Health Care Authority – Division of Behavioral Health and Recovery

SAMHSA Block Grant (BG) FFY 2022 - 2023 Application Consultation Continuation
Agenda

• Welcome and Acknowledgement, Blessing, and Introductions
  – Opening Statements
• Brief Overview of Biennial Plan Update and Purpose
• Comments from RT #1, RT #2, and Consultation
• Review of FY22-23 Priorities
• Close SABG Consultation
Opening Statements

• Tribal representatives
• State agency representatives
Background Information on the Block Grant and BG Application
Block Grant Biennial Application and Timeline

- The biennial application allows HCA/DBHR to submit a proposal on how to prioritize and use the FFY22-23 SAMHSA Block Grant federal funding to address SUD and MH needs within WA.
- March – June: Identify state priorities and draft application narrative
- June – July: Obtain input from Tribes and other partners on identified priorities
- July – August: Incorporate input and finalize application
- Tribal consultation on the grant application: Continued to August 18
- Public Comment period tentatively scheduled August 18th – 25th
- Biennial application is due to SAMHSA by September 1, 2021.
Block Grant Purpose

Block Grant Programs’ Purposes

SAMHSA’s Mental Health Block Grant (MHBG) and Substance Abuse Block Grant (SABG) provide states with the flexibility to design and implement activities and services to address the complex needs of individuals, families, and communities impacted by substance use disorders and for adults with Serious Mental Illness (SMI) and children with Serious Emotional Disturbance (SED).

The purposes of the block grant programs support needs across a continuum of care, consistent with SAMHSA’s vision for a high-quality, self-directed, and satisfying life.
Block Grant Requirements

SAMHSA directs that block grants be used to:

1. Fund priority treatment and support services for individuals without insurance or for whom coverage is terminated for short periods of time;
2. Serve adults diagnosed with a Serious Mental Illness (SMI) or youth with Serious Emotional Disturbance (SED) through the MHBG;
3. Plan, implement, and evaluate activities that prevent and treat substance abuse using SABG.
   a. 20% of SABG funds must be used for primary prevention strategies. Targeted populations include pregnant parenting women and women with dependent children (PPW) and persons addicted to the use of intravenous drug (IVD);
4. Collect performance and outcome data to determine the ongoing effectiveness of SUD prevention, treatment, intervention and recovery supports and to plan the implementation of new services.
Review of Comments from Tribal Roundtables and Consultation PT 1
Review of Input from RT #1

• Provide information on the First Episode Psychosis program including the coordinated specialty sites.
  – This was provided at RT #2 (see slides 19-22 and HCA Fact Sheet new-journeys-fact-sheet.pdf (wa.gov))

• Do the Tribes want to add HYS data for the G2G Priority 10 as an outcome measure?
  – Recommendation to work with the Board on HYS data. This is a complex issue, and it may be good to wait until we have more information on HYS and how data is collected and reflected.

• Provide information on how Tribes can access these programs.
Review of Input from RT #2

• Request to learn if Tribes and urban Indian organizations able to access FEP services and funding to begin an FEP program.
  – There is an opportunity for a Tribe or urban Indian organization to become a FEP program. Please contact HCA for to discuss.

• How does the state inform Tribes of outcome measures overall?
  – There are several data outcome measures that HCA and other state agencies monitor. Examples include –
    • HYS press releases of new data every two years. In 2019, a presentation on AI/AN data was presented at MTM.
    • Data dashboards are available through HCA.
• Interest in care coordination and how programs connect with and between services.
  – HCA attempts to coordinate with other entities such as with education and youth entities (DCYF, OSPI and ESDs) and recognizes this is an area in which to improve
  – Working with Accountable Communities of Health to bring systems together within the regions.
  – Overall HCA works with other state agencies to coordinate services
    • A great example was with COVID response
  – For health topics concerning AI/AN individuals and Tribal communities the Governor’s Indian Health Advisory Council (GIHAC) brings Tribal, urban Indian organization leaders, state agencies, and elected representatives together around these health issues that cannot be addressed by a single state agency.
• Discussion of the importance of sharing with SAMHSA the impacts that COVID has had on the state’s behavioral health system. The recommendation is to share this information in the BG application.
  – Response: Several Sections of the narrative includes some information on the overall impacts that COVID has had on the BH system. HCA proposes to add language regarding the COVID impacts on BH for Tribal communities prior to application submission.
Review of Input from Consultation Part 1

- Tribal Consultation is being held backwards with the documents sent this morning leaving little or no time to review them before today’s Tribal Consultation. Request to continue this consultation and deem this Consultation a RT.

