



HCA-BHA Monthly Tribal Meeting

June 26, 2017

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Agenda

9:00 AM	Welcome, Blessing, Introductions
9:10 AM	Update: Mental Health Fee-for-Service Implementation
9:15 AM	Other Matters and Open Discussion
10:00 AM	SAMHSA Block Grant Biennial Plan Tribal Roundtable #2
11:45 AM	Review of Input and Closing
Noon	Adjourn

Welcome, Blessing, Introductions

Update:

Mental Health Fee-for-Service Implementation

Goal: Information sharing

Update: MH FFS Implementation

- Rates have been emailed and posted—see DBHR website.
- Communications Workgroup (with tribal reps) are working on webinar trainings.
- Provider Entry Portal for provider registration is being tested.
- A FAQ document for clients and Tribes to be completed soon.
- A Provider Letter of Interest was sent to SUD providers in Clark and Skamania Counties by end of May 2017.
- To date, 43 mental health providers have signed up to be a MH FFS provider.

Other Matters and Open Discussion

Goal: Information sharing

SAMHSA Block Grant Biennial Plan Tribal Roundtable

*Goals: Present block grant biennial plan
and obtain tribal input*

Items for Discussion

- 10:00AM Brief Overview of Biennial Plan and Purpose
- 10:15AM Brief Review of Discussion from First Roundtable
- 10:30AM Review of Input from First Roundtable
- 11:00AM Obtain Input on Tribal Sections/Other Sections
- 11:45AM Review of Input and Closing
- 12:00AM Adjourn

Brief Overview of Biennial Plan and Block Grant Purpose


Brief Overview of Block Grant Biennial Plan and Purpose

- DBHR must submit a biennial plan update to SAMHSA by September 1, 2017.
- The Biennial Plan describes how DBHR uses the SAMHSA Block Grant federal funding to address SUD and MH needs within WA.
- Requesting formal input from Tribes.
- Last tribal consultation on the plan: July 15, 2016

Block Grant Purpose

C. Block Grant Programs' Purposes

SAMHSA's MHBG and 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 SMI and children with SED. The purposes of the block grant programs support these service needs and are consistent with SAMHSA's vision for a high-quality, self-directed, and satisfying life.



Block Grant Purpose

SAMHSA has indicated that the block grants be used:

- 1. To fund priority treatment and support services for individuals without insurance or for whom coverage is terminated for short periods of time;
- 2. To fund those priority treatment and support services not covered by CHIP, Medicaid, Medicare, or private insurance for low-income individuals and that demonstrate success in improving outcomes and/or supporting recovery;
- 3. For SABG funds, to fund primary prevention: universal, selective, and indicated prevention activities and services for persons not identified as needing SUD treatment; and
- 4. To collect performance and outcome data to determine the ongoing effectiveness of promotion/SUD prevention, treatment and recovery supports and to plan the implementation of new services.

<https://www.samhsa.gov/sites/default/files/grants/fy18-19-block-grant-application.pdf> (pgs. 11-12)

Brief Review of Discussion from First Roundtable

Funding and BHOs

- BHOs use SABG/MHBG funding for SUD/MH outpatient and residential services for low income/non-Medicaid clients.
- Does the block grant funding to BHOs change as a result of the AI/AN fee-for-service exemption? No; this is because FFS is Medicaid funded.
- How are BHO decisions made for spending the BG funds? DBHR expects BHOs to follow SAMHSA requirements.

Allocations to Tribes: Formula

- Allocation formula of block grant funds to tribes was decided in 2006 at a Tribal Consultation:
 - 70% of block grant allocation will be distributed evenly amongst all 29 Tribes; 30% of block grant allocation will be distributed to each Tribe by population numbers
- Current allocation to Tribes uses pop. #'s from 2006.
- IHS *draft* pop. #'s for 2016 received by DBHR. This could lead to a funding increase or decrease for each individual Tribe (separate Tribal Consultation if requested).

