

# Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



# Proposed FY 2012/2013 Block Grant Application

# Context for Block Grant Changes

- Impact on State Authorities
  - States will play an important role in design and implementation of HR
  - States may be more strategic in purchasing services
  - States will need to think more broadly than the populations they serve through BG
  - States will need to design/collaboratively plan for health information systems

# Context for Block Grant Changes

- States may need to form or enhance their strategic partnerships
- States have indicated that they will focus more on recovery services
- States will redesign their systems to be more accountable for improving the experience of care and for the health of their population

# Block Grants Goals

- Goals of the Block Grant Programs are consistent with SAMHSA's vision:
  - A physically and emotionally healthy lifestyle (**health**);
  - A stable, safe and supportive place to live (a **home**);
  - Meaningful daily activities (a **purpose**); and,
  - Relationships and social networks (a **community**).

# Block Grants Goals

- To promote participation:
  - Shared decision making
  - Person-centered planning, and
  - Self direction of their services and supports.
- To ensure access to effective culturally and linguistically competent services for underserved populations:
  - Tribes,
  - Racial and ethnic minorities,
  - LGBTQ individuals

# Block Grant Goals

- To promote recovery, resiliency and community integration
- To coordinate behavioral health prevention, early identification, treatment and recovery support services with other health and social services.
- To increase accountability for behavioral health services through uniform reporting on access, quality, and outcomes of services.

# Block Grants Goals

- To prevent the use, misuse, and abuse of alcohol, tobacco products, illicit drugs, and prescription medications.
- To conduct outreach to encourage individuals injecting or using illicit and/or licit drugs to seek and receive treatment.
- To provide HIV prevention as early intervention services
- To ensure access to a comprehensive system of care

# Block Grant Planning Section Changes

# Proposed Block Grant Changes

- Assessment and Plan Section (MHBG and SAPTBG)
  - Framework—population based planning (required and new groups)
  - Planning Steps:
    - Assessment of systems strengths and needs
    - Gaps analysis
    - Prioritizing planning activities
    - Developing objectives, strategies and performance indicators

# Planning Focus

- Children with serious emotional disturbances (SED) and their families
- Adults with serious mental illness (SMI)
- Services for persons with or at risk of having substance use and/or mental health disorders:
- Persons who are intravenous drug users (IDU)
- Adolescents with substance abuse and/or a mental health problems
- Children and youth who are at risk for mental, emotional and behavioral disorders

# Planning Focus

- Women who are pregnant and have a substance use and/or mental disorder
- Parents with substance use and/or mental disorders who have dependent children
- Military personnel (active, guard, reserve, and veteran) and their families
- American Indians/Alaska Natives
- Services for persons with or at risk of contracting communicable diseases:
- Individuals with tuberculosis and other communicable diseases
- Persons with or at risk for HIV/AIDS and who are in need of mental health or substance abuse early intervention, treatment or prevention services

# Planning Focus

- Individuals with mental and/or substance use disorders who are homeless or involved in the criminal or juvenile justice systems
- Individuals with mental and/or substance use disorders who live in rural areas.
- Underserved racial and ethnic minority and LGBTQ populations
- Persons with disabilities

# Planning Focus

- Community populations for environmental prevention activities, including policy changing activities, and behavior change activities to change:
  - community,
  - school,
  - family and
  - business norms
- Community settings for:
  - universal,
  - selective and
  - indicated prevention interventions

# Reimbursement Strategies

- Encounter-based reimbursement
- Grant/Contract reimbursement
- Risk-based reimbursement
- Innovative financing strategies
- Other reimbursement strategies

# Reporting of Expenditures

- Projected Expenditures for Treatment and Recovery Supports (by each year)
  - Good and Modern Service Categories
  - Percentages of Block Grant Funds Expended

# Reporting of Expenditures

- Primary Prevention Planned Expenditures Checklist (by each year)
  - Information Dissemination
  - Education
  - Alternatives
  - Problem Identification and referral
  - Community Based Process
  - Environmental
  - Tobacco
  - Other

# Reporting of Expenditures

- State Agency Expenditures (by year)
  - Fund Source
  - Large Service Categories
- Resource Development Expenditures (by year)
  - Planning, coordination, and needs assessment
  - Quality Assurance
  - Training (post-employment)
  - Education (pre-employment)
  - Program development
  - Research and evaluation
  - Information Systems

# Self Direction

- State's policies on participant-directed services or attach a copy to the Block Grant application(s).
- What services for individuals and their support systems are self-directed?
- What participant-directed options do you have in your State?
- What percentage of individuals funded through the SMHA or SSA self direct their care?
- What supports does your State offer to assist individuals to self direct their care?

