Executive Summary:
Wisconsin Mental Health Block Grant Application for 2012

Briefing to Wisconsin Council on Mental Health

Wisconsin Department of Health Services
Division of Mental Health and Substance Abuse Services

2012 Mental Health Block Grant

July 18, 2011

Division of Mental Health & Substance Abuse Services

Background

The intent of this monograph is to apprise the Wisconsin Council on Mental Health as to the proposed changes by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) for the Mental Health Block Grant (MHBG) and Substance Abuse Prevention Treatment Block Grant (SAPTBG) and our planned priorities and general allocations. SAMHSA is looking for increasing integration between the two block grants. Although the federal 2012 Budget has not yet been passed by Congress, CMHS has instructed the Division of Mental Health and Substance Abuse Services to assume the same level of funding in FFY 2012, as Wisconsin's final allocation received in FFY 2011, **$7,463,832.** The block grant planning conference was held June 30-July 1, 2011.

History of the Block Grants. Since the mental health and substance abuse block grants were originally authorized in 1981 under President Reagan, much has changed. Although flexibility was afforded by the MHSBG there is a notable "science to service" lag and inconsistent and adequate person-level data demonstrating accountability. The advent of the Mental Health Parity and Addictions Equity Act (MHPAEA) as well as the Affordable Care Act (ACA) along with the proposed changes to Medicaid, it is expected that perhaps six million individuals will gain health insurance coverage in 2014, though not all services are expected to be covered In 2009, more than 39 percent of individuals with serious mental illnesses (SMI) or serious emotional disturbances (SED) and 60 percent of individuals with substance use disorders were poor and uninsured. In the context of health reform, a "new generation" of block grants is envisioned by SAMHSA. New guidance was received mid-April followed by several four MHBG conference calls for clarification. Input was sought on SAMHSAs proposed changes to the Block Grants in the April 11, 2011 *Federal Register*. Those comments were summarized in the June 17, 2011 *Federal Register* providing for written comments and recommendations concerning the proposed information collection are being solicited by July 18, 2011.

Timeline. The 2012 application is due on 09/01/2011 for a planning period of 10/01/11 through 06/30/1013 with the annual assurance report (formerly, *Implementation Report*) due on 12/01/11 (for reporting period of 10/01/10 to 09/30/11) and then again on 12/01/12. Subsequent grant applications would be due at two-year intervals with the next grant application being due on 04/01/2013 for the FFY 2014 (07/01/13 to 06/30/15). States are encouraged to submit a combined mental health and substance abuse prevention and treatment application; however may submit separate applications for this period, which is what Wisconsin is planning to do.

Review Requirements and Constraints on Use of Funding. Federal requirements for submission of the block grant include insuring that the block grant allocation plan is reviewed by the state planning council, which is the Governor's Wisconsin Council on Mental Health (WCMH) and made available for public comment (scheduled for July 20th, 2011). With the Block Grant application the Department must submit the Council's letter of support with their comments regarding the allocation and the block grant plan. There are currently constraints on the use of the federal funding which are listed in Appendix 1.

New Generation of Block Grant and Allocations. Federal guidance under the *new generation* of Block Grants is depicted below (Figure 1), juxtaposing SAMHSA's eight strategic priorities on the left side of the matrix against the four federally identified purposes for block grant funding in the context of a promoting high-quality, self-directed, and satisfying life in the community. The aim is to promote health for everyone in non-institutional, home environments in the community, while attending to the innate human need for purpose. This is the expected context for future funding in addition to eventual integration of the MHBG and SAPTBG.

2012 Block Grant

The block grant is divided into a planning section in accordance with the new guidance. This first planning section includes the following elements:

1) Strengths and Weaknesses of Current System

2) Unmet Service Needs and Critical Gaps
3) Priorities
4) Objectives, Strategies, and Performance Indicators
5) Dashboard Indicators

There are five criteria which are still being required within the structure of the block grant but no longer have a separate section. As such these criteria are interwoven into the body of the document:

1) Comprehensive Community-Based Mental Health System
2) Mental Health System Epidemiology
3) Children's Services
4) Targeted Services for Rural, Homeless, and Older Adults
5) Management Systems

Planned allocations for the MHBG for FFY-2012 are shown in Figure 2 and explained in more detail in Appendix 2. New emphasis in the block grant guidance is to help align and integrate seamless bi-directional healthcare between primary healthcare and treatment for mental illness and substance use disorders. As can be seen in Figure 1, there is an increased emphasis on primary prevention of mental illness and substance use disorders. As Wisconsin adapts its block grant plan to meet new federal requirements, SAMSHA is allowing for a phased development of the plan, thus not forcing an abrupt change in priorities, thereby disrupting current initiatives. This phased process allows for more substantive stakeholder input and utilizes a rolling or phased submission process for the MHBG.

