

Combined Behavioral Health Block Grant Preliminary Plan

Public Comment Webinar

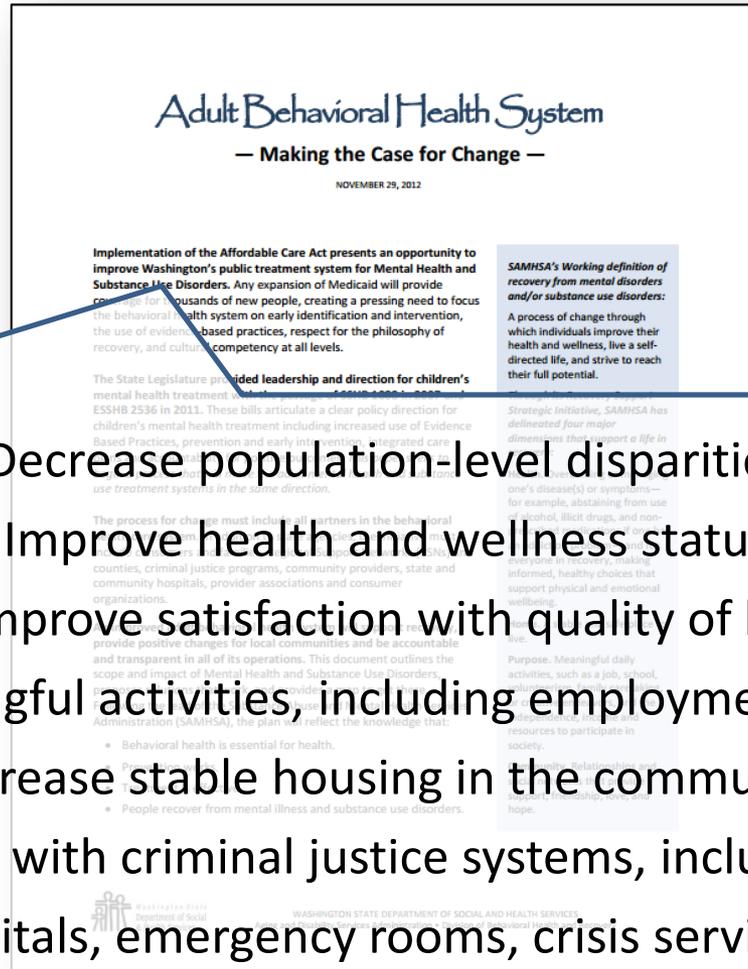
February 22, 2013



Logic Model



Behavioral Health Outcomes



Decrease population-level disparities

Improve health and wellness status

Improve satisfaction with quality of life

Increase meaningful activities, including employment and education

Increase stable housing in the community

Reduce involvement with criminal justice systems, including jails and prisons

Avoid costs in hospitals, emergency rooms, crisis services, and jail/prisons

Enhance safety and access to treatment for forensic patients



Substance Abuse Prevention

Behavioral Health Outcome	SAT	MHS	SAP	MHP
Decrease population-level disparities	■	■	■	■
Improve health and wellness status	■	■	■	■
Improve satisfaction with quality of life	■	■		■
Increase meaningful activities, including employment and education	■	■	■	■
Increase stable housing in the community	■	■		
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Avoid costs in hospitals, emergency rooms, crisis services, and jail/prisons	■	■		
Enhance safety and access to treatment for forensic patients		■		

Conclusions from SA Prevention Needs Assessment

- Substance Use Prevalence:
 - Alcohol (youth: 1st, adults: 1st)
 - Marijuana (youth: 2nd, adults: 3rd)
 - Tobacco (youth: 3rd, adults: 2nd)
- Impacts:
 - Economic costs: alcohol highest
 - Deaths: alcohol worse than illicit drugs
 - Traffic injuries and fatalities: alcohol highest
 - For pregnant women: alcohol use highest

Substance Abuse Prevention Priorities based on Needs Assessment

- Underage drinking remains the top prevention priority for youth and adults
- Marijuana ranked second due to high prevalence among youth
- Tobacco ranked third due to high prevalence among adults
- Substance use prevention must focus on both youth and young adults

