



**MENTAL HEALTH STATISTICS  
IMPROVEMENT PROGRAM (MHSIP)**

**AD HOC ADVISORY GROUP**

**OPERATION GUIDELINES**

**AUGUST 1997**

**Mental Health Statistics Improvement Program (MHSIP)**

**Ad Hoc Advisory Group**

**GUIDELINES FOR OPERATION**

**OF THE ADVISORY GROUP**

August, 1997

**Purpose**

These guidelines are intended to support the role and function of the Ad Hoc Advisory Group (hereinafter referred to as the Group). In addition, it is the intent of these guidelines to enhance effective functioning of the Group by assuring both stability and change among its membership. The guidelines may be amended by a majority of voting members present at the time such amendments are considered.

**Role and Function**

The Ad Hoc Advisory Group for the Mental Health Statistics Improvement Program (MHSIP) is responsible for overall national leadership for the MHSIP. Leadership actions include:

(1) the articulation of a vision for the overall direction and development of MHSIP; (2) the development and adoption of goals and objectives for accomplishing the MHSIP purpose and mission; (4) the development of strategic plans and activities to accomplish MHSIP goals and objectives, including the development of national standards for the design and content of

mental health decision support Systems; (5) the acquisition of resources to support necessary activities to implement and accomplish MHSIP goals and objectives; (6) providing oversight, monitoring and evaluation of the MHSIP program activities; and (7) promoting the adoption of MHSIP throughout Systems of health and human services for persons with mental illness.

The Group is supported in carrying out this mission through the financial, professional staff, and support staff resources of the Substance Abuse and Mental Health Services Administration/Center for Mental Health Services (CMHS) and the cooperation of the National Association of State Mental Health Program Directors (NASMHPD).

The Group functions as a policy setting and program oversight body. For the most part, activities and tasks required to accomplish MHSIP objectives are accomplished by time-limited project consultants, working groups, or task forces, that are charged with the development of specific products needed to attain MHSIP goals and objectives. Consultants and work group and task force members are selected by the Ad Hoc Advisory Group. The Group provides direction and oversight for these activities, as partners in a collaborative process.

These groups report directly to the Ad Hoc Advisory Group which reviews and approves the products of their activities. Reports are reviewed in draft for feedback and collaborative work toward final products where appropriate and necessary for successful accomplishment of planned MHSIP activities. Members of the Ad Hoc Advisory Group participate directly in carrying out tasks and activities, including working membership in work groups and task forces. Task force reports may be released in draft form with the approval of the Chair of the Ad Hoc Advisory Group in order to facilitate decision-making opportunities that will promote MHSIP.

While the Mental Health Statistics Improvement Program has historically been supported both with financial and staff assistance from the National Institute of Mental Health, and the Center for Mental Health Services, the program has always been, and continues to be, first and foremost a support to the MHSIP community. The Group's official role is in relationship to this community and not any other entity. It does, however, provide advice to a wide range of other entities relating to the MHSIP philosophy and data standards and system design characteristics recommended by the MHSIP. These entities might include individual state mental health agencies, the National Association of State Mental Health Program Directors (NASMHPD), the NASMHPD Research Institute, the National Institute of Mental Health, the Center for Mental Health Services, health and human service professional associations, private sector mental health service provider associations, other state and federal government agencies, and mental health service advocates, consumers and their families.

### **Regional User Group Liaison**

Although the Regional Users Groups (RUGS) function independently from the Group, communication among the groups is mutually beneficial.

Each RUG will be asked to identify a method of sharing the contents of their meetings with the Group. This could be done by sending formal minutes to the Group or through other means of communication which are consistent with the operations of the RUG. On behalf of the Group, CMHS will send its minutes to the Chair of each RUG.

The Group will designate a Group member who will serve as Liaison to each RUG and who will attend the RUG meetings. The designated Group liaison will share MHSIP-related information of interest with his/her RUG. RUGs will be asked to have a standing item on their agenda for a report from the Group Liaison, who will keep the RUG informed of activities of the Group and of other RUGs. Likewise, the Group will have a standing agenda item during its meetings to discuss issues forwarded by RUGs. Ongoing communication between the chair of each RUG and the Group Chair is also strongly encouraged. Each RUG will be invited to contribute to issues of "MHSIP Updates."

