

**SAMHSA Mental Health  
(MHBG) and Substance Use  
Prevention Treatment and  
Recovery Services (SUPTRS)  
Block Grant FFY 2024 – 2025  
Application Tribal  
Consultation**

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Division of Behavioral Health and Recovery

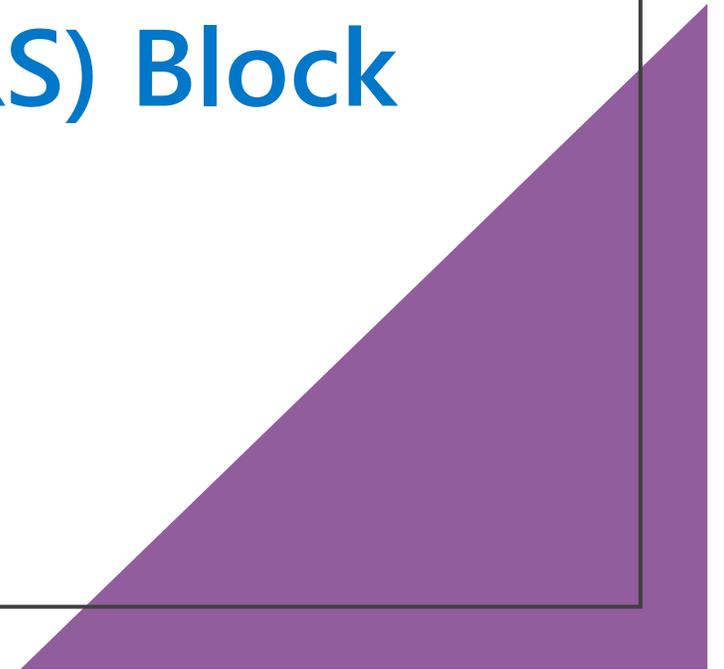
August 8th, 2023

# Agenda

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- ▶ Welcome and Acknowledgement, Blessing, and Introductions
  - ▶ Opening Statements
    - ▶ Tribal Elected Officials
    - ▶ Tribal Health Leaders
    - ▶ Tribal Consortia Leaders
    - ▶ HCA Leaders
- ▶ Brief Overview of Biennial Plan Update and Purpose
- ▶ Review of FY24 Priorities
- ▶ Closing Statements and Adjournment

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



# MHBG and SUPTRS Purpose

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- ▶ 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 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

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- ▶ SAMHSA directs that Substance Use Prevention, Treatment, and Recovery Services Block Grant be used to:
  - ▶ Plan, implement, and evaluate activities that prevent and treat 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

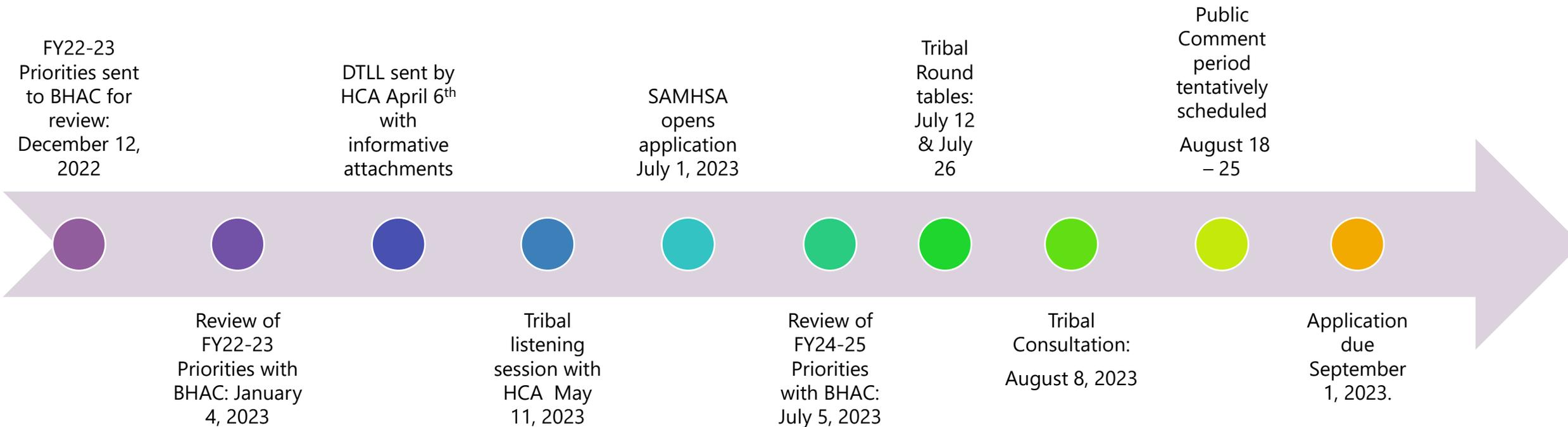
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- ▶ SAMHSA directs that the Mental Health Block Grant be used to:
  - ▶ Serve adults diagnosed with a Serious Mental Illness (SMI) or youth with Serious Emotional Disturbance (SED) through MHBG
- ▶ Set aside requirements
  - ▶ 10% First Episode Psychosis
  - ▶ 5% Crisis Services

