

MHBG-101 for the Planning Council

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U.S. Department of Health and Human Services

Olympia, WA
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SAMHSA
Substance Abuse and Mental Health
Services Administration

Background

- Evolved out of a 50-year history
- 1963 - CMHC Act
- 1981- Converted local community grants into a Block Grant
 - Administered by the National Institute of Mental Health.
- 1986 and 1990- Legislations to develop community-based systems of care
- 1992- ADAMHA Reorganization Act - established SAMHSA - BGs moved to SAMHSA
- The two major block grants SAMHSA manages are:
 - Community Mental Health Services Block Grant
 - Substance Abuse Prevention and Treatment Block Grant

300x. Formula grants to States

- A formula grant refers to funding provided by Congress in a lump sum that is distributed by a prescribed, non-competitive method
- Based on three overarching components
 - Population need
 - Cost of service delivery
 - State fiscal capacity
- An appropriation must be made annually by Congress
- The MHBG funds are distributed to states - states may then directly administer programs or sub-grant the funds
- FY2022 appropriation was \$857,571,000

What is the Mental Health Block Grant?

- MHBG is the principal federal program supporting community-based mental health services for individuals with SMI/SED.
- Established by Public Law 106-310, 42 U.S.C 300X; PHS Act, Title XIX, Part B, Subpart I Section 1911.
- Provides states with flexible funding for services that supplement services covered by Medicaid, Medicare, and private insurance.
- Fund treatment and support services for individuals without insurance or for whom coverage is terminated for short periods of time.
- Fund priority treatment and support services that demonstrate success in improving outcomes and/or supporting recovery.
- Collect performance and outcome data to determine the ongoing effectiveness of behavioral health services and plan the implementation of new services on a nationwide basis.
- Provides funds and technical assistance to all 50 states, DC, Puerto Rico, the Virgin Islands, and 6 Pacific Jurisdictions

Block Grants Overview

GRANTS ADMINISTERED BY SAMHSA

ANNUALLY AWARDED TO STATES/
JURISDICTIONS BASED ON ALLOTMENTS
CALCULATED BY LEGISLATED FORMULA

PLANNING COUNCIL INVOLVEMENT REQUIRED

ANNUAL APPLICATIONS AND REPORTS
SUBMITTED BY THE
STATES AND JURISDICTIONS

SMI and SED Definitions

Definition of SMI and SED in Federal Register Notice

Serious Emotional Disturbance

- Birth to 18
- Who currently, or in past year:
 - Have a diagnosable mental, behavioral, or emotional disorder under DSM criteria
 - Results in functional impairment which substantially interferes with or limits the child's role or functioning in the family, school, or community

ADHD/ADD is included

Developmental Disabilities are not included unless the child has a co-occurring SED

Serious Mental Illness

- 18 and over
- Who currently or in the past year:
 - have/have had a diagnosable mental, behavioral, or emotional disorder under DSM criteria
 - Has resulted in functional impairment which substantially interferes or limits one or more major life activities
- Does not include substance use disorder unless the person has a co-occurring SMI
- Does include Alzheimer's Disease

Current Funding Level

FY 2021-\$757.5M

FY2022- \$857.5M

COVID Supplement- \$1.6B

ARPA – \$1.5B

Safer Communities Act-\$250M

FY 2023 - \$1.01B

Block Grant Requirements

5 Criteria

- **Criterion 1: Comprehensive Community-Based Mental Health Service Systems**
- **Criterion 2: Mental Health Systems Epidemiology**
- **Criterion 3: Children's Services**
- **Criterion 4: Targeted Services to Rural and Homeless Populations**
- **Criterion 5: Management Systems**

Requirements

- **Maintenance of Effort**
- **Children's Set-Aside**
- **Planning Council**
- **Public Comment**
- **10% Set Aside for ESMI/FEP**
- **5% Set Aside for Crisis Services**

Key Statutory Requirements - Restrictions on Grant Expenditures

Section 1916

Restrictions on Grant Expenditures

The grantee agrees that it will not expend the grant to:

- Provide inpatient hospital services
- Make cash payments to intended recipients of health services
- Purchase or improve land
- Purchase, construct, or permanently improve buildings or other facilities
- Purchase major medical equipment costing over \$5,000
- Satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds
- Provide financial assistance to any entity other than a public or nonprofit private entity

States cannot expend more than 5% of MHBG Block Grant funds to administer the grant.