- Response: Consultation continued per request. The priorities documents were shared during the RT meetings; however the BG application document was not ready to be shared prior to the originally scheduled consultation.
  - HCA began working on the priorities in March, however the DBHR/HCA also had 4 other large grant applications during this time which delayed the BG update.
  - In the future, HCA will work to ensure documents are shared using best practices for Consultation preparation.
• Request a priority listing dedicated to increase behavioral health and substance use disorder support for American Indians and Alaska Natives (AIAN) who are at increased risk for behavioral health and substance use disorder disease states. With the Priority request, an increase in the funding should be allocated to Tribes and Urban Indian Health Programs (UIHP).

  – Response: HCA can update the priority 10 to ensure this priority is focused on addressing SUD/MH risks for AI/AN individuals and move this to priority 1. Although the priorities are not based on any hierarchy, we understand the significance of this change.

  – We currently do not have funding allocated for UIHPs but will look at the feasibility as we are currently over obligated in the BG. Both COVID E and ARPA funding include allocations to UIHPs.

  – Request to not classify AIANs as “Tribal Communities” in the “Other” category along with other minority and ethnic groups in Priority #1, as priority should be placed on AIANs as the indigenous people who reside and have always resided throughout the Pacific Northwest.

  – Response: HCA can accommodate this request to update this priority so that AIAN is not classified in the other category as “tribal communities”. Please see updated language throughout each priorities document and offer any additional recommendations.
Review of Input from Consultation Part 1

• Request Tribes and UIHPs receive more than 3% of the SABG funds of $35.4 million and the $19.2 million funds allocated to MHGB.
  – Response: We will not have time to accommodate this request for this upcoming block grant period, however HCA will commit to working with our budget staff to identify interim resources and to accommodate this request in the future grant period.
  – The percentage of MHBG funds total budgeted is 0.20%.
  – The percentage of SABG funds total budgeted is 5.4%.
  – Allocations of about 5% for grants to Tribes and UIHPs were allocated for both the COVID E BGs (MH/SUD), ARPA BGs (MH/SUD)

• Request the overview of how and where the $35.4 million of SABG funds will be used in addition to the $19.2 million of MHBG funds.
  – Response: Budget spreadsheet shared that includes percentages of the total funding resource. (total is budgeted amounts)
Review of Input from Consultation Part 1

• In Priority #1, there’s mention of the need for a needs assessment to be done to determine the need for behavioral health and substance use disorder support. Tribes and UIHPs don’t need to conduct a needs assessment because they already know what the Tribal Member needs are.
  – Response: The BG requires that a needs assessment be completed at the State level.

• I recommend Tribal and UIHP funding be provided similar to the Indian Health Care Providers program with “Pay for Reporting” required instead of “Pay for Performance” so as Vice Chairman Andy Joseph mentioned “We need boots on the ground” to provide the support.
  – Response: SAMSHA does not allow for us to report in this format. We will move these concerns/request to our SAMHSA partners and project officers. SAMHSA shared that they are considering the impacts of GPRA reporting. Overtime, we have worked with Tribes to have less reporting requirements to reduce administrative burden.
Review of BG Priorities
Priority 1

• Priority Area: Reduce underage and youth adult substance use/misuse.
• Baseline: Average of 15,590 unduplicated participants served by direct services provided between SFY 2014-2019.
• Target/Outcome:
  – First-year: Increase or maintain 15,590 unduplicated participants in direct services prevention programs.
  – Second-year: Increase or maintain 15,590 unduplicated participants in direct services prevention programs.
Priority 2

- Priority Area: Increase the number of youth receiving outpatient substance use disorder treatment.
- Baseline: SFY20 (July 1, 2019 – June 30, 2020): 1,695 youth received SUD outpatient treatment services.
- Target/Outcome:
  - First-year: Increase the number of youth receiving SUD outpatient treatment services in SFY22 to 3,584
  - Second-year: Increase the number of youth receiving SUD outpatient treatment services in SFY23 to 3,684
Priority 3

• Priority Area: Increase the number of SUD Certified Peers.
• Baseline: From July 1, 2019 – June 30, 2020 the total number of SUD trained peers was 802.
• Target/Outcome:
  – First-year: Peer Support Program in SFY22 would train 280 peers.
Priority 4

• Priority Area: Increase outpatient mental health services for youth with SED.

• Baseline: SFY20: 68,113 youth with SED received services.