Substance Abuse Prevention

strategy

Continue implementation of the Prevention Redesign Initiative (PRI) community-based prevention model prioritizing reductions in alcohol, marijuana, and tobacco use.

detail

- 54 of the highest need communities in Washington State selected within each county through a needs assessment process.
- Services directed through a community coalition comprised of community partners representing an array of sectors proven to be effective.
- Expectation that at least 60% of recurring programs are evidence-based.
- Long term outcomes in academic success, decreased drug use, and improved mental health.

measure

Active participation at regular coalition meetings by at least 8 of the 12 required membership sectors. Active membership defined as attendance at 75% of meetings.



Substance Abuse Prevention

strategy

Contract with the Office of the Superintendent of Public Instruction to continue school-based prevention and early intervention services in PRI communities.

detail

- Staff on-site in schools in 54 of the highest need communities in Washington State.
- Youth who present with a behavioral health related issue as a result of a disciplinary referral or through self-reporting will be screened by a school Prevention/Intervention specialist as a means of problem identification for referral to treatment if indicated.
- Ongoing services with these indicated students will be provided to keep them engaged in school and reduce school drop-out and improve academic results.

measure

At least half of participants in recurring services will show improvement between pre- and post-test.



Substance Abuse Prevention

strategy

Chair the interagency Policy Consortium to plan and implement the State Plan on Substance Abuse Prevention.

detail

- Interagency planning across state agencies reduces the opportunity for duplication and improves the opportunity for coordinated efforts.
- Policy Consortium of state agency and partner organizations initially funded through the State Prevention Enhancement (SPE) award to develop a coordinated approach for substance abuse prevention efforts across state agencies.

measure

Maintain regular participation by members.



SAP Workforce Development

strategy

Support continued workforce development of higher education prevention staff through funding to support the Washington State College Coalition for Substance Abuse Prevention.

detail

- Students in college benefit from the coordination of activities, training, and lessons learned across campuses resulting in a more effective set of services being offered.
- The College Coalition is focused on providing training opportunities on effective programs to reduce substance use.

measure

The Coalition will conduct at least 6 trainings per year.



SAP Workforce Development

strategy

Leverage Federal and State resources to provide trainings to promote professional development of the prevention field.

detail

- Federally funded training resources are available by request from Washington State (ATTC, CAPT, etc...)
- Collaborate with other state agencies when there is topical or audience overlap to avoid duplication and share costs.
- Contract for SAPST trainings.
- Provide professional conferences and workshops (Prevention Summit, Co-Occurring Disorders Conference, Saying it Out Loud, etc...)

measure

Collaborate with a minimum of 5 agencies annually to conduct trainings.



Tribes

- There are no funding allocation changes being proposed in the 2014-15 Block Grant application.*
- No changes are being proposed to the current flexibility of Tribes to choose whether to allocate funds to Prevention, Treatment, or a combination of the two.

* *Budget reductions as a result of Sequestration would potentially impact all DBHR contracted services.*

Substance Abuse Prevention Poll

Are the Substance Abuse Prevention strategies aligned with the Behavioral Health Outcomes and Needs Assessment Findings?



Mental Health Promotion

Behavioral Health Outcome	SAT	MHS	SAP	MHP
Decrease population-level disparities	■	■	■	■
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Enhance safety and access to treatment for forensic patients		■		

Mental Health Promotion Priorities based on Needs Assessment

Substance use prevention and mental health promotion should be focused on youth and young adults



Mental Health Promotion

strategy

Implement evidence-based child-focused mental health promotion and support programs.

detail

- Mental Health Block Grant Funds to implement three evidence-based projects targeted at children ages 4 - 12, or pre-school through 6th grade (Primary Project, Good Behavior Game and Positive Parenting Program (Triple P)). These strategies will be used to reduce the prevalence of childhood SED, including depression and anxiety.
- Emphasize development of effective and productive classroom management practices that:
 - Engender positive mental health (universal populations)
 - Provide services for children identified as having early childhood adjustment difficulties (selected populations)
 - Provide support for parents around child-rearing and child development (selective and indicated populations)

measure

Increases in desired behavior as a result of the intervention (e.g. increases in time spent on instructional tasks or increases in reports of increased functioning)



