

Needs Assessment for Mental Health Block Grant

Prepared for Combined Block Grant
Discussions
January 2013



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Agenda

- **Introduction:** *10 minutes – Michael Langer*
- **Data Presentation:** *30 minutes – Alice Huber*
- **Q/A and Discussion:** *30 minutes – Michael Langer*
- **Closing:** *5 minutes – Michael Langer*



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New Defined Purposes of BG

States will use the BG ... for prevention, treatment, recovery supports and other services to supplement ... Medicaid, Medicare and private insurance. Four purposes:

- Fund ... treatment and support services for those without insurance or for those with intermittent coverage.
- Fund ... treatment and support services not covered by Medicaid ... for low income individuals and that demonstrate success in improving outcomes and/or supporting recovery.
- Fund primary prevention - universal, selective and indicated prevention activities and services....
- Collect performance and outcome data to determine the ongoing effectiveness of behavioral health promotion, treatment and recovery support services and plan the implementation of new services on a nationwide basis.



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Changes

- Combined application.
- Spending to align with Statewide Needs Assessment and Block Grant purpose.
- Emphasis on strategic planning and accountability.
- Planning moves from a Federal to State Fiscal Year. Two-year plans.
- Requested/Mandatory sections.



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Timeline

Jan 4	Notice of Application
Jan 22	Public Comment on Needs Assessment
Feb 12	Roundtable #1 with Tribes
Feb 20	BHAC meeting
Feb 22	Public Comment on Plan
Feb 26	Roundtable #2 with Tribes
Mar 5	Consultation with Tribes
Mar 8	DSHS Review
Apr 1	Application Deadline



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Questions?

- Questions on overall Block Grant changes?
- Questions on timeline?

Please 'raise your hand' if you have a question you would like to ask. You can also type into the question box if you prefer.



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Review of Needs Assessment for Mental Health Block Grant



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Introduction

- **Purpose(s):**
 - Use data to determine MH Block Grant priorities based on needs
- **Planned Process:**
 - DBHR workgroups
 - RSN meetings
 - Stakeholder involvement



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Considerations

- Required MH block grant priorities from SAMHSA
 - Youth
 - Adult
 - Older adults
- State commitment to evidence-based practices (EBPs)
 - Children’s Mental Health (HB 2536)
 - Adult Behavioral Health (Z bill)

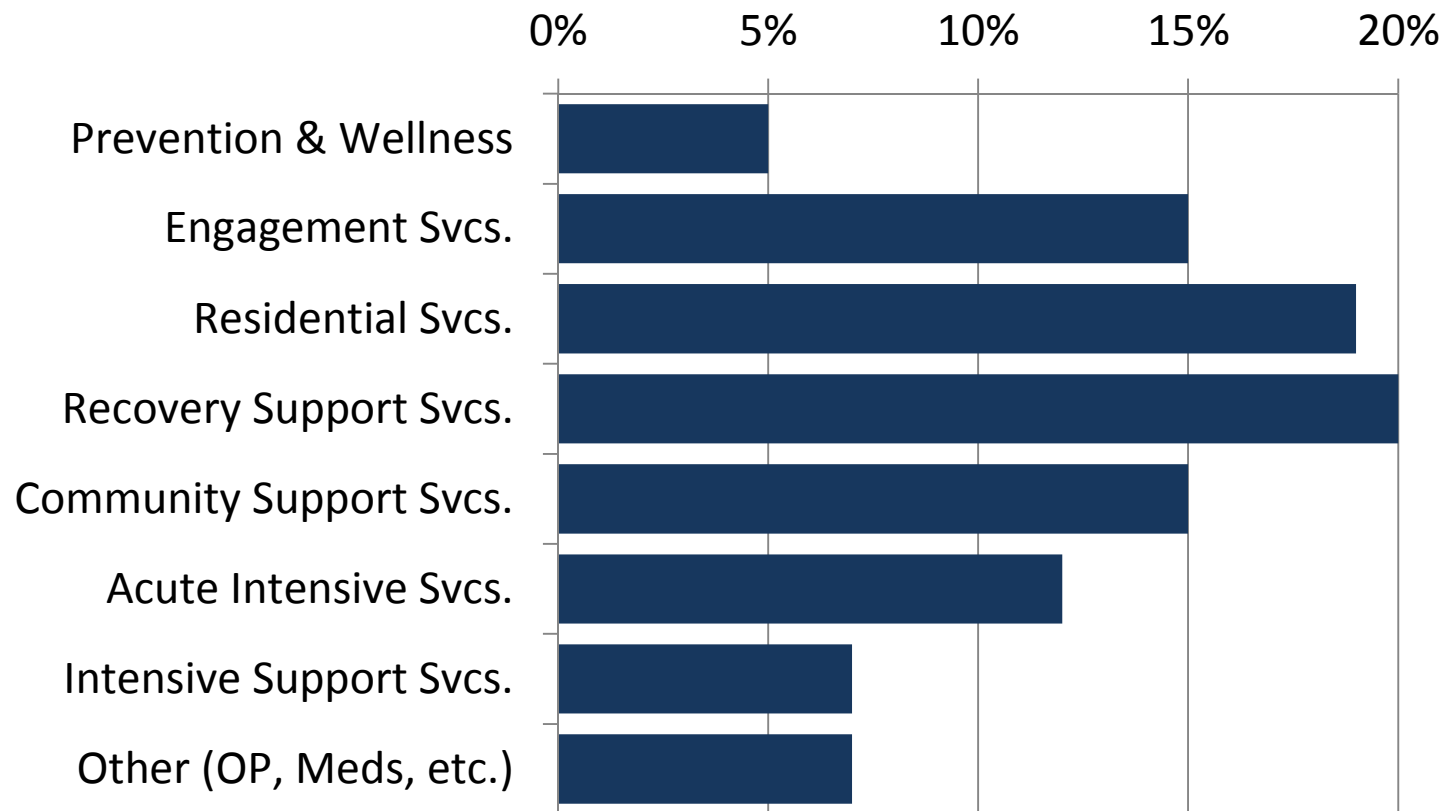


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Block Grant Expenditures across the Continuum of Care

