SAMHSA Block Grant Update for the WV Behavioral Health Planning Council

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Overview



- 1. Overview of Bureau for Behavioral Health (BBH) and West Virginia Behavioral Health Planning Council (WVBHPC)
- 2. Substance Abuse and Mental Health Services Administration (SAMHSA) Block Grant (BG) and Changes
- Communicating About the Block Grant website, email, in person
- 4. Questions

Bureau for Behavioral Health



Vision: The West Virginia Department of Health and Human Resources, Bureau for Behavioral Health (BBH) champions West Virginians' wellness, resilience, and recovery.

BBH's <u>mission</u> is to serve the people of West Virginia by working with strategic partners to advance access and quality of statewide behavioral health to empower each West Virginian to reach their potential.

Values: BBH values the lived experience of stakeholders, families, and communities. We believe in connection and hope.

The Council's Primary Functions



The WV Behavioral Health Planning Council's primary functions are mandated by federal law:

- Review the Block Grant and submit to the State any recommendations for modifications.
- Serve as an advocate for adults with serious mental illness (SMI) and children with severe emotional disturbance (SED).
- Monitor, review and evaluate the allocation and adequacy of mental health services within the State.

Mental Health Block Grant (MHBG)



Required: Populations to Be Served

- Children with SED
- Adults with SMI, including older adults with SMI
- Individuals with SMI or SED in the rural and homeless populations
- Individuals who have an early serious mental illness (ESMI) (10 percent MHBG set-aside)
- Individuals in need of behavioral health crisis services (BHCS) (5 percent MHBG set-aside)

Application Forms: Overview

- State Information
 - Funding Agreement
 - Disclosure of Lobbying Activities
- Planning Steps
 - Strengths and Capacity
 - Service Gaps
 - State Planning Activities
 - Goals
- Planning Tables
 - Table 1 Priority Areas and Annual Performance Indicators
 - Table 2a State Agency Planned Expenditures
 - Table 6a Non-Direct Services/System Development
- Environmental Factors and Plan Requirements
 - Requests

Overview of Key Changes: MHBG



New required questions:

- Access and health disparities.
- Psychiatric advance directives.

New questions:

- FEP, including incidence and outreach, with a tool if needed; the State is asked to respond to how the child system and CHIP (Children's Health Insurance Program) are connected with FEP (First Episode Psychosis) services and how trauma-informed care is provided.
- Quality Improvement Process, trauma, and criminal/juvenile justice.
- Person-centered planning.
- Training on trauma-specific and evidence-based intervention related to crisis teams and call centers.
- Including diverse audiences in public comment. Council
 Chair Letter and Report, membership, meeting minutes.

Substance Use Prevention, Treatment, and Recovery Services (SUPTRS)



The SUPTRS Block Grant focuses on the following populations and service areas:

- Pregnant women and women with dependent children
- Intravenous drug users
- Tuberculosis services
- Early intervention services for HIV/AIDS
- Primary prevention services [no less than 20%]

Overview of Key Changes: SUPTRS BG



Fiscal changes

- Includes planned dollars for recovery services.
- American Rescue Plan Act (ARPA) up to 2025 allocated.

Programmatic changes

- Prevention requires 1 (up to 6) strategies.
- Fentanyl is added as a separate category.
- Health disparities is a requirement now.
- New trauma questions.

New requested areas of interest

- Individuals leaving incarceration getting effective treatment timely.
- Medication for Opioid Use Disorder (MOUD) activities, and addressing stigma regarding MOUD, are now requested.
- Criminal and juvenile justice coordination across systems including data sharing with data agreements.
- PPW and pediatric allow physical medical care via SUPTRS Block Grant
- Recovery question change involve stakeholders and stakeholders

Other changes

- E.g., this year there is a 5a and 5a2, and no 5b and 5c.
- SAMHSA will provide a Word version of the application.

2023 Planning Council Introductory Manual



Key points from the advisory planning council introductory manual <u>State</u> <u>Behavioral Health Planning Councils: An Introductory Manual</u> include:

Membership

- Reminder that state employees and mental health service providers must make up no more than 50% of the council: mental health, education, vocational rehab, criminal justice, housing, social services, and Medicaid.
- Reminder that 50%+ must be adults with SMI who are receiving (or have received) services and families of adults with SMI/children with SED.
- Recommended: substance use, aging, and child welfare agency membership; healthcare providers serving diverse populations, e.g., race; age; LGBTQ+, transition age, geographic regions, urban/suburban, rural; primary language, Tribal, one youth, one older adult, accessible for people with disabilities; people in recovery; peer providers, co-occurring; diverse settings, such as inpatient, residential, outpatient, and intensive outpatient. More than 1 parent is recommended.