Figure 1

4 Purposes for MHBG Funding

SAMHSA's 8 Strategic Priorities	Priority Treatment & Support Services for Individuals w/o Insurance	Priority Treatment & Support Services for Individuals Not Covered by Insurance	Primary Prevention Activities & Services for Person Not Identified as Needing Treatment	Collecting Performance & Outcome Effectiveness Data & to Plan Implement-ation of New Services
1) Prevention of Substance Abuse & Mental Illness	**Health** **Physically & Emotionally Healthy Lifestyle**			
2) Trauma & Justice				
3) Military Families	**Home** **Stable, Safe, & Supportive Place to Live**			
4) Recovery Support				
5) Health Reform	**Purpose** **Meaningful Daily Activities—e.g. Job, School, Caregiving, Volunteerism**			
6) Health Information Technology				
7) Data, Outcomes & Quality	**Community** **Relationships & Social Networks Providing Support, Friendship, Love, and Hope**			
8) Public Awareness and Support				

SAMHSA's vision for a high-quality, self-directed, and satisfying life in the community

Additional aims of the Block Grant programs reflect SAMHSA's overall mission and values, specifically:

- To promote participation by people with mental and substance use disorders in shared decision making person-centered planning, and self direction of their services and supports.
- To ensure access to effective culturally and linguistically competent services for underserved populations including Tribes, racial and ethnic minorities, and LGBTQ individuals.
- To promote recovery, resiliency and community integration for adults with serious mental illness and children with serious emotional disturbances and their families.
- To increase accountability for behavioral health services through uniform reporting on access, quality, and outcomes of services.
- To prevent the use, misuse, and abuse of alcohol, tobacco products, illicit drugs, and prescription medications.

Prevalence Data for Wisconsin. Prevalence data will be included and attached in the MHBG application showing that with national prevalence estimates of 5.4 percent of the adult population being challenged with serious mental illness, it would be expected that an estimated 233,717 Wisconsin adults would be affected. With respect to children, according to SAMHSAs methodology, there would be 11 percent of Wisconsin youth with a severe emotional disturbance (SED) or 104,735 children.

Planning Priorities

Priorities in the previous years have straddled federal objectives and state statutory requirements and needs. Many of the grant resources from prior years do in fact go to the four newly proposed purposes for block grant funding (prevention, assisting those without health insurance, funding services not covered by health insurance, and development of data or outcome measures). In identifying priorities, Wisconsin examined overall needs and demands and then attempted to narrow block grant priorities to a subset that had reasonably good fit with federal priorities and with available Wisconsin indicators in existing or developing data systems. The eight strategic priorities of SAMHSA and the principles of a good and modern healthcare system are also kept in the forefront. As can be seen in Table 1 below, Wisconsin's identified priorities focus on both adults and children, and interact well with strategic priorities and reach across systems toward building a good and modern health system.

Table 1 **Plan Year: 10/01/11 through 06/30/1013**

	Wisconsin State Priorities
1	Increase the capacity of consumers and families to self-direct care and treatment with a focus on recovery and support from peers.
2	To reduce the incidence of suicide in Wisconsin; in particular, reduce the disparities in culturally diverse populations and veterans.
3	Promote trauma informed care, and in particular, work to promote appropriate treatment for Wisconsin citizens who are returning from combat and their families and children in the Child Welfare System.
4	Promote the identification and appropriate treatment for children's mental health needs, including children and their parents in the child welfare system.
5	Promote evidence-based services and treatment to assure good quality outcomes of services and to more effectively use scarce taxpayer resources in all systems that fund mental health services, including county and tribal service systems, Medicaid, child welfare and the criminal justice system.
6	Promote community-based services for people with serious mental illnesses and children with severe emotional disturbance thereby reducing utilization of inpatient services.
7	To develop methods to better assess the need and outcome of mental health services in Wisconsin, including improvements to data systems and outcome measurement.
8	Phased development of the Wisconsin mental health block grant plan toward improved alignment with SAMHSA's priorities under the new generation of block grant guidance and funding.