# Review of 2024 SUPTRS and MHBG Priorities

# Block Grant Biennial Application and Timeline

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



# Priority 1

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- ▶ 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)
  - ▶ SUD MOUD – Tribal OTPs in WA State are 7.
- ▶ Target/Outcome:
  - ▶ First-Year Target –
    - ▶ SUD Treatment – Increase or maintain the number of individuals Served 3,355
    - ▶ SUD Prevention – Increase or maintain 51,714 total unduplicated and duplicated participants in direct services prevention programs.
    - ▶ SUD MOUD – Increase tribal MOUD and OTPs to eight OTPs available in Tribal communities.
  - ▶ Second-Year Target –
    - ▶ SUD Treatment - Increase or maintain the number of individuals Served 3,355
    - ▶ SUD Prevention – Increase or maintain 51,714 total unduplicated and duplicated participants in direct services prevention programs.
    - ▶ SUD MOUD – Increase tribal MOUD and OTPs to ten OTPs available in Tribal communities.

# RT Feedback for Priority 1

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▶ Priority #1: Address high disproportionate rates of SUD and MH disorders and overdoses among American Indian and Alaska Native Individuals in WA State.

- ▶ Does this block grant include additional funding to address this priority?
- ▶ What type of services does the TARGET data represent?

▶ One pager of data sources to be distributed after consultation

[Target User Instructions \(wa.gov\)](#)

[Behavioral Health Data Guide 5.6 \(updated July 14, 2023\) \(wa.gov\)](#)

# Priority 2

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- ▶ 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

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- ▶ 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

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- ▶ 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 that could provide Medicaid reimbursable SUD Peer services.
  - ▶ Second-year Target: Peer support program in SFY25 that could provide Medicaid reimbursable SUD Peer services 480.
- ▶ 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.
- ▶ Through tribal roundtable feedback.
  - ▶ Increase training to peers regarding working with diverse communities including considerations for working with the AI/AN population (G2G and Indian Health Care Delivery System)

# RT Feedback for Priority 4

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- ▶ Priority #4: Increase the number of SUD certified peers
  - ▶ Focus on DEI – recommend there will be a Tribal specific piece during foundational trainings.
  - ▶ Recommend adding increasing the number of certified peers outside of the clinic settings to increase integration.
  - ▶ Provide # of peers working in a Tribal setting.
  - ▶ Recommend coordinating with NPAIHB for BHA training program.
  - ▶ Concerns regarding administrative burden for peers working in rural settings. Additional information is needed regarding peer services being Medicaid covered service.

# Priority 5

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- ▶ 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

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- ▶ Increase capacity for early identification and intervention for individuals experiencing First Episode Psychosis (FEP) including FEP programs in diverse communities (i.e. Tribal communities)
- ▶ 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.

# RT Feedback Priority 6

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- ▶ Priority #6: Increase capacity for early identification and intervention for individuals experiencing FEP
  - ▶ Recommend we expand FEP sites to Tribal communities

# Priority 7

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- ▶ 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)

# Break

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- ▶ 10-minute break to restore personal comfort, as needed.
- ▶ Return time:

# Priority 8: Indicator 1 Supported Employment

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- ▶ 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

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- ▶ 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

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- ▶ Increase the number of adults receiving outpatient substance use disorder treatment, including those prescribed medications for opioid use disorder
- ▶ Baseline: SFY22: 41,825;
  - ▶ SFY2020 Percent 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% (suboxone), 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% (suboxone), Methadone 16%, Naltrexone 2%

# RT Feedback Priority 9

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- ▶ Priority #9: Increase the number of adults receiving outpatient SUD treatment
  - ▶ Recommend that this is broader to expand to OUD, Tribes are seeing additional need for MOUD treatment in inpatient settings.
  - ▶ Recommend a mechanism for hospitals to understand the lack of access to MOUD issue across the state as there are MOUD and Methadone deserts in the state.

