

**2018-2019 Combined Application for the
Substance Abuse Prevention and Treatment Block Grant and
Community Mental Health Services Block Grants**

Executive Summary

REVISED July 31, 2017

**Bureau of Prevention Treatment and Recovery
Division of Care and Treatment Services
Wisconsin Department of Health Services**

Background

Federal law requires that each state submit an annual application for their allocation of Substance Abuse Prevention and Treatment Block Grant (SABG) and Community Mental Health Services Block Grant (MHBG) funds. Wisconsin will again be filing a combined SABG and MHBG application for FFYs 2018-2019. The combined application is due to the Substance Abuse and Mental Health Services Administration (SAMHSA) on September 1, 2017. The projected amount Wisconsin will receive in FFY 2018 via the SABG is **\$27,146,120** and via the MHBG is **\$6,386,701**. **States have been instructed to develop MHBG plans using the President's Federal Budget Plan. This budget calls for a 22% reduction in the total MHBG program. Wisconsin's MHBG award amount in this budget is \$6,386,701, a reduction of \$2,346,187 from Wisconsin's FFY 2017 award amount. The President's Budget Plan reduced the SABG program by \$51,863 (a 0.2% reduction).**

Combined Needs Assessment and Review of MHBG/SABG Plan

The combined block grant application requires a combined needs assessment that should inform the state priority areas that must be added to the federally required priority areas for each block grant. The Wisconsin 2018-2019 Combined MHBG and SABG will include the following required Needs Assessment elements: (1) assessment of the state's strengths and needs; (2) identification of unmet needs and gaps; and (3) federal and state priorities for planning and system improvement activities that will begin to address those unmet needs and gaps.

The Bureau completed a draft needs assessment and has reviewed a draft of the document with members of the Wisconsin Council on Mental Health (WCMH) and the State Council on Alcohol and Other Drug Abuse (SCAODA). Both councils have provided initial feedback and guidance for the planning of the SABG and MHBG plan. The DCTS will provide a draft copy of the MHBG/SABG plan to the WCMH and SCAODA in July of 2017 for review and comment. A public hearing will be held at the WCMH meeting on July 19, 2017 to solicit feedback from members of the public. Members of SCAODA will also be invited to attend this meeting.

2016-17 Block Grant Priority Areas and Outcomes

The 14 priority areas for the current FFY 2016-17 MHBG/SABG Application and Plan, and the first-year target indicators are included Attachment C. These outcomes for FFY 2016 were included in the FFY 2017 Annual SABG and MHBG reports submitted to the federal Substance Abuse and Mental Health Services Administration (SAMSHA) in December 2016. The outcomes for FFY 2017 will be evaluated and reported to SAMSHA in December 2017.

2017-2018 Block Grant Priority Areas for Public Comment

The following draft priorities for planning and system development will be presented for public input and comment:

2018-2019 SABG Priorities	
FEDERALLY REQUIRED PRIORITIES	
1.	At least 98% of all certified Alcohol and Other Drug Abuse (AODA) treatment agencies in Wisconsin will be compliant with Tuberculosis (TB) screening, information and referral policies, and practices.

2. Increase prevention, street outreach and access to recovery-oriented treatment for intravenous drug users (IVDU) by 2%.
3. Increase access to culturally appropriate and comprehensive services for special populations such as Hispanic/Latinos, Native Hawaiian or Pacific Islander, African American, Asians, American Indian or Alaska Native, Lesbian Gay Bisexual Transgender and Questioning (LGBTQ), and veterans.
4. Reduce youth access to tobacco products and maintain at retail outlets non-compliance rate of less than 10 percent.
5. Increase the number of women-specific, recovery-oriented, evidence-based services within five counties or tribes with a focus on pregnant women or women with dependent children.
6. Provide services for individuals in need of primary substance use disorder prevention by spending 20 percent of the SABG funds on primary prevention.

ADDITIONAL STATE PRIORITY AREAS

7. Reduce binge drinking for adults ages 18-55 and for youth ages 12-17.
8. Prevent the misuse and abuse of all opiates in Wisconsin in order to reduce the number of opiate-related deaths.
9. Expand interventions and treatments for methamphetamine addiction.