Percentage of 2012 Funding



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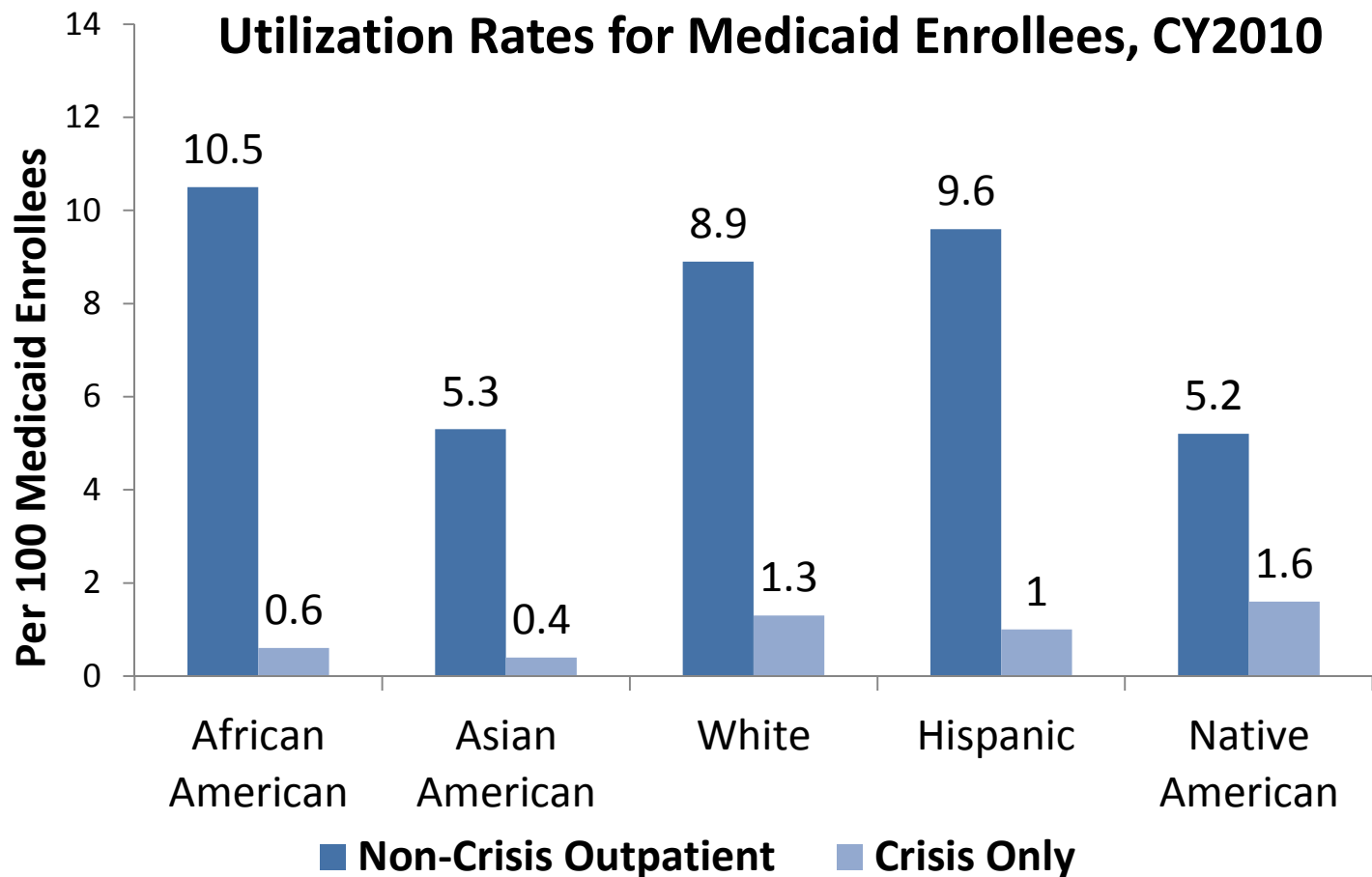
Disparities



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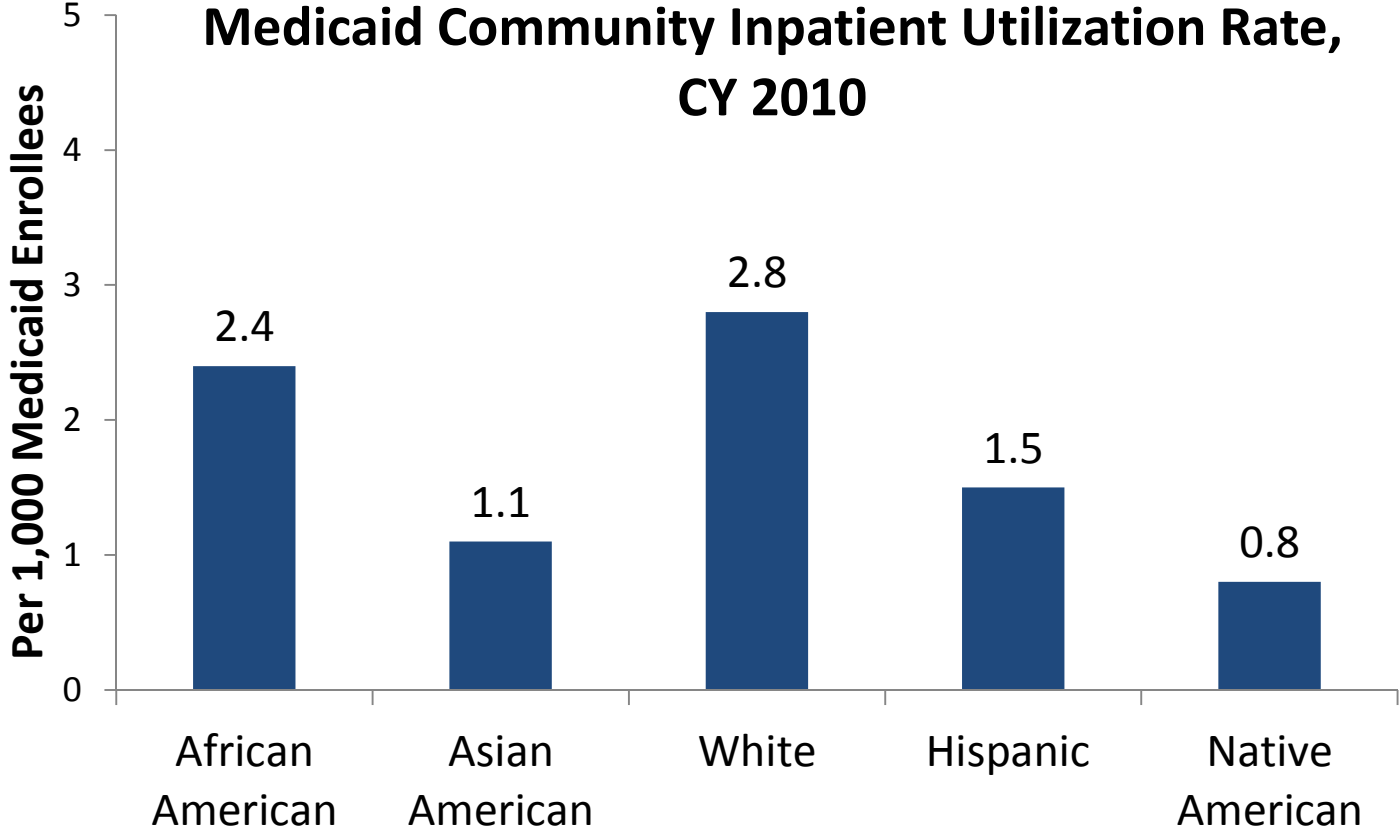
Mental Health Access Disparities



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Mental Health Access Disparities

