Needs Assessment for Chemical Dependency Funding Allocation

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 Chemical Dependency Funding Allocation

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Introduction

- **Purpose**: Use data to determine funding allocations and priorities
  - Block Grant requirement
  - State Epidemiology Outcomes Workgroup (SEOW)
  - Legislative expectation
  - Update previous county funding formula
- **Process**:
  - DBHR funding allocation workgroup
  - ACHS: Liaison and Full Association Meetings
  - Tribal allocations for CD treatment are not changing
  - BHAC discussion in February

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Current Focus

- Funding allocations to Counties for Chemical Dependency Treatment
- Does not include
  - Criminal Justice Treatment Account (CJTA) funding
  - Prevention funding
  - Funding for Residential Treatment
  - Funding for Tribes

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Considerations from SAMHSA

- Block grant priority populations
  - Pregnant women who are IVDU
  - Pregnant women
  - Other IV drug users
  - Parenting Women (children under 1)
- State priority populations
  - Parent/legal guardians involved with Child Protective Services
  - Parenting adults
  - Youth

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Considerations from DSHS

- Commitment to Continuum of Care in order to be able to place persons according to ASAM criteria
- Commitment to evidence-based practices (EBPs)
- Commitment to statewide availability of services, in some form

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Historical Funding Factors

- General population
- Youth population
- Treatment need at or below 200% federal poverty level (prevalence)
- Minimum allocation floor

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Factors Considered in Ongoing Discussions

- Main considerations
  - Prevalence
  - Penetration
  - Retention
  - Minimum allocation (floor)
  - Separate youth and adult allocation
  - Separate allocation for Opiate Substitution Therapy (OST)

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Prevalence

- **Definition**: Population in need of CD treatment at or below the 200% federal poverty level
  - Estimation method developed by DSHS/RDA using data from NSDUH (survey) and OFM (census adjustments)
- **Rationale**: An essential part of the funding allocation model
  - Counties with higher prevalence will require more resources to meet that need

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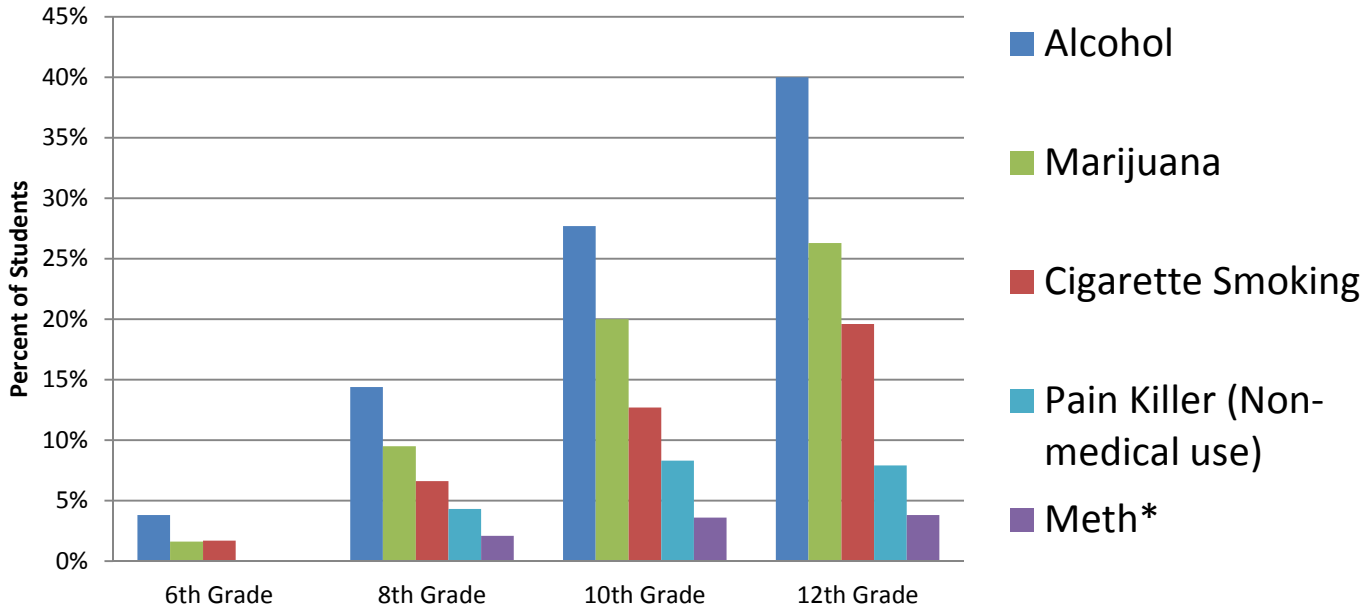
Prevalence of Substance Use (Youth)