RUGs are encouraged to submit written requests for specific action on MHSIP concepts, utilization, and/or implementation to the Chair of the Group for the Group's consideration.

During the National Conference on Mental Health Statistics, the Group will convene an annual meeting with representatives of each RUG to discuss MHSIP implementation issues and

problems encountered, as well as suggested revisions to FN-10.

Periodically, the Group may request that one or more RUGs analyze issues of mutual concern and interest regarding MHSIP concepts, utilization, and/or implementation. So that the product of their deliberations reflects a national perspective, such RUGs would be expected to collaborate as necessary with other RUGs and make periodic reports to the Group on their progress for feedback and collaborative work toward a final product. In cases where RUGs undertake MHSIP-related projects on their own, it is the joint responsibility of the RUG and its liaison to keep the Advisory Group informed on the progress and outcomes of their efforts.

## **MEMBERSHIP**

### ***General Membership Guidelines***

The Group shall consist of seventeen (17) voting members. Six (6) of these will be representatives from State Mental Health Authorities, two (2) will be consumers of mental health services, two (2) will represent a multi-service, Community-based provider, one (1) will represent the behavioral healthcare industry, one (1) will represent the Committee on Vital Statistics, and one (1) will be a NASMHPD Commissioner representative. Four (4) slots will be filled by representatives of the federal government.

In addition, there will be two (2) or more non-voting members. One of these will be filled by a NASMHPD staff member, one will be filled by an alternate, consumer of mental health services from the Washington, D.C. area, and the others will be filled, as needed, as consultant slots. These slots will be further described below.

To be considered a candidate for membership, all individuals shall be:

- 1) committed to the Group's purposes and goals, and
- 2) knowledgeable and interested in mental health systems issues and data support for mental health systems.

Aside from specific requirements stated in this document, membership selections shall be based on the projected effectiveness and contributions of candidates. No one shall be discriminated against on factors protected by an individual's civil rights.

### **Membership Selection**

State Mental Health Authority, consumer, and provider representatives are selected by the voting members of the Group. Except under special circumstances, voting members of the Group nominate prospective members, to fill upcoming vacancies, at the Group's spring meeting which is associated with the national Conference on Mental Health Statistics. The Group welcomes and will solicit suggestions from non-voting members, MHSIP regional groups, any task forces at the time, NASMHPD, and others within the MHSIP community. Aside from other criteria specifically stated in these guidelines, members will be selected so as to geographically represent a broad cross-section of the nation. The Group's membership will consist of at least one state representative from each of the four CMHS defined, geographic regions. It is also desirable, where possible, for Group members to have had previous experience in either task forces or work groups which worked under the direction of this Group.

A majority ballot determines the selection. If the individual selected is unable to accept a formal offering of membership, the candidate with the next largest number of votes is offered

membership.

Vacancies in CMHS membership slots that are not predetermined by position shall be filled by the Director in consultation with the Group chair. Vacancies in relationship to the National Association of State Mental Health Program Directors slot, the NIMH slot, and the Health Care Financing Administration slot shall be filled by whoever the leadership of those organizations deems appropriate.

### **Removal**

State Mental Health Authority, consumer, and provider representatives can be removed from membership if the Group determines they are not meeting member responsibilities. Such an action can only be brought before the Group if there is a consensus among the past chair, chair and chair-elect. No such action can be taken prior to the chair meeting with the member in question, providing him/her with a list of concerns and specific examples; giving him/her an opportunity to provide his/her side of the story; and providing him/her an opportunity to remedy any problems.

Removal of a member must take place in executive session of all voting members other than the individual in question and requires two-thirds majority vote.

If problems arise with other members (federal or National Association of State Mental Health Program Directors representatives), the chair is empowered to meet, at the request of the Group, with appropriate representatives of those agencies or organizations and seek to remedy the situation and/or ask for a change in representation. In order to bring this action before the group, there must be a consensus of the past chair, chair, and chair elect. Action on this issue again requires an executive session of the voting membership other than the representatives in question and requires a two-thirds majority vote.