Key Statutory Requirements – Plan & Report

Section 1915

MHPC State Plan and Annual Report Reviews

The grantee agrees to make available to the state MHPC the State Plan and the annual report for the preceding fiscal year and forward to the Secretary any of MHPC's recommendations on the Plan or the annual report without regard to whether the state has made the recommended modifications.

Section 1917

Plan and Annual Report Submissions

Applications that contain State Plans must be received by CMHS no later than September 1 prior to the fiscal year (FY) for which the state is seeking funds. Annual Reports from the previous FY must be received by December 1 of the fiscal year of the grant.

Role of SMHA

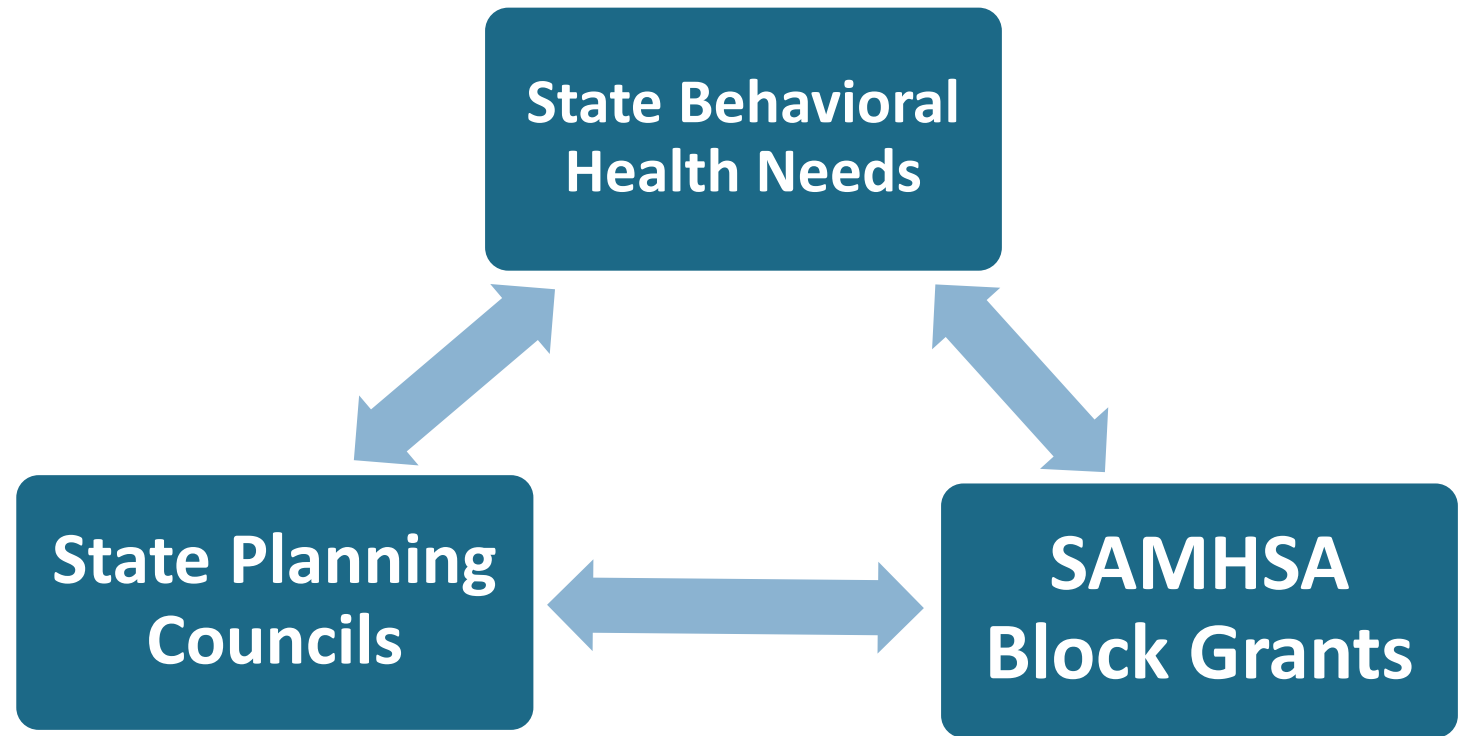
- Grants goes to the state
- Delegate the responsibility
- State planner/Primary contact for SAMHSA
- Work with the Planning Council
- Coordinate internally
- Request/access/provide TA
- Submit application and report
- Ensure compliance with statute
- Quality assurance
- Data collection and submission