Review of Input from First Roundtable

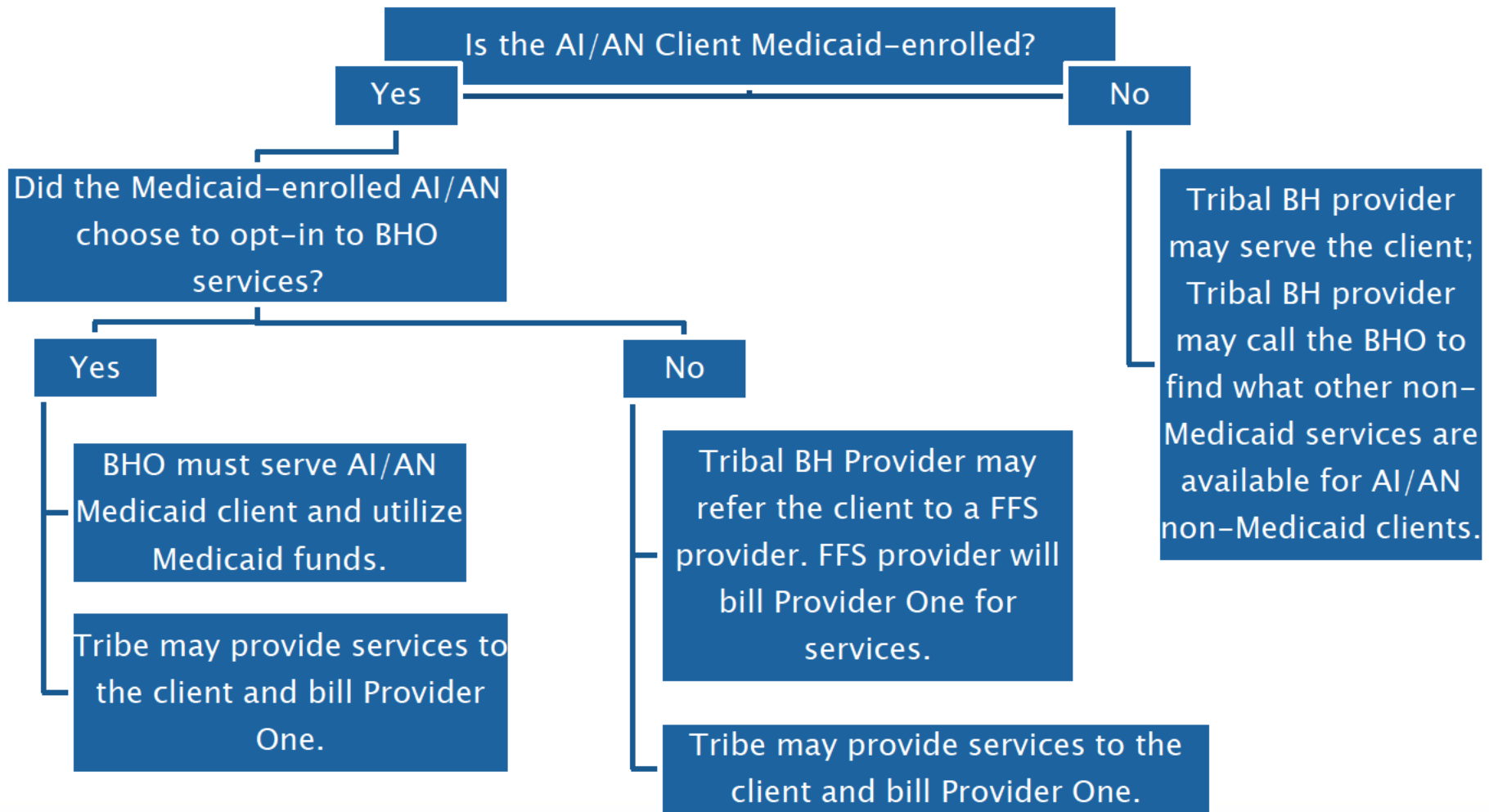
Brief Overview of Input from First Roundtable

- DBHR to remind the BHOs that Medicaid-eligible AI/ANs can opt in to Managed Care.
- Request that Tribes/UIHPs be included in education material to BHOs.
- Request that DBHR check with NPAIHB for more current population numbers since the IHS 2016 numbers are in draft.
- Edits to pages 5, 6, 20-22, 26, 27, and 33 of the Plan.

Brief Overview of Input fro First Roundtable

- How much SABG/MHBG funding is given to the BHOs?
 - SABG: \$22.6 million; MHBG: \$6.5 million (divided b/w BHOs)
- Review tribal outcomes data (next slide)

AI/AN FFS Decision Tree—BHOs



Outcomes Data-SUD Treatment

(Data is dependent upon if Tribes use SABG funds for SUD Treatment)

Service Type	FY 2013–2014 <i>* N=9 Tribes</i>	FY 2014–2015 <i>* N=9 Tribes</i>	FY 2015–2016 <i>* N=8 Tribes</i>
IOP group therapy	10,692.3 hours	7,601.75 hours	4,393.86 hours
IOP indiv. therapy	1,050.08 hours	933.58 hours	707.21 hours
IOP case mgmnt	108 hours	18.16 hours	8 hours
OP group therapy	5,104.05 hours	2,455.08 hours	1,140 hours
OP indiv. therapy	1,052.48 hours	593.1 hours	230.16 hours
OP case mgmnt	69.5 hours	14.71 hours	2 hours
SUD assessments	561 assessments	423 assessments	194 assessments
UAs/screenings	317 UAs/screenings	199 UAs/screenings	128 UAs/screenings
Total clients served	1,663 clients	1,022 clients	532 clients

Outcomes Data-SUD Prevention

State Fiscal Year	Total # of Programs	Total EBP Programs	EBP Percentage
2014	70	5	7%
2015	77	4	5%
2016	45	1	2%

State Fiscal Year	Unduplicated participants	Single service participants	EBP participants	EBP Percentage
2014	684	1,286	116	17%
2015	742	897	100	13%
2016	471	665	78	17%

Obtain Input on Tribal Sections/Other Sections

Review of Input from Today

Closing

Questions?

Issues?

Concerns?

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Web: <http://www.hca.wa.gov/tribal/Pages/index.aspx>

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