

# Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



# Overview of the FFY18-19 SAMHSA Block Grant Application: Behavioral Health Assessment and Plans Annual Reports



# Purpose

This presentation will review the changes in the FFY 2018-19 Block Grant Application, Behavioral Health Assessment and Plan and Annual Report from the FFY16-17 guidance and additional changes resulting from the 21<sup>st</sup> Century Cures Act (P.L. 114-255).

- General structural changes
- MHBG specific changes
- SABG specific changes

# General Changes

- Movement away from multiple narrative descriptions of states activities to a more quantitative response to specific questions reflecting statutory/regulatory requirements, or reflecting use of block grant funding.
- Required and requested sections have been clearly identified.
- In FFY 2016-17, SAMHSA gave policy guidance on system issues which were not authorized services under the block grants – this proved confusing, and so has been eliminated.
- Where applicable, statutory criteria have been included as references.

# General Changes cont'd.

- Quality and Data Collection has been moved from Planning Steps to a separate section in the Behavioral Health Assessment and Plan.
- State Parity Efforts are now included within the Health Care System, Parity and Integration.
- Participant Directed Care has been separated into Person Centered Planning and Self-Direction.
- Public Comment on the State Plan is now separated from the Planning Council section.
- Elimination of the “Block Grant Expenditure by Service Tables” (Table 3)
- Resource Development Table (Table 6) changed to “Expenditures for System Development/Non-Direct Service Activities”
- Two (2) new sections on statutory criterion for MHBG and SABG

# Block Grant Purposes

This section was changed from goals to purposes.

Block grant funds should be used to:

- To fund services for those without insurance either short or long-term
- To fund priority services not covered by another payor and that are successful in improving outcomes and/or supporting recovery
- To collect data to determine effectiveness of services and to plan for implementation of new services

# Introduction: Background and Impact on State Authorities and Systems

- The MHBG Application is now required to be biennial. Combined MHBG and SABG applications are encouraged.
- The *Public Health 3.0: A Call to Action to Create a 21<sup>st</sup> Century Public Health Infrastructure* is a new reference that encourages adherence to Public Health Accreditation Board (PHAB) criteria.

# Framework for Planning

- The State should identify strengths, needs, and priorities that account for the block grant target populations, changing health care environment, and SAMHSA's Strategic Initiatives.
- SAMHSA has clarified the definition of SMI and SED, but states can add additional elements.
- The SABG and MHBG statutory criteria must be addressed in the planning steps.
- The MHBG must describe how the 10% set aside for evidence-based programs for those with Early Serious Mental Illness (ESMI) will be expended.
- The MHBG application should be linked to the Olmstead planning work.

# CHECKLIST FOR ADMINISTRATIVE FORMS

- State Information – One form for both MH and SA
  - Include use of third party administrator, if applicable
- CEO Funding Agreements- Certifications and Assurances for MH and for SA are separate forms.
- Governor’s Letter(s) Designating Signatory Authority, if applicable (SABG: if the state is co-designating for purposes of calculating MOE, include that co-designation here)
- Disclosure of Lobbying Activities

# Planning Steps: MHBG and SABG

- Identify unmet service needs and critical gaps in the system through needs assessment and/or data review.
- The 21<sup>st</sup> Century Cures Act made changes to the required content in Steps 1 and 2.
- There is an enhanced focus on cross-cutting and systems integration.
- ESMI is added as a required population for MHBG

# Planning Step 1: SABG

- Provision of or arrangement for Tuberculosis (TB) services including testing to determine presence of TB and needed treatment. Includes referral to another source if a person is not admitted.
- In “designated States,” at least one project for early HIV intervention services for those in treatment—only in geographic areas with greatest need—includes pre-test counseling, testing, and post-testing counseling
- Group home revolving loan fund not to exceed \$100,000 with individual loans; no more than \$4,000 to non-profit entities who agree to certain rules
- State law prohibiting sale of tobacco products to persons under age 18 with related monitoring activities
- Establish policies that prohibit using SABG to purchase hypodermic needles or bleach

# Planning Step 2: SABG

## **Cures ACT – Needs Assessment:**

Assessment of need for both local and state including the:

- Incidence and prevalence of drug abuse, alcohol abuse, and alcoholism
- Current prevention and treatment activities; and
- Need for technical assistance to conduct the assessment.

# Planning Step 2: Required SUD Elements

## Guidance (Cont'd):

- Use the state's data system as well as SAMHSA's data sets:
  - National Survey on Drug Use and Health (NSDUH)
  - National Facilities Surveys on Drug Abuse and Mental Health Services
  - Treatment Episode Data Set (TEDS)
  - State and National Behavioral Health Barometers
  - State Epidemiological and Outcomes Workgroup
  - Healthy People Initiative
  - Other data sets: HUD, CDC, etc.