Section §300x-3 State Mental Health Planning Council

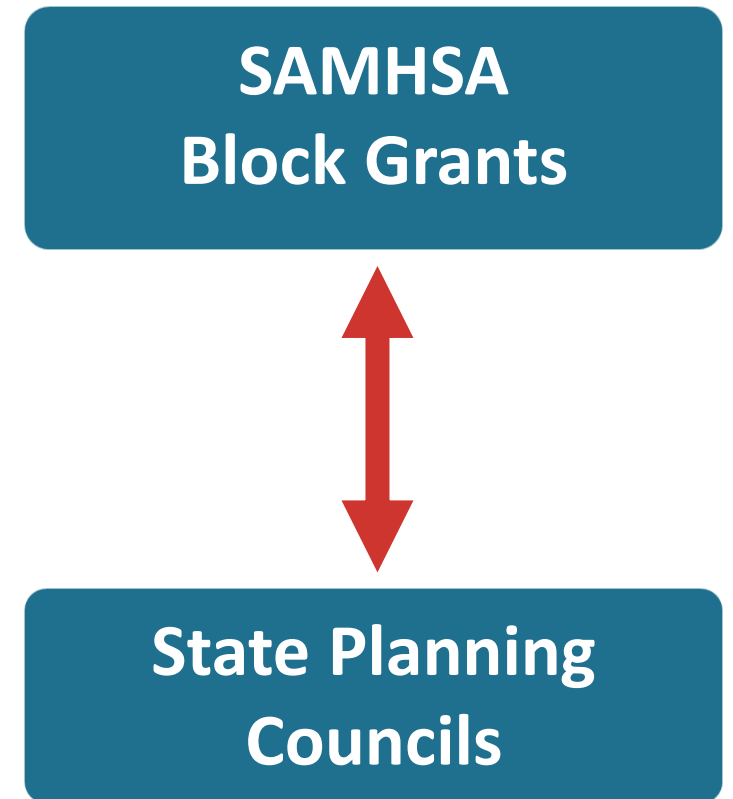
- The State will establish and maintain a State Mental Health Planning Council. Council duties will be:
 - To review Plans provided by the State and to submit to the State any recommendations of the Council for modifications to the Plans
 - To serve as an advocate for adults with a SMI, children with a SED, and other individuals with mental illnesses or emotional problems; and
 - To monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services within the State

The Valuable Connections



Block Grants & Council Involvement – 1

- Review and comment on applications
- Monitor progress on goals and indicators
 - Mental health, substance abuse prevention, treatment, and recovery.
- Review and comment on reports
 - Implementation Reports (annual progress reports)



Block Grants & Council Involvement – 2

SAMHSA's Web Block Grant Application and Reporting System (WebBGAS)