### **Member Responsibilities**

- Members are selected based on their bringing to the Group a unique perspective, within a national context. Given adequate support, individual members are expected to:
- Represent the perspective of the constituent group from which they were selected, but not represent any particular organizational interest.
- Understand the historical foundation of MHSIP as well as the vision set for the future.
- Be knowledgeable about statistical reporting and mental health systems issues.
- Promote a collaborative spirit among federal organizations, review bodies, states, private entities, providers, and consumers/survivors.
- Attend all regular meetings, unless a unique conflict develops
- Participate in and assist with the National Conference on Mental Health Statistics.
- Serve as advisors, individually and collectively, to CMHS.
- Represent the Group at various national meetings and represent the Group at meetings of the RUGs.
- Carry out agreed upon assignments as scheduled.
- Review and comment on materials, as requested by the Chair, fellow members, and CMHS staff on a timely basis.
- Advocate for MHSIP among their peers and encourage the adoption of MHSIP in a variety of mental health arenas

In addition, members will be asked at various times to:

- Serve on subcommittees or task forces.
- Attend special meetings.
- Prepare correspondence.
- Draft reports or special documents.
- Serve as an officer of the Group.

Members, individually or collectively, will not be asked to conduct staff work that rightfully should fall to CMHS.

### **State Mental Health Authority Membeship Guidelines**

Members who represent the state perspective shall:

- 1) be employees of state mental health agencies,
- 2) have responsibility for mental health statistics or have other state level decision-making or executive responsibility, and
- 3) have a functional link with the state mental health commissioner from whom he or she must also have approval for group membership and participation.

Furthermore, to the extent possible, state members will be selected in such a manner as to ensure that while all have involvement with data and management uses of data, some will be directly responsible for management information systems, while others may have research responsibilities and still others may have management/policy responsibilities.

State members shall serve for a four (4) year term. A state member whose state affiliation changes during his or her term remains a member if the individual's new position continues to meet these membership guidelines.

Individuals offered membership are expected to discuss with their Commissioner the responsibilities involved in Group membership. Agreement should be reached between each member and his/her supervisor regarding duties and time required for Group matters in addition to attendance at regular meeting. When offered membership, the prospective member will be given a copy of these guidelines to review and to use as a basis of discussion with his/her supervisor.

It is the responsibility of a State Member to advise the Group if his/her status relation to the above-listed criteria changes during his/her term. If an individual no longer meets each of the above criteria, his/her appointment to the Group will expire after the first Group meeting held following the change in status. The Group itself will, as an agenda item at its first meeting of each calendar year, review the membership status of each state member.

### **Consumer/Survivor Membership Guidelines**

The consumer/survivor representatives shall be individuals who are primary consumers/ survivors of mental health services and are in a position to represent that perspective. Members will be elected for a four year term.

### **Community-Based Provider Membership Guidelines**

The community-based provider representatives shall include an individual who has primary responsibility for management information within a multi-service, community-based mental health organization. This member will be elected for a four (4) year term. If the individual's organization affiliation changes, the new position must meet these same criteria in order for the individual to retain membership. The second representative shall be a director of a multi-service, community-based mental health organization and will be elected for a four (4) year term.

### **Committee on Vital Statistics**

The mental health subcommittee of the Committee on Vital Statistics will be asked to appoint one of its members to serve on the Group.

### **Behavioral Healthcare Industry**

The behavioral healthcare industry representative shall be an individual who has primary responsibility for management information within the industry. This member will be elected for a four (4) year term. If the individual's organization affiliation changes, the new position must meet these same criteria in order for the individual to retain membership.

### **NASMHPD Membership Guidelines**

The National Association of State Mental Health Program Directors (NASMHPD) shall be asked to:

- (1) appoint one (1) of its commissioner members to serve on the Group, and
- (2) additionally, the NASMHPD staff member assigned to the Mental Health Statistics, Evaluation and Research Committee, shall serve as a nonvoting, ex-officio member of the Group.

### **Federal Membership Guidelines**

Two (2) slots shall be filled by staff of the Center for Mental Health Services, as follows;

- (1) one of the slots will be filled by the staff person who has responsibility for the MHSIP, and
- (2) one individual shall be appointed by the Director and shall serve as an at-large member.