# Data and Information Technology

- Understand if States IT systems are good and modern:
  - Are providers required to obtain a National NPI (national provider identifier)?
  - Does the system use a unique client identifier?
  - Does the system comply with Federal data standards in the following areas (use of ICD-10 or CPT/HCPCS codes)?
- Are State systems Interoperable with other systems:
  - Does the IT systems provide the ability to aggregate Medicaid and non-Medicaid provider information?
  - Does your agency participate in the development of the health information exchange?

# Tribal Consultation

- Interaction should include elected officials of the Tribe or their designee
- More than input on a committee for the BG planning process
- Describe how they consulted with Tribes in their State
- Describe how concerns of the Tribes were addressed in the State Block Grant plan(s).

# Service Management Strategies

- Dollars are extremely limited
- How do we ensure that services are offered in the right scope, amount and duration
- Some States have developed strategies to:
  - Identify under and over utilization
  - Address outliers
  - Target services to specific populations

# State Dashboard Indicators

- Work over the next year to identify “incentives”
- SAMHSA and States identify four measures:
  - Two State specific—planning efforts
  - Two NOMS
- Proposed baseline: 7/1/2012—6/30/2013
- First year: 7/1/2013-6/30/2014
- Second year: 7/1/2014-6/30/2015

# Other Important Areas

- Quality Improvement—seeking to understand quality improvement plan
- Suicide Prevention—requesting States to submit most recent plan
- Technical Assistance Needs
- Behavioral Health Advisory Council
- Public Input into plan

# Involvement

- Vision

- People in recovery and family members are utilized developing and implementing of recovery oriented services
- Training and technical assistance for child, adult and family mentors
- Opportunities to identify individual and family members' issues and needs
- Person directed planning
- Support/strengthen recovery organizations, family peer advocacy, self-help programs

# The Future

- How can we make better use of Interactive Communication Devices:
  - Text messaging
  - E-therapy
  - Remote monitoring of location,
  - Outreach,
  - Recovery tools,
  - Emotional support,
  - Prompts

# Support of State Partners

- Medicaid is going to play a bigger role
  - Expanded eligibility
  - New funding opportunities
  - Great focus on MH/SUD
- Public Health
- Child service agencies—including greater emphasis on prevention and school-based health

# Support of State Partners

- States should identify these partners
- Describe the roles they will play
- State should provide a letter of support
- SAMHSA will provide technical assistance and support for SMHAs and SSAs

# Reporting Section

# Reporting Section Changes--MHSBG

- Table 2—Implementation Report—State Priorities
- Table 3—Priority Area Reports
  - Goal
  - Strategy
  - Performance Indicator
  - Achieved/Not Achieved
- Table 5—Expenditures by Service

# Reporting Section Changes--SAPTBG

- Table 2—Implementation Report—State Priorities
- Table 3—Priority Area Reports
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- Table 5—Expenditures by Service

# Reporting Section Changes--SAPTBG

- Reporting to Assurances:
  - Sec. 1923 Intravenous Drug Abusers
    - 90 percent capacity notification
    - 14-120 day
    - Interim services
    - Outreach
  - Sec. 1925 Group Homes for Recovering Substance Abusers

# Reporting Section Changes--SAPTBG

- Reporting to Assurances: (cont'd)
  - Sec. 1928 Additional Agreements
    - Improve referral process
    - Continuing education
    - Coordination of activities and services
  - Sec. 1931 Restrictions on Expenditure of Grant
    - Needle exchange

# Submission of Plans and Reports

Application(s) for FFY	Plan Due	Planning Period	Reports and Assurance Due	Reporting Period
2012	9/1/2011	10/1/11 – 6/30/13	12/1/11	10/1/10 – 9/30/11
2013	*	*	12/1/12	7/1/11 – 6/30/12
2014	4/1/13	7/1/13 – 6/30/15	12/1/13	7/1/12 – 6/30/13
2015	*	*	12/1/14	7/1/13 – 6/30/14
2016	4/1/15	7/1/15 – 6/30/17	12/1/15	7/1/14 - 6/30/15
2017	*	*	12/1/16	7/1/15 – 6/30/16

# Other Changes

- States can submit one plan for MHSBG and SAPTBG
- States can submit a bi-annual versus annual plan
- States can amend their plan at anytime during the 2 year period

# What Doesn't Change?

- Allocation Formula
- Payment schedule—still tied to federal fiscal year and reports