



Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

SALISH BHO **EXECUTIVE BOARD MEETING**

DATE: Friday, September 6, 2019
TIME: 10:00 AM – 12:00 PM
LOCATION: City of Sequim Civic Center
152 W. Cedar St., Sequim, WA 98382

**New Time &
Location**

A G E N D A

<https://www.kitsapgov.com/hs/Pages/SBHO-EXECUTIVE-BOARD.aspx>

1. Call to Order
2. Announcements/Introductions
3. Opportunity to Address the Board on Agenda Topics (limited to 3 minutes each)
4. Approval of Agenda
5. Approval of Meeting Minutes for Friday, June 21, 2019 (Attachment 5)
6. Action Items
 - a. September and December 2019 Board Meetings
 - b. 2020 Executive Board Meeting Schedule
 - c. BH-ASO Draft Budget (Attachment 6.c)
 - d. 2020 Federal Block Grant Plans (Attachment 6.d)
 - e. Contract with North Sound BH-ASO
7. Informational Items
 - a. Update on HCA Readiness Review
 - b. BayMark (BAART) Update
 - c. Update on Plan for IMD Reconciliation
 - d. Interlocal Leadership Structure (ILS) Update
8. Opportunity for Public Comment (limited to 3 minutes each)
9. Adjournment

ACRONYMS

ACH	Accountable Community of Health
ASO	Administrative Services Organization
ASAM	Criteria used to determine substance use disorder treatment
BH-ASO	Behavioral Health Administrative Services Organization
BHO	Behavioral Health Organization, replaced the Regional Support Network
CAP	Corrective Action Plan
CMS	Center for Medicaid & Medicare Services (federal)
DBHR	Division of Behavioral Health & Recovery
DCFS	Division of Child & Family Services
DCR	Designated Crisis Responder
DDA	Developmental Disabilities Administration
DSHS	Department of Social and Health Services
E&T	Evaluation and Treatment Center (i.e., AUI, YIU)
EBP	Evidence Based Practice
EPSDT	Early and Periodic Screening, Diagnosis and Treatment
EQRO	External Quality Review Organization
FBG	Federal Block Grant (specifically MHBG and SABG)
FIMC	Full Integration of Medicaid Services
FYSVRT	Family, Youth and System Partner Round Table
HARPS	Housing and Recovery through Peer Services
HCA	Health Care Authority
HCS	Home and Community Services
HIPAA	Health Insurance Portability & Accountability Act
HRSA	Health and Rehabilitation Services Administration
IMD	Institutes for the Mentally Diseased
IS	Information Services
IPA	Independent Practice Association
ITA	Involuntary Treatment Act
LOC	Level of Care
MAT	Medical Assisted Treatment
LRA	Least Restrictive Alternative
MCO	Managed Care Organization
MOU	Memorandum of Understanding
OCH	Olympic Community of Health
OTP	Opiate Treatment Program
PACT	Program of Assertive Community Treatment
PATH	Programs to Aid in the Transition from Homelessness
PIHP	Prepaid Inpatient Health Plans
PIP	Performance Improvement Project
P&P	Policies and Procedures
QUIC	Quality Improvement Committee
QRT	Quality Review Team
RCW	Revised Code Washington
RFP, RFQ	Requests for Proposal, Requests for Qualifications
SABG	Substance Abuse Block Grant
SAPT	Substance Abuse Prevention Treatment
SBHO	Salish Behavioral Health Organization
SUD	Substance Use Disorder
UM	Utilization Management
WAC	Washington Administrative Code
WM	Withdrawal Management
WSH	Western State Hospital, Tacoma



SALISH BHO

EXECUTIVE BOARD MEETING

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Clallam, Jefferson and Kitsap Counties

September 6, 2019

6. Action Items

a. September and December 2019 Executive Board Meetings

The remaining 2019 Executive Board Meetings are scheduled for September 20th, October 18th, November 15th and December 20th. Staff suggests that the September 20th Executive Board Meeting be cancelled due to the August meeting being rescheduled for September 6th. Staff also suggests rescheduling the December 20th Executive Board Meeting for December 13th to decrease potential conflicts with holiday leave.

b. 2020 Executive Board Meeting Schedule

Staff proposes that the BH-ASO Executive Board meet every other month in 2020, beginning in January.

c. BH-ASO Draft Budget

Staff has developed a preliminary BH-ASO budget. The following facts informed the budgeting process: contract mandated services must be fully funded first, restricted proviso funds must be used accordingly, BH-ASO Administration and Direct Support withholdings (operating budget) must be funded by State Funds (not Block Grant).