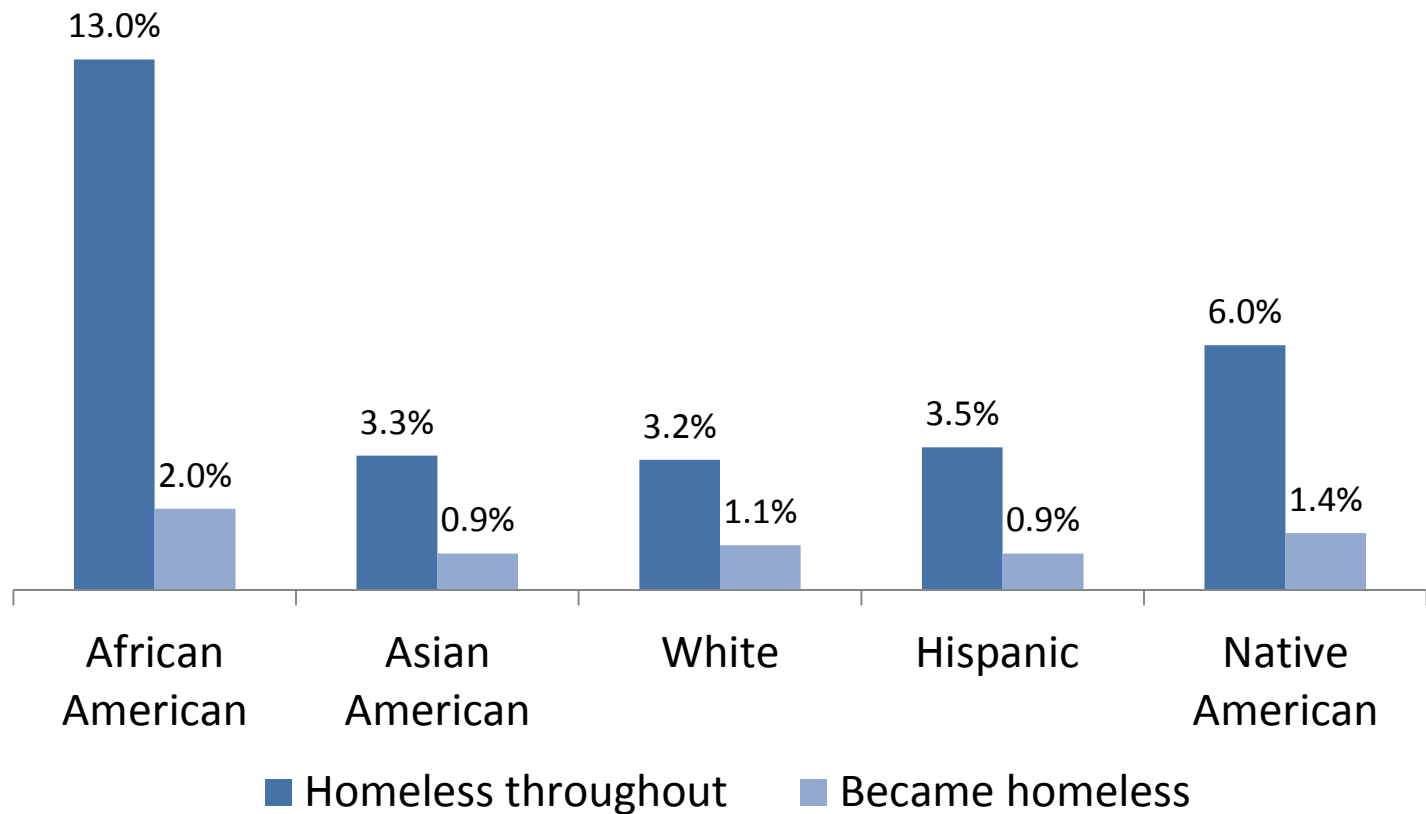


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Disparity of Outcomes: Homelessness

Homeless Status of Outpatient Clients

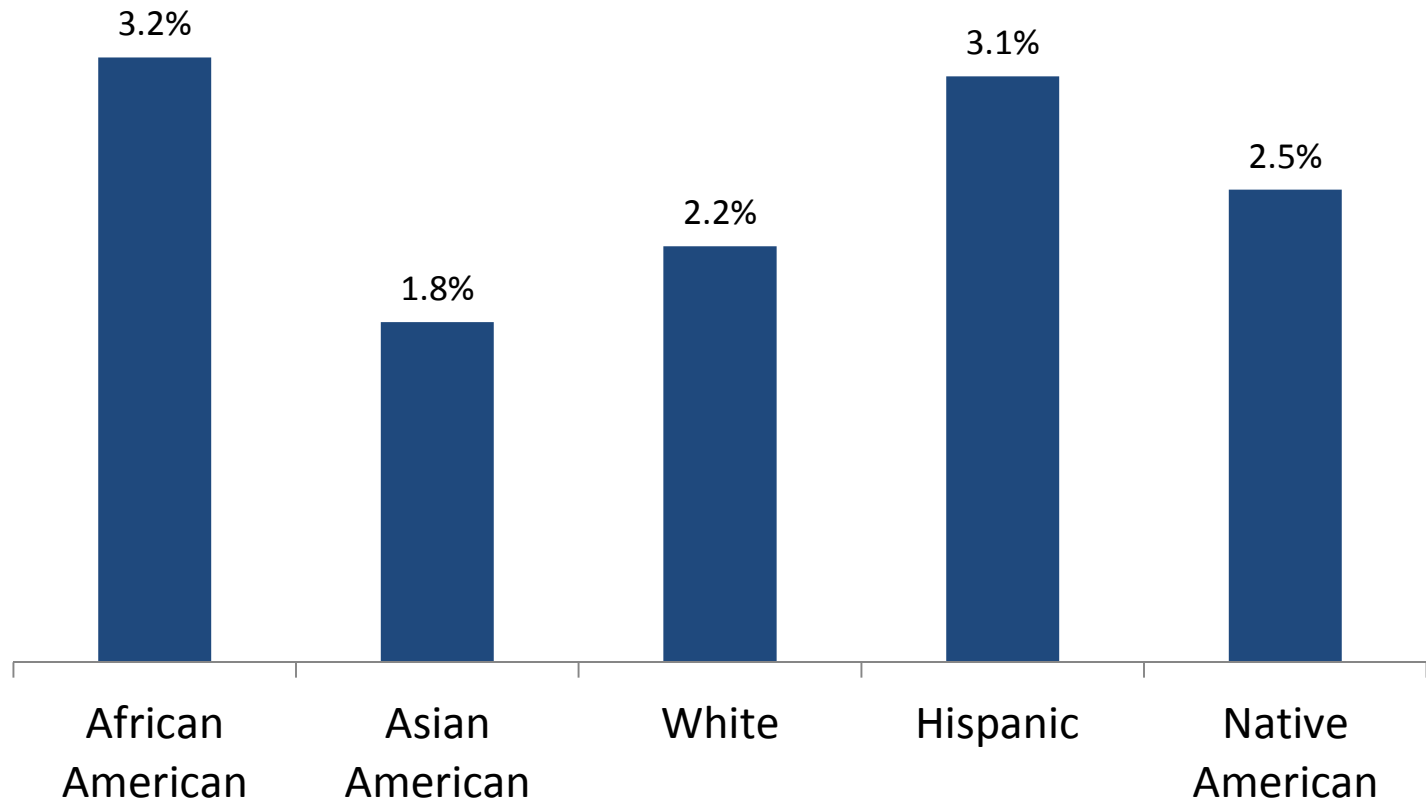


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Disparity of Outcomes: Employment

