

Vermont MHBG Planning Council Orientation

Vermont Department of Mental Health
January 19, 2024
MHBG Presentation

Session Agenda

- Overview of the Mental Health Block Grant (MHBG) Program
- The MHBG Planning Council Generally
- The Mission of the MHBG Planning Council
- Schedule of MHBG Planning Council Meetings
- New in 2024 – MHBG PC Subcommittees
- Contacts and References

Overview of the MHBG Program

What is the Mental Health Block Grant Program?

The ***Community Mental Health Services Block Grant (MHBG)*** program makes funds available to States and Territories to support recipient jurisdictions in carrying out plans for providing comprehensive community mental health services.

The Department of Health and Human Service's (HHS) Substance Abuse and Mental Health Services Administration (SAMSHA) oversees the MHBG Program.

Established by Public Law 106-310, 42 U.S.C 300X; PHS Act, Title XIX, Part B, Subpart I Section 1911.

How does Vermont get MHBG Funds?

MHBG is a **formula grant**, which means that individual recipients receive award allotments in a lump sum that represents a portion of the program-wide allocation that is calculated by a prescribed, **non-competitive** method. However, Vermont must still submit a compliant application for MHBG funding.

The formula for calculating MHBG amounts take into consideration:

- Population need
- Cost of service delivery
- State fiscal capacity

An appropriation must be made annually by Congress.

FY23 appropriation was \$953,339,793.

Vermont's [FY23 Final Allotment](#) was \$1,672,361.

Supplemental Funding

In addition to the core MHBG allocation, States and Territories may from time to time receive supplemental allocations as specifically authorized by Congress. Recent examples include:

- The Bipartisan Safer Communities Act (BSCA) Supplemental Funding
- American Rescue Plan (ARP) Supplemental Funding
- COVID-19 Recovery Supplemental Funding
- Technical Assistance Funding

Supplemental MHBG funding often comes with specific program guidelines that are in addition to standard MHBG Guidelines.

Stated Goals of the MHBG Program

- Provides states with flexible funding for services that supplement services covered by Medicaid, Medicare, and private insurance.
- Funds treatment and support services for individuals without insurance or for whom coverage is terminated for short periods of time.
- Funds priority treatment and support services that demonstrate success in improving outcomes and/or supporting recovery.
- Collects 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.

Key Program Requirement: Supporting SMI/SED

MHBG has several key program requirements that dictate allowable uses for MHBG funds. One of the most notable requirements is that the funding must be used for treatment of individuals suffering from either a Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED).

Serious Mental Illness (SMI)	Serious Emotional Disturbance (SED)
<ul style="list-style-type: none"> • Applies to adults 18 and over • Who currently or in the past year: <ul style="list-style-type: none"> ✓ Has or has had a diagnosable mental, behavioral, or emotional disorder under DSM criteria ✓ That results/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 	<ul style="list-style-type: none"> • Applies to Children (Birth to 18) • Who currently, or in past year: <ul style="list-style-type: none"> ✓ Have a diagnosable mental, behavioral, or emotional disorder under DSM criteria ✓ That 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

The MHBG Statute includes several broad prohibitions on the use of MHBG funding, these include the following:

- Providing in-patient services
- Provide cash payments to intended health recipients
- Purchasing major medical equipment exceeding \$5,000
- Expenses to administer the grant exceeding 5% of the grant allocation
- Purchase, construct, or improve either land of buildings
- Provide a required private match for federal funds
- Fund non-private entities

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.

The MHBG Planning Council Generally

Section §300x-3 State Mental Health Planning Council

[42 U.S.C. §300x-3](#) establishes that each State shall establish and maintain a State Mental Health Planning Council with the following duties:

- Review Plans provided by the State and to submit to the State any recommendations of the Council for modifications to the Plans;
- Serve as an advocate for adults with a SMI, children with a SED, and other individuals with mental illnesses or emotional problems; and
- Monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services within the State.

Planning Council Membership Composition

The MHBG Council is designed to blend representation from relevant State agencies, public and private entities involved in the delivery of mental health services, and community members that possess lived experience.

- Majority of Council membership **cannot be** state/jurisdictional employees or providers of behavioral health services.
- 50 percent of the members of the Council must be 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.

Council Membership Composition – State Agency Participation

↓ Required

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

↓ Recommended

- Child Welfare
- Marketplace
- Aging

MHBG Planning Council – Mission and Purpose

MHBG Planning Council Statutory Duties

Review

Review Vermont's MHBG block grant plan and make recommendations to DMH.

Advocate

Advocate for adults with a serious mental illness, children with a serious emotional disturbance, and others with mental illnesses.

Monitor

Monitor, review, and evaluate, not less than once each year, the allocation and adequacy of behavioral services within the state.

Duty 1: Review Vermont's Annual MHBG Plan

The Planning Council's review function is intended to create a standardized input mechanism and feedback collection for the State to consider public and private perspectives on State mental health needs and proposed MHBG Expenditures.

- The Planning Council's role is consultative and not as an approver of the Plan and Application.
- SAMSHA requires the Council Chair certify that State's application has been reviewed and that the Council provide substantive comments to the State on the Application.

Duty 1: Review Vermont's Annual MHBG Plan Continued

The Planning Council's review should:

- Include insight into the Council's views on Vermont's mental health priorities and needs.
- Reflect and incorporate the views of all members, not just those of the Chair or a specific sub-set of members.
- Be structured as advisory in nature and not imply the Council approved DMH's Plan.
- Demonstrate the Council's involvement in the MHBG Planning process.