Staff met with Salish providers in July to discuss Block Grant priorities and review a draft budget. Staff presented the draft budget to the Advisory Board in August.

Staff will provide additional information about the 2020 BH-ASO Budget process.

d. 2020 Federal Block Grant Plans

Federal Block Grant plans have been approved by HCA for the July 1, 2019 to December 31, 2019 period. SBHO has submitted the attached plans for the Jan 1, 2020 to June 30, 2020. Significant changes have occurred due to the necessity to use Block Grant funds to provide direct services under the BH-ASO structure. This is true for both mental health and substance use. There has been a significant reduction in innovative services due to funds being allocated for basic services.

e. Contract with North Sound BH-ASO

SBHO has contracted with BTG Holding Group for the development and support of the BHO Data System or “BHO Clearinghouse.” In May, BTG Holding Group informed staff that they did not intend to continue to support the BHO Data System after the BHO Closeout. North Sound BH-ASO has offered to assist Kitsap IS and Salish BHO staff with building Maintenance Management Information System (MMIS) complete with term limited technical assistance and support to assist with operating as an administrative services organization. The cost of this contract is estimated at \$80,000 for the first six months of “build” and technical support. Staff has not identified any other option that is viable based on the cost and time constraints.

6. Informational Items

a. Update on HCA Readiness Review

On August 5th, staff submitted a comprehensive response to the HCA’s BH-ASO document request. The HCA’s on-site Readiness Review of Salish is scheduled for September 4th. Staff will provide an update on the outcome of the on-site Readiness Review.

b. BayMark (BAART) Update

BayMark is marketed on the west coast as BAART. They continue to work with the state licensing. The Port Angeles clinic is complete and ready to open once licensure is in place. They are scheduling the DEA assessment soon. The Bremerton site should receive the certificate of occupancy in the next couple of weeks, then they will pursue inspections to complete licensure. They continue to work on hiring staff, though do have all leadership in place.

c. Update on IMD Reconciliation Plan

After a lengthy process of communication and re-calculations, the HCA and SBHO’s evaluation of the total amount of IMD Inpatient Psychiatric expenses to be reallocated to State funds, rather than Medicaid, are in alignment. Staff will share the next steps for correctly allocating these costs.

d. Interlocal Leadership Structure (ILS) Update

Staff continues to partner with OCH Executive Director, Celeste, in the coordination and facilitation of the Salish ILS. The Salish ILS’ focus has been supporting Provider Readiness for Integrated Managed Care, developing an early warning system, and the creation of a formal communication plan to inform community stakeholders and Medicaid enrollees of the systemic changes. SBHO continues to set aside one hour of its standing monthly Providers Meeting to allow the HCA and MCOs to have an opportunity to provide information and answer questions related to the IMC transition. Staff convened two “IMC Communications Work-Group” meetings in August with community partners. The OCH has graciously taken the lead in organizing and convening an Early Warning System (EWS) work group. Staff will provide an update on the progress of these three work streams.

Meeting Minutes of the
Salish Behavioral Health Organization
Executive Board

Friday, June 21, 2019

9:00 a.m. – 11:00 a.m.

Jamestown S'Klallam Tribe Council Chambers,
1033 Old Blyn Highway, Sequim, WA 98382

CALL TO ORDER – Commissioner Ozias, Chair, called the meeting to order at 9:00 a.m.

ANNOUNCEMENTS – None.

OPPORTUNITY FOR PUBLIC TO ADDRESS THE BOARD ON AGENDA TOPICS – None.

APPROVAL OF AGENDA – Add ILS Update as item 7.c.