Mental Health Promotion

strategy

Participate on the State Suicide Prevention Task Force and continue to implement strategies of the state plan.

detail

- Assign DBHR staff to work with other state agencies and organizations as well as community behavioral health providers to identify when and where suicides are occurring more frequently than historically normal, and identify and recommend appropriate responses to those situations.
- Work with the Washington State Department of Health (DOH) to develop systems for making information about suicides and suicide attempts both more timely and more accurate.

measure

Record the amount of data regarding suicide and suicide attempts available at the end of each funding year, including the number of participants on task force.



MHP Workforce Development

strategy

Increase community awareness of suicide risks and referral procedures.

detail

- Sponsor “Train the Trainer” community workshops in eastern and western Washington for an established community awareness-focused suicide prevention program, such as Mental Health First Aid or QPR.
- Trained trainers will become available as resources that local communities could utilize to increase their own awareness of suicide risks and referral protocols.

measure

Increase community awareness about signs and symptoms of suicide and referral protocols.



Tribes

- There are no funding allocation changes being proposed in the 2014-15 Block Grant application. DBHR would continue the Tribal Mini-Grant program for Mental Health Promotion.*

* *Budget reductions as a result of Sequestration would potentially impact all DBHR contracted services.*

Mental Health Promotion Poll

Are the Mental Health Promotion strategies aligned with the Behavioral Health Outcomes and Needs Assessment Findings?



This concludes the Substance Abuse Prevention and Mental Health Promotion portion of our presentation.

Thank you for your participation.



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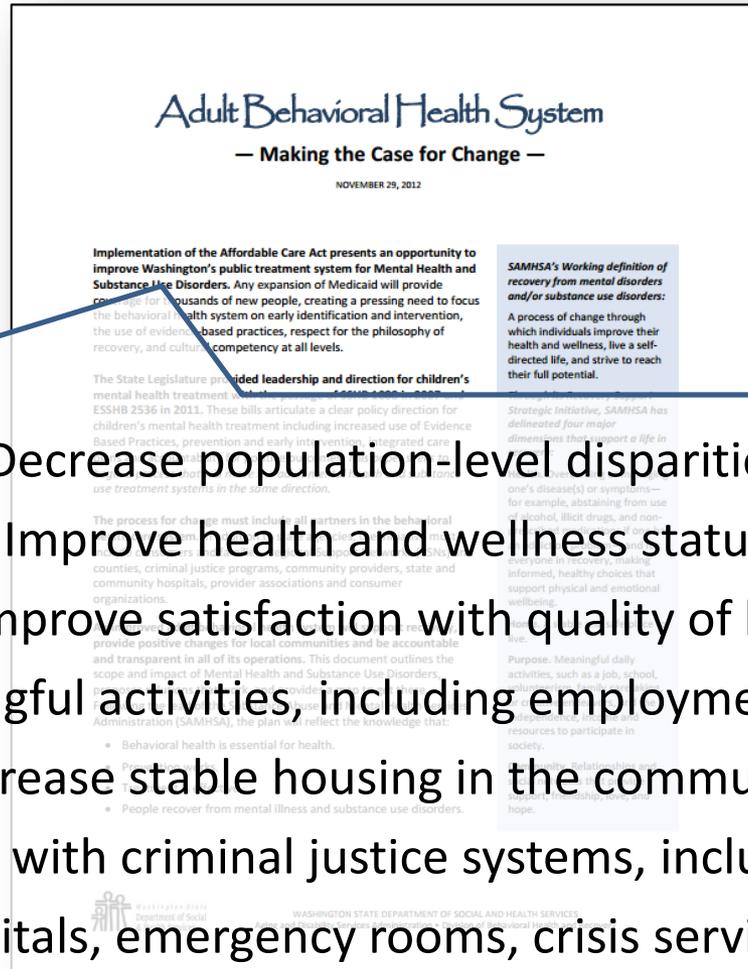
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Logic Model