- On-line portal to block grant applications and reporting systems
- Supports citizen (and council member) comments via <https://bgas.samhsa.gov/>
- State staff can assist members gain access

WEBBGAS
Project for Assistance in Transition from Opioid Abuse
Federal and Advisory for states, tribal, and local governments

WebBGAS

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 SAMHSA
Substance Abuse and Mental Health Services Administration

Planning Councils' History and Purpose

- Public Law 99-669 established federal requirements for planning councils in 1986
 - Requirements in additional statutes (PL 101-639; PL 102-321; PL 106-310).
 - States and jurisdictions must satisfy mental health planning requirements to receive MHBG funds.
 - Details of planning council requirements specifically articulated in law.

History and Purpose Revised & Renewed

Council requirements: technically connected to MBHG statutes, however . . .

- SAMHSA encourages *integrated* (MH and SA) Behavioral Health Planning Councils
- Councils must still meet requirements stipulated for previous Mental Health planning councils



300x-3. State Mental Health Planning Council

- The States must establish and maintain a State mental health planning council:
 - The council will:
 - review plans provided to the Council by the State and submit to the State any recommendations of the Council for modifications to the plans;
 - serve as an advocate for adults with a serious mental illness, children with a severe emotional disturbance, and other individuals with mental illnesses or emotional problems
 - monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services within the State
 - The Council membership will be composed of:
 - residents of the state
 - representatives from the following state agencies: mental health, education, vocational rehabilitation, criminal justice, housing, social services, and Medicaid
 - representatives from public and private entities concerned with the need, planning, operation, funding, and use of mental health services and related support services;
 - representatives from adults with serious mental illnesses who are receiving (or have received) mental health services; and
 - the families of such adults or families of children with emotional disturbance
 - Must have enough parents of children receiving services to provide adequate representation
 - Not less than 50 percent of the members of the Council are individuals who are not State employees or providers of mental health services

Membership Composition – 1



Representatives from federally-specified State agencies.

Public and private entities concerned with the need, planning, delivery, operation, funding, and use of services and related support services.

Adults with serious mental illness who are receiving
(or have received) mental health services.

Family members of adults and of children with serious emotional disturbance.



Membership Composition – 2

- Majority of Council membership **cannot be** state/jurisdictional employees or providers of behavioral health services.
- Not less than 50 percent of the members of the Council are individuals **who are not** State employees or providers of mental health services.
- Ratio of **parents** of children with serious emotional disturbance to other council members must be sufficient to provide adequate representation.

Required State Agency Representatives

↓ Required

- Education
- Vocational Rehabilitation
- Criminal Justice
- Housing
- Social Services
- Health (MH)
- Medicaid

↓ Recommended

- Child Welfare
- Marketplace
- Aging

Behavioral Health Planning Council Statutory Duties

Review

Advocate

Monitor

1. **Review** the block grant plan and make **recommendations**.
2. **Advocate** for adults with a serious mental illness, children with a serious emotional disturbance, and others with mental illnesses or substance use disorders.
3. **Monitor, review, and evaluate**, not less than once each year, the allocation and adequacy of behavioral services within the state.

Duty 1: Review the Block Grant Plan



States

- Document how **application and reports were shared with the Council** for review and comment
- Make proposed plans **available for public comment**



Council

- Submit **comments & recommendations** to SAMHSA
 - Letter from Council Chair to verify the Council reviewed the application and reports
 - Attached to the application and reports
 - Substantial and complete comments; not a simple letter of support

The Council's Role in the Review Process

Should be . . .

Part of on-going communication between Council and staff.

Report of the Council's views about priorities and needs.

Demonstrate the Council has been involved in the planning process.

Should not be . . .

Perceived as Council approving the application.

Rushed and treated as a mere formality.

Representative of only the chair of the Council.