2018-2019 Combined SABG and MHBG Priorities

1. Expand the use of Evidence Based Practices in the Mental Health and Substance Use Disorder service systems.
2. Expand and enhance the workforce capacity for Mental Health and Substance Use Disorder services.
3. Improve the quality and effectiveness of behavioral health services in the criminal and juvenile justice systems.
4. Increase service quality and system capacity through the training, certification, employment, and utilization of Certified Peer Specialists.

2018-2019 MHBG Priorities

1. Expand the provision of Coordinated Specialty Care model services for youth and young adults experiencing a First Episode Psychosis.
2. Improve service outcomes for youth with SED through the use of Coordinated Services Teams (CST) Initiatives.

Proposed 2018 SABG High Level Allocation

The following is the proposed high level allocation to be included in the 2018 SABG. There are both federal (see Attachment A) and state statutory requirements (see citations below) for the disbursement of the SABG funding which are included in the block grant documents submitted for review.

SABG FFY 2018 ALLOCATIONS DRAFT	
Community Aids (s. 46.40(2m)(a))	\$9,735,700
State Operations and Administration (20.437(5)(mc))	\$2,219,600
Department of Corrections	\$1,347,417
Department of Children and Families (s. 48.561(3)(a)2, s. 48.545)	\$3,158,000
Women's AODA Initiatives (s. 46.86, s. 46.55(3m))	\$3,558,233

Juvenile Justice Treatment Grants (s. 48.547(2), s. 165.987(2), s. 20.455(2)(k))	\$1,621,600
Other Primary Prevention Initiatives (s. 46.71, s.252.12(2)(c), s. 6.49(1))	\$2,134,477
Other Treatment Related Grants (s. 46.65, s. 6.49(1))	\$3,371,093
TOTAL Allocations FFY 2017 (October 1, 2017 – September 30, 2018)	\$27,146,120

SABG 2018 Updates

The Federal Fiscal Year (FFY) 2018 SABG allocation for Wisconsin is projected to be \$27,146,120 which is a very slight decrease (0.2 percent) from the FFY 2017 amount of \$27,198,302. The same amount of funds will be allocated among most of the various SABG-funded programs as in 2017, given minimal recommended changes to the programming. The 0.2 percent decrease will occur in the “Other Treatment Related Grants” line.

Proposed 2018 MHBG High Level Allocation

The following is the proposed high level allocation to be included in the 2018 MHBG plan. There are both federal (see Attachment B) and state statutory requirements (see citations below) for the disbursement of the MHBG funding which are included in the Block Grant documents submitted for review. The specific state statute references that guide the distribution of funding are included if applicable.

MHBG FFY 2018 ALLOCATIONS	
Community Aids (46.40(2m)(b))	\$2,513,400
Children’s Mental Health/Coordinated Services Teams (CST) (46.56)	\$1,826,500
Family/Consumer Self-Help & Peer-to-Peer Support (46.54)	\$874,000
Transformation Activities	\$0.00
Systems Change (46.52)	\$0.00
Recovery, Early Intervention	\$638,670
Training (46.53)	\$0.00
Wisconsin Protection and Advocacy (51.62(3m))	\$75,000
State Operation and Program Development Costs	\$459,131
TOTAL Allocations FFY 2018 (October 1, 2017 – September 30, 2018)	\$6,386,701

MHBG 2018 Updates

The federal proposed Wisconsin MHBG allocation for FFY 2018 is \$6,386,701, a reduction of \$2,346,187 from FFY 2017. As a result of this reduction in funding several allocations will be reduced or eliminated. Funding for Family and Consumer Self-Help and Peer to Peer Supports will be reduced by \$241,848 to an annual amount of \$874,000, the minimum required by State law. Funding for Systems Change activities, previously an annual amount of \$54,287, will be eliminated. Under the category of Recovery and Early Intervention an allocation of \$124,991 for Suicide Prevention will be eliminated. Under the same category, funding for Coordinated Specialty Care (CSC) for Early Intervention for First Episode Psychosis (FEP) will be reduced by \$468,330 to an annual amount of \$638,760. Funding for Transformation, a previous allocation of \$545,090, will be eliminated. Funding for Training, a previous allocation of

\$181,808, will be eliminated. Lastly, funding for State Operations for program development and administrative support will be reduced by \$250,869, to an annual amount of \$459,131.