2010 Rates

Youth substance use (in past 30 days)



Source: Healthy Youth Survey 2010/2008

*2008 rates. Data not available for 6 graders.

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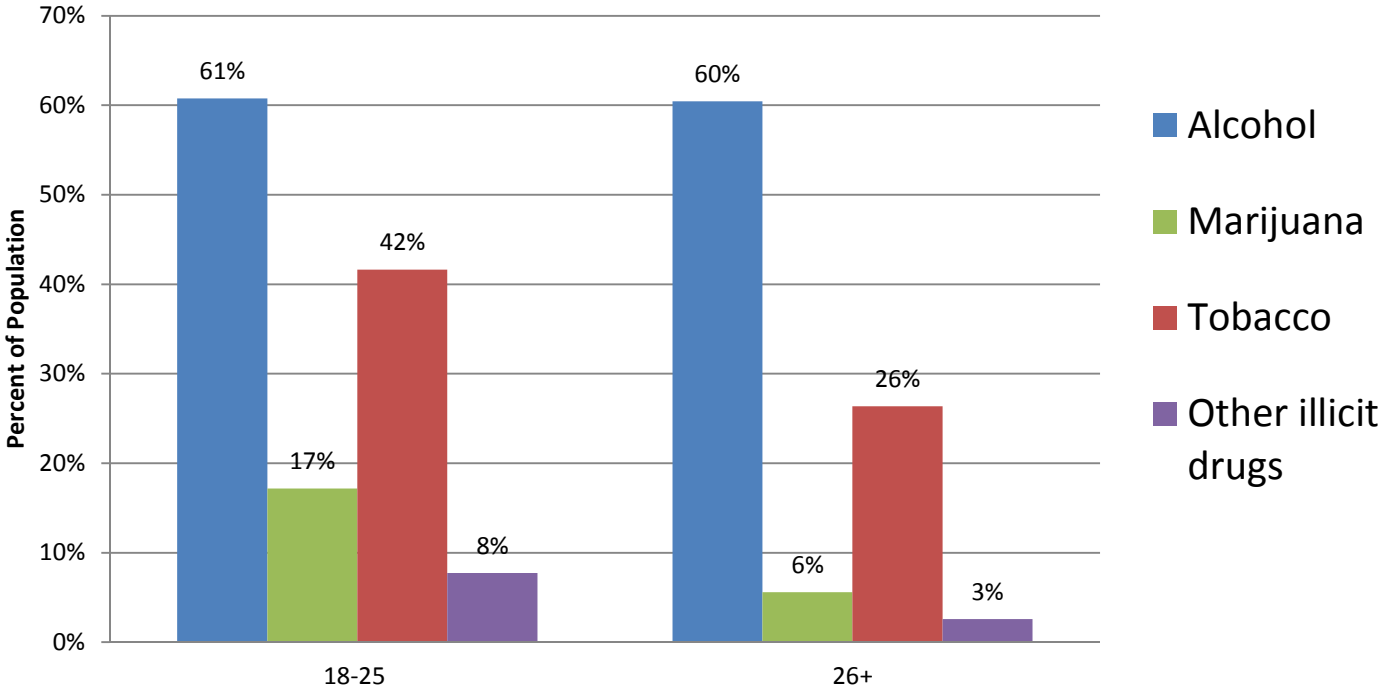
Prevalence of Substance Use (Adults)