Outpatient Clients Who Gained Employment



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Youth

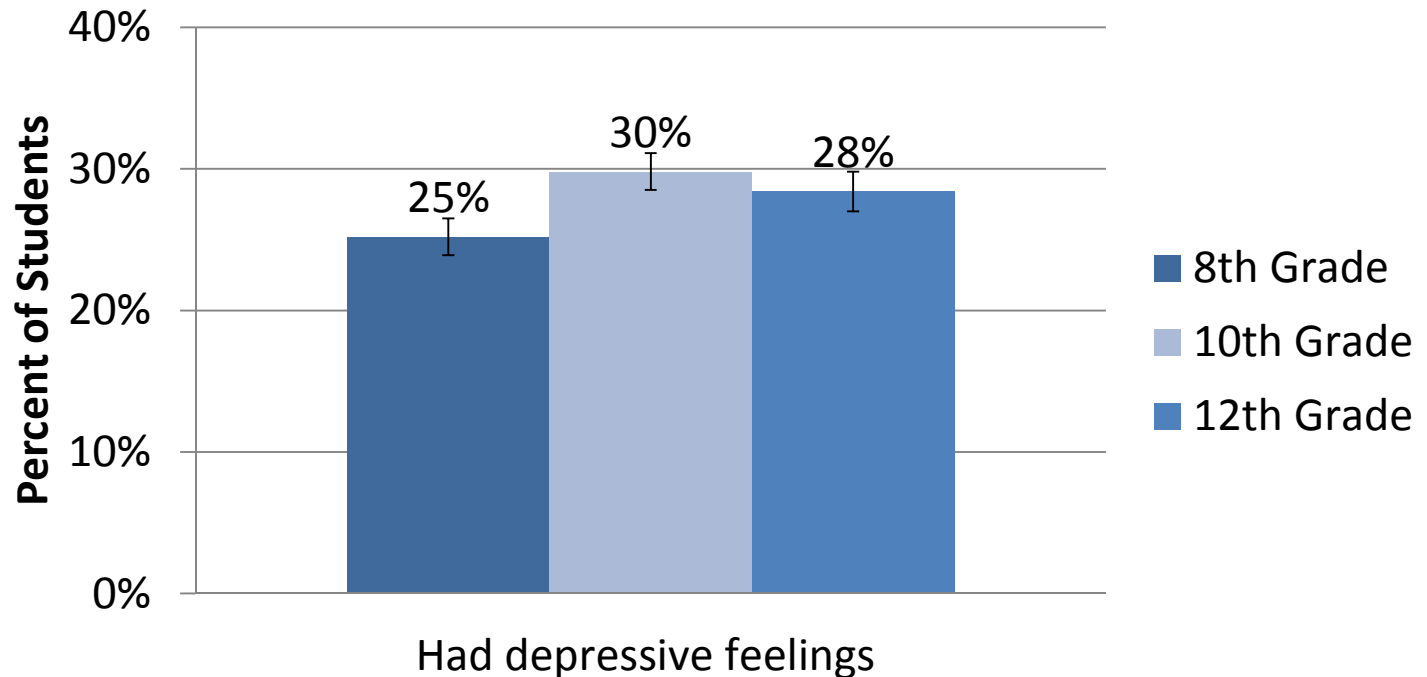


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Youth: Depressive Symptoms

Had symptoms of depression during past 12 months, by youth age group



Source: Washington Healthy Youth Survey, 2010

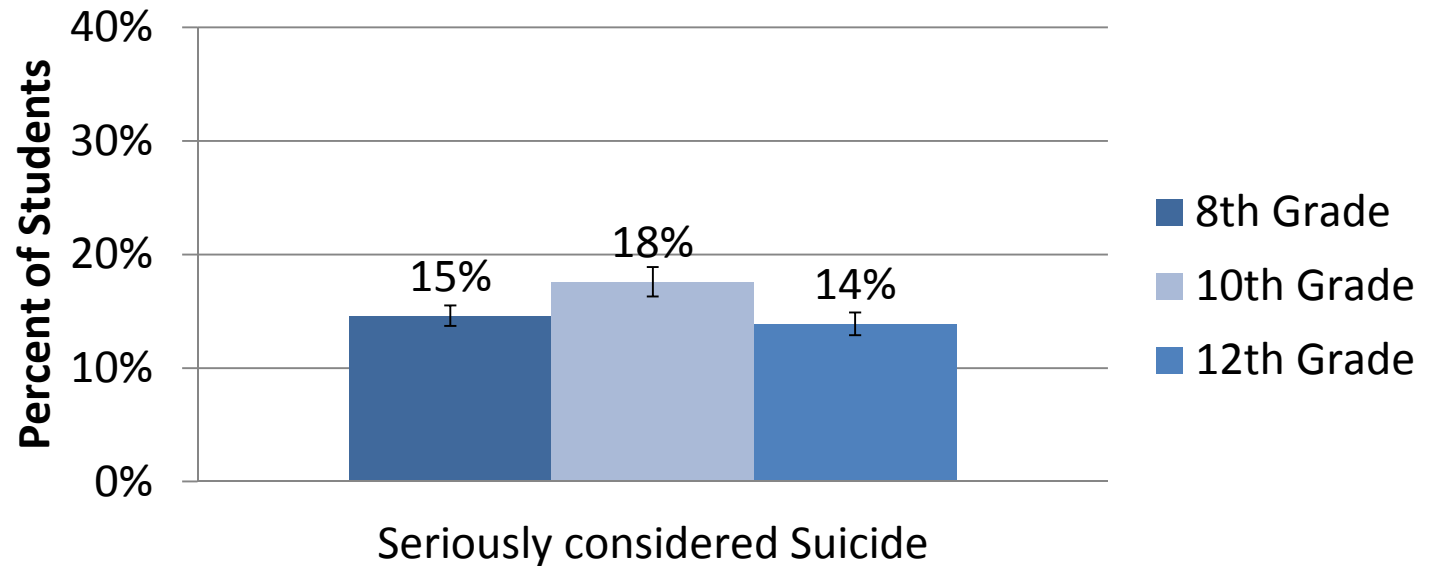


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Youth: Suicidal Ideation

**Seriously considered suicide in past 12 months,
by youth age group**



Source: Washington Healthy Youth Survey, 2010

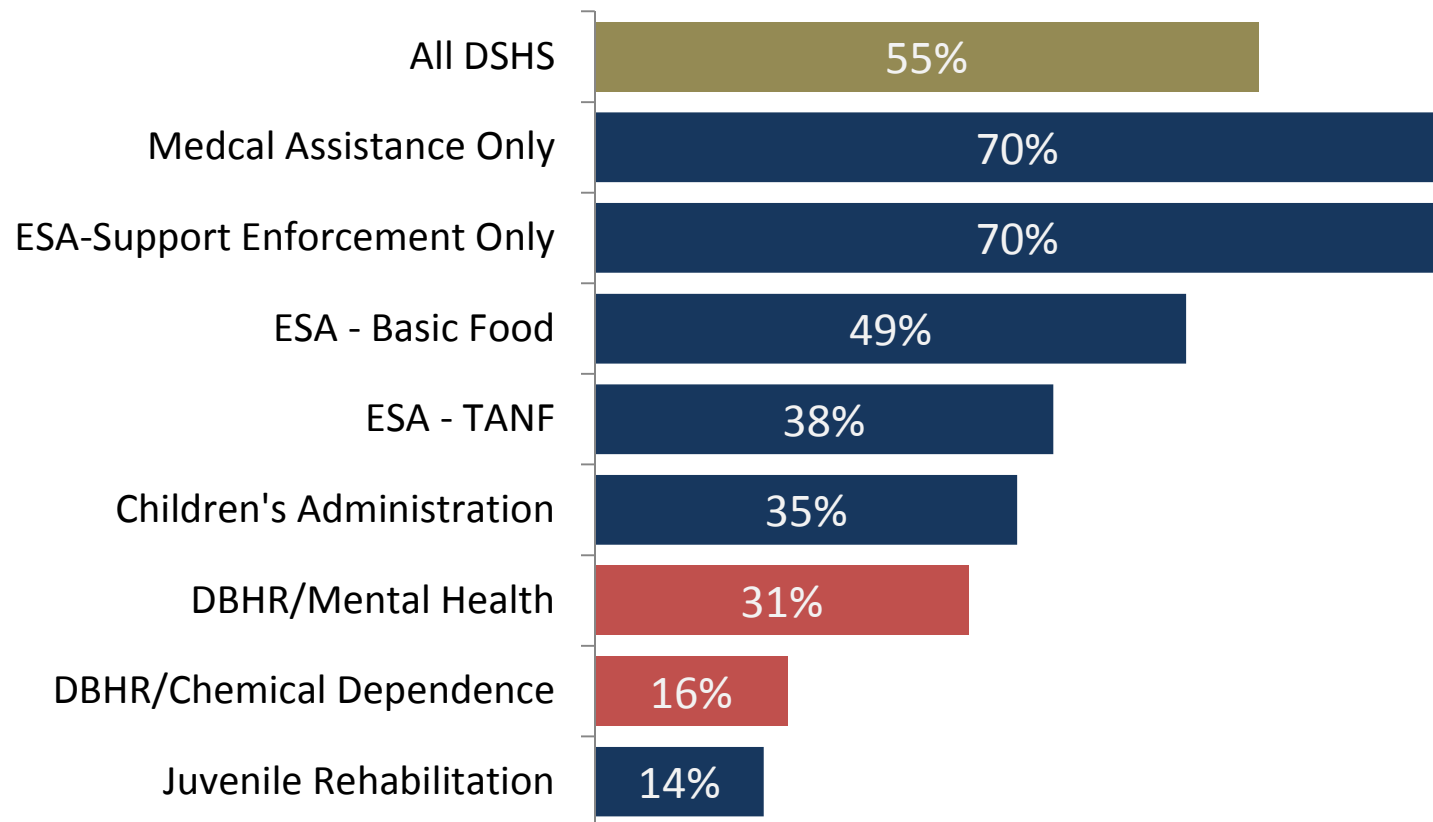


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Youth: Education Outcomes

Graduation Rates of 9th Graders in 2005/2006 Academic Year



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Youth: Identified Needs

- Children and youth have unique needs.
- Children and youth must be treated in the context of family and caregivers.