2023 Planning Council Introductory Manual



Examples of Ways to Fulfill Statutory Duties

- Provides examples of how councils may advocate broadly on behalf of children and adults by promoting workforce development; issuing informational papers; participating in advocacy training; and/or provide support from National Alliance on Mental Illness (NAMI), Youth Move, and other advocacy groups.
- Provides examples of monitoring, reviewing, and evaluating services by, for example, requesting reports from the agency(ies) as WVBHPC does now.
- Provides examples of recruiting strategies that other planning councils have found useful such as maintaining an email list of stakeholders, making meetings fully accessible to the public and publicizing through state websites, social media, email, and conducting annual training sessions with new council members and agency staff.
- Review the Block Grant and report, and submit to the State any recommendations for modifications.

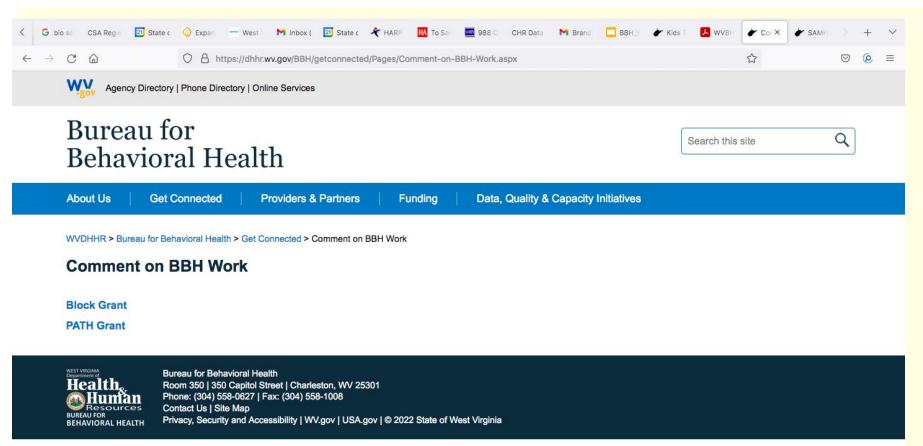
State Application Preview



- MATCH wymatchsurvey.org/data (Mountain State Assessment of Trends in Community Health) and Medicaid Unwind: the need for more accessible, low-barrier behavioral health treatment during economic hardship, stigma, and workforce shortages, as well as other barriers to care. Key insights from the first MATCH survey highlight mental health care in West Virginia. Responses indicated that individuals 18 to 34 had the highest need to see a mental health care provider and the highest share who did not see a provider because of expense. Black respondents made up the highest share of individuals who did not see a mental health care provider citing discomfort talking to a mental health provider
- Transformation Transfer Initiative (TTI): build on existing engagement efforts; use cultural humility; support Subject Matter Expertise within and external to WV for culturally appropriate, effective, and trauma-informed outreach and crisis service
- Initiatives include:
 - Workforce Plan
 - Planning Council Learning Collaborative
 - NAMI Exploration Group
 - CCBHC Roll-out
 - 9-8-8

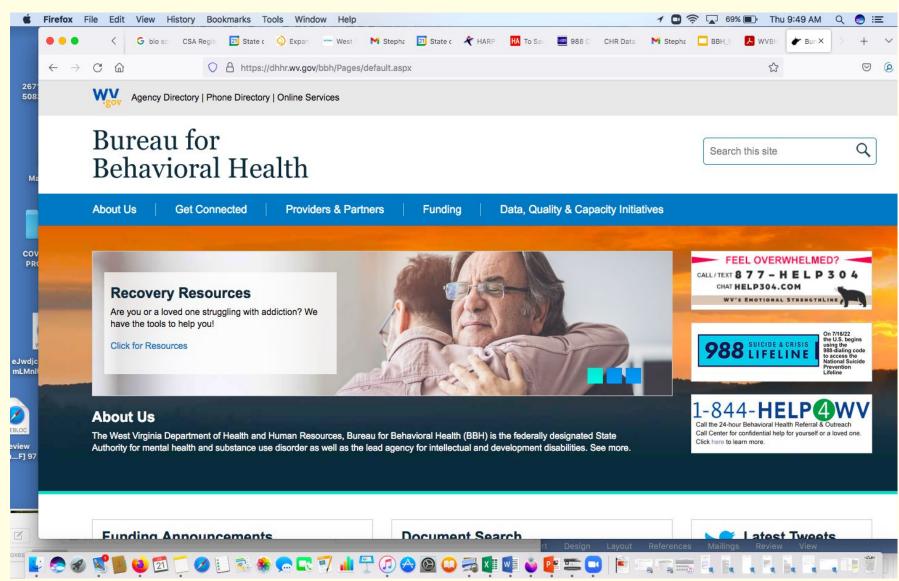
BBH Website - Information on Block Grant