2008-2009 Substance use during past 30 days



Source: National Survey on Drug Use and Health

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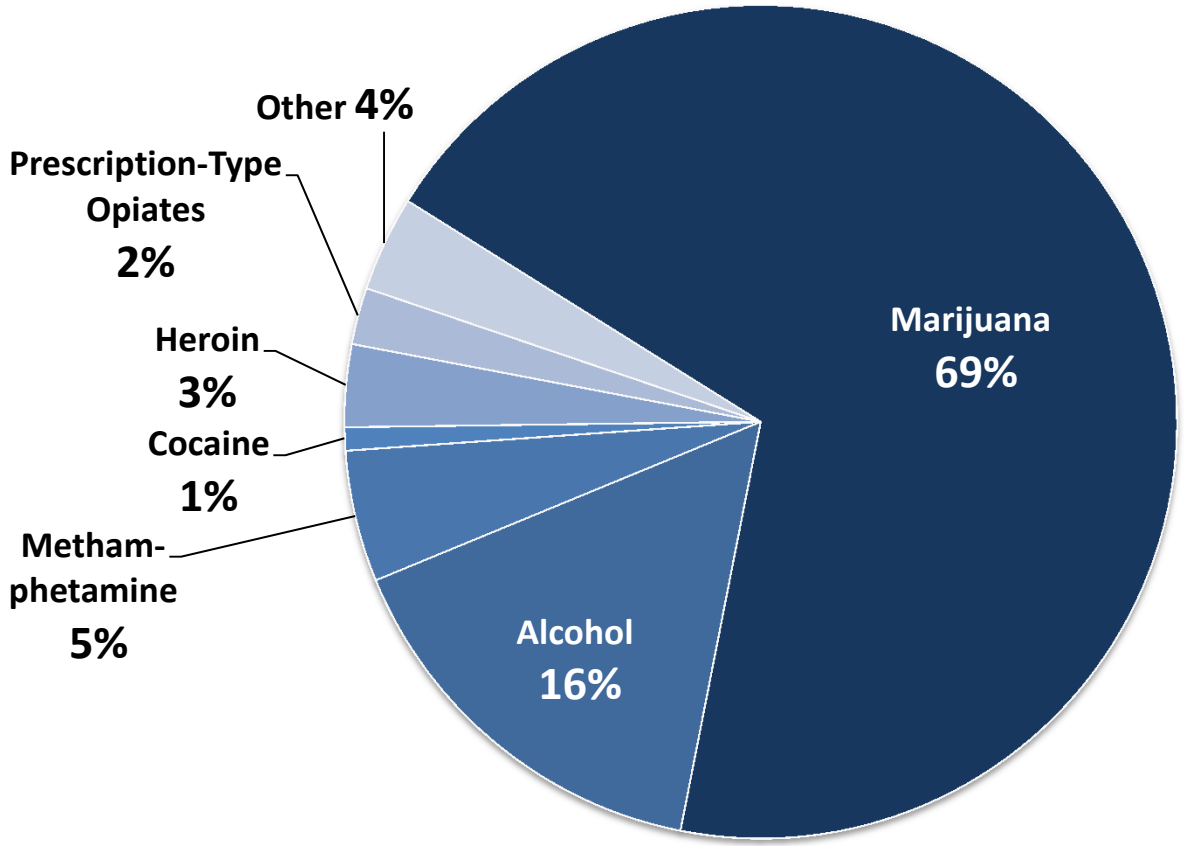
Youth Admissions to Treatment