Reviewing Suggestions (Duty 1)

REVIEW

- Planning and review should be a year-long process
- Work with the State Planner
- Be strategic – plan when to see budgeting, data, etc.
- Utilize subcommittee(s) for detail work that regularly reports back to the Council
- Provide training for Council on the block grant structure and requirements.



Best Practices Example (Duty 1)

- **New Jersey** — Releases WebBGAS citizen's password to all members of the BHPC to facilitate their reviews of the draft Block Grant application and plan.
- **Georgia** — Posts a copy of the draft application on its Council website to ensure stakeholders have opportunity to provide feedback. Council members utilize this information in its review to formulate an official comment on the plan.
- **Kentucky** — An annual public forum is held one day before a regularly scheduled Council meeting at the agency offices. The comments are reviewed at the Council meeting so the council and state planner can consider and incorporate feedback into the state's Block Grant plan report.

Duty 2: Serve as an Advocate



- Highlight changes needed in service delivery systems, access to care, and public knowledge.
- Council can advocate where and when state (regional, local) employees cannot.
- The Council should leverage alliances and strategic relationships to increase impact of advocacy efforts.

Advocacy Suggestions (Duty 2)

Educate members on issues — share with others beyond the Council.

Use various formats and approaches — letter writing, working with media, educational and social events with decision makers.

Council leaders should help the Council **speak with ONE VOICE**. Find the points of consensus.

Present information in powerful ways; use data and illustrate with real life stories.

Frame **legislative advocacy as information and education** — independent from the state behavioral health authority.

Best Practices Example (Duty 2)



- **Illinois** — The Council has identified critical funding needs in the public mental health service system, and members of the Council, privately and through their affiliations developed a Mental Health Summit to lobby for additional funding.
- **Louisiana** — Letters to the governor and the Department of Health & Hospitals to advocate for open access to medication.
- **Colorado** — Legislative Day involvement by PAC, testifies at hearings, and closely tracks legislation.
- **North Dakota** — Legislative Breakfast hosted by PAC; awards to champions/state legislators.
- **Florida** — Quarterly newsletter disseminated statewide by PAC.

Duty 3: Monitor, Review, & Evaluate

- Focus on allocation and adequacy of services within the state.
- Numerous strategies fulfill requirement.
 - Peer-review organizations and programs.
 - Presentations to Council from block grant funded organizations.
 - Design outcome and evaluation activities to monitor improvements and systemic changes.
- Include information on monitoring activities in report to SAMHSA.

Monitoring Suggestions (Duty 3)