Duty 2: The Planning Council's Role in Advocacy

The Planning Council's Advocacy duty is a broad one, allowing each State's Planning Council to determine how it best advocates for adults with a serious mental illness, or children with a serious emotional disturbance within the State.

- The Planning Council may be able to engage in ways that State agencies cannot due to mission and legal restrictions.
- A mix of state and citizen membership allows for a broad skill mix that can be leveraged to take advantage of the unique skills and capabilities of its members.
- Advocacy can also include communication efforts to raise awareness of mental health issues in the State and state resources.

Examples of MHBG Planning Advocacy (Nationwide)

- **Legislative Advocacy** – Engagement in legislative advocacy by producing data and analysis to support requests for state funding, organizing letter writing campaigns, tracking legislation, and testifying in front of committees.
- **Communications** – Raising awareness of mental health resources (whether supported by MHBG funding or not) and avenues to engage with state departments of mental health via newsletters, events, partnerships, etc.
- **Education Sessions** – Whether for the public or the benefit of the Planning Council, the Council can host events to highlight specific issues pertinent to the needs of adults with a serious mental illness, or children with a serious emotional disturbance

Duty 3 - The Council's Role in Monitoring and Evaluation

The Council's role in Monitoring and Evaluation includes both monitoring the projects funded by Vermont's MHBG allocation as well as evaluating the State's mental health system generally.

Similar to the duty of advocacy, SAMSHA provides discretion to each Planning Council to determine how to best conduct monitoring and evaluation activities.

SAMSHA recommends that Planning Councils are thoughtful in how they can use data to analyze the mental health systems and draw recommendations from that analysis.

Duty 3 – Potential Monitoring Options

MHBG Recipients	Mental Health System Generally
<ul style="list-style-type: none">• Review quarterly or annual recipient progress reporting• Advise on the development and review the outcomes of recipient performance measures.<ul style="list-style-type: none">✓ How do recipients perform against their intended goals✓ Are there year-to-year trends that can be examined related to performance• Host recipients to present outcomes to the Planning Committee and enable Q&A sessions for the Council to better understand the underlying need and work being performed	<ul style="list-style-type: none">• Identify opportunities for data sharing with/from other State Agencies.• Host outside parties (researchers, non-profits, state agencies, etc.) to present on mental health data, trends, observations.• Conduct outreach with other State Planning Councils to explore best practices.• Conduct independent analyses (surveys, etc.) to determine areas of potential need.

MHBG Meeting Schedule

Planned MHBG Planning Council Meetings

New in 2024: Based on feedback from the MHBG Council, we have shortened meeting times for some of the meetings. We will proactively confirm times and seek to understand quorum two weeks prior to each meeting.

- **Meeting 1 – January 19, 2024: 1:00-3:00pm EST**
- **Meeting 2 – March 15, 2024: 1:00-3:00pm EST**
- **Meeting 3 – May 17, 2024: 1:00-2:00pm EST**
- **Meeting 4 – July 19, 2024: 1:00-3:00pm EST**
- **Meeting 5 – September 20, 2024: 1:00-2:00pm EST**
- **Meeting 6 – November 15, 2024: 1:00-3:00pm EST**

New in 2024: MHBG PC Subcommittees

MHBG Planning Council Subcommittees

Background: SAMSHA highlights the use of MHBG PC subcommittees as a best practice and a way to achieve more with the MHBG PC in a manner that allows members to align their passion and skills to more focused topics.

Initial Feedback: During discussions with MHBG PC members, dozens of subcommittee ideas were suggested. Vermont DMH sought to launch MHBG PC subcommittees in 2024 focusing on three of the most popular topics, and merging some other ideas under those headings.

Participation: Membership is voluntary, but all members are strongly encouraged to join one subcommittee with the option to join multiple subcommittees if desired.

The 2024 MHBG PC Subcommittees

Advocacy Subcommittee: Focus on legislative and community advocacy. This subcommittee could also consider advocacy beyond the legislative process and consider opportunities for community advocacy.

Performance and Data Subcommittee: Focus on the analysis of Vermont mental health data, which would include performance data for MHBG-funded projects in Vermont and data from other public and private sources.

Communication and Outreach Subcommittee: Focus on initiatives to keep Vermonters better informed of available mental health services, the work being supported by Vermont's MHBG grant, and opportunities to engage with DMH and the MHBG PC.

How do Subcommittees Work?

Self-Organizing: We anticipate that the subcommittees will self-organize and therefore will decide how and when to meet and coordinate work.

DMH Support: DMH is willing to provide some level of logistics support in connection with the subcommittees to ease the burden of managing these subcommittees.

Alignment with Larger MHBG PC: We anticipate that subcommittees can help streamline MHBG PC meetings by handling certain, topic-focused granular issues on behalf of the larger Committee and provide condensed briefings on activities. We also anticipate subcommittees helping with full committee programming.

More Meetings? In anticipating the opportunity for subcommittees to reduce the business handled at the larger Council level, we anticipate reducing meeting times to recognize this offsetting impact.

Next Steps

- DMH will Solicit Subcommittee Interest
- DMH will Solicit Initial Meetings to Include Process for Selecting Subcommittee Chairs
- DMH will work with MHBG PC to Determine how to Best Leverage Subcommittee Work.

Contacts and References

Key Contacts

Stephen DeVoe, MPH, MS (he/him)
Director of Quality and Accountability
Vermont MHBG Planner
802-904-3719
stephen.devoe@vermont.gov

Daniel Towle, MBA
Vermont MHBG Planning Council Chair
860-558-5341
dantowle@comcast.net

Additional Reading/Resources

- [SAMSHA MHBG Website](#)
- [Vermont's 2024/2025 MHBG Application and Plan](#)

Questions?