Total Youth Treatment Admissions in SFY2011 = 6,554

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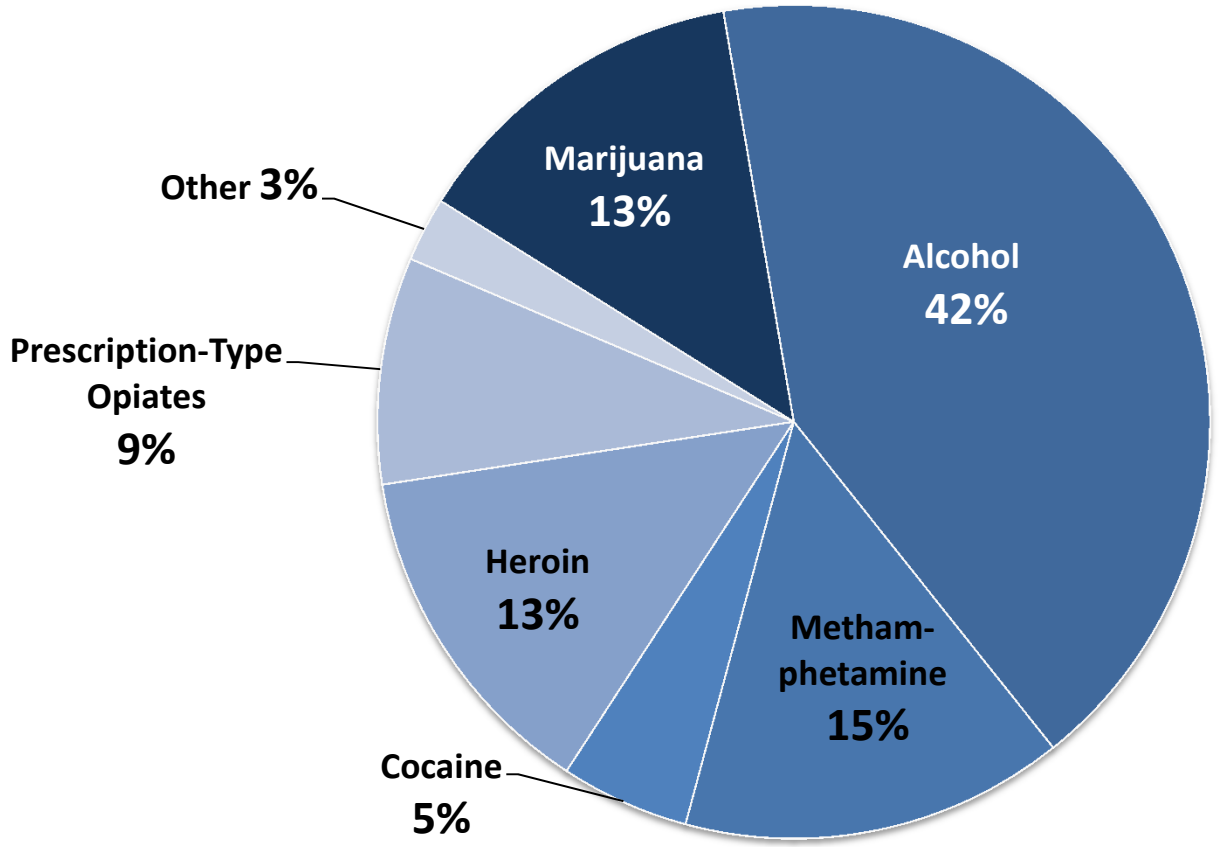
Adult Admissions to Treatment



Total Adult Treatment Admissions in SFY2011 = 43,031

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Penetration

- **Definition**: Number of individuals receiving CD treatment relative to the estimated number in need (at or below 200% FPL)
  - Included state or county-funded assessment, detox, outpatient, or residential treatment
  - Excluded DOC-funded or private-pay
- **Rationale**: Counties that are more effective in reaching those in need should get increased funding