- We need standardized assessment to target treatment most efficiently. CANS is a tool to inform service planning, clinical practice, and youth/family/caregiver communication



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Youth: Evidence Based Practices

- Evidence-based, research-based, and promising practices are a critical strategy to improve outcomes with limited resources.
- In order to have EBPs broadly available, the community mental health workforce requires training and support/supervision.



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Adults

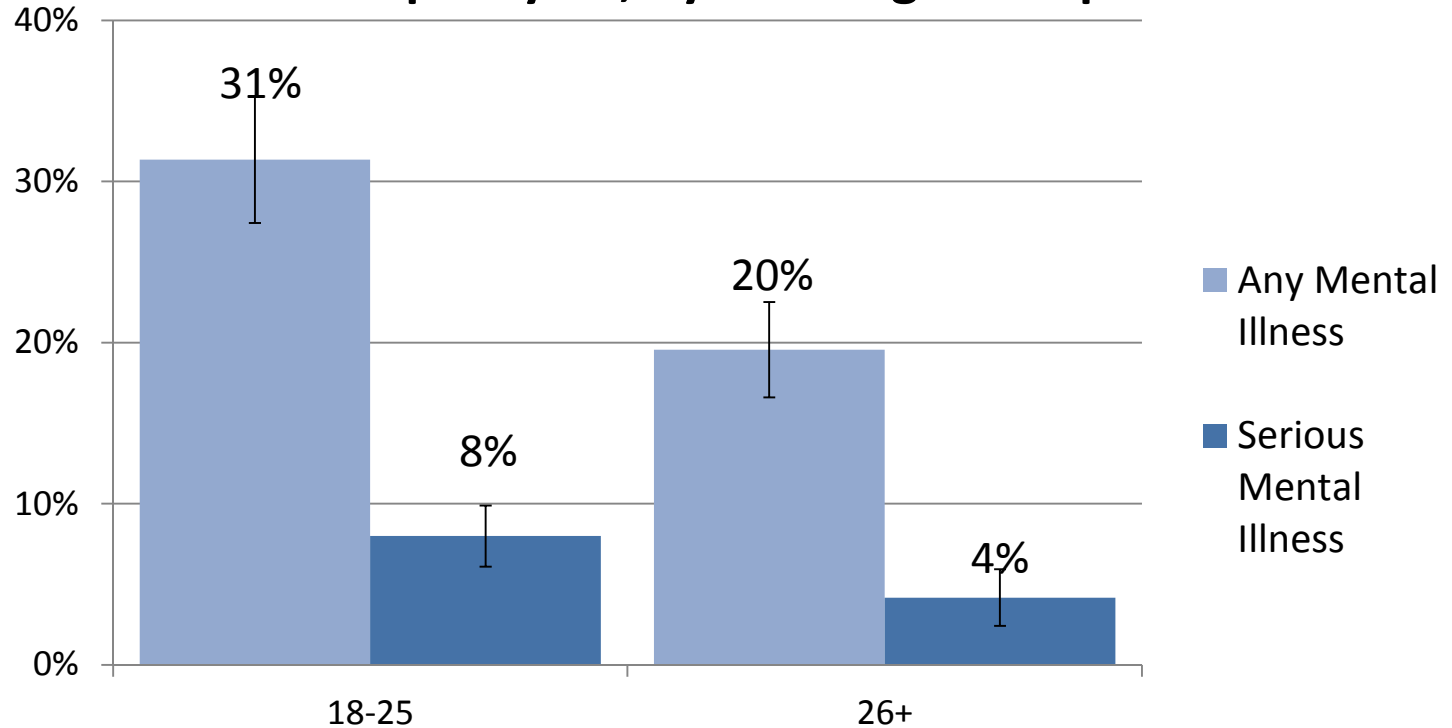


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Adults: Prevalence of Mental Illness

Mental illness in past year, by adult Age Group



Source: National Survey on Drug Use and Health, 2008/2009

Notes: Any mental illness is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a substance use disorder, that met the criteria found in DSM-IV. Serious mental illness is defined as having a diagnosable mental, behavioral, or emotional disorder that resulted in functional impairment.

