Governor's Health Equity Council – Mental Health and Substance Abuse Block Grant Listening Session

June 10th 2021

- Council members, presenters, and staff introduced themselves
- American Rescue Plan Act increased funding to the MH/SU block grants by ~$50million and the funding needs to be spent by September 2025
- Teresa Steinmetz (DCTS) provided a brief overview of the Block Grants
    - Block grant (SABG/MHBG) funding comes from the Federal government/SAMHSA; intended to be a flexible source of funding to states to address states' unique behavioral health issues, but has a lot of specific restrictions
    - Block grants are really meant to be "payer of last resort" and supplement areas that don't already have a funding stream for them (services that are not covered by Medicare, Medicaid, or private insurance)
        - SABG: primary prevention, intervention, harm reduction, and treatment of SUD
        - MHBG: adults with serious mental illnesses and children with serious emotional disturbances
    - There are many restrictions on block grant dollars
        - No more than 5% for administrative work
        - No inpatient services
        - No cash payments
        - No purchase/improvement to land
        - No financial assistance to any entity other than a public or nonprofit entity
    - DHS did put in a request to the federal government for flexibilities on this spending (e.g., to support rent assistance) but we don't believe that those flexibilities are going to be granted
    - DHS has until July 2 to develop plan for ARPA funding to submit to SAMHSA for approval
- Teresa shared the current draft budget plans for the COVID-19 related supplemental block grant funding to show Council members the high-level ideas that DHS has as of now, and opened discussion for Council members to discuss and share their ideas

Discussion

- There is not a legislative approval/passive review requirement for the plan
- Providing financial resources to help support current BH professionals to get additional training or to encourage more young professionals to enter the BH field
    - Developing the workforce is a foundational part of improving this work – and the workforce across the continuum (navigators, providers, etc.)
- From DCF perspective, as DCF shifts towards focus on "Family First" model of child welfare system (which focuses on keeping families intact) – ensuring that there are resources and recovery options for folks is a key part in the state's ability to implement Family First
- The narrative that only white people suffer from opioid use disorder is harmful and keeps resources from marginalized communities
- Accountability: there are disparities that exist between who gets access to Narcan as well as which communities have access to treatment-diversion alternative programs – can we use any

of this money to improve support for and resources for these programs in more diverse communities to address those disparities?

- Also want to keep in mind what "evidence-based practices" means and keep in mind that there are sometimes more appropriate approaches for marginalized communities
    - Ex: can we be open to using this kind of funding to buy old cars for people to destroy and explore "rage therapy"?
    - And with RCTs we need to inspect design (who is in the sample, who is not? were treatment effects evaluated by demographic differences?) The dirty little secret about RCTs is they fall apart at scale too often. And this is because average treatment effects do not mean these programs will be impactful for every individual or population targeted. Implementation evaluations are trying to improve the quality of RCTs but there is a lot of work still in that area to get these right (done in a way that is useful and can be applied)
- Increasing access to telehealth, as well as supporting telehealth to nontraditional types of therapies
    - Group therapy, dance therapy, horseback riding, physical activity
    - Can DHS work with DNR to support programs or opportunities aimed at BIPOC to get them out in nature for nature therapy?
- We know that there are limitations on the funding, but any money that we could put towards addressing the root causes of substance use disorder or mental health would be very important as well
- What are emerging practices to look into, what can we leverage this opportunity to pilot and create some of that missing evidence base to support them?
- We continue to hear that money in pockets is still what folks need most, so if we can't get cash directly to people, how can we at least help with cashflow in other spaces?
    - Ex: Independent providers – this is often a business model that we hear from our providers of color or providers in communities of color, and contracting processes are barriers; reimbursement-only models or paying after services disproportionately hurts providers of color – can we be looking at our contracting/payment processes to try to address some of these things?
- Sec. Timberlake: want to flag the unexpected report that WI generated more revenue than estimated (4.4 Billion of extra tax revenue estimated) – we are not short of money, we are short of imagination

Notes prepared by: Cecie Culp on 06/10/21