MOTION: Commissioner Greg Brotherton motioned to approve the agenda as amended with the addition of item 7.c ILS Update. Commissioner Robert Gelder seconded. Motion carried unanimously.

APPROVAL OF MINUTES – Request to amend section 6.e of the May 17, 2019 meeting minutes. Robert Welch should be identified as a Tribal Employee, not a Tribe Member and Liz Mueller is retiring.

MOTION: Commissioner Robert Gelder motioned to approve the May 17, 2019 meeting minutes as amended. Commissioner Greg Brotherton seconded. Motion carried unanimously.

ACTION ITEMS

➤ USE OF STATE RESERVES FOR “IMD BACK-FILL”

The rate of psychiatric stays in IMD is greater than the State estimated. The January through June 2019 HCA Behavioral Health State Contract Amendment includes a line item of a \$3,910 per month “State Enhanced Payment (IMD)”. These funds are allocated for IMD costs which are not an eligible Medicaid expense. The monthly IMD cost for our region is approximately \$25,000/month. SBHO sub-capitated contracts with the four Mental Health Providers state that IMD costs are the Providers’ responsibility, so our Providers would benefit from the State Reserves. Staff is seeking \$200,000 of State “Unreserve Reserve” funds for the purpose of IMD “back-fill” for Providers. The term “back-fill” is used by HCA and it refers to a variance between State Funds and actual IMD costs, not a retroactive payment. If approved, the IMD “back-fill” funds would be included in the Mental Health Providers State Contract amendment for July 1, 2019 – December 2019.

MOTION: Commissioner Greg Brotherton motioned to approve the allocation of \$200,000 of the State Unreserve Reserve funds for provider IMD “back-fill”. Commissioner Robert Gelder seconded. Motion carried unanimously.

➤ CRISIS LINE CONTRACT

In June, the SBHO Executive Board approved contracting with Volunteers of America as the Crisis Line Provider. It was found that one of the Regional Crisis Line RFP responses was not included in the review. Protocol had submitted, in writing, their response to the RFP. The response was never forwarded to the correct people to include in the Advisory Board Sub-Committee review. Protocol appealed the decision on the basis that their proposal was not reviewed along with the others. Protocol’s submission was reviewed by the Sub-Committee who reaffirmed the initial recommendation to contract with VOA as the Crisis Line Provider based on expense and location.

MOTION: Commissioner Robert Gelder motioned to approve the recommendation of the SBHO Advisory Board Sub-Committee to pursue Volunteers of America as the Crisis Line Provider. Commissioner Greg Brotherton seconded. Motion carried unanimously.

INFORMATIONAL ITEMS

➤ SALISH BH-ASO PREPARATIONS• MCO Pre-delegation

The MCOs conducted an onsite pre-delegation assessment in April. The review resulted in the Utilization Management/Crisis Services delegation needing further documentation. After two submissions, Staff received confirmation, from Molina, that the requirements were met. Staff has requested written verification of completion from all MCOs. Next is a less formal review on Data/Encounters.

• MCO Revenue Contracts and Crisis Provider Subcontracts

Salish completed contract negotiations with all MCOs. The terms are for one year. The MCO/SBH-ASO contracts have been submitted to the Office of the Insurance Commissioner (OIC). The contracts will remain with the OIC for 30 calendar days, then on the 31st day the contracts will be deemed approved. Once approved, they can be routed and signed. The Medicaid provider subcontract template was included with the MCO Revenue contracts in the submission to the OIC. Once the template is approved by the OIC, no changes can be made without resubmission. The Revenue and Medicaid Crisis subcontracts will be reviewed by the MCOs and the HCA by mid-August.

• HCA Readiness Review○ HCA Response to Salish RFI Submission

Staff submitted the BH-ASO Request for Information (RFI) on April 15th. A conference call was held between HCA and Staff to discuss Salish's response to the RFI. The HCA had clarifying questions but did not raise any concerns.

○ HCA's BH-ASO Document Request

On June 7th, Salish received the HCA's BH-ASO Readiness Review Document Request. The document submission is due July 29th. HCA's release of the document request was a week late. On the 31st of May the HCA acknowledged that the request would be late. More time was requested, and the deadline was extended by two business days.