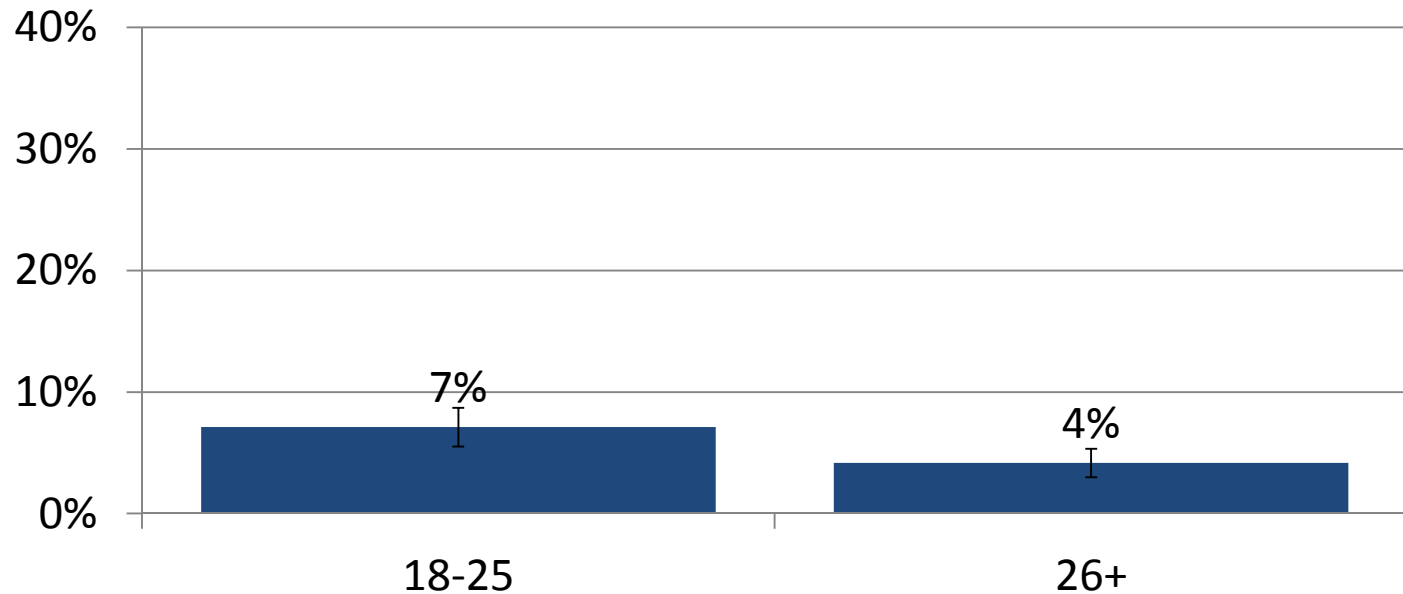


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Adults: Suicidal Ideation

Had serious thoughts of suicide in past year, by adult age group



Source: National Survey on Drug Use and Health, 2008/2009

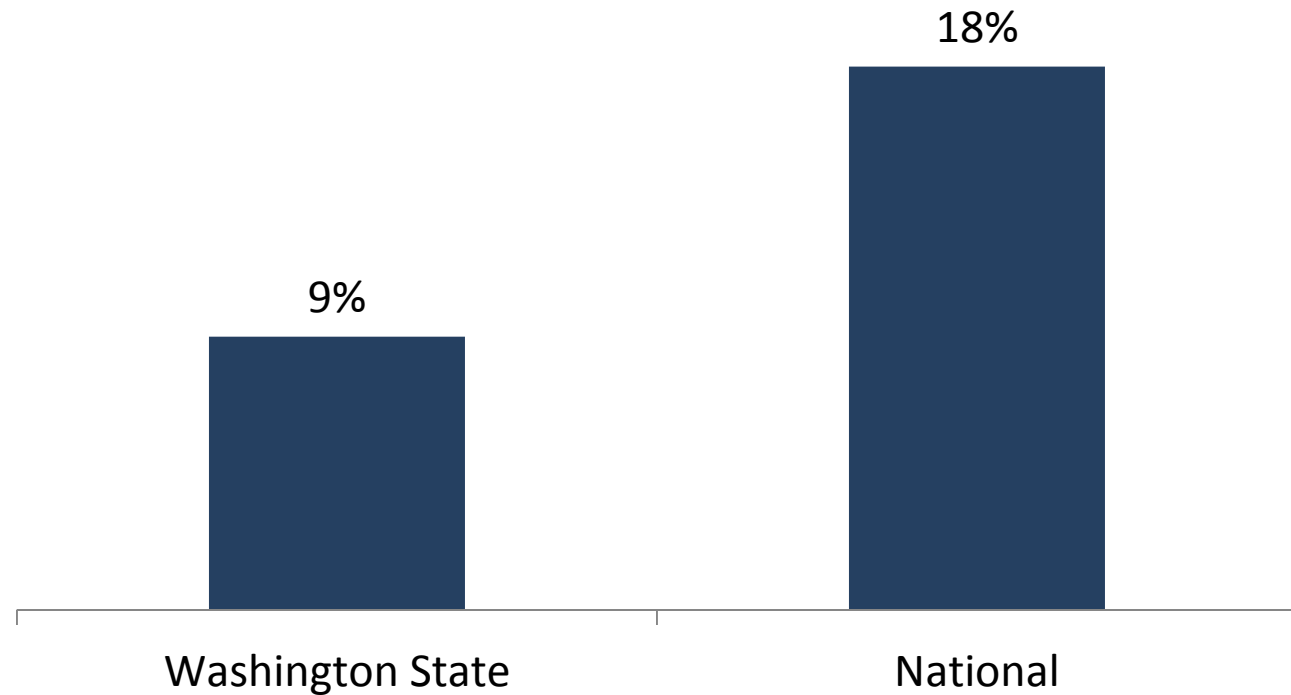


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Adults: Employment Status

Percent of Clients Employed: 2011



Source: Mental Health National Outcome Measures (NOMS)