Behavioral Health Outcomes



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Substance Abuse Treatment

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Decrease population-level disparities	■	■	■	■
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Enhance safety and access to treatment for forensic patients		■		

Substance Abuse Treatment Priorities based on Needs Assessment

- Retain focus on federal and state mandated priority populations (IVDU, PPW; youth)
- Retain focus on full continuum of care in order to place persons according to ASAM criteria
- Develop evidence-based, research-based, and promising practices (EBPs)
- Continue the commitment to statewide availability of services, in some manner



Substance Abuse Treatment

strategy

Refer and place individuals of all ages according to the American Society of Addiction Medicine (ASAM) criteria and the treatment modalities specific to their age range.

detail

- Placement in the appropriate level of care should increase the likelihood of patient retention in treatment, and thereby improved health and wellness outcomes.
- For youth, the service range includes outreach and engagement services, screening, assessment, outpatient, intensive outpatient, detoxification services, intensive inpatient and recovery house residential services.
- Adult treatment services include Intensive Inpatient, Long-Term Residential, Recovery House, Involuntary Treatment, Intensive Outpatient, Outpatient, Opiate Substitution, relapse prevention strategies, outreach, screening, and case management services.

measure

Compare level of care indicated at Assessment to admission modality.



Substance Abuse Treatment

strategy

Support the statewide continuum of care through multiple modalities (OP, RES, OST, Recovery Support, Interim Services, Oxford House, etc...).

detail

- For youth, the service range includes outreach and engagement services, screening, assessment, outpatient, intensive outpatient, detoxification services, intensive inpatient and recovery house residential services.
- Adult treatment services include Intensive Inpatient, Long-Term Residential, Recovery House, Involuntary Treatment, Intensive Outpatient, Outpatient, Opiate Substitution, relapse prevention strategies, outreach, screening, and case management services.
- With Medicaid expansion it is assumed that Block Grant funding will begin to be directed more to recovery support.

measure

For Residential Treatment: Completion.
For Outpatient Treatment: Retention.



Substance Abuse Treatment

strategy

Prioritize placement of Pregnant & Parenting Women and Intravenous Drug Users, and provide interim services to these populations when no immediate placement is available.*

detail

- No changes to priority populations are anticipated as a result of the Block Grant application.
- Continued expectation that all contractors and subcontractors follow contract language to notify DBHR, in writing when they fall below 90 percent of their capacity for IVDU.

measure

Ensure that Priority population receive interim services when no admission is immediately available.

** Medicaid patients continue to be a priority population and will likely expand in FY2014-15*



Substance Abuse Treatment

strategy

Increase commitment to evidence-based practices (EBPs), research-based, and promising practices

detail

- Showcase EBPs at trainings and workshops.

measure

Identify baseline and annual increases from baseline of the number of EBPs, research-based and promising practices provided.



Substance Abuse Treatment

strategy

Modify existing data systems to provide better access to data on 18-24 year olds as a specific age range filter.

detail

- Modify SCOPE (DASA-TA) to include a specific age-range filter for young adults. Presumably this would be ages 18-24, but review of the age range would be conducted by BHAC for a final recommendation. The state could create outcome reports for this subpopulation to better monitor the medical and treatment and recovery service needs.
- 18-24 year olds were consistently a high-use population in the needs assessment but we don't currently have a simple method for tracking services or outcomes for this age group.
- Targeted focus on this subpopulation will assist with programing decisions, such as the selection of EBPs, which will assist with increasing health and wellness status outcomes.

measure

Develop the data definitions and rules for creating a Young Adult/ Youth in Transition filter in SCOPE.



Substance Abuse Treatment

strategy

Continue coordination with the state Dept. of Health to provide TB screening services and treatment.

detail

- Providing services to individuals with tuberculosis (TB), HIV/AIDS, and other communicable diseases is a specified priority for the Block Grant.
- DBHR is required to report on expenditures for TB services as well as HIV Early Intervention Services

measure

Track expenditures for TB and HIV services by DBHR and DOH.