Public Review Required

The federal requirements for submission of the block grants include insuring that the block grant plan is reviewed by the state planning council, which is the Wisconsin Council on Mental Health. The State Council on Alcohol and Other Drug Abuse is the appropriate body to comment on issues related to substance use and the SABG. The Department must submit the Wisconsin Council on Mental Health's comment letter regarding the block grant plan with the Block Grant application. In addition, states must consult with federally recognized Tribal governments in their state. During June-July 2017 the DCTS will solicit feedback from the two Councils and the Council committees. The July 19, 2017 meeting of the WCMH will also serve as an opportunity for public review and comment.

ATTACHMENT A: Federal Specific Requirements for the Substance Abuse Block Grant

There are federal parameters on the use of the federal Substance Abuse Prevention and Treatment Block Grant (SABG) as noted below:

- States must expend no less than 20% on primary prevention.
- States must expend no less than 5% on treatment services for pregnant women and women with dependent children.
- State can only use 5 percent of the grant for administrative purposes (i.e. processing of contracts and payments and agency indirect costs) with respect to the grant. A portion of the block grant is used for program development activities beyond the 5 percent administrative amount (i.e., staff salaries to implement the federal required program development and quality improvement activities) as established in the State Biennial Budget.
- The program gives preference in admission to pregnant women who seek or are referred for and would benefit from Block Grant-funded treatment services. Further, all entities that serve women and who receive block grant funds must provide preference in the following order:
 - To pregnant injecting drug users first.
 - To other pregnant substance abusers second.
 - To other injecting drug users third.
- Grant funds shall not be used to provide inpatient hospital services unless the safety of the patient is in jeopardy.
- Additionally, the daily rate of payment provided to the hospital for providing the services to the individual cannot exceed the comparable daily rate provided for community based non-hospital residential programs of treatment for substance abuse and the grant may be expended for such services only to the extent that it is medically necessary (i.e., only for those days that the patient cannot be safely treated in a residential community based program).
- Grant funds shall not be used to make cash payments to intended recipients of health services.
- Grant funds shall not be used to purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or any other facility, or purchase major medical equipment. The Secretary may provide a waiver of the restriction for the construction of a new facility or rehabilitation of an existing facility, but not for land acquisition.
- Grant funds shall not be used to satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funding.
- Grant funds may not be used to provide financial assistance (i.e., a subgrant) to any entity other than a public or non-profit entity. A State is not precluded from entering into a procurement contract for services, since payments under such a contract are not financial assistance to the contractor.
- Grant funds shall not be used to provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs.
- Grant funds may not be used to enforce State laws regarding sale of tobacco products to individuals under age of 18, except that grant funds may be expended from the primary prevention set-aside for carrying out the administrative aspects of the requirements such as the development of the sample design and the conducting of the inspections.
- No funds provided directly from SAMHSA or the relevant State or local government to organizations participating in applicable programs may be expended for inherently religious activities, such as worship, religious instruction, or proselytization.

ATTACHMENT B: Federal Requirements for the Community Mental Health Block Grant

There are federal constraints on the use of the federal Community Mental Health Block Grant as noted below:

- The primary target groups for the funds are adults with a serious mental illness or children with a severe emotional disturbance.
- The state will provide services only through appropriate, qualified community programs.
- Cannot be used for inpatient services.
- Cannot be used to make cash payments to intended recipients of health services.
- Cannot be used to purchase or improve land, purchase, construct, or permanently improve any building or other facility, or purchase major medical equipment.
- Cannot be used to satisfy any requirement for the expenditure of non-federal funds as a condition of the receipt of federal funds.
- Cannot be used to provide financial assistance to any entity other than a public or nonprofit entity.
- State can only use 5 percent of the grant for administrative purposes (i.e. processing of contracts and payments and agency indirect costs) with respect to the grant. A portion of the block grant is used for program development activities beyond the 5 percent administrative amount (i.e., staff salaries to implement the federal required program development and quality improvement activities) as established in the State Biennial Budget.
- Must maintain a level of spending in the block grant for a system of integrated services for children not less than the amount expended by the state in 2008.
- The State must maintain State expenditures for community mental health services at a level that is not less than the average level of such expenditures maintained by the State for the two-year period preceding the fiscal year for which the state is applying for the grant.
- States must allocated 10% of the MHBG towards early intervention programs for serious mental illness.