# Planning Step 1: Required SUD Elements

## Statutory Criteria (Cont'd)

- Establish policies that prohibit using SABG to purchase hypodermic needles or bleach
- Establish an Independent Peer Review process for at least 5% of funded entities per year to assess the quality, appropriateness, and efficacy of treatment services
  - A state can also fulfill the requirement by demonstrating that it requires block grant sub-recipients to be independently accredited
- Establish a system to prevent unauthorized disclosure of treatment records
- Policies that protect the nature of providers who are religious organizations and that protect the rights of recipients to not participate in religious activities and to seek alternative treatment

# Planning Step 1: Required SUD Elements

## Statutory Criteria (Cont'd)

- Require and advertise preference in admission for pregnant women and require a referral when a program is full including interim services within 48 hours if no program is available.
- In the referral process, use standardized screening and assessment instruments and placement criteria so that retention and treatment outcomes improve.
- Provide continuing education for staff of agencies providing services.
- Coordinate prevention and treatment services with other services including health, social, correctional and criminal justice, educational, vocational rehabilitation, and employment services

# Planning Step 3 and Table 1: MH and SUD Prioritized State Planning Activities

- Using information contained in Planning Step 2, the state should identify specific priorities for the MHBG and the SABG based on areas that will be the main focus of attention during the next 2 years.
- Priorities should relate to core federal goals and aims for the BG programs related to:
  - Target Populations including those with ESMI
  - Other Priority Populations
- Priorities are broad areas of attention (e.g. moving to managed care, downsizing state hospitals, implementation of selected best practices, increasing/maintaining numbers served/programs, improve data collection, etc.)
- Priorities should be identified by type: substance misuse prevention (SAP), substance use disorder treatment (SAT), or as mental health services (MHS) in Table 1.

# Planning Step 4 and Table 1: MH and SUD

- For each priority identified in Step 3, the state should list at least one goal, objective, strategy, and performance indicator.
- Goals are broad statements of desired outcome (what you hope to accomplish) and may have more than one objective, strategy, and performance indicator.
- Objectives are concrete, precise, and measurable statements.
- Strategies are means to achieve the goals – how/what you will do.
- Performance Indicators are a quantitative measure of success each year. Need to be able to establish a baseline, Year 1, and Year 2 measures.

# Planning Step 4 and Table 1: MH and SUD

Here is an example:

- **Priority** – Improve quality of services
- **Goal** – Implement trauma-informed care in contract/certified providers
- **Objective 1** – Add requirement to Contracts and Certification Standards for assessment of trauma at intake
- **Strategy 1**– create policies/protocols to assure that trauma is assessed at intake
- **Performance Indicators** – Baseline – no policies/protocols exist. Year 1 – Inform providers that the State is moving to requiring trauma-informed care. Create intake protocol that includes trauma assessment at intake. Year 2 – Contracts and certification/licensure standards require all providers to use the trauma intake protocol.

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# Planning Step 4 and Table 1: MH and SUD

- **Objective 2** – Train 50% of direct service staff to use trauma-informed clinical interventions
- **Strategy 1** – Select trainers and training curriculum and start training
- **Performance Indicators** - Baseline – no training is conducted. Year 1 – training curriculum is selected and trainers identified. 25% of staff are trained. Year 2 – 50% of staff are trained.

# MHBG: Major Changes

- New section- EBPs for Early Interventions to Address ESMI - 10% set aside – *Required*
- Participant Directed Care changed to Person Centered Planning (*Required*) and Self- Direction
- New section – Statutory Criterion for MHBG – *Required*
- Recovery – *now Required*
- Children and Adolescents BH Services – *now Required*
- Suicide Prevention – *now Required*
- Support of State Partners – *now Required*

# FISCAL TABLE 2: MHBG

- Table 2, Row 3 was revised to reflect the set-aside for ESMI/ FEP. The amount listed should be 10% of your MHBG award.
- Note that MHBG funds cannot be spent for prevention except as related to adults with SMI and children with SED.

# FISCAL TABLES MH and SUD

- Tables 5a and 5b for Primary Prevention Planned Expenditures are interactive. If the State chooses to complete 5b ( IOM Model of Universal, Selective, and Indicated), Section 1926 – Tobacco on Form 5a must also be completed.
- Table 6 merged the former 6a and 6b and has two new rows:
  - Infrastructure Support
  - Partnerships, community outreach, and needs assessment
- Footnotes are helpful to explain uses of block grant funds.

# Public Review and Comment

- The State should decide how to best obtain public review and comment.
- Possible methods include:
  - Information on department's website
  - Distribution to local boards with a request for dissemination
  - Public hearings

# Block Grant Report

These are the sections of the Report in WebBGAS:

- State Information
- Annual Report
- Expenditure Reports
- Population and Services Reports
- Performance Indicators and Accomplishments

# Block Grant Report - MHBG

- Table 2 in the MHBG was separated into two tables.
- Table 2a is the same as before except that Row 3 reflects the 10% set-aside for ESMI/FEP.
- Table 2b is new and addresses the ESMI/FEP set-aside.
- Report only those programs that are providing all components of a Coordinated Specialty Care (CSC) model in Row 1. If only certain components of a CSC model are provided, report expenditures in Row 2.
- Table 3 Children's Set-aside includes the FY1994 target for comparison to actual expenditures rather than 2008 expenditures as required in 2016.

# Block Grant Report – SABG

- Table 1 will be pre-populated by what was entered in the application.
- The state will indicate what was achieved or not achieved. If not achieved, an explanation is required.
- A report for Syringe Services Program was added (applicable to the FY 2019 Annual SABG Report).

# Acronyms and Resources

- A list of acronyms and resources is provided at the end of the MHBG Guidance.