SAT Workforce Development

strategy

Leverage Federal and State resources to provide trainings to promote professional development of the treatment field.

detail

- Federally funded training resources are available by request from Washington State (ATTC, CAPT, etc...)
- Collaborate with other state agencies when there is topical or audience overlap to avoid duplication and share costs.
- Provide professional conferences and workshops (Prevention Summit, Co-Occurring Disorders Conference, Saying it Out Loud, etc...)

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Substance Abuse Treatment Poll

Are the Substance Abuse Treatment strategies aligned with the Behavioral Health Outcomes and Needs Assessment Findings?



This concludes the Substance Abuse Treatment portion of our presentation.

Thank you for your participation.

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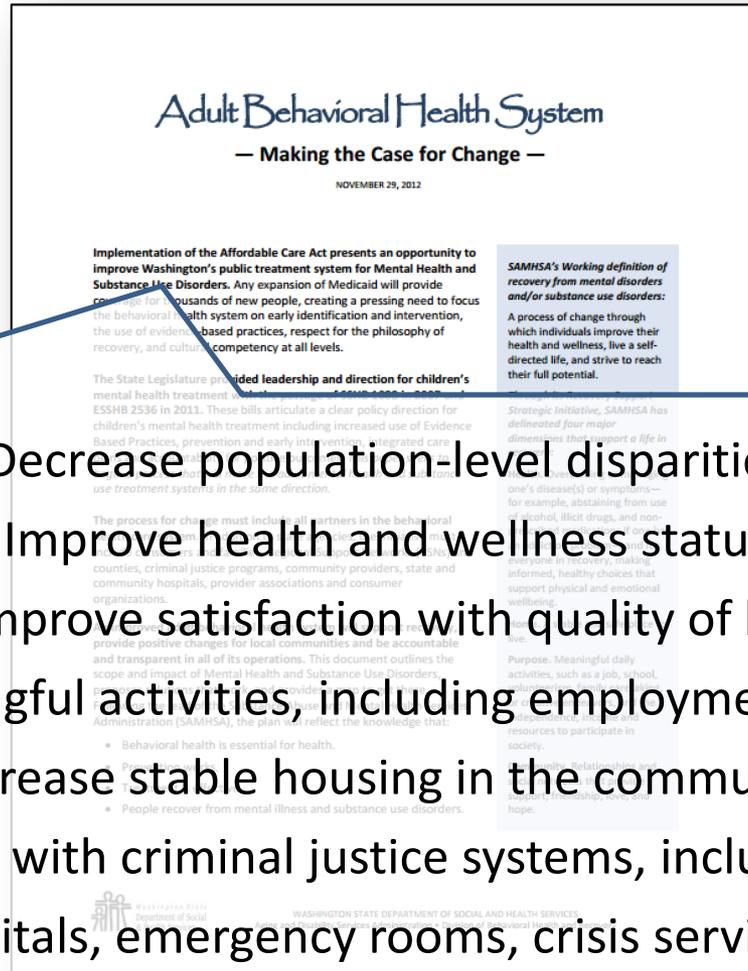
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Mental Health Services

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Adult Mental Health Services

Priorities based on Needs Assessment

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



Adult Mental Health Services

strategy

Continue to contract for a range of effective services across populations while maintaining flexibility to Regional Support Networks to prioritize services locally.

detail

RSN services provided in the past year have been consistent with the Behavioral Health Outcomes and are expected to continue as such. Services in the past year have included:

- Mental Health First Aid
- LGBTQ Specific Counseling and Support
- Crisis Intervention & Stabilization Services
- Integrated Co-Occurring Disorder Treatment
- Gatekeeper Services
- Grocery Vouchers
- Mental Health Medication and Treatment Clinics for Low-Income Consumers
- Housing/Rental Assistance and Support Services
- Supported Education
- Clubhouse
- Forensic PACT
- Mental Health Promotion Activities using NAMI models
- Non-Medicaid Consumers

measure

Under development



Adult Mental Health Services

strategy

Increase stable housing for consumers.

detail

- Promote use of EBP including Permanent Supportive Housing,
- Utilize outreach teams to engage individuals who are homeless or at risk of homelessness
- Assist Individuals with housing resources to obtain or maintain stable housing after discharge from institutional setting.

measure

At least 50% of community mental health agencies will indicate they are providing EBP Permanent Supportive Housing.