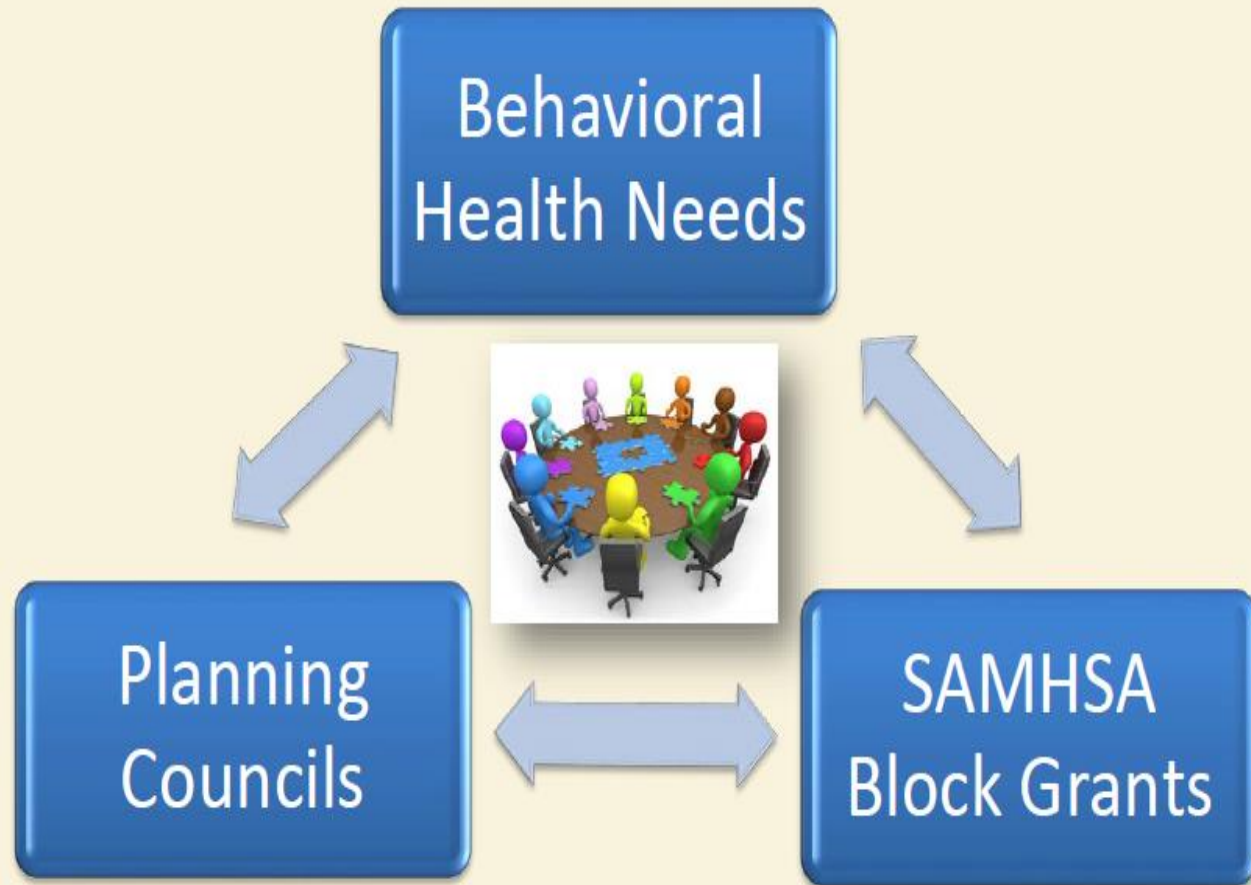
- Recruit members with data and evaluation expertise.
- Consider a designated liaison from the state data staff to regularly attend planning council meetings to:
 - Identify, access, and explain available data.
 - Develop understandings of the role and needs of the Council.
 - Translate Council priorities into data and evaluation points.



Best Practices Examples (Duty 3)

- **Tennessee** — PAC initiated longitudinal survey of 95 county jails, which led to initiatives for cross-training, jail diversion, and education.
- **Illinois**- Based on feedback provided by a wide range of stakeholders, key priorities for the mental health service delivery system in IL are identified.
- **Rhode Island** — Created PAC subcommittee to investigate 100% increase in state-funded acute psychiatric hospitalization — published results with recommendations which were responded to by mental health division to remedy problem.
- **Nevada** — PAC Collaborated with Mental Health Department to do Consumer Survey on perceived quality of outpatient services.
- **Oklahoma** — State Decision Support Staff provide Council training on data, indicator development, and monitoring.

**Moving
Forward:
How Will
Your Council
Connect**



Contexts for Future Operations



- Focus on **current and evolving** factors.
- Continually increase members' knowledge of **public policy, funding, systems and emerging practices**.
- Leaders support Council to be dynamic, flexible, and action-oriented while maintaining a **focus on the Council vision and roles**.