○ BH-ASO Non-Medicaid Provider Network

Salish BH-ASO non-Medicaid Provider Network was opened to all in-region, licensed, Behavioral Health Agencies that responded to a letter of interest which was released in early May. All providers and Peninsula Community Health Services responded and attested they could meet the data security requirements. The non-Medicaid ASO contracts must be fully executed by the end of August.

○ BH-ASO Operating Budget, Staffing Plan and Organizational Chart

MCO contract negotiations have resulted in \$310,000 for BH-ASO administration. The administration and direct support withholding allowed from the HCA's BH-ASO contract is closely estimated at \$999,000. Between these two funding sources, the BH-ASO's operating budget will be about \$1,300,000. The caveat is that the MCO administration is based on reconciled claims.

Staffing, including a contracted Medical Director, equates to \$1,043,000 in salary/benefit. Other non-employee salary/benefit related expenses have been reduced to \$251,000. An organizational chart had to be provided to the HCA. Even though the workload will increase the BH-ASO funds only allows for 8.5 staff. Three positions were reduced from full-time to less than full time and administrative support was eliminated.

➤ BAYMARK UPDATE

BayMark reports that construction continues at both Port Angeles and Kitsap County locations. Their license has been submitted to the Department of Health. For Port Angeles, BayMark is targeting a clinic opening either the end of June or early July. The Drug Enforcement Agency will need to visit the site but will not do so until after the Board of Pharmacy. On June 20, interviews were held in Bremerton for both sites. People are already reaching out about transferring from other facilities to the new BayMark sites.

➤ ILS UPDATE

In December of 2018 the ILS was created. The focus is provider readiness on the business side. The ILS is comprised of Commissioner Ozias, OCH, HCA, MCOs and Staff. The development of an IMC communication plan and an early warning system for our region are next on the agenda. The next ILS meeting is on Friday, June 28. OCH is overseeing the development of the early warning system.

ADVISORY BOARD – Next meeting is August 2. Interest and attendance remain high. Looking into active outreach to the 1/10th Committee.

GOOD OF THE ORDER – None.

PUBLIC COMMENT – None.

ADJOURNMENT – Consensus for adjournment at 10:28 a.m.

ATTENDANCE❖ **BOARD MEMBERS**

- Commissioner Mark Ozias
- Commissioner Robert Gelder
- Commissioner Greg Brotherton
- Celeste Schoenthaler, Executive Director OCH
- Russ Hartman, Chair, SBHO Advisory Board
- Robert Welch, Tribal Representative, Jamestown S'Klallam Tribe
- Liz Mueller, Tribal Representative, Jamestown S'Klallam Tribe

❖ **STAFF**

- Stephanie Lewis, Regional Administrator, SBHO
- Jolene Kron, Deputy Administrator, SBHO
- Ashlee DeMoss, Recording Secretary, SBHO
- Doug Washburn, Director, Kitsap County Human Services

❖ **GUESTS**

Joe Roszak, Kitsap Mental Health Services
Colleen Bradley, Salish FYSPT

Behavioral Health Revenue - Calendar Year 2020

Medicaid	\$3,137,291.00
State (GFS)	\$3,447,561.00
MHBG	\$332,696.00
SABG	\$1,209,621.00
<i>Designated Marijuana Account (DMA)</i>	\$226,560.00
<i>Criminal Justice Treatment Account (CJTA)</i>	\$261,804.00
<i>State Drug Court</i>	\$210,800.00
<i>Secure Detox</i>	\$46,584.00
<i>Jail Services</i>	\$114,768.00
<i>5480- ITA non-Medicaid</i>	\$163,260.00
<i>PACT</i>	\$121,623.60
<i>Detention Decision Review</i>	\$27,492.00
<i>Assisted Outpatient Treatment (AOT)</i>	\$54,045.00
<i>Crisis Triage/Stabilization</i>	\$504,924.00
<i>E&T Discharge Planners</i>	\$143,059.00
<i>Table (FYSPRT)</i>	\$75,000.00
<i>ASO Enhancement Funds</i>	\$219,916.00
Total Estimated Revenue	\$10,297,005