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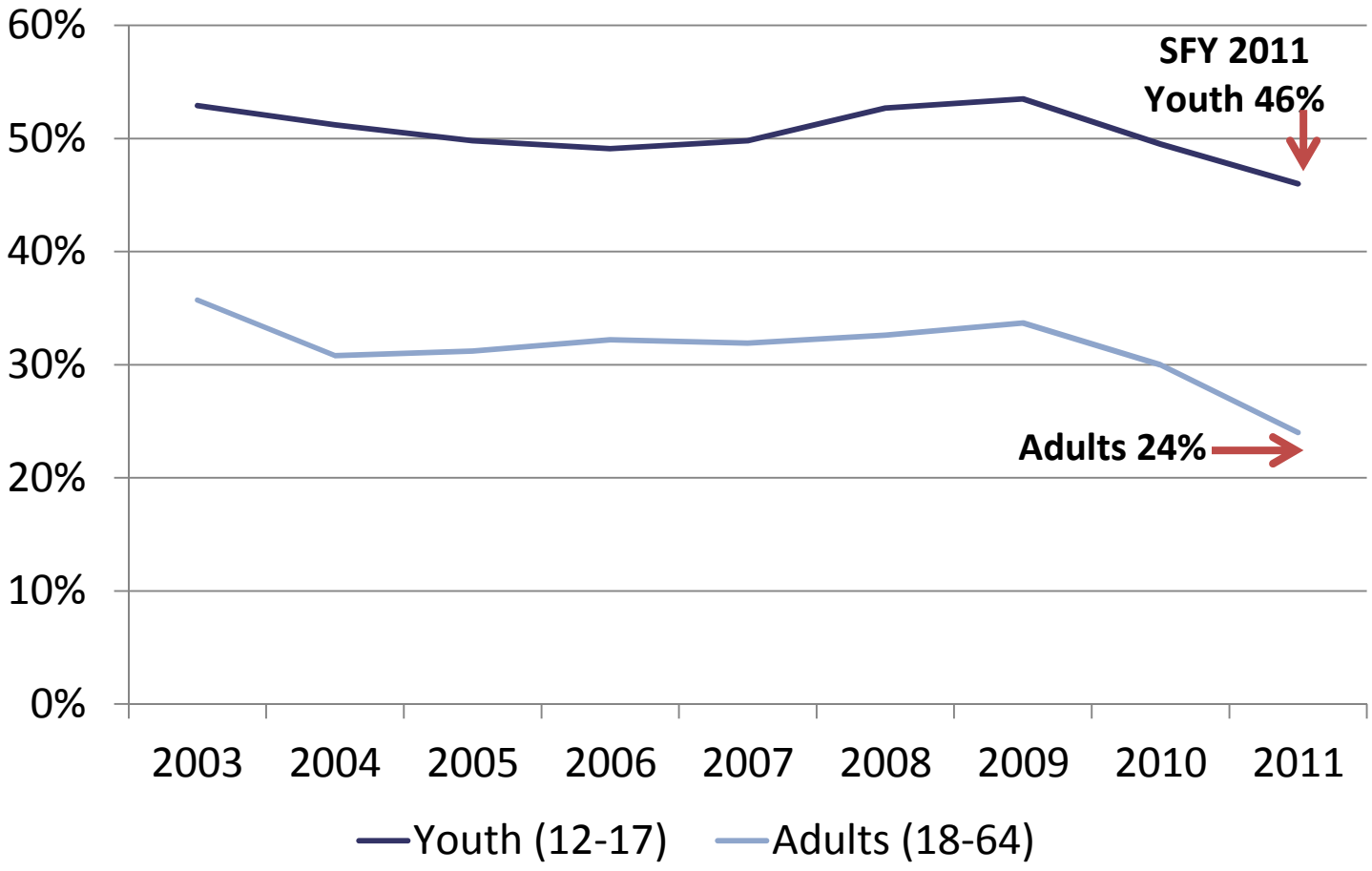
Penetration Rates



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Retention

- **Definition**: Number of clients meeting the performance-base contract measure for “retention”
- **Rationale**: Counties that are more effective in retaining clients in treatment should get increased funding
  - Longer treatment retention increases the cost of treatment
  - Research demonstrates strong correlation between retention and good outcomes