• Target/Outcome:
  – First-year: Maintain the number of youth with SED receiving outpatient services to at least 54,293 in SFY22.
  – Second-year: Maintain the number of youth with SED receiving outpatient services to at least 54,293 in SFY23
    • Note: We anticipate a decrease in numbers, bringing us closer to our normal baseline as COVID decreases.)
Priority 5

• Priority Area: Increase capacity for early identification and intervention for individuals experiencing First Episode Psychosis (FEP).
• Baseline: SFY20: 11 FEP programs, serving a total of 325 youth.
• Target/Outcome:
  – First-year: SFY22 Increase the number of coordinated specialty care sites from 11 to 12 serving an additional 25 youth statewide (total of 250 youth served).
  – Second-year: SFY23 Maintain the 12 coordinated specialty care sites, serving an additional 75 youth statewide (total of 425 youth served.)

Fact Sheet: First Episode Psychosis Program and Early Psychosis Initiative (wa.gov)
Priority 6

- Priority Area: Increase the number of adults with SMI receiving mental health outpatient treatment services.
- Baseline: SFY20: 192,662 adults with SMI received mental health outpatient services.
- Target/Outcome:
  - First-year: Maintain a minimum of 104,128 adults with SMI receiving mental health outpatient services in SFY22.
  - Second-year: Maintain a minimum of 104,128 adults with SMI serving mental health outpatient services in SFY23.
    - Note: We anticipate a decrease in numbers, bringing us closer to our normal baseline as COVID-19 decreases.
Priority 7 –

Indicator 1 (increase the number of people receiving supported employment)

• Priority Area: Increase the number of individuals receiving recovery support services, including increasing supported employment and supported housing services for individuals with SMI, SED and SUD.
• Baseline: SFY20: 4,437 enrollments in supported employment.
• Target/Outcome:
  – First-year: Increase average number of people receiving supported employment services per month by 4% in SFY22 (total 4,614 enrollments.)
  – Second-year: Increase the number of people receiving supported employment services per by 4% in SFY23 (total 4,798 enrollments.)
Priority 7

Indicator 2 (increase the number of people receiving supportive housing)

- Priority Area: Increase the number of individuals receiving recovery support services, including increasing supported employment and supported housing services for individuals with SMI, SED and SUD.
- Baseline: SFY20 – 5,199 enrollments in supportive housing.
- Target/Outcome:
  - First-year: Increase average number of people receiving supportive housing services per month by 4% in SFY22 (total 5,406 enrollments)
  - Second-year: Increase average number of people receiving supportive housing services per month by 4% in SFY23 (total 5,622 enrollments)
Priority 8

• Priority Area: Increase the number of adults receiving outpatient substance use disorder treatment.

• Baseline: SFY20: 40,293 adults receiving outpatient SUD treatment.

• Target/Outcome:
  – First-year: Increase the number of adults receiving outpatient SUD treatment in SFY22 to 47,975.
  – Second-year: Increase the number of adults receiving outpatient SUD treatment in SFY23 to 48,888.
Priority 9

• Priority Area: Pregnant and Parenting Women
• Baseline: As of June 2021, the total contracted number of PPW clients receiving PCAP case management services is 1409.
• Target/Outcome:
  – First-year: Increase the number of PPW clients receiving PCAP case management services (estimated 82-92 client slots, depending on the per client rate determined per county.)
  – Second-year: Maintain the number of PPW clients receiving PCAP case management services.

Parent Child Assistance Program (PCAP)
Priority 10

• Priority Area: Maintain Government to Government relationships with Tribal Governments.

• Baseline:
  – SUD Treatment – Individuals served 4,499.
  – SUD Prevention – Average of 52,082 total unduplicated and duplicated participants served by direct tribal prevention services provided between SFY 2017-2019.

• Target/Outcome:
  – First-year & Second Year:
    • SUD Treatment: Individuals served 3,400
    • SUD Prevention: Increase or maintain 52,082 total unduplicated and duplicated participants in direct services prevention programs.
New Journeys Specialty Care
Core Values of New Journeys

- Strengths and Resiliency Focus
- Shared Decision-Making
- Motivational Enhancement Skills
- Psychoeducational Teaching Skills
- Cognitive-Behavioral Therapy (CBT) Teaching Skills
- Collaboration with Natural Supports
- Multi-disciplinary team meetings
New Journeys Teams
Questions?

Issues?

Concerns?
Next Steps

• Late August: Complete application is posted for Public Comment.
• All public comment input is reviewed and incorporated as appropriate.
• September 1: Submit FY22-23 Block Grant Application to SAMHSA
Closing
Questions?

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