

# Adult Behavioral Health Planning Council Meeting

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MAY 14<sup>TH</sup> 2026

# Block Grant updates

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## FFY27 Block Grant budget

- Budget passed in January
- Flat funding for both block grants
- CT received our allotments in April for both grants

## CT Allocation Plan process

- State requirement
- Use allotment amount to develop our spending plan or “Allocation Plan” for both block grants
- Submit plans for review/approval by Appropriations and Public Health Committees

# Block Grant updates

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## Block Grant application

- Once Allocation Plans are approved, we begin federal application to SAMHSA
- This year is a “mini application” year
- Due September 1<sup>st</sup>
- Non-competitive but application must be reviewed and approved before funds released

# MHBG Allocation Plan

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Total FFY27 award: \$10,314,217

- Adult Mental Health Services: \$7,219,952
- Children's Mental Health Services: \$3,094,265

Adult portion of award targeted to required areas (set-asides), priority populations, and priority services

- Crisis Services
- Early Serious Mental Illness/First-Episode Psychosis
- Individuals who are homeless or unstably housed
- Individuals at-risk for hospitalization
- Individuals who are uninsured/underinsured

# MHBG Allocation Plan

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| Service Category                                                  | Percentage* |
|-------------------------------------------------------------------|-------------|
| Emergency Crisis Response and Prevention                          | 38%         |
| Early Serious Mental Illness (ESMI)/First Episode Psychosis (FEP) | 16%         |
| Residential Services                                              | 14%         |
| Outpatient Services/Intensive Outpatient                          | 10%         |
| Supported Employment/Vocational Rehabilitation                    | 9%          |
| Case Management                                                   | 4%          |
| Administration of RBHAOs                                          | 3%          |
| Family Education/Training                                         | 2%          |
| Consumer Peer Support Services                                    | 2%          |
| Peer to Peer Support for Vocational Rehabilitation                | 1%          |
| Parenting Support/Parental Rights                                 | 1%          |

\*Percentage of DMHAS MHBG award for adult services

# MHBG Allocation Plan

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## **Emergency Crisis Response and Prevention (38%)**

- Adult Mobile Crisis Teams
- Crisis Respite
- Regional Suicide Advisory Boards (RSAB)

## **ESMI/FEP (16%)**

- STEP Program (Yale) and Potential Program (Hartford Hospital)
- FEP Consultation Line (Yale)

## **Residential Services (14%)**

- Residential Care
- Transitional
- Supervised Apartments

# MHBG Allocation Plan

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## **Outpatient Services/Intensive Outpatient (10%)**

- Standard Outpatient
- Intensive Outpatient (IOP)

## **Employment Services (9%)**

- MH Supported Employment

## **Case Management (4%)**

- Homeless Outreach and Engagement (including CT Transit HOP)
- Community Support Program
- SOAR

## **Funding for RBHAOs (3%)**

# MHBG Allocation Plan

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## **Family Education/Training (2%)**

- Family Education and Support

## **Consumer Peer Support Services (2%)**

- Peer Apprentice and Grants program

## **Peer Employment Services (1%)**

- Vocational Mentorship

## **Parenting Support/Parental Rights (1%)**

- Parenting Support and Parental Rights Program



# SUBG Allocation Plan

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Total FFY27 award: \$20,474,118

Award targeted to required areas (set-asides), priority populations, and priority services

- Primary Prevention
- Pregnant Women with Dependent Children (PPWDC)
- Individuals who inject drugs (PWID)
- Individuals who are homeless or unstably housed
- Individuals who are uninsured/underinsured
- Individuals with communicable diseases
- Recovery services

# SUBG Allocation Plan

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| Service Category                | Percentage |
|---------------------------------|------------|
| Recovery Support Services       | 47%        |
| Prevention and Health Promotion | 28%        |
| Community Treatment Services    | 13%        |
| Residential Treatment Services  | 12%        |

# SUBG Allocation Plan

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## 1. Recovery Support Services (47%)

### a. Case Management and Outreach

- i. Women's REACH Programs
- ii. Women's Recovery Support Program
- iii. Outreach and Engagement – Latino Outreach
- iv. Outreach and Engagement – Senior Outreach
- v. Standard Case Management
- vi. Recovery House

### b. Ancillary Services/Transportation

- i. Access Line Administration
- ii. Access Line Transportation
- iii. CCAR - ED Recovery Coaches, Recovery Community Center, Telephonic Peer Support

### c. Shelter

- i. Emergency Shelter

### d. Vocational Rehabilitation

- i. SUD Employment Services (added 5 new programs)

# SUBG Allocation Plan

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## **Prevention and Health Promotion (28%)**

- Funding for Local Prevention Councils (LPC)
- Governor's Prevention Partnership
- Underage Drinking Prevention (SPF)
- Connecticut Clearinghouse
- Prevention Summit
- Funding for the Regional Behavioral Health Advocacy Orgs (RBHAOs)
- Funding to CPES for prevention data portal, prevention evaluation, and statewide needs assessment
- Establishing School-based Center for Prevention Advocacy and Education
- Recovery friendly workplace/campuses

# SUBG Allocation Plan

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## **Community Treatment Services (13%)**

- Outpatient
  - SUD Outpatient
  - SUD Intensive Outpatient
  - SUD Partial Hospitalization
- Opioid Treatment Programs (OTPs)

## **Residential Treatment Services (12%)**

- Withdrawal Management (Medically Monitored Detoxification)
- Residential Care for SUD

# Next Steps

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- DMHAS to prepare and submit allocation plans to Office of Policy Management for initial review/feedback (July)
- Submit allocation plans to legislature for review (August)
- Public hearing (usually September)
- Approval of allocation plans by legislature (September)

# How are you involved?

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- Provide input/feedback regarding the allocation plan (especially when new funding or funding opportunities are issued)
- Provide testimony at public hearing (not required)