SAMHSA Mental Health (MHBG) and Substance Use Prevention Treatment and Recovery Services (SUPTRS) Block Grant FFY 2024 – 2025 Application Review Behavioral Health Advisory Council
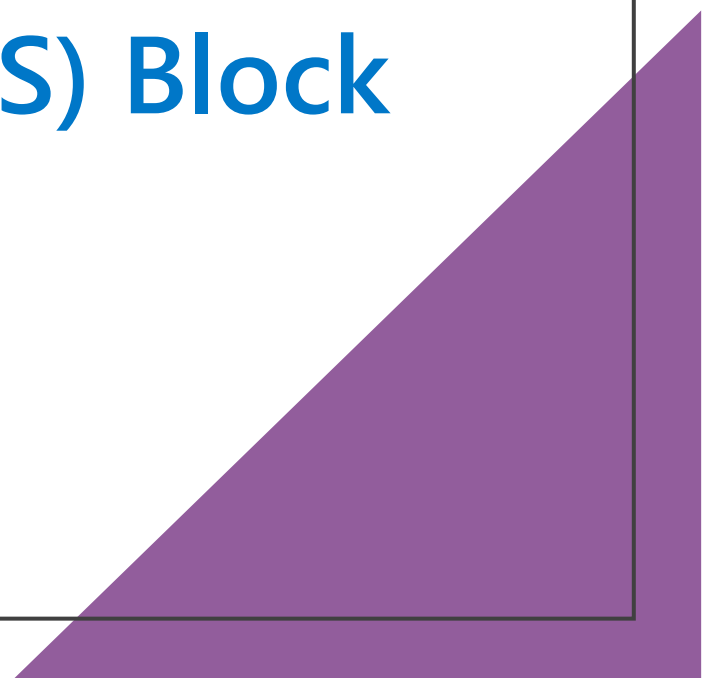
Division of Behavioral Health and Recovery

Washington State
Health Care Authority

Agenda

- Brief Overview of Biennial Plan Update and Purpose
- Review of FY24 Priorities

Background Information on the SAMHSA Mental Health (MHBG) and Substance Use Prevention Treatment and Recovery Services (SUPTRS) Block Grant Application

Block Grant Biennial Application and Timeline

The Block Grant biennial application prioritizes federal funding to address SUD and MH needs within Washington.

FY22-23 Priorities sent to BHAC for review: December 12, 2022

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Biennial application is due to SAMHSA: September 1, 2023.

MHBG and SUPTRS Purpose

- To support needs across a continuum of care, consistent with SAMHSA vision for a high-quality, self-directed, and satisfying life.

- Substance Use Prevention, Treatment and Recovery Services Block Grant (SUPTRS)
  - ▶ Formerly known as SABG, renamed in 2022.
  - ▶ Provides states with the flexibility to design and implement activities and services to address the prevention of SUD and the complex needs of those impacted by substance use disorders

- Mental Health Block Grant (MHBG)
  - ▶ Provides treatment and recovery services for adults with Serious Mental Illness (SMI) and children with Serious Emotional Disturbance (SED)

Substance Use Prevention, Treatment & Recovery Services Block Grant Requirements

- ▶ SAMHSA directs that Substance Use Prevention, Treatment, and Recovery Services Block Grant be used to:
  - ▶ Plan, implement, and evaluate activities that prevent, treat and provide recovery support services for substance abuse using the SUPTRS block grant.
  - ▶ Collect performance and outcome data to determine the ongoing effectiveness of SUD prevention, treatment, and intervention, and recovery supports.

- ▶ Set aside requirements:
  - ▶ 20% of SUPTRS funds must be used for primary prevention strategies
  - ▶ Targeted populations include pregnant parenting people and people with dependent children (PPW) and persons addicted to the use of intravenous drugs (IVD)

Mental Health Block Grant Requirements

▶ SAMHSA directs that the Mental Health Block Grant be used to:

- ▶ Serve adults diagnosed with a Serious Mental Illness (SMI) or youth with Serious Emotional Disturbance (SED) through MHBG

▶ Set aside requirements

- ▶ 10% First Episode Psychosis
- ▶ 5% Crisis Services

Review of 2024 SUPTRS and MHBG Priorities

Priority 1

- Address high disproportionate rates of SUD and MH disorders and overdoses among American Indian and Alaska Native Individuals in WA State.
- Baseline:
  - SUD Treatment – Individuals served 3,355.
  - SUD Prevention – Average of 51,714 total unduplicated participants served by direct tribal prevention services provided during SFY22 (July 1, 2021- June 30, 2022)
- Target/Outcome:
  - First-Year Target –
    - SUD Treatment - Individuals Served 3,355
    - SUD Prevention – Increase or maintain 51,714 total unduplicated and duplicated participants in direct services prevention programs.
  - Second-Year Target –
    - SUD Treatment - Individuals Served 3,355
    - SUD Prevention – Increase or maintain 51,714 total unduplicated and duplicated participants in direct services prevention programs.