Goals. Related to the specific priority areas are the following associated goals:

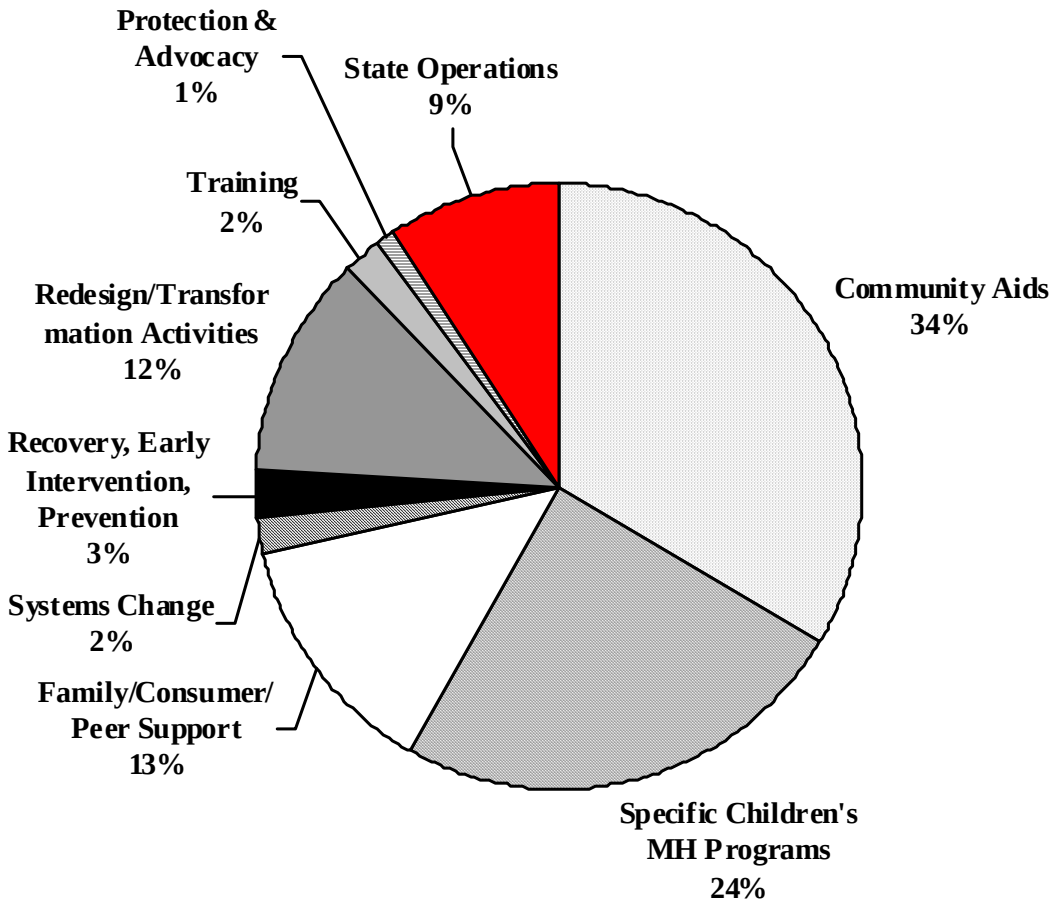
1) Develop more Peer Specialists in Wisconsin.
2) Decrease suicides and suicide-related behavior in Wisconsin, particularly with higher prevalence groups (Native Americans, veterans, adolescents) and hose where there is suggestive evidence for increased risk for suicide (LGBTQ, deaf or hard of hearing, etc.).
3) Support child welfare system in their efforts to provide effective behavioral health services for children and their families and to further develop trauma informed care (TIC) systems that promote safety, permanency and well-being.
4) To increase the assessment of mental health needs for children at risk of, or already placed in, out-of-home care within the child welfare system.
5) Expand the total number of programs under Departmental authority demonstrating fidelity to evidence-based practices, and especially supported employment.
6) Decrease the rate of readmission to psychiatric hospitals within 30 days of discharge.
7) Increase the number of counties reporting on substance abuse problems for mental health clients.
8) Develop an integrated mental health and substance abuse grant that involves consumers and stakeholders in establishing state priorities and strategies to meet the critical needs of the state.

