

Adult Behavioral Health Planning Council Meeting

JUNE 8TH, 2023

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Agenda

1. **Welcome and approval of minutes** – Angela Duhaime (Chair)
2. **Regional Prioritization results** – Jennifer Sussman (CPES)
3. **Planning Council survey results** – Kyle Barrette/Angela Duhaime (DMHAS)
4. **Overview of Serious Mental Illness (SMI)** – Kyle Barrette (DMHAS)
5. **Internalized stigma and illness identity** – Michaela Fissel (Advocacy Unlimited)
6. **FFY23 Block Grant updates** – Kyle Barrette (DMHAS)
7. **DMHAS updates**
 1. **Prevention** – Sarju Shah, Director, Prevention and Health Promotion
 2. **Recovery system** – Elsa Ward, Director, Office of Recovery Community Affairs
 3. **Crisis Response system** – Dana Begin, Director, Evidence-Based Practices and Grants
8. **Agenda items for next meeting** – Angela Duhaime (Chair)

Planning Council Survey

Intended to gather input and feedback from members regarding the Connecticut Behavioral Health system

Results will be included as part of a larger needs assessment

Results will be utilized identify gaps, needs, and strengths and inform program/block grant planning

Send survey feedback to Angela and Kyle

What SUD services are working well?

Employment supports*

Peer services*

Recovery support services

Wrap around services

Sober Houses

What SUD services are unavailable/inadequate?

Withdrawal management*

Outpatient treatment*

Inpatient

Residential

What MH services are working well?

Peer services*

Wrap around services

Outpatient services

Employment/Education supports

What MH services are inadequate/unavailable?

Homeless services*

Peer services

Transportation

Integrated MH/SUD services

Populations not adequately served by MH/SUD services?

LGBTQ+*

Veterans

Individuals re-entering community

Undocumented

Racial/ethnic groups not adequately served by MH/SUD services?

Black/African American

Asian (SUD services)

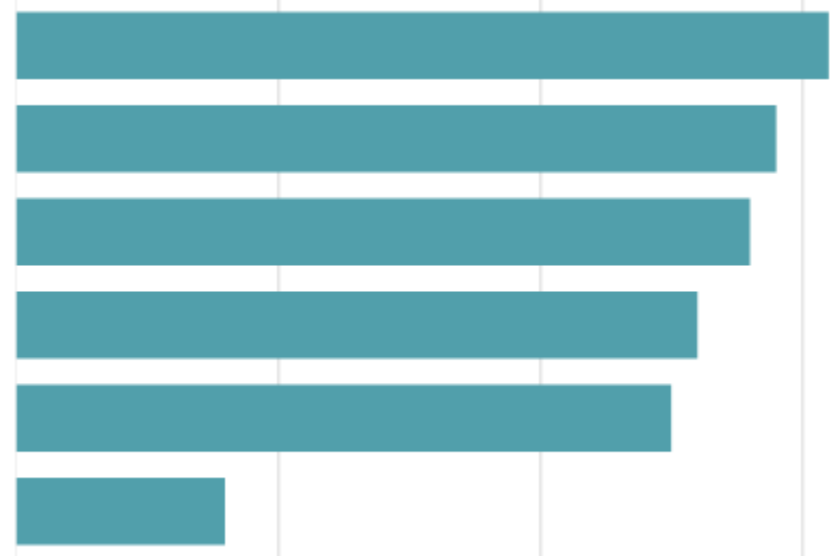
Hispanic (all categories)

Top SU Priorities



Top MH Priorities

- 1 Suicide
- 2 Co-occurring mental health/sub...
- 3 Anxiety
- 4 Trauma/PTSD
- 5 Depression
- 6 Psychosis/First-Episode Psychos...



Emerging SUD related issues?

Need for additional withdrawal management/harm reduction services

Marijuana use/legalization (need for education/youth prevention)

SUD workforce (burnout, turnover)

Emerging MH related issues?

Supports/services for individuals perceived as less acute (anxiety, depression)

Trauma (need for additional trauma specific/informed services)

Peer supports aligned with best practice

Opportunities for BH system improvement?

Integrated MH/SUD care/treatment

- Workforce development related to COD

More care coordination for people in recovery and/or stepping down from hospital/residential

- More Recovery Coaches

Continue Telehealth

Inclusion of peers (certified) within more levels of care

Next Steps

Incorporate regional prioritization findings and survey findings into needs assessment

Utilize findings to inform block grant planning and application

Presentation of regional prioritization findings/recommendations to other stakeholder groups (ADPC, State Board, etc.)

Origins of Serious Mental Illness

Mental health block grant developed as way to support States to develop comprehensive community-based services

- Funding to states to transition from institutional to community-based services
- Funding targeted to individuals who were often being served in institutional settings

CMHS initially developed a definition in the 1990s as way to define this target population and allocate Mental Health Block Grant funding to states

- Allocated funds based on the estimated number of individuals with SMI in each state

Definition finalized by HHS in 1992 to help states estimate SMI when applying for BG and other federal grants

- Officially replaced the term “Chronic Mental Illness”

Serious Mental Illness (SMI)

SAMHSA's current definition:

Someone over the age of 18 who has (or had within the past year) a diagnosable mental, behavioral, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities, including:

- Basic daily living (for example, eating or dressing)
- Instrumental living (for example, taking care of physical health, taking prescribed medications, or getting around the community)
- Participating in family, relationships, school, or workplace

“A mental illness that interferes with a person's life and ability to function is called a serious mental illness (SMI)”

Serious Mental Illness (SMI)

SAMHSA, NIMH, and states have operationally defined SMI in terms of diagnoses which have shown to most substantially impact functioning, increase risk of hospitalization, and have highest cost to systems:

- Bi-Polar Disorder (most types)
- Major Depressive Disorder (most types)
- Schizophrenia spectrum disorders (Schizophrenia, Schizophreniform, etc.)

Block Grant funding (as well as other grants and research) targeted to individuals with these diagnoses (SMI) to support their functioning outside of residential and inpatient settings

As of 2021, 5.5% of adults nationally and 4.3% of adults in CT estimated to have SMI based on this definition

Serious Mental Illness (SMI)

Variation in operational definitions still exist between some federal agencies and between state

Definition based on criteria included in Diagnostic and Statistical Manual of Mental Disorders (DSM) which is continually updated

SMI represents the imperfect attempt to define and target resources to a population most impacted by their conditions

Block Grant Updates

Full biennial application currently being prepared

- Assess strengths and capacity of BH service system
- BH needs assessment
- Planning tables
- Environmental Factors (specific topic sections)
- Letters of support/coordination

Aiming to complete and post for public comment by August 17th

Meeting Planning

Changing date of next meeting to allow for review of BG application

- Currently scheduled for September 14th
- Switch to August 17th or 24th?

Agenda items for future meetings?