Adult Mental Health Services

strategy

Increase employment, education and meaningful activities that will improve health and wellness, reduce involvement with criminal justice.

detail

- Promoting use of EBPs and promising practices including support employment, supported education, peer services, clubhouse services, consumer and family operated services.
- Increase employment rate of individuals receiving outpatient mental health services.
- Implement the Ticket to Work program through the establishment of an Employment Network.
- Increase the number of licensed mental health agencies that are contracted by the Division of Vocational Rehabilitation to provide employment services.

measure

- 35% of community mental health agencies will be providing Evidence based supported employment.
- Strategic plan will be developed to increase employment rates.
- Clients employment status will increase by 2%.
- Agencies licensed/certified to provide limited scope employment will increase by 10%.



Adult Mental Health Services

strategy

Improve consistency of reporting for block grant activities and outcomes.

detail

- Improve the current data set and reporting mechanisms for RSNs to report all block grant activities to ensure that DBHR can reliably identify the population served, the attributes of that population, the services provided, and the outcomes of those services.

measure

Develop reporting timelines, data definitions, and minimum data set for implementation of reporting block grant activities.



Adult Mental Health Services

strategy

Address fidelity monitoring and implementation of EBPs to include Program for Assertive Community Treatment, Illness Management and Recovery and Integrated Dual Disorder Treatment.

detail

Currently, only King County has a forensic PACT team. The team is a variation of the PACT/ACT EBP, modified to work with forensic population.

measure

More teams developed for fidelity monitoring.



Youth Mental Health Services

Priorities based on Needs Assessment

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

Youth Mental Health Services

strategy

Connect eligible children and youth to treatment and supports for those who are not Medicaid eligible or for services/supports Medicaid-funded.

detail

- Through RSNs provide a range of brief and community level interventions to children and youth, and their family.
- Provide crisis and stabilization services to any Washington resident who needs those services, including children and youth.
- Provide coordinated care to children and youth who often are involved in multiple systems and connect them to natural supports and other community services.

measure

A process documented for establishing measures of effective needs for services and supports for each client type and service type.



Youth Mental Health Services

strategy

Increase access and readiness to provide evidence- and research-based practices for children and youth with serious emotional disturbances.

detail

- Addresses quality of care practices and will assist with overall improved health and wellness.
- Development of a workforce knowledgeable to increase availability and sustain EBPs.
- Expand on TFCBT and wraparound services.

measure

Implementation of an EBP tracking system to identify providers statewide offering specific EBPs.



Youth Mental Health Services

strategy

Maintain commitment to development of youth and family voice, leadership, and peer-to-peer support.

detail

Expand voice and reach of the wisdom from lived experiences of families and youth.

measure

Increase in of family/youth support and participation of 10%.



Youth Mental Health Services

strategy

Develop the state's capacity to track progress on meaningful outcomes for youth, families, providers, system partners and taxpayers.

detail

- Statewide implementation for measuring the needs and strengths of youth who need intensive mental health services.
- Partnering with cross-system data quality team to evaluate outcomes for the children and youth who cross multiple systems.

measure

The Child Adolescent Needs and Strength tool (CANS) will allow the Data Quality Team to review outcomes and provide recommendations for improvement of quality measures.



MHS Workforce Development

strategy

Plan and implement a care integration training between chemical dependency treatment, mental health treatment, and primary care.

detail

DBHR will begin planning and field based implementation of training for care integration between chemical dependency treatment, mental health treatment and primary care. Washington is implementing Health Homes under the Affordable Care Act. DBHR plans to develop training curricula for chemical dependency and mental health providers to efficiently interact and integrate with primary care providers. DBHR will also develop curricula for primary care providers so that they can effectively work on health home teams with mental health and chemical dependency providers.

measure

Develop a training curriculum and training implementation timeline.



Mental Health Services Poll

Are the Mental Health Services strategies aligned with the Behavioral Health Outcomes and Needs Assessment Findings?



This concludes the Mental Health Services portion of our presentation.

Thank you for your participation.