Resources

<https://www.samhsa.gov/grants/block-grants>

<https://www.samhsa.gov/grants/block-grants/laws-regulations>

<http://www.namhpac.org/>

<https://www.samhsa.gov/grants/block-grants/resources>

[Safer Communities Act](#)

[BG Statute](#)


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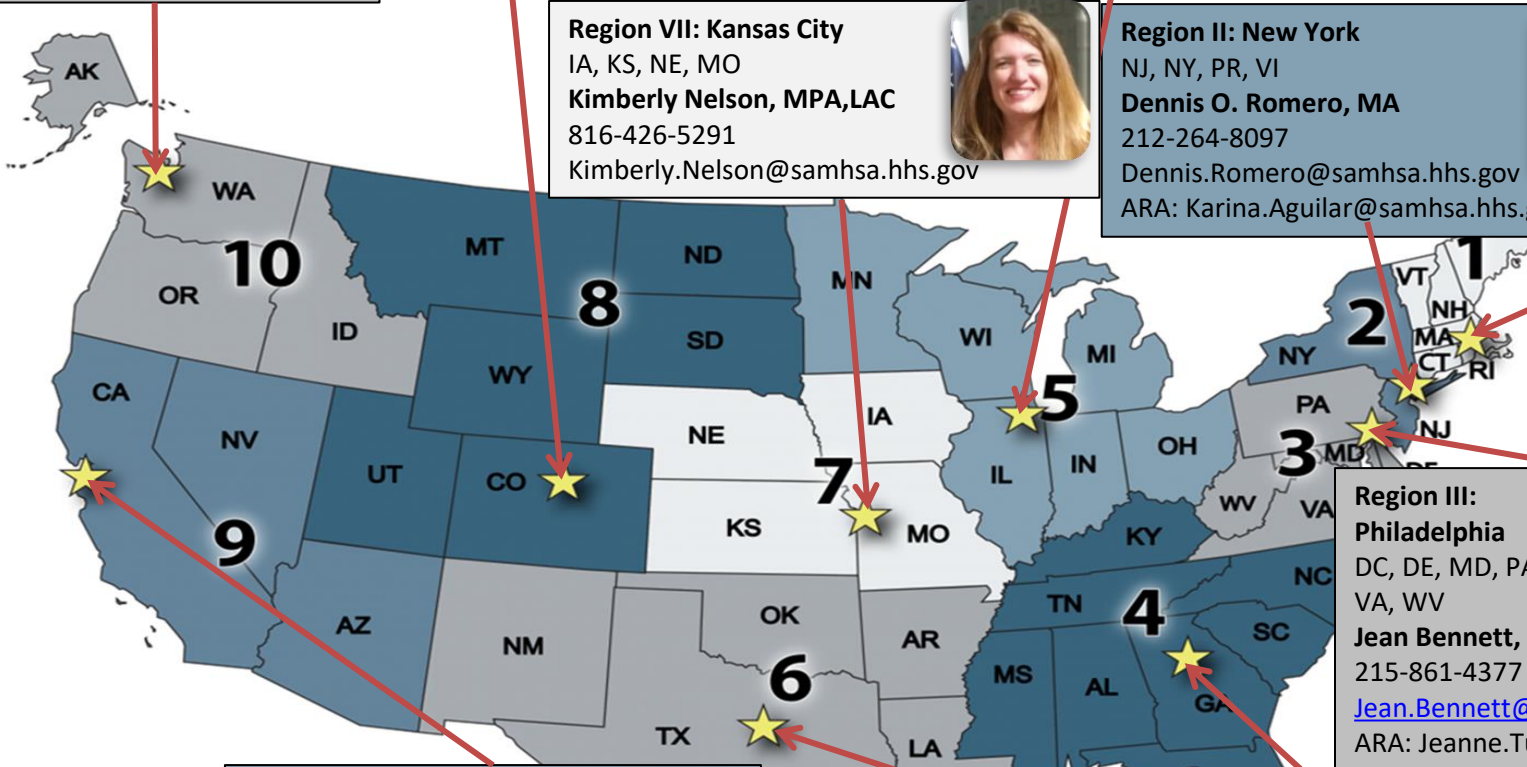
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Questions



Thank You for your Commitment to Health and Wellness

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

David Dickinson, Regional Administrator
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