Dashboard Indicators. Specific measures related to each priority and goal is included in the MHBG plan. Additionally four *dashboard* indicators are included as required by SAMHSA are articulated in the plan, two of which must be an already reported National Outcome Measure (NOM). Although SAMHSA indicated that technical assistance will be provided to states on the development of dashboard indicators, for the present, Wisconsin is proposing the following:

- Total number clients receiving supported employment from programs trained by the Dartmouth Supported Employment Initiative.
- Percentage of adults with serious mental illness in the labor force who are employed in FFY 2012.
- Percentage of consumers discharged from all state and county psychiatric hospitals in fFY 2012 who are readmitted within 30 days.
- Number of certified peer specialists.
- Percentage of children in the State child welfare out-of-home care system with identiifeid mental health needs as measured by a rating of 1-03 on the CANS tool.

Figure 2

MHBG BUDGET PLANNED ALLOCATIONS FOR FEDERAL FISCAL YEAR 2012
(October 1, 2011 – September 30, 2012)



Program Area		FFY-2011
Community Aids:	*Statutory Max. of $2,513,400*	$2,513,400
Children's MH Programs	*Statutory Max .for ISP only of $1,330,500*	$1,826,500
Family/Consumer/Peer Support	*Statutory Min. of 874,000*	$ 991,629
Systems Change	*Statutory Min. of 10% for Children*	$ 137,927
Recovery, Early Intervention, Prevention		$ 197,991
Redesign/Transformation Activities		$ 874,984
Training	*Statutory Max. of $182,000*	$ 157,000
Protection and Advocacy	*Statutory Max. of $75,000*	$ 75,000
State Operations		$ 689,400
Total 2012 MHBG Planned Allocations		**$7,463,832**

Appendix 1
Constraints and Restrictions in Use of Federal Funding

The decision must follow current federal requirements for the use of the federal Community Mental Health Block Grant 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.
- 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 1994.
- 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 proceeding the fiscal year for which the state is applying for the grant.
- 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 private or nonprofit entity.
- State can only use 5 percent of the grant for administrative purposes with respect to the grant. However the state has used a portion of the block grant for program development activities beyond the 5 percent administrative amount (i.e., staff salaries).

Appendix 2
Mental Health Block Grant Planned Allocations

The following is the proposed allocation to be included 2012 Community Mental Block Grant which is based on the Governor's Budget and the state priorities.

1) **County Formula Allocation** *(Statutory Cap of $2,513,400)* - **$2,513,400**

This allocation, unchanged from 2011, is designated to county mental health agencies to fund programs for persons with serious mental illness. The DHS determines each county agency's MHBG allocation using its standard Community Aids formula. This formula considers each county agency's Medicaid caseload, per capita income, and urban/rural designation. Each agency will use the funds for one or more of the following eight priority areas:

- Certified Community Support Program and/or Comprehensive Community Services program development and service delivery
- Supported housing program development and service delivery
- Initiatives to divert persons from jails to mental health services
- Development and expansion of mobile crisis intervention programs
- Consumer peer support and self-help activities
- Coordinated, comprehensive services for children with Severe Emotional Disturbance
- Development of strategies and services for persons with co-occurring MH/SA disorders
- Mental health outcome data system improvement

2) **Children's Initiatives – Integrated Service Programs (ISP) and Coordinated Services Teams (CST)** *(former ISP Programs MHBG Capped by Statute at $1,330,500, plus funding for Coordinated Service Teams, but Act 334 concludes ISPs)* - **$1,826,500**

The planned 2012 allocation is unchanged from the prior year. The former ISP initiative was designed to develop coordinated systems of care for children and adolescents with SED and their families requiring support from multiple community-based agencies. State awards give the county projects the capacity to provide the flexibility needed by both children/adolescents and their families. The CST initiative places an even heavier emphasis on collaboration across child-serving systems. A recent state statute change requires all former ISPs to meet the new requirements of CSTs. In CST the focus is on working with counties, tribes and the Department of Children and Families to create a "systems change" plan for the county or tribe to establish strength-based systems of care that supports children and adolescents and their families who require substance abuse, mental health, juvenile justice, and/or child welfare services.

