Joint Behavioral Health Planning Council Meeting

MARCH 10, 2022

Agenda

- 1. Opening remarks-DMHAS Commissioner
- 2.DCF Updates
- 3. Review role and scope of Council
- 4. Updates to Planning Council
- 5. Block Grant updates
- 6. Planning for 2022 meetings

Background

Block Grant Funding originally developed and approved in 1981 to help states fund mental health and substance use disorder services

Over time, requirements/regulations have been added, including set-asides and submission of outcome data

Resulted in creation of Mental Health Block Grant (MHBG) and Substance Abuse Block Grant (SABG)

Block grants are managed, distributed, and overseen by the Substance Abuse and Mental Health Services Administration (SAMHSA)

Basis for Planning Council

Federal regulations for the MHBG stipulate that states receiving MHBG funds from SAMHSA are to establish and maintain a state mental health planning council

Intent of council to guide, monitor, and maximize the impact of MHBG funding

Regulations outline:

- Council duties
- Membership type and ratio

Planning Council Duties

To review state plans for block grants and suggest recommendations for change

- Biannual block grant application
- State Plan

To advocate for adults experiencing Serious Mental Illness (SMI) and children experiencing Serious Emotional Disturbance (SED)

To monitor, review and evaluate the allocation and adequacy of mental health services on an annual basis

Regional/Statewide Priority Reports

Items Reviewed by Planning Council

Biannual combined block grant application

Block Grant Plan

Allocation Plans for the block grants (CT specific)

Regional/Statewide Priority Reports (CT specific)

 Prepared by RBHAOs and consolidated by Center for Prevention Evaluation and Statistics (CPES)

Planning Council Meeting Structure

- □DCF and DMHAS updates
- ☐Block Grant updates
- □ Review Block Grant Plan/Allocation Plan/Priority reports
- □ Comments/recommendations/feedback
- Presentations on treatment/prevention programs
- Presentations on new or existing initiatives

Membership

Principal state agencies (MH, Educ, Voc Rehab, CJ, PH, Housing, Soc Svc)

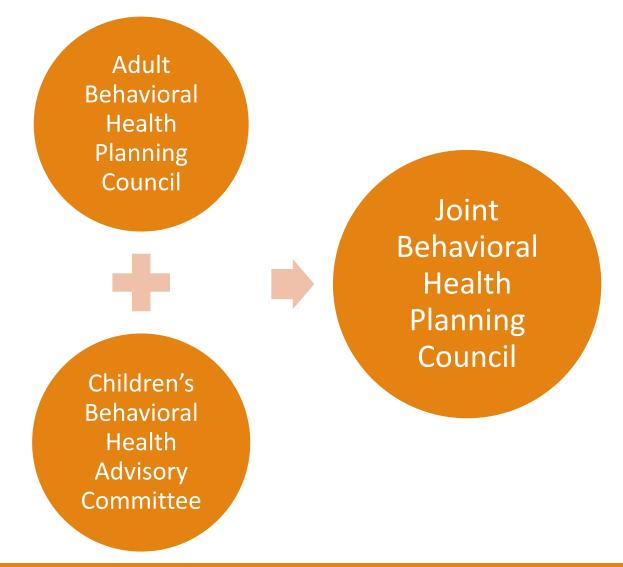
Public and Private entities concerned with the need, planning, operation, funding and use of MH and related services

Adults with Serious Mental Illness (SMI) who are receiving or have received services

Family members of children with Serious Emotional Disturbance (SED)

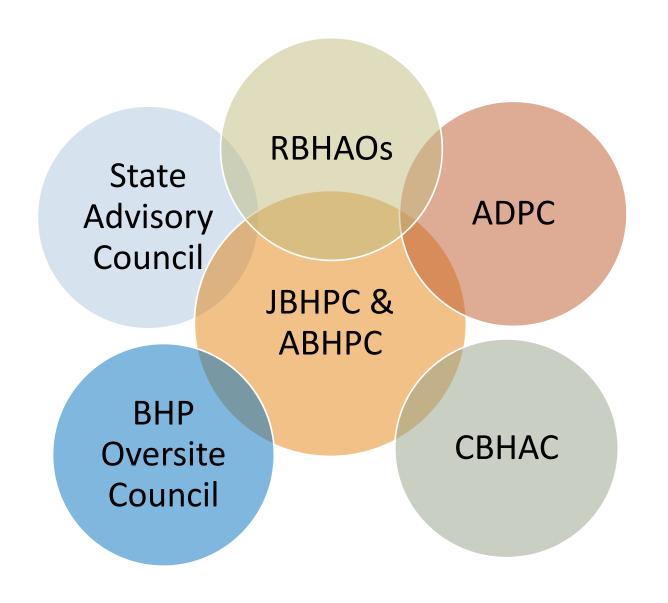
 SMI and SED are terms used in federal regulations but do not limit our membership