BBH Website





BBH Website - Information on Block Grant





WVDHHR > Bureau for Behavioral Health > Get Connected > SAMHSA Block Grant

SAMHSA Block Grant

Substance Abuse Prevention and Treatment Block Grant (SABG) and the Community Mental Health Services Block Grant (MHBG)Funds received from the Block Grant program are used for prevention, treatment, recovery supports and other services that will supplement services covered by Medicaid, Medicare and private insurance. Specifically the Block Grant funds are directed toward four purposes:

- · Fund priority treatment and support services for individuals without insurance or for whom coverage is terminated for short periods of time.
- Fund those priority treatment and support services not covered by Medicaid, Medicare or private insurance 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 for persons not identified as needing treatment.
- 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.

FFY 2022-2023 Block Grant Application Draft

• The Bureau for Behavioral Health accepts public comment on Block Grant Applications at any time. You may submit comment via email to dhhrannouncements@wv.gov

FFY 2021 Mental Health Block Grant Report FFY 2021 Substance Abuse Block Grant Report

Block Grant Overview

SABG Requirements Regarding Pregnant Women and Women with Dependent Children

SABG Block Grant Requirements: Capacity Management

America's Rescue Plan Funding:

West Virginia's Plan to Strengthen Responses to Mental Health and Substance Use Disorder Crises

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The West Virginia Department of Health and Human Resources, Bureau for Behavioral Health (BBH) has a long history of championing West Virginians' wellness, resilience, and recovery. Moreover, BBH values the lived experience of stakeholders, families, and communities.

In order to hear ideas from stakeholders in West Virginia communities to shape BBH's application for ARPA funding, BBH hosted a public virtual meeting on June 15, 2021. Ideas to improve the treatment, prevention, and recovery mental health and substance use disorder system in West Virginia were received via email and Zoom chat. The ideas were reviewed for potential duplication as part of other efforts and their fit with the federal requirements for these funds. For example, both for the Substance Abuse and Mental Health Services Administration (SAMHSA) Block Grants, and for ARPA as a supplement to SAMHSA block grants, SAMHSA includes the statutory requirement to serve adults with serious mental illness or youth with severe emotional disturbance. The majority of the following ideas are incorporated into the State's funding requests.

The public meeting on BBH's Application for SAMHSA's American Rescue Plan Funding had 169 registered and 90 unique viewers. Organizations represented included recovery and peer support organizations; behavioral health providers, including Comprehensive Behavioral Health Centers; children's service providers; the WV Behavioral Health Planning Council, prevention organizations; and other state agencies. Ideas shared by participants included:

BBH Website and Block Grant Purposes



<u>DHHR</u> > <u>Bureau for Behavioral Health</u> > <u>Get Connected</u> > SAMHSA Block Grant

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More about Block Grant on BBH Website



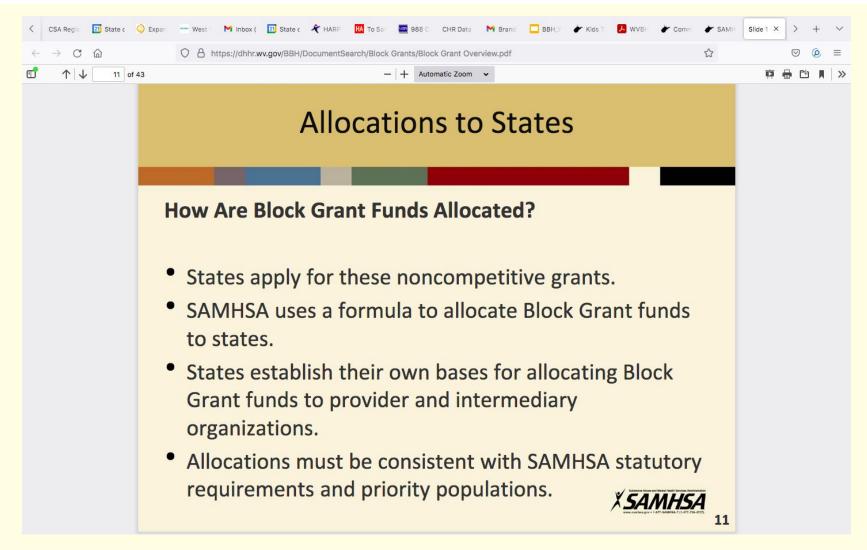
Block Grant Overview

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- SABG Block Grant Requirements: Capacity Management
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Example: Background on SAMHSA Block Grants





BBH Website, Council, and Other Items of Interest



dhhr.wv.gov/BBH/

<u>WVDHHR</u> > <u>Bureau for Behavioral Health</u> > <u>Get Connected</u> > By County, Region, or Statewide Council

<u>Prevention First Network</u> BBH recognizes the importance of prevention activities occurring at the local, county, and regional level, by people whose training and background includes cultural competency in West Virginia communities.

