, Quality Improvement, and Data Reporting Committees
- Medicaid Committee
- Housing, Workforce, and Employment Committees
- Criminal Justice Committee
- Nominating or Membership Committee
- Project-Specific and Project Review Committees
- Diversity, Equity, and Inclusion Focus Committee
- Bylaws Committee
- System Transformation or System of Care or Development Committee
- Family Members Committee
- Funding Committee

Integrated councils may have separate subcommittees for mental health and SUDs.

To increase workload capacity, some state planning councils require, or strongly recommend, that all members also serve on a subcommittee or allow community members to join subcommittees without being a formal council member. The latter also helps increase the diversity of voices supporting the council. This expands the workforce as well as adding more community perspectives. Another consideration regarding subcommittees is building them into bylaws.

## Development of Council Websites

The LC was interested in how websites can be utilized to help recruit, orient, and engage members in the council's work. A scan of planning council websites identified key areas of information published as a resource for members, state staff, and the public. The key areas are:

1. Membership-related
  - a. Applications
  - b. Welcome letters
  - c. Brochure
2. Subcommittee-related
3. Orientation materials
  - a. Bylaws
  - b. Planning Council 101 or other formal orientation presentations
  - c. Outline of expectations (e.g., roles, responsibilities, guidelines)
  - d. Record of historic actions including motions
  - e. Charters or strategic plans for council and subcommittees
  - f. Mission and vision
  - g. Training (on topics such as regulations requiring open meetings, ethics, harassment and discrimination, security awareness, HIPAA and Privacy, and DEI)  
Of note: some states require training for all members.
4. Resources
  - a. State block grant strategic plans and application
  - b. Overall state plan to address behavioral health needs
  - c. Data and performance management information related to block grant funded services
  - d. Meeting schedule
  - e. Past meeting minutes
  - f. Priority programs or initiative specific
  - g. Annual reviews of council committee and subcommittee goals and progress

## Hybrid Meeting Considerations

States in the LC have had a blend of positive and negative experiences utilizing hybrid meetings where some members attend in person and others attend remotely. Attendance of members has increased in some states, while in other states attendance has decreased. Remote attendance removes barriers associated with travel time and costs but may cause some members to feel less comfortable talking on a screen, especially with meetings potentially being recorded. Discussion around considering the length of meetings becomes important with remote meetings as it may be more difficult to attend an all-day meeting via computer.

## How to Strengthen a Planning Council: Where to Start?

The states in the LC conducted a SWOT analysis to identify and prioritize areas of their planning councils to further develop.

*Step 1: Think about the internal **strengths** of your state agency/system.*

- What aspects of your planning council work well right now?
- What resources can you build on?
- How do current policies support your objective?

*Step 2: Consider the internal **weaknesses** or factors that might get in the way.*

- What are the challenges or problems?
- What are the weak spots for your state's planning council?
- What gaps are there in your plans?

*Step 3: Think about the environment or landscape you are working in and external **opportunities** you can build on to strengthen your planning council.*

- Are there any upcoming funding, regulatory, political, or social changes that you can leverage?
- Are there any existing or new partnerships or collaborations that could be used?

*Step 4: Think about external **threats** that may keep you from meeting your objective.*

- Are there threats to funding in related areas of your state system that may affect your success?
- Are there any issues with public distrust or negative views that may affect your objective?

**Consider:** How can you change weaknesses into strengths? Is there a way to use strengths to overcome threats? How could you use strengths to maximize opportunities? Can you use strengths to make up for or minimize weaknesses?

## Future Plans

---

Some examples of future plans identified by states in the LC include:

1. Increase the frequency of planning council meetings to build in added time for training, review of block grant reporting, and applications.
2. Develop formal orientation and training, keeping in mind multiple learning modalities. Some states plan to meet with West Virginia to learn about their Leadership Academy.
3. Keep networking and learning from other states!
4. Review the mission/purpose of the council to ensure it includes advocating and keeping individuals in need of services as the primary focus.
5. Talk to the planning council about developing subcommittees.
6. Seek increased involvement by state leadership and develop a system to share state-level updates.
7. Empower the planning council to function more independently (with state staff still providing support for logistics, communication, etc.).
8. Provide training on the role of planning councils, focusing on ethically advocating for individuals with mental health concerns.
9. Plan to develop recruitment materials that outline expectations, explain roles, and offer mentoring and training.
10. Increase communication to help members be familiar with the state landscape related to mental health care and services, gaps, needs.
11. Update council bylaws.

## Conclusion

---

Planning councils play a key role in supporting states' efforts towards developing and sustaining a consumer-centered system of mental health services. Reviewing state plans; making recommendations for modifications; advocating for specific populations; and annually monitoring, reviewing, and evaluating the allocation of mental health services are all important components of successful and thriving planning councils.

States in this LC reviewed key elements from SAMHSA's newly released manual for state behavioral health planning councils and shared their valuable insights, real life experiences and creative innovations to help strengthen planning council processes. The aim of this information is to assist other state planning councils as they seek to continuously improve their ability to effectively advise and advocate on behalf of individuals with mental health conditions.