Priority 2

▶ Reduce Underage and Young Adult Substance Use/Misuse

▶ Baseline: Average of 12,217 unduplicated participants served by direct services provided between SFY 2020-2022 (July 1, 2020 – June 30, 2022)

▶ Target/Outcome:

- ▶ First-year Target: Maintain a minimum of 12,217 unduplicated participants in direct service prevention programs.

- ▶ Second-year Target: Maintain a minimum of 12,217 unduplicated participants in direct service prevention programs.

Priority 3

- Increase the number of youths receiving outpatient substance use disorder treatment

- Baseline: SFY22 (July 1, 2021 – June 30, 2022): 1,690 youth received SUD outpatient treatment services

- Target/Outcome: SFY22 (July 1, 2021– June 30, 2022): 1,690 youths received SUD outpatient treatment services.
  - First-year Target: Increase the number of youths receiving SUD outpatient treatment services in SFY24 to 1,900
  - Second-year Target: Maintain the number of youths receiving SUD outpatient treatment services in SFY25 to 1,900

Priority 4

- Increase the number of SUD Certified Peers
- Baseline: Target/Outcome: From July 1, 2021– June 30, 2022 total number of SUD trained peers was 488
  - First-year Target: Peer support program in SFY24 that would train 420 peers (total of 900 peers trained overall)
  - Second-year Target: Peer support program in SFY25 that would train 480 peers (total of 960 peers trained overall)
- New strategies added per recommendations of the Behavioral Health Advisory Council:
  - Focus on diversity, equity and inclusion practices to improve diverse peer services in underserved communities.
  - Increase recruitment of BIPOC Certified Peer Counselors and increase diversity of training organizations and CPC trainers.

Priority 5

- Maintain outpatient mental health services for youth with SED
- Baseline: SFY22: 76,941 youth with SED received services.
- Target/Outcome:
  - First-year Target: Maintain the number of youths with SED receiving outpatient services to at least 76,941 in SFY24
  - Second-year Target: Maintain the number of youths with SED receiving outpatient services to at least 76,941 in SFY25

Priority 6

- Increase capacity for early identification and intervention for individuals experiencing First Episode Psychosis (FEP)
- Baseline: SFY22: 12 First Episode Psychosis programs serving a total of 308 youth.
- Target/Outcome:
  - First-year Target : FY24 (July 1, 2023 – June 30, 2024) Increase the number of coordinated specialty care sites to 17 serving a total of 375 youth statewide.
  - Second-year Target: FY25 (July 1, 2024 – June 30, 2025) Maintain the 17 coordinate specialty care sites and begin implementation of adding up to three additional sites with a total of 400 youth served statewide.

Priority 7

- Maintain the number of adults with Serious Mental Illness (SMI) receiving mental health outpatient treatment services
- Baseline: SFY22: 216,740 adults with SMI received mental health outpatient services.
- Target/Outcome:
  - ▶ First-year Target : Maintain a minimum of 195,046 adults with SMI receiving mental health outpatient services in SFY24 (we anticipate a decrease in numbers, bringing us closer to our normal baseline pre-Covid)
  - ▶ Second-year Target: Maintain a minimum of 195,046 adults with SMI receiving mental health outpatient services in SFY25 (we anticipate a decrease in numbers, bringing us closer to our normal baseline pre-Covid)

Priority 8: Indicator 1 Supported Employment

▷ Increase the number of individuals receiving supported employment services for individuals with SMI, SED and SUD.

▷ Baseline: FY22 – 4,614 enrollments in supported employment.

▷ Target/Outcome:

- ▶ First-year: Increase the number of people receiving supported employment services per month (over a 12-month period) by 4% in FY24 (total 4,798 enrollments)

- ▶ Second-year: Increase the n number of people receiving supported employment services per month (over a 12-month period) by 4% in FY25 (total 4,989 enrollments)

Priority 8: Indicator 2 Supported Housing

- Increase the number of individuals receiving supported housing services for individuals with SMI, SED, and SUD

- Baseline Target/Outcome: FY22: 7,353 enrollments in supportive housing
  - First-year Target: Increase the average number of people receiving supporting housing services per month (over a 12-month period) by 4% in FY24 (total of 7,647 enrollments)
  - Second-year Target: Increase the average number of people receiving supporting housing services per month (over a 12-month period) by 4% in FY25 (total of 7,952 enrollments)

Priority 9

- Increase the number of adults receiving outpatient substance use disorder treatment, including those prescribed medications for opioid use disorder
- Baseline: SFY22: 41,825;
  - SFY2020 Precent of Medicaid enrollees with OUD accessing Medications for Opioid Use Disorder: All MOUD 39.2%, Buprenorphine/Bup-Naloxone 24.5%, Methadone 14.3%, Naltrexone 1.5%.
- Target/Outcome:
  - First-year Target: Increase the number of adults with SUD receiving treatment in SFY24 to 47,875. Percent of Medicaid enrollees with OUD accessing Medications for Opioid Use Disorder: All MOUD 45%, Buprenorphine/Bup-Naloxone 27%, Methadone 16%, Naltrexone 2%
  - Second-year Target: Increase the number of adults with SUD receiving treatment in SFY25 to 48,888. Percent of Medicaid enrollees with OUD accessing Medications for Opioid Use Disorder: All MOUD 45%, Buprenorphine/Bup-Naloxone 27%, Methadone 16%, Naltrexone 2%

Priority 10

- Pregnant and Parenting Individuals

- Baseline: SFY 2022, the total contracted number of Pregnant and Parenting Individuals (PPI) clients receiving PCAP case management services was 1,490 (an increase of 81 client slots).