# Priority 10

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- ▶ 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 in capacity of 81 service spaces available to individuals).
- ▶ Target/Outcome:
  - ▶ First-year Target: SFY 2024 - SFY 2024 - Increase the number of Pregnant and Parenting Individuals (PPI) clients receiving PCAP case management services by 56 individuals served, totaling to a maximum contracted capacity of 1,546 service spaces available to individuals statewide.
  - ▶ Second-year Target: SFY 2025 - Maintain the number of Pregnant and Parenting Women (PPW) clients receiving PCAP case management services.

# RT Feedback Priority 10

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- ▶ Priority #10: Pregnant and Parenting Individuals
  - ▶ Tribes need to learn more about who is providing these services and if Tribes are able to bill and access PCAP services.

# Priority 11

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## ▶ 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

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- ▶ Workforce Innovation – New priority based on BHAC recommendations
- ▶ Baseline: StartYourPath.org Campaign
- ▶ Target/Outcome:
  - 19,252,281 Impressions
  - 1,758,716 Views
  - 191,494 Landing page sessions
- ▶ First-year and second year Targets:
  - ▶ Maintain or increase baseline:
    - 19,252,281 Impressions
    - 1,758,716 Views
    - 191,494 Landing page sessions

# Priority 13

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- ▶ Increasing access to Behavioral Health Crisis Services (BHCS) through expansion of voluntary mobile crisis services.
- ▶ Baseline: 42 teams statewide
- ▶ Target/Outcome:
  - ▶ First-year Target: Maintain current statewide number of mobile crisis providers in 42 teams.
  - ▶ Second-year Target: Increase the statewide number of mobile crisis providers by at least 6 new teams, for a total of 48 teams statewide.

# RT Feedback Priority 13

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- ▶ Priority #13: Increasing access to Behavioral Health Crisis Services (BHCS) through expansion of voluntary mobile crisis services.
  - ▶ Requesting that there a set number of MCRs dedicated to tribes throughout the state.
  - ▶ Ensure that there are targeted conversations on this priority with Tribes.

# Priority 14 – Indicator 1

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- ▶ Increase the number of naloxone kits distributed, individuals trained on naloxone administration, and reported overdose reversals with program kits.
- ▶ Baseline:
  - ▶ Between August 2021 and September 2022
    - ▶ 43,514 naloxone kits were distributed
    - ▶ 19,571 individuals were trained on naloxone administration
    - ▶ 7,556 overdose reversals were reported
- ▶ Target/Outcome:
  - ▶ First-year Target: increase baseline by 50% to 65,271 Naloxone kits distributed
  - ▶ Second-year Target: increase baseline by 75% to 76,149 Naloxone kits distributed

# RT Feedback for Priority 14-1

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- ▶ Does a demonstration have to be given to provide Narcan/naloxone kits to community members?
  - ▶ There is no training requirements for Naloxone / Narcan distribution. However, it is good practice to do naloxone training at point of distribution.
  - ▶ If training is requested HCA can support in connecting with the training.
  - ▶ Naloxone resources:
    - ▶ [Overdose Education and Naloxone Distribution | Washington State Department of Health](#)

# Priority 14 – Indicator 2

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- ▶ Increase the number of incarcerated people who are newly prescribed buprenorphine or naltrexone and increase the number of incarcerated people continuing treatment who were taking MOUD upon booking.
- ▶ Baseline: Estimates for SFY2023: 3,030 incarcerated individuals newly prescribed buprenorphine or naltrexone; 880 incarcerated individuals continuing MOUD treatment.
- ▶ Target/Outcome
  - ▶ First-year Target: Increase the number of incarcerated individuals newly prescribed buprenorphine or naltrexone in SFY24 to 3,180. Increase the number of incarcerated individuals continuing MOUD treatment after booking to 920.
  - ▶ Second-year Target: Increase the number of incarcerated individuals newly prescribed buprenorphine or naltrexone in SFY24 to 3,260. Increase the number of incarcerated individuals continuing MOUD treatment after booking in SFY24 to 943.

# RT Feedback Priority 14-2

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- ▶ Priority #14-2: Increase the number of incarcerated people newly prescribed buprenorphine or naltrexone and the number of incarcerated people continuing treatment who were taking MOUD upon booking.
  - ▶ Recommend requiring all jail settings to report on how many individuals access MOUD while incarcerated and how many are not accessing MOUD. Support for payment of these services needs to be addressed.