The Health Resources and Services Administration will be asked to fill a slot, with a staff member from its primary care unit.

The Health Care Financing Administration will be asked to fill a slot with a staff member who has the ability to influence data collection related to mental health services.

### **Consultation Guidelines**

The Group reserves the option of recommending, from time to time, to the CMHS that an individual with a specially needed perspective or area of expertise be added to the Group as a consultant in order to assist in dealing with special topics or time-limited issues. This would be a non-voting member of the Group.

## **VOTING**

Election of new members will be by secret ballot. All other issues may be decided by any voting or consensus technique desired by the members. Proxies of absent members may be voted on the honor system based on the agreement between the absent member and the person holding the proxy. All proxies voted will be so noted in the minutes of the meeting.

## **OFFICERS**

The primary officer of the Group will be its Chair, who will serve a two (2) year term beginning with the first meeting of the Federal Fiscal Year. If the chair who is elected has only one year remaining in his/her term, that term shall automatically be extended for one additional year. A Chair-elect will be elected from the members holding six (6) year appointments. The Chair-elect may serve as the Chair's designee on all matters of business. The past Chair may also be asked to assist in various matters.

The Chair will attend a meeting of two RUGs during his/her term so that each RUG shall be visited by a Chair over a two (2) year period.

The Chair of the Group shall, upon expiration of his/her term, transfer all correspondence and other related Group records to the CMHS representative within thirty days to ensure continuity between leaderships. All pertinent information shall be indexed and archived for future and historical referencing at the CMHS.

## **LENGTH OF TERM**

The length of terms is not limited for the federal members, or the NASMHPD member. During times when a consultant position is filled, it will be filled for a two (2) year term. If desirable, this two (2) year term may be renewed. The terms of a consumer/survivor representative, the provider representatives and the state representative members will normally be limited to six (6) years except as noted below. Those exceptions noted in the next section are created in an effort to assure group continuity over time. A second consumer/survivor slot has been added in order to expand the Group's representation of that perspective. As this time, the term has been limited to three years, pending an on going assessment of the Group's current organization and term limits.

Membership terms shall begin with the first meeting in the Federal Fiscal Year (on or after October 1). The last scheduled meeting in the term of outgoing members is the one preceding October 1 of that year (usually in July or August).

## **SCHEDULED VACANCIES**

Unscheduled vacancies among the members holding time-limited terms, due to job changes, resignations or other factors can disturb the balance and continuity of experience in the Group. If an individual is elected to fill an unscheduled vacancy, s/he shall complete a new, full, four-year term.

One (1) unscheduled vacancy within a single year is not viewed as problematic. However, if two (2) or more slots experience an unscheduled vacancy during the same year, a problem of imbalance and lack of continuity may result. To resolve this problem the entire schedule may be pushed back one (1) year giving each remaining member an additional year beyond his or her scheduled departure date.

The table below contains current membership terms. Bold faced, asterisked numbers indicate the scheduled departure year. This is the year during which the summer meeting would be the

incumbents final meeting.

Through the years, the information regarding the scheduled departure year for each member will be maintained by the publishing of the minutes of each meeting. At the beginning of each set of minutes, each member's name will be listed followed by the year of their scheduled departure from the Group.

FFY2000										
(1999-2000)	Year of Term Served									
Incumbents	During Each Federal Fiscal Year									
	'95	'96	'97	'98	'99	2000	2001	2002	2003	
Ganju (South)	2	3	4	5*	1	2	3	4*	1	
Steinmann (West)	1	2	3	4*	1	2	3	4*	1	
M. Smith (Midwest)	-	-	-	-	E	1	2	3	4*	
Davis (South)	E	1	2	3	4*	1	2	3	4*	
Tremper (Northeast)	E	1	2	3	4*	1	2	3	4*	
Koch (South)	-	-	-	-	E	1	2	3	4*	
Hopkins	-	-	-	-	E	1	2	3	4*	
Ralph	-	E	1	2	3	4*	1	2	3	
Adams	-	-	-	-	E	1	2	3	4*	
Tremaine	-	-	-	-	E	1	2	3	4*	
KEY:										
E= Federal Fiscal Year elected										
1, 2, 3, 4 = ith Federal Fiscal Year of Four Year Term										