3) **Family/Consumer Self-Help & Peer-to-Peer Support** *(By Statute, must allocate no less than $874,000)* - **$991,629**

Wisconsin funds a variety of consumer self-help and peer support programs including programs that work with adult consumers, child consumers, and families of consumers. The planned allocation remains the same as 2011.

4) **Transformation Activities** *(No Statutory Language – Amount set in Budget)* - **$874,984**

Wisconsin will continue funding grants in the areas of: supported employment programs, peer specialist certification, county quality improvement projects to reduce the inpatient re-admission rates for psychiatric hospitals, partnering with the Division of Housing on reducing Homeless population with mental health disorders, partnering with the DLTC on deaf and hard of hearing services for people with mental health disorders, tribal best practices in implementing changes to

assure integrated treatment for co-occurring disorders, promoting trauma informed care and the reduction in the use of seclusion and restraint, and fund psychiatric consultation services for the state's community mental health system. Resources have been set aside for new Department of Health Service's initiatives to improve the accountability and cost-effectiveness of the Wisconsin's mental health system. An increase in planned 2012 allocation of $48,686 are reflective of emphasizing peer specialist certification development and regional/shared service pilots while concluding the seclusion and restraint technical assistance and a slight decrease in child psychiatric consultation (from $154,000 to $150,000).

5) Systems Change *(By Statute, at least 10% must be for children)* **- $137,927**

The Systems Change funds will focus on implementing systems change in the areas support for consumer involvement in system planning, the state's anti-stigma efforts, support for technical assistance to expand transition programs for children's programs into adult services, and promotion of specialty certification in infant and early childhood services. The planed allocation is increased slightly from $137,563 to $137,927 with a little more funding for technical assistance on transitions to adult services.

6) Recovery, Early Intervention, Prevention (*Amount in Biennial Budget***) - $197,991**

Funding will continue to support consumers in their recovery and to focus more on self-directed care and peer specialist expansion. Funding will also continue to support suicide prevention efforts, in particular to reduce the disparities among cultural subgroups and veterans. A slight increase of $4,991 is planned for prevention, early intervention, and suicide prevention.

7) Training *(Statutory Cap of $182,000)* **- $157,000**

Training funds will be contracted to improve provider knowledge and skills in mental health standards, best practice and emergency crisis services for statewide system delivery for consumers of all ages. These funds will be used for training for children's and adult services, promotion of evidence-based clinical treatment, and training for certified peer specialists. As the Division conference is self-sustaining, the funding is ended for the Annual Conference. It is planned to continue with DMHSAS input. Other priorities are emphasized in the MHBG, from training initiatives resulting in a $25,000 reduction from 2011's planned allocation. For instance, other initiatives are working to promote smoking cessation, so that funding has been eliminated.

8) Wisconsin Protection and Advocacy *(Statutory Amount of $75,000)* **- $75,000**

Disability Rights Wisconsin is the designated agency within the state to provide protection and advocacy for persons with mental illness. The planned allocation remains unchanged from 2011.

9) **State Operation Costs - $689,400** *(State Biennial Budget)*

These funds cover the costs of the staffing for the DMHSAS, Mental Health Council expenses, accounting, data management and system improvements, National Outcome Measures reporting and indirect costs of administering the grant and indirect costs of administering the grant. Changes in expected costs have resulted in a decreased planned allocation for 2012, specifically $29,042.

Planned allocations for programs more focused on children and youth are expected to remain the same as 2011 for Child/Family Support, Infant Mental Health Consultation, and Children's Network Training. The planned allocation is slightly increased for Transitions to Adult Technical Assistance. Areas that have decreases in planned allocations include a conclusion of the small allocation for positive behavior supports and a slight reduction on child psychiatric consultation.

Planned increased allocations in the area of suicide prevention is expected to have an impact on children and youth as well as funding increases for regional or shared service pilots.