CT Planning Council Structure



Statewide Infrastructure

	Advocacy	Advisory	Service Delivery	Administration
State	Advocacy Unlimited; NAMI-CT; CLRP; CCAR	State Advisory Board; ADPC; JBHPC; ABHPC; BHP Advisory Council	State Operated Facilities	DMHAS
Regional	RBHAOs	RBHAOs	LMHAs; Networks	Regional CSD Teams
Local	Local consumer advocates; LPCs	LPCs	Providers	CSD/Prevention Staff



Evaluation/Member Feedback

Duplication of duties between Adult and Joint Behavioral Health Planning Council and other statewide advisory groups

 Broad behavioral health (MH/SUD) focus results in significant overlap

Overlap in terms of focus areas/topics/discussion

Especially between ABHPC, JBHPC, and CBHAC

Lack of clarity of purpose, role, and scope for Adult and Joint Behavioral Health Planning Councils

Needs clearer focus/member roles

Plans to Address Feedback

Merge ABHPC and JBHPC

But overlap with CBHAC remained

Return focus of Planning Council to adult mental health and MHBG

- Provide clearer purpose, role, and scope
- Reduce overlap and address need

Updated Planning Council Structure

Adult Mental Health Planning Council Children's
Behavioral Health
Advisory
Committee
(CBHAC)

Plans to Address Feedback

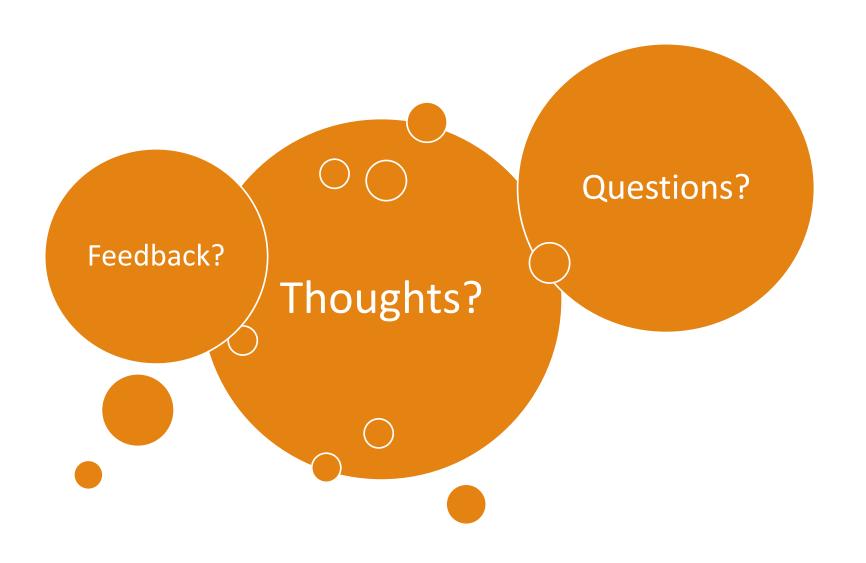
Child Behavioral Health Advisory Council (CBHAC) will continue to act as Planning Council representing Children's mental health

Joint DCF/DMHAS presentations of MHBG plans

Advocacy and oversight related to SUD services will continue through ADPC and other statewide bodies

Recruit additional membership with interest/expertise in adult mental health

- Provide clear orientation to new membership
- All current JBHPC members encouraged to remain



Next Steps

Return name to Adult Mental Health Planning Council

Update planning council materials

Send update email

 Make clear to all current members that their membership continues and is encouraged

Outreach and recruitment

Planning Council Membership

Public or private entities that have vested interest in need, planning, operating, funding, and use of MH services?

Individuals in the recovery community with interest in advocacy related to adult MH?

Membership Criterion

- Establish terms?
- New orientation?

Mental Health Block Grant Updates

MHBG FY22 Budget

Federal Budget Passed by House 3/9 and likely to be signed by 3/15

President's proposed budget originally included large increases to the block grants

Budget released on 3/9 included much smaller increase

FY2022 MHBG Budget

FY22 Appropriations Bill	FY22 vs. FY21	CT Allocation
\$857 million	+\$100 million	Ś

FY2022 Proposed Updates: MHBG

Continues ESMI/FEP set aside at 10%

- Supports evidence-based programs that address the needs of individuals experiencing their first episode of psychosis
 - STEP Clinic at CMHC
 - Potentials Program at Institute of Living

Continues "Crisis Care" set-aside at 5%

- Supports local, regional or statewide crisis services
- Mobile services, collaboration with law enforcement, call centers, etc. (988 Implementation)

Planning for 2022 Meetings

Areas of Interest for FY22

What topics/areas are you interested in learning about?

What data would help you in your member role?

Block Grant orientation presentation?

Next Meeting

Adult Mental Health Planning Council: Thursday, June 9th, 2022; 2:00pm – 4:00pm: Microsoft Teams

Review Mental Health Block Grant allocation plan