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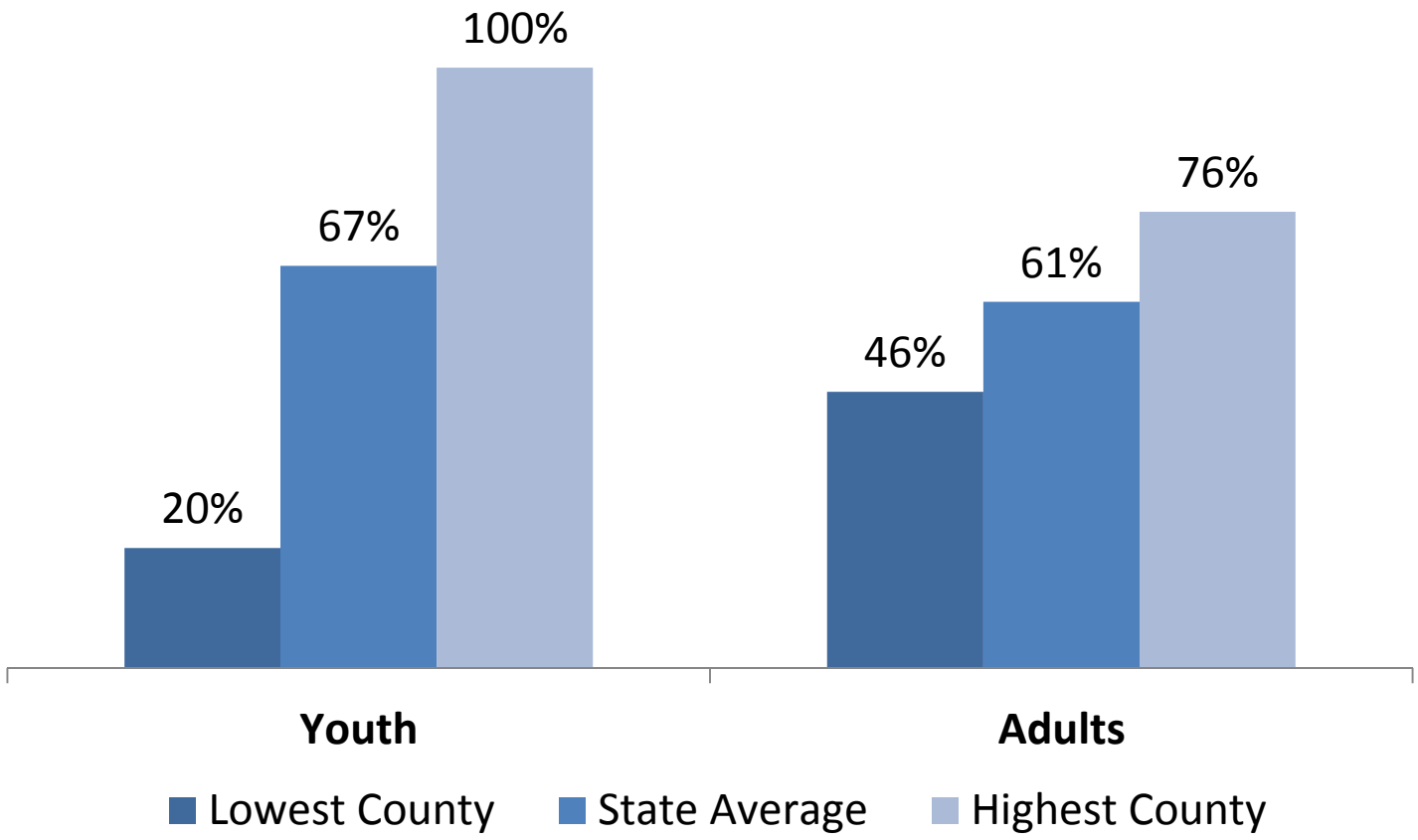
Retention Rates (SFY 2011)



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Minimum Allocation (Floor)

- **Definition**: No county will receive less than the agreed-upon floor amount
- **Rationale**: Ensures all counties receive funding sufficient to operate
- **Method**: Counties and ACHS working on what amount would be necessary
- Previous floor was $65,000 although no county got less than $85,000

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Separate Funding Allocation for Youth and Adults

- Allocations of funding for youth and adults are considered separately
- **Rationale**:
  - Cost to treat youth different than cost to treat adults
  - Different proportion of youth and adults in need of treatment in each county
  - This maintains our “hold harmless” status for youth treatment

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Separate OST and non-OST Funding

- Separate funding allocated to counties with OST programs based on historical expenditures
- **Rationale**: This is an evidence-based practice (EBP), with extensive research demonstrating the effectiveness
  - OST has a higher average cost than outpatient treatment

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Other Factors to Evaluate

- Utilization, defined as the amount of funds disbursed to counties over the last two state Fiscal Years (2011, 2012)
  - Maximize use of funds
  - More consistent “story”, to make the case for CD treatment
  - Counties better able to plan, rather than have late-in-the-year adjustments

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Factors Considered but Not Recommended