Medicaid Revenue Paid by 4 MCOs
State, Proviso and Block Grant Paid by HCA
<i>Italicized Funds = More Restrictive Parameters</i>

Behavioral Health Expenditures - Calendar Year 2020

	Non-Medicaid	Medicaid
Crisis Line	\$100,000.00	\$150,000.00
Crisis Response Teams/Mobile Crisis Outreach	\$1,156,992.00	\$2,510,004.00
Crisis Stabilization/Triage	\$309,900.00	\$0.00
Total Crisis	\$1,566,892.00	\$2,660,004.00
Involuntary Psychiatric Inpatient Treatment	\$1,413,900.00	
ITA Secure Withdrawal Management	\$156,000.00	
ITA Court Costs	\$281,250.00	
Total Involuntary	\$1,851,150.00	
MH Residential	\$73,000.00	
SUD Residential	\$341,100.00	
SUD Withdrawal Management (voluntary)	\$86,620.00	
Total Residential	\$500,720.00	
MH Outpatient	\$460,780.00	
SUD Outpatient (includes OTP)	\$988,094.20	
Total Outpatient	\$1,448,874.20	
PPW Childcare	\$40,000.00	
Transportation	\$5,000.00	
SUD Recovery Supports	\$45,000.00	
E&T Discharge Planners	\$121,600.15	
ASO Enhancement Payments	\$186,928.60	
Jail Services	\$97,552.00	
Community Education/Training	\$25,000.00	
FYSPRT*	\$15,000.00	
OMBUDS	\$60,000.00	\$50,000.00
Interpreter Services	\$500.00	
Total Miscellaenous	\$506,580.75	\$50,000.00
BH-ASO Administration	\$715,971.00	\$330,644.00
BH-ASO Direct Support	\$280,870.00	\$0
BH-ASO Admin & Direct Support	\$996,841.00	\$330,644.00
Total Expenditures	\$6,916,057.95	\$3,040,648.00
Unallocated Revenue (reserve?)	\$243,656.00	

Introduction

Washington State's Substance Use Disorder strategies to further the goals of the Combined Federal Block Grant will rely on service delivery through BH-ASOs and BHOs. Contracts with BH-ASOs and BHOs continue to support flexibility to meet the needs of populations based on local planning efforts and goals as identified in this Project Plan. Our collective overarching "Goal" is to ensure effective services are provided across populations with measurable outcomes and performance indicators.

This Plan is for July 1, 2019 – June 30, 2020. All Substance Abuse Block Grant funds contractually allocated for services provided, but not expended for services actually provided by June 30, 2019, may not be used or carried forward.

Please complete both sections (Section 1- Proposed Plan Narratives and Section 2 – Proposed Project Summaries and Expenditures) in this document and submit electronically to HCA for approval prior to submitting your first A-19 invoice. Contact the Person identified below if there are any questions.

DO NOT MODIFY OR DELETE ANY PARTS OF THIS TEMPLATE.

Instructions:

- Provide a detailed description for each anticipated range of services. There is no word limit. Each cell will automatically expand.
- Only complete Categories/Subcategories that align with local plans. There is no requirement to provide services in each Category.
- Insert Planned Expenditure Amounts for each category under column heading "Proposed Expenditure Amount." The "Grand Total" at bottom of that column must equal total contract amount. The "Grand Total" will automatically calculate off of the amounts entered into each "Proposed Total Expenditure Amount" text box.
- Federal Requirement – A minimum of 10% of funding must be expended to maintain, develop or enhance services for Pregnant, Postpartum Women and Women with Dependent Children (PPW). Provide the number of PPW expected to be served.
- "Outcomes and Performance Indicators" – Provide planned outcomes that are measurable and define what indicators will be used to support progress towards outcomes.
- Tab or use your cursor to enter into each text box.
- Use your cursor to enter amounts into "Proposed Total Expenditure Amount." You do not need to enter a "\$" – it will automatically add the symbol when you move to the next text box.