- Target/Outcome:
  - ▶ First-year Target: SFY 2024 - Increase the number of Pregnant and Parenting Individuals (PPI) clients receiving PCAP case management services by 56 client slots, totaling to a maximum contracted amount of 1,546 client slots statewide.
  - ▶ Second-year Target: SFY 2025 - Maintain the number of Pregnant and Parenting Women (PPW) clients receiving PCAP case management services.

Priority 11

- Tuberculosis Screening
- Baseline: As of July 1, 2022, Tuberculosis screening and education is a continued required element in the BH-ASO contract for SUD treatment services.
- Target/Outcome:
  - First-year Target: For SFY 2024, ensure TB screening plans continue to be in contract with each of the ten BH-ASOs.
  - Second-year Target: For SFY 2025, review TB screening plans prior to the BH-ASO amendment and update as needed to ensure screenings and education services are being provided during SUD treatment services.

Priority 12

- Workforce Innovation – New priority based on BHAC recommendations

- Baseline: As of July 2023, zero staff trained.

- Target/Outcome:
  - First-year Target: 20 contract managers complete a training module on incentivizing workforce in performance-based contracts.
  - Second-year Target: Workforce training for contract managers is available on HCA LMS. Contract managers are encouraged to complete the training.
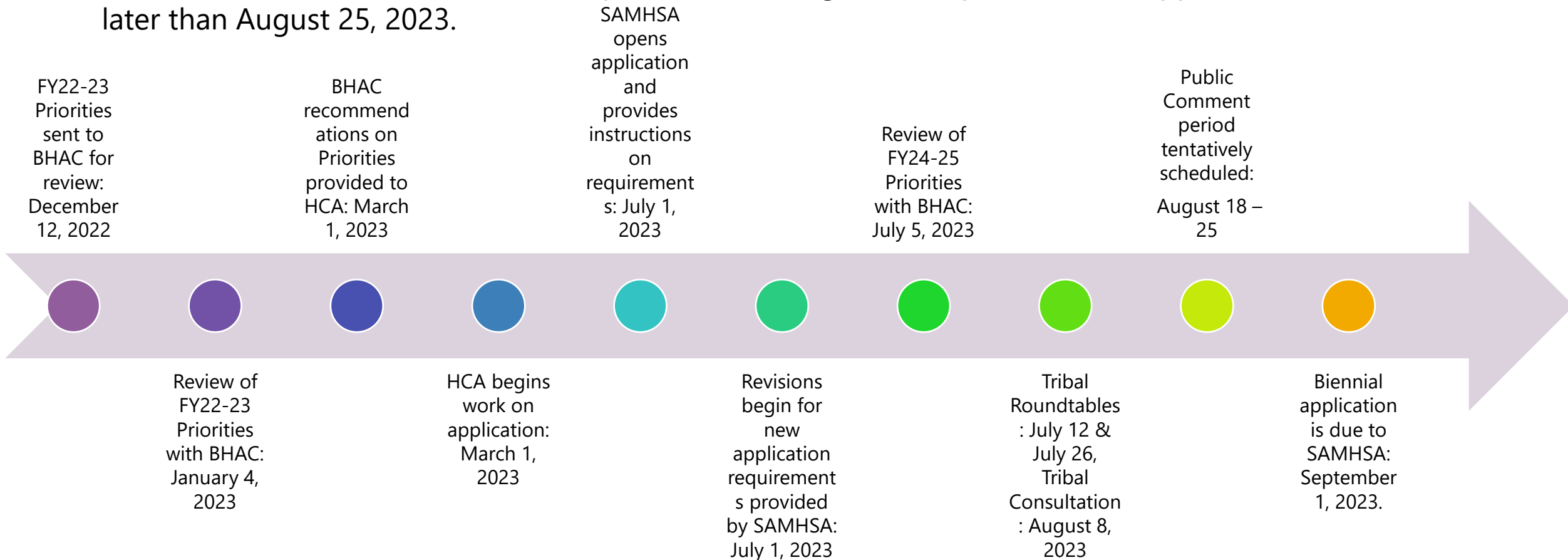
Questions?
Concerns?

Next Steps

Please submit recommendations for updates and changes to the priorities and application narrative no later than August 25, 2023.

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Recommendations may be submitted via email to DBHRBlockGrant@hca.wa.gov

Questions?

Washington State
Health Care Authority

Contact us

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