- General population:
  - Prevalence is a more accurate measure since the CD treatment system serves those in need, rather than all people.
- Cost per client: Overlaps other measures
  - Retention, OST
- Co-occurring disorders (serious physical health conditions; COD mental illness)
  - Model complexity

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Approximate Timeline

- Further presentations to ACHS
  - **February 1**
- Finalize model
  - **March 20**
- Distribute final allocations to counties
  - **April 5**
- Into contract for FY2014
  - **Starting July 1, 2013**

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CJTA Funding Allocation

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Considerations for CJTA Funding

- Use methods similar to what is being used with overall County Funding Allocation
- Use similar process for discussion and evaluation of models for funding allocation

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Historical CJTA Funding Factors

- Base allocation
- Population: County population of "high risk" adults – adults aged 18-54 at or below 200% of FPL [33%]
- County Filings: Misdemeanors and felony filings [33%]
- Prevalence: Percentage of "high risk" adults in need of CD treatment [33%]

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Discussions on Update for CJTA Funding

- CJTA Panel Meeting (Jan 11)
- Potential new models to Panel Feb 8
  1. Just update, but use all 3 historic factors and allocations
  2. Use just Filings, since that is the basis for using CJTA funding
  3. Use a combination of Prevalence in high risk population and Filings (drop Population factor)

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Summary of Needs Assessments for CD Treatment

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Other Notes

- Not using substance-specific rates, or trends, or impacts in CD treatment funding allocation
  - No difference in the average cost to treat, by specific substance (excluding OST)
- Other ways to use data and information
  - Disparities might indicate geographic areas or topics for Technical Assistance
- Likely need to review and update allocations more frequently

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Conclusions from Needs Assessment

- Each county is unique in prevalence, practices, policies [data tables]
- Overall low penetration rate mostly due to funding limitations
- Retention is already a performance-based contract measure
- As a system, we need more OST programs, or alternatives, to reduce overall costs
- As a system, we need to ensure fully spending allocation

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Raise Your Hand

NOTE: We are not going to ask about the need to include Prevalence as a factor, or the need to use a Floor allocation

Do you agree that we need to consider Youth separately to meet the needs of your community?

Please 'raise your hand' if your answer is yes.

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Raise Your Hand

Do you agree that we need to consider OST programs separately to meet the needs of your community?

Please 'raise your hand' if your answer is yes.

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Raise Your Hand

Do you agree that we need to focus on Penetration and Retention to meet the needs of your community?

Please 'raise your hand' if your answer is yes.

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Raise Your Hand

Do you agree that the system needs to consider recent Utilization?

Please 'raise your hand' if your answer is yes.

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Proposed Priorities

- 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

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POLL

How much do you agree with the stated priorities for allocating CD Treatment funding?

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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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Acronyms

- ACHS – Association of County Human Services
- ASAM – American Society of Addition Medicine
- BG – Block Grant
- BHAC – Behavioral Health Advisory Council
- CD – Chemical Dependency
- CJTA – Criminal Justice Treatment Account
- COD – Co-occurring disorders
- DOC – Department of Corrections
- DSHS – Department of Social and Health Services
- EBP – Evidence based practices

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Acronyms

- FPL – Federal poverty levels
- IVDU – Intravenous drug users
- NSDUH – National Survey on Drug use and Health
- OFM – Office of Financial Management
- OST – Opiate substitution treatment
- PPW – Pregnant/parenting women
- RDA – Research and Data Analysis
- SAMHSA – Substance Abuse and Mental Health Services Administration
- SEOW – State Epidemiological Outcomes Workgroup

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Background Information

- DSHS/RDA
- OFM
- NSDUH

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DSHS/RDA

- Research and Data Analysis Division – the research arm of Department of Social and Health Services
- Provides valid, rigorous, and policy-relevant analyses of government-funded social and health services in WA
- A unique specialization is the analysis of clients who use services from multiple DSHS programs

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The Office of Financial Management (OFM)

- Provides vital information, fiscal services and policy support that the Governor, Legislature and state agencies need to serve the people of Washington State.
- Develops official state and local population estimates and projections for use in the allocation of certain state revenues

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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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