# Priority 14 – Indicator 3

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- ▶ Increase the total number of referrals, follow-ups, and outreaches in the Recovery Navigator Program.
- ▶ Baseline : SFY22: 4,603 referrals, 213 follow-ups, and 3,697 outreaches.
- ▶ Target/Outcome
  - ▶ First-year Target:
    - Increase the total number of referrals into the recovery navigator program by 100% in SFY24 to 9,206;
    - increase the total number of follow-ups by 100% in SFY24 to 426; increase the total number of outreaches by 100% in SFY24 to 7,394.
  - ▶ Second-year Target:
    - Maintain the total number of referrals into the recovery navigator program in SFY25 at 9,206;
    - Maintain the total number of follow-ups in SFY25 at 426;
    - Maintain the total number of outreaches in SFY25 at 7,394.

# Priority 14 – Indicator 4

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- ▶ Increase opioid use disorder treatment penetration rates.
- ▶ Baseline: SFy2019: 52,471 Medicaid beneficiaries had a treatment need, 55% of whom received treatment.
- ▶ Target/Outcome
  - ▶ First-year Target: Increase the percentage of Medicaid beneficiaries receiving needed treatment for OUD 5% in SFY 2024 at 60%.
  - ▶ Second-year Target: Maintain the percentage of Medicaid beneficiaries receiving needed treatment for OUD in SFY25 to 60%

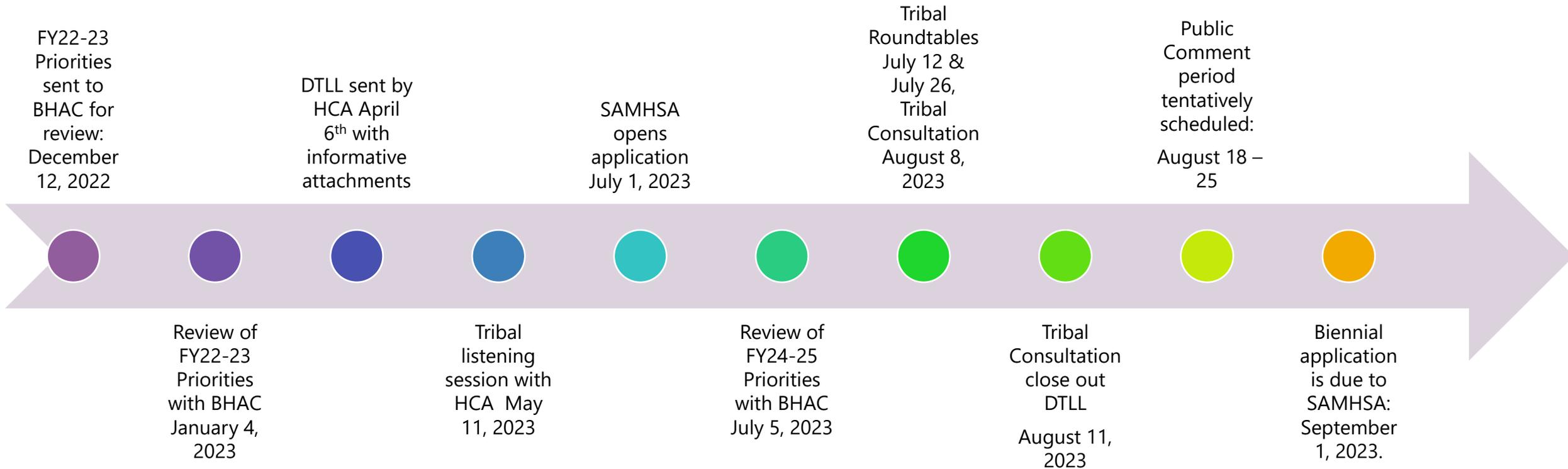
# Application Additional Sections of Interest

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- ▶ Assessment of Strengths and Organizational Capacity to Address the Specific Populations
- ▶ Identify Unmet Service Needs and Critical Gaps in the Current System
- ▶ Planning Tables for Targeting Populations
- ▶ Environmental Factors and Plan - Tribes

# Next Steps

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



Recommendations may be submitted via email to  
[DBHRBlockGrant@hca.wa.gov](mailto:DBHRBlockGrant@hca.wa.gov)

# Get Involved: Behavioral Health Advisory Council (BHAC)

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- ▶ BHAC includes consumers, providers, advocates, government representatives, and other private and public entities.
- ▶ BHAC partners with HCA to make recommendations on gaps in service that will best serve citizens in need of mental health and substance abuse prevention, treatment and recovery programs.
- ▶ Currently seats are available on the council for tribal representation.
- ▶ Next meeting is Wednesday, September 2<sup>nd</sup>, 2023, 9:30am to 2:30pm.

Questions?  
Concerns?

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# Contact us

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