Note: Percent with employment Data

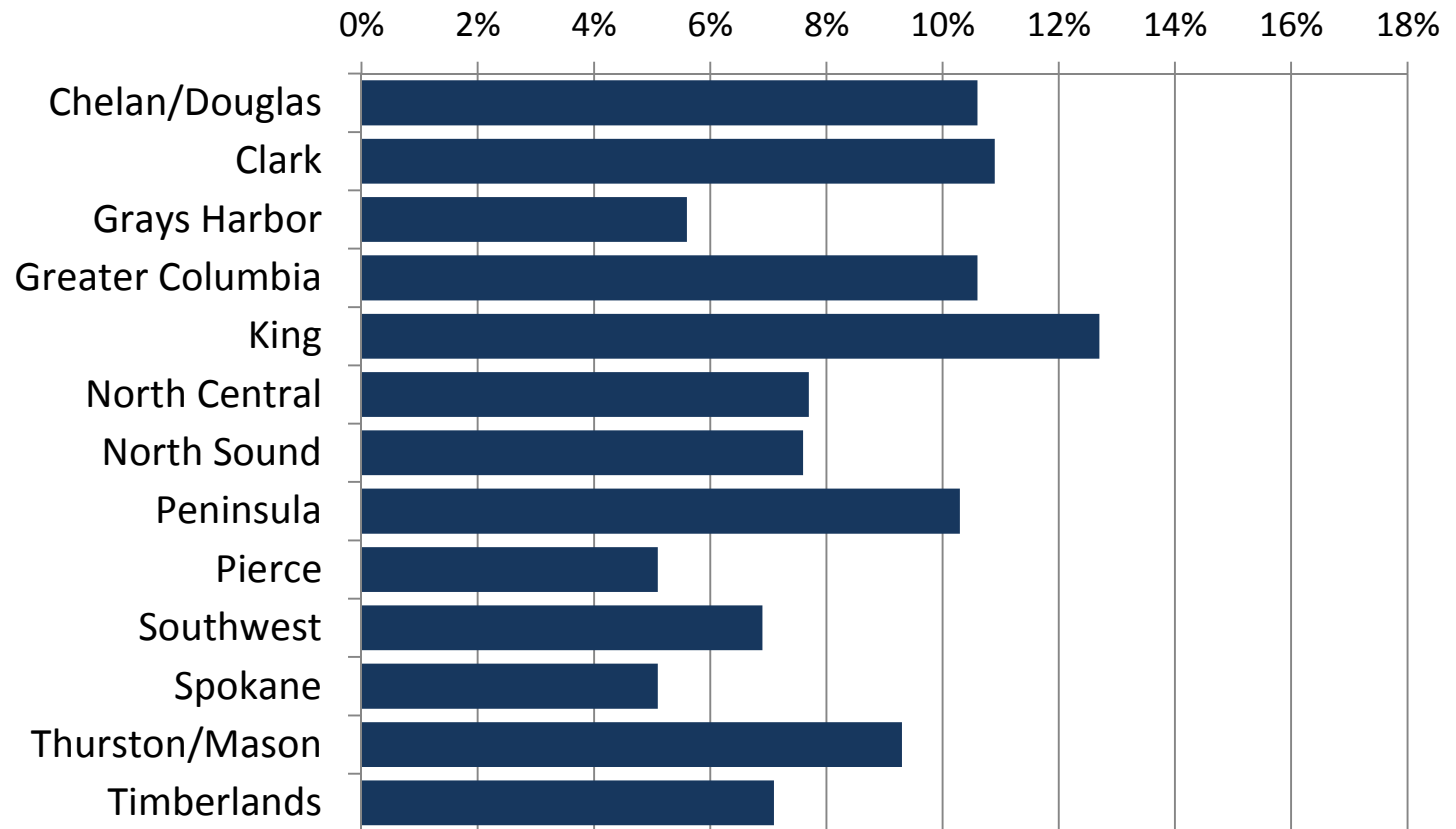


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Adults: Employment Status by RSN

% of Medicaid Outpatient Service Recipients Employed, FY2011

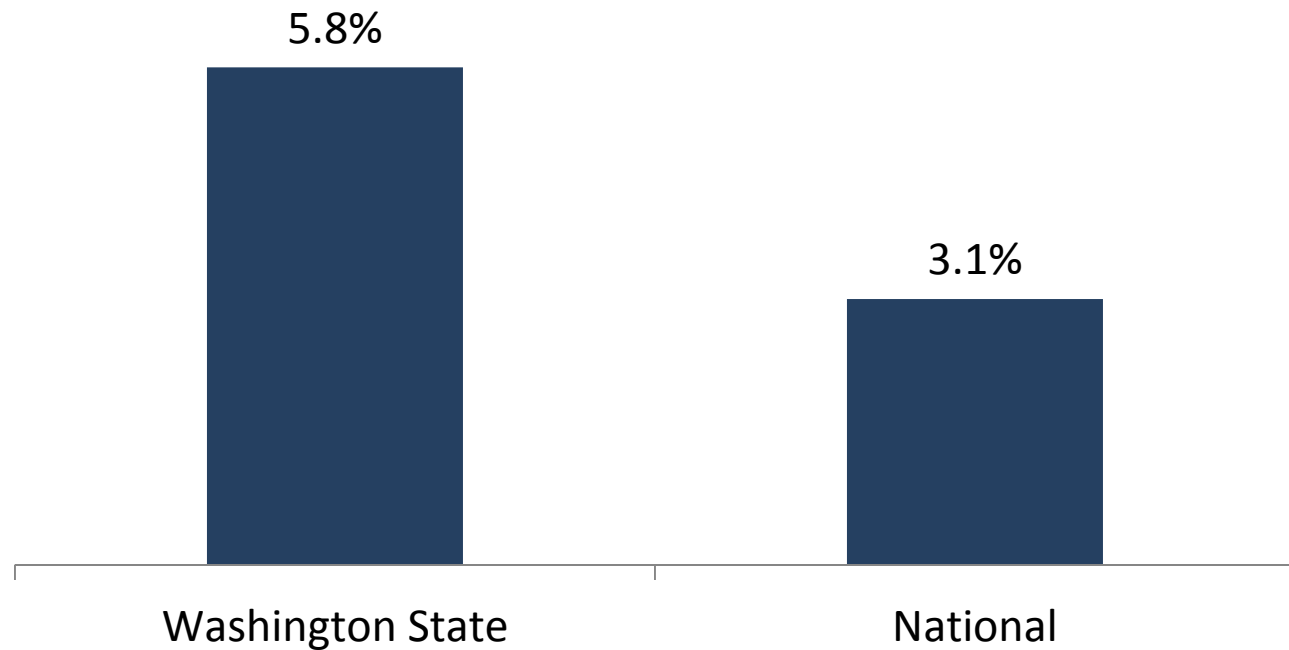


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Adults: Homeless Status

Percent of Clients Homeless or Live in Shelter:
2011



Source: Mental Health National Outcome Measures (NOMS)