The West Virginia Kids Thrive Collaborative meets quarterly for WV stakeholders and DHHR leaders to share big picture overview updates and provide feedback regarding the ongoing development of the state's system of care and support for children's mental health.

kidsthrive.wv.gov/

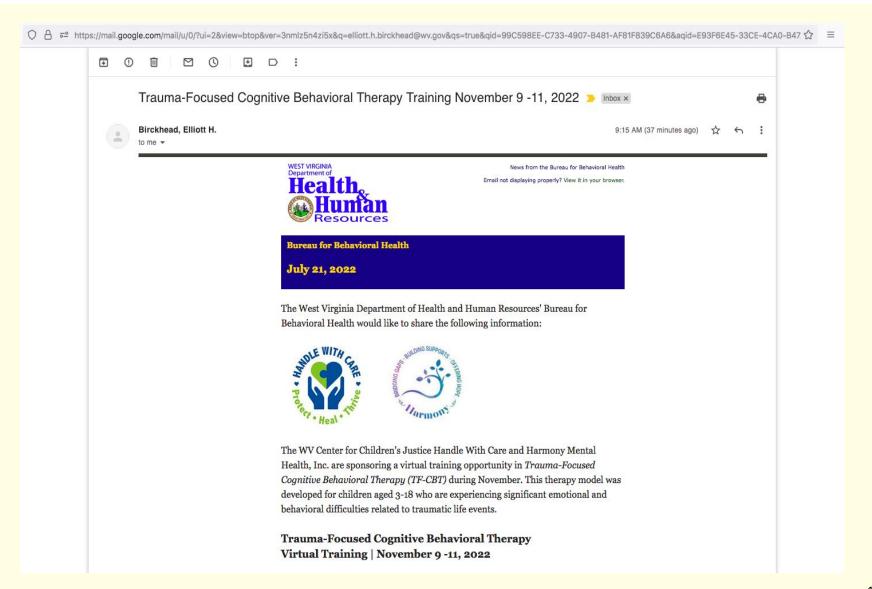
Statewide Councils

- WV Behavioral Health Planning Council
- WV Council for Prevention of Suicide
- WV Developmental Disabilities Council
- WV Interagency Council on Homelessness

Sign Up for BBH ListServ Contact Us

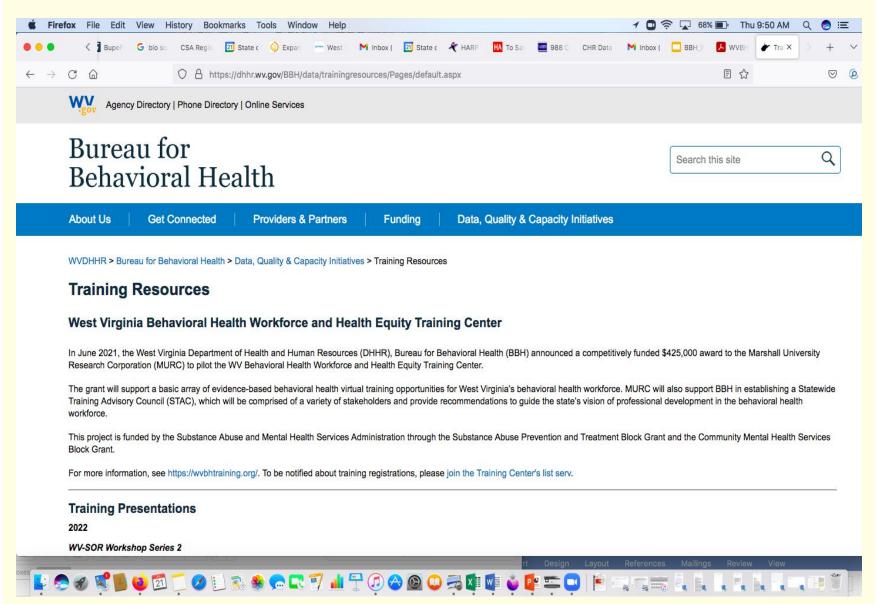
Information on Block Grant via Email





Behavioral Health Training Center





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