ATTACHMENT C: 2016-2017 Block Grant Priorities and Performance

Substance Abuse Block Grant Priorities

1. *Prevent tuberculosis (TB) transmission among IV drug users and treat those with TB.*
 - Indicator: The rate of treatment agencies in compliance with TB screening, information and referral policies versus total agencies certified or re-certified will be at least 98 percent.
 - 2016 - Achieved
2. *Increase prevention, street outreach, and access to recovery-oriented treatment for intravenous drug users*
 - Indicator: Increase annual treatment admissions among intravenous drug users by two percent.
 - 2016 – Achieved
3. *Improve access to recovery-oriented services for special populations*
 - Indicator: The proportion of special populations served will be comparable to their substance use disorder prevalence.
 - 2016 – Achieved
4. *Reduce youth tobacco use*
 - Indicator: The proportion of successful purchases of tobacco products by youth will be below 10 percent.
 - 2016 – Achieved
5. *Increase substance use disorder services and quality of services for pregnant women and women with dependent children*
 - Indicator: Five new counties/tribes will receive technical assistance on using evidence-based practices for serving substance-using pregnant women and women with dependent children.
 - 2016 – Achieved
6. *Prevent substance abuse among at risk populations*
 - Indicator: Wisconsin will spend at least 20 percent of its SABG funds on primary prevention.
 - 2016 – Achieved
7. *Reduce adult binge drinking in Wisconsin for people ages 18-34*
 - Indicator: The percent of adults who report binge drinking in the past 30 days will not exceed 22 percent.
 - 2016 – Achieved
8. *Prevent the misuse and abuse of prescription opiates in Wisconsin*
 - Indicator: Record and document efforts to implement each of the four identified strategies (develop best practices for reducing prescription drug availability; provide TA to WI's three regional opioid treatment centers; track statistic from Prescription Drug Monitoring Program; track no. of non-medical/unauthorized prescription opiate-related deaths)
 - 2016 – Achieved

9. *Implement Screening, Brief Intervention, and Referral to Treatment (SBIRT) in the school system*
 - Indicator: Identify and provide initial SBIRT technical assistance and support to at least three new school districts.
 - 2016 – Achieved
10. *Increase substance use workforce capacity*
 - Indicator: At least one statewide training for substance use disorder prevention professionals will be held and two Substance Abuse Prevention Specialists trainings and two ethics trainings for prevention professionals will be held. At least one statewide training for substance use disorder treatment counselors will be held.
 - 2016 – Achieved
11. *Reduce Youth Binge Drinking*
 - Indicator: The percent of youth who report binge drinking in the past 30 days will remain at or below the national average.
 - 2016 – Not achieved (2015 state data not available. 2012-13 data showed state binge drinking rate of 7.23%, above the national rate of 6.73%.)

Mental Health Block Grant Priorities

1. *Improve service outcomes for youth with SED through the use of Coordinated Services Teams (CST) Initiative*
 - Indicator: 36% of CST youth participants will complete their services with “major or moderate” improvement at discharge.
 - 2016 – Not Achieved
2. *Improve Mental Health and Substance Abuse Outcomes and Quality of Care in Comprehensive Community Services (CCS) programs*
 - Indicator: Increase by 2% annually the percent of adults, youth, and families who reported being satisfied with treatment outcomes (among CCS counties and regions who surveyed their consumers in CY2014) based on the percent of consumers/caregivers who “agree” or “strongly agree” with the following statements about their own/their child’s experience with CCS services.
 - 2016 – Not Achieved
3. *Improve Behavioral Health Services in the Criminal Justice System*
 - Indicator: 60% percentage of people enrolled in Treatment Alternatives and Diversion (TAD) will receive at least one evidence based practice.
 - 2016 – Achieved
4. *Reduce rate of suicide in Wisconsin, including males ages 40-59*
 - Indicator: A total of 22 behavioral health organizations will have implemented Zero Suicide Model principles, an increase of 5 organizations.
 - 2016 – Achieved