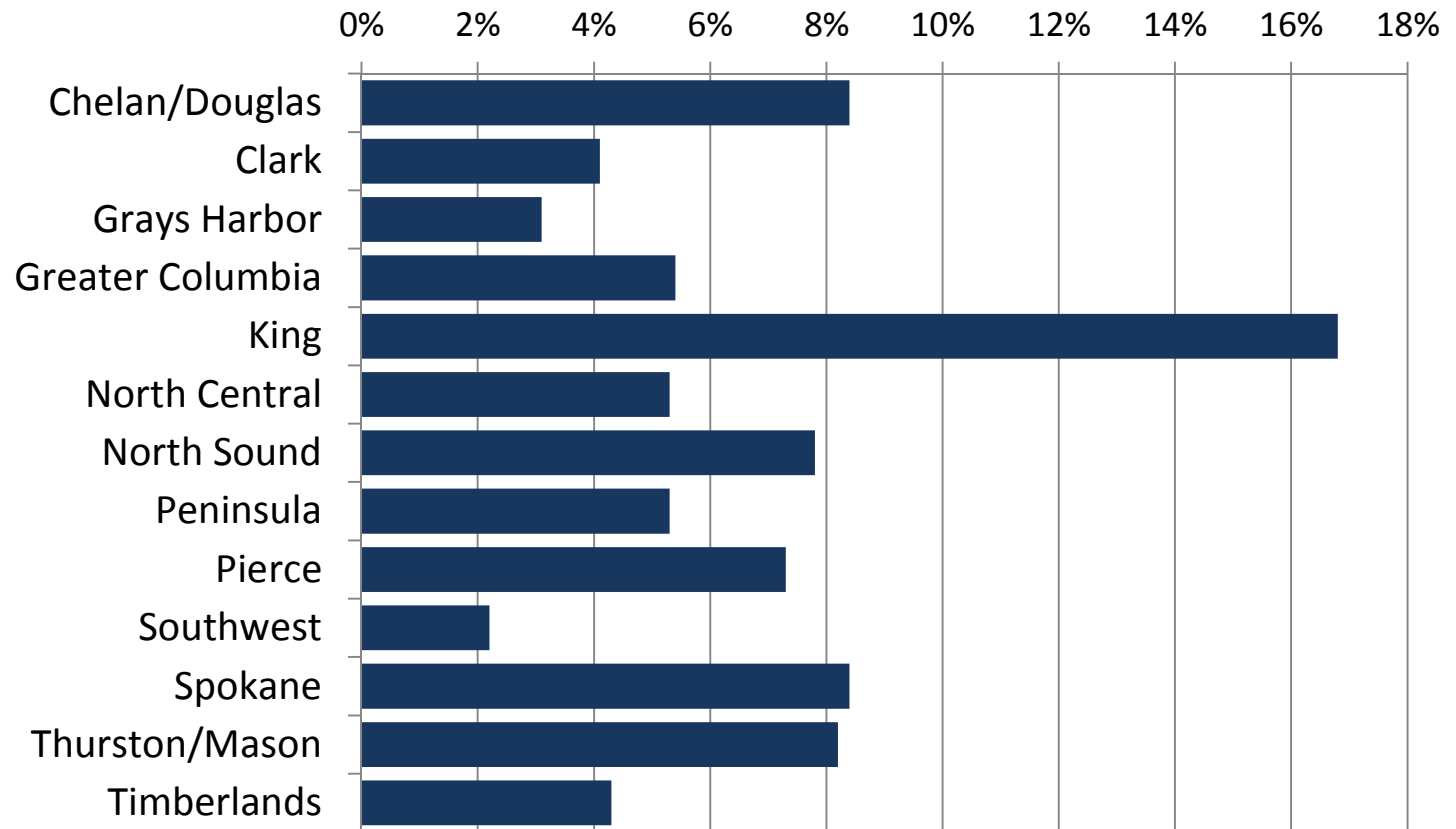


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Adults: Homeless Status by RSN

% of Medicaid Outpatient Service Recipients homeless



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Adults: Housing Needs

- Approximately 30% of state hospital patients become homeless within 12 months of discharge.
- 516 people were discharged from state hospitals in 2011 with an unmet housing need
 - 17% receive any housing assistance, 10% in shelters or transitional housing, and 8% permanent supportive housing
 - 39% have the housing need identified by their community mental health agency

(Source: The Housing Status of Individuals Discharged from Behavioral Health Treatment Facilities: RDA: June 2012)



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Adults:

Evidence Based Practices

- Evidence-based, research-based, and promising practices are a critical strategy to improve outcomes with limited resources.
- In order to have EBPs broadly available, the community mental health workforce requires training and support/ supervision.



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Adults: Identified Needs

- Housing
- Employment
- Peer services
- Workforce Development



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Older Adults



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Older Adults

- Almost 20% of those age 55 and older experience specific mental disorders that are not a part of “normal” aging.
- In the United States, the rate of suicide is high among older adults.
 - 12% of the population are over 65, yet this group accounted for 16% of suicides in 2004.
- Stigma interferes with older adults getting services.



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Older Adults: Identified Needs

- Transportation and/or services provided in their home
- Case finding efforts to identify and refer older adults with need
 - Gatekeepers model
- Evidenced based practices
 - Improving Mood- Promoting Access to Collaborative Treatment (IMPACT)
 - Program to Encourage Active, Rewarding Lives for Seniors (PEARLS)
- Workforce which understands the unique needs of older adults



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Conclusions



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POLL

How well do the descriptions and the data reflect your community?



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Suggested Priorities for Block Grant Funding - Youth

- Implement CANS
- Develop and expand evidence-based, research-based, and promising practices
- Focus on education outcomes
- Workforce development



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Suggested Priorities for Block Grant Funding - Adults

- Focus on housing outcomes
- Focus on employment outcomes
- Develop and expand evidence-based, research-based, and promising practices
- Workforce development



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Suggested Priorities for Block Grant Funding – Older Adults

- Focus on transportation and in-home services
- Focus on case-finding and outreach
- Develop and expand evidence-based, research-based, and promising practices
- Workforce development



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POLL

How much do you agree with the stated priorities for the mental health block grant?



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POLL

If we were to shift priorities to require more block grant funding for housing and employment, would you support that decision?



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Discussion/Questions

Please 'raise your hand' if you would like to make a comment or have a question you would like to ask.

You can also type into the question box if you prefer.



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Thank you!

- Thank you for participating in today's meeting.
- These presentations will be posted to the DBHR website following today's webinar.
- Following this webinar, you will receive an email which includes a link to a survey where you can submit additional comments. The survey will be open until Wednesday, Jan. 30, 2013.



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Background Information and Sources



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Background Information

- NSDUH
- Healthy Youth Survey



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National Survey on Drug Use and Health (NSDUH)

- Nationwide annual survey conducted through computerized interviews
- Collects data on the use of tobacco, alcohol, illicit drugs (including non-medical use of prescription drugs) and mental health Indicators
- Respondents: individuals 12 years and older
- Sample size: approximately 70,000 nationally



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Health Youth Survey (HYS)

- Statewide school survey conducted biannually
- Collects data on health risk behaviors that contribute to morbidity, mortality, and social problems among youth
- Respondents: students in the 6th, 8th, 10th and 12th grade
- Sample size (2012): approximately 210,000 students



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