Region: Salish BHO	Current Date: 8/29/19	Total SABG Allocation: \$604,372 (1/1/20-6/30/20)
Contact Person: Jolene Kron	Phone Number:360-337-4832	Email: jkron@co.kitsap.wa.us

Section 1 Proposed Plan Narratives	
Needs Assessment (required)	<p>Describe what strengths, needs, and gaps were identified through a needs assessment of the geographic area of the region. Include age, race/ethnicity, gender, and language barriers.</p> <p><i>Begin writing here:</i> The Salish BHO Quality Review Team identified needs in all areas related to peer services, housing needs and transportations challenges due to expansive geographic area. In reviewing available data, it appears that youth under the age of 18 represent a population that has historically been underserved in our area. The primary Substance Use Disorder issue facing our communities, however, is addiction to Opioids and the effects that this has on our communities. To this end, there are two practices in Clallam County (the Jamestown Clinic and the Federally Qualified Health Clinic, North Olympic Healthcare Network) both have multiple prescribers qualified to prescribe Suboxone, which is a strength.</p>
Cultural Competence (required)	<p>Provide a narrative summarizing how cultural competence overall, is incorporated within proposed projects. Identify what anticipated efforts will be taken to measure progress.</p> <p><i>Begin writing here:</i></p> <p>The SBHO incorporates cultural humility into the SABG projects by utilizing individuals in recovery as a steering board for the plan development. These projects target funds to address local community gaps as identified by direct service agencies to ensure overall wellness of individuals served by the public SUD system. These projects compliment the following SBHO values:</p> <ol style="list-style-type: none"> 1. We value individual and family strengths while striving to include their participation and voice in every aspect of care development of policies and procedures. 2. We value and respect cultural and other diverse qualities of each individual. 3. We value services and education that promote recovery, resiliency, reintegration, and rehabilitation. 4. We work in partnership with allied community providers to provide continuity and quality care. 5. We treat all people with respect, compassion, and fairness. 6. We value the continuous improvement of services. 7. We value flexibility and creativity in meeting the needs of each individual. <p>The SBHO will measure these projects through required SABG implementation and progress reports. The submitted monthly service reports to the SBHO allow for monthly monitoring of project success, such as allocated funds being spent and projected outcomes being met. Diversity based trainings have been provided to the provider network to increase cultural humility across our network.</p> <p>Please note: the SBHO uses state funds to execute annual Interlocal Agreements with the Tribes in our region</p>
Continuing Education for Staff (required)	<p>Describe of how continuing education for employees of treatment facilities is expected to be implemented.</p> <p><i>Begin writing here:</i></p> <p>SBHO will continue to emphasis utilization of ASAM criteria to support longer length harm reduction treatment with an intended result of improved treatment outcomes, including paying for longer involvement in continuing care services on a case by case basis.</p> <p>SBHO will support purchase or development of harm reduction program model to be used by contracted providers.</p>

	<p>SBHO will provide training on innovative Individual Service Plan (ISP) development to include expanded/re-defined definition of client progress/success in MAT/OST programs. SBHO identifies training needs in the monitoring process as well as at provider request.</p> <p>Salish BHO has supported Recovery Coach training in partnership with the Suquamish Tribe to enhance our current service network.</p>
Charitable Choice (required)	<p>Provide a description of how faith-based organizations will be incorporated into your network and how referrals will be tracked.</p> <p><i>Begin writing here: SBHO will seek out faith-based organizations involved in providing treatment and seek input regarding how they choose to be integrated into the public treatment system.</i></p>
Coordination of Services (required)	<p>Provide a description what activities or initiatives will be or are in place to ensure services are coordinated with other appropriate services.</p> <p><i>Begin writing here: There are three coordination activities which will be critical to the long term success of the SBHO, 1) coordination between SUD outpatient providers and mental health providers – we will put into contracts expectations for seamless coordination of services between the two program areas; 2) coordination between SUD outpatient providers and physical health care – once again, this is a contract expectation of the SBHO that all outpatient providers coordinate with primary care when appropriate; and 3) one of our areas of focus will be the coordination of care for individuals receiving Suboxone from primary care physicians. Outpatient providers use case manager to coordinate with community services including housing, employment, DSHS, DOC, and Children’s Administration. SBHO has participated in meetings to assist with in problem solving concerns related to care coordination for MAT services for court involved individuals in Clallam County. SBHO participated in regional opioid programs to assist with development of community network response and facilitate care for individuals.</i></p>
Public Comment/Local Board /BH Advisory Board Involvement (required)	<p>Describe how you facilitated public comment from any person, behavioral health association, individuals in recovery, families, and local boards in the development of this SABG Plan.</p> <p><i>Begin writing here: The SBHO contracted SUD agencies responded to a request for proposals to develop the final SABG plan, which will be reviewed by the SBHO Advisory Board. Advisory Board and Executive Board meetings of the SBHO are all public meetings and advertised widely. There is opportunity for public comment at both venues. SBHO participated and engages with 1/10th committees across our region to provide support and receive feedback regarding service gaps.</i></p>
Program Compliance (required)	<p>Provide a description of the strategies that will be used for monitoring program compliance with all SABG requirements.</p> <p><i>Begin writing here: Contracted agencies will be required to complete monthly performance reports outlining progress on funded programs. Each program is visited at least annually to conduct an on-site assessment of the program, and verify information included in the monthly reports. Discussion of outcomes and metrics were part of the RFP award process. SBHO staff met with agencies to identify clear metrics for SABG in 2019.</i></p>
Recovery Support Services (optional)	<p>Provide a description of how and what recovery support services will be made available to individuals in SUD treatment and their families.</p> <p><i>Begin writing here: Transportation, childcare for PPW population, and PPW Housing Support programs are funded. SBHO has funded peer support in several agencies to increase connection in the community and access to all recovery supports.</i></p>
Cost Sharing (optional)	<p>Provide a description of the policies and procedures established for cost-sharing, to include how individuals will be identified as eligible, how cost-sharing will be calculated, and how funding for cost-sharing will managed and monitored.</p> <p><i>Begin writing here:</i></p>

Section 2
Proposed Project Summaries and Expenditures

*The * indicates a required component of the Proposed Project Summary*

Category/Sub Category	Provide a plan of action for each supported activity	Proposed # PPW to be served	Outcomes and Performance Indicators	Proposed Total Expenditure Amount
Prevention & Wellness – Preventive services, such as drug use prevention and early intervention, are critical components of wellness.				7500
*PPW Outreach	Outreach and engagement for PPW population in partnership with community referrals	20	Evidence of care coordination with referral sources to provide information on treatment services specific to PPW populations. Evidence of prioritization. 90% of individuals receive information.	0
Outreach to Individuals Using Intravenous Drugs (IUID)				0
Brief Intervention				0
Drug Screening				0
*Tuberculosis Screening	Outpatient agencies will continue to conduct screening for Tuberculosis as part of the assessment process.		Individuals screened as possibly exposed to TB will be referred for medical followup.	0
Engagement Services – Assessment/admission screening related to SUD to determine appropriateness of admission and levels of care.				37500
Education Services may include information and referral services regarding available resources, information and training concerning availability of services and other supports. Educational programs can include parent training, impact of alcohol and drug problems, anxiety symptoms and management, and stress management and reduction. Education services may be made available to individuals, groups, organizations, and the community in general. This is different than staff training. Treatment services must meet the criteria as set forth in Chapter 246-341 WAC.				
Assessment	Completion of requested assessments.	10	Completion of assessment and referral to appropriate level of care.	0
*Engagement and Referral	Identify referred individuals and work to engage or refer to services		Increase engagement and continued treatment. Track number engaged and	

	within community. Engage individuals within justice system to facilitate community-based treatment. Peer support used in engagement of individuals.		referred for services. Completion of assessment as follow up to referral.	
*Interim Services	Post-assessment follow-up for individuals not accessing services due to waitlist/lack of available funding.	10	Evidence of continued engagement of individuals pending access to treatment.	0
Educational Programs				0
Outpatient Services – Services provided in a non-residential SUD treatment facility. Outpatient treatment services must meet the criteria as set forth in Chapter 246-341 WAC.				237872
Individual Therapy	Provide services for uninsured, under insured, low income individuals who are not eligible for Medicaid	10	Evidence of treatment encounters appropriate to ASAM level of care.	0
Group Therapy	Provide services for uninsured, under insured, low income individuals who are not eligible for Medicaid	10	Evidence of treatment encounters appropriate to ASAM level of care.	0
Family Therapy				0
Multi-Family Counseling Therapy				0
Medication Assisted Therapy (MAT)	Daily dosing for uninsured, under insured, low income individuals not eligible for Medicaid.	5	Tracking engagement, monthly number served, number engaged in other treatment services.	0
Community Support (Rehabilitative) – Consist of support and treatment services focused on enhancing independent functioning.				25000
Case Management	case management Navigation and connection to community systems	20	Engagement in treatment. Progress in meeting identified treatment goals. 80% will maintain recovery and report benefit from services.	
Recovery Housing				0
Supported Employment				0
Other Support (Habilitative) – Structured services provided in segments of less than 24 hours using a multi -disciplinary team approach to develop treatment plans that vary in intensity of services and the frequency and duration of services based on the needs of the client.				12500
PPW Housing Support Services	Housing support services in recovery house for women and children. Supportive case	5	Tracking treatment attendance, completion of treatment. Goal achievement as indicated in treatment	

	management services.		plan.	
Supported Education				0
Housing Assistance				0
Spiritual/Faith-Based Support				0
Intensive Support Services – Services that are therapeutically intensive coordinated and structured group-oriented. Services stabilize acute crisis and clinical conditions, utilizing recovery principles to help return individuals to less intensive outpatient, case management, and/or other recovery based services.				7500
*Therapeutic Intervention Services for Children	Childcare services to assist with access to treatment. See below.	10	Tracking use of childcare with monthly reporting. Increased attendance for participants.	
Sobering Services				0
Out of Home Residential Services – 24 hour a day, live-in setting that is either housed in or affiliated with a permanent facility. A defining characteristic is that they serve individuals who need safe and stable living environments in order to develop their recovery skills. Treatment services must meet the criteria as set forth in Chapter 246-341 WAC.				142500
Sub-acute Withdrawal Management				0
Crisis Services Residential/ Stabilization				0
Intensive Inpatient Residential Treatment	Residential treatment services for individuals who meet ASAM and are not eligible for other funding.	5	Tracking bed days of services received by individuals using monthly reports.	0
Long Term Residential Treatment				0
Recovery House Residential Treatment				0
Involuntary Commitment				0
Acute Intensive Services -24-hour emergency services that provide access to a clinician. The range of emergency services available may include but are not limited to direct contact with clinician, medication evaluation, and hospitalization. Services must meet the criteria as set forth in Chapter 246-341 WAC.				4000
Acute Withdrawal Management	Provide Acute Withdrawal management meeting ASAM criteria to non-Medicaid individuals	2	Individuals meet ASAM criteria	0
Recovery Supports –A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Recovery emphasizes the value of health, home, purpose, and community to support recovery.				20,000
*Interim Services	See above			0
*Transportation for PPW	Provide individual bus ticket, bus passes, mileage reimbursement to aid in access to treatment.		Tracked by individual bus ticket, bus passes, mileage reimbursement.	

Transportation	Provide individual bus ticket, bus passes, mileage reimbursement to aid in access to treatment.		Tracked by individual bus ticket, bus passes, mileage reimbursement.	
*Childcare Services	Provide childcare in a licensed on-site facility to increase access to treatment services.		Track number of children accessing care and cost of program. Monthly report on usage.	
Peer Support Services				
*Other SABG activities – any activity necessary to plan, carry out, and evaluate this SABG plan, including Continued Education/training, logistics cost for conferences regarding SABG services and requirements, capacity management infrastructure, and conducting needs assessments. Community education and training, advocacy support, Ombuds services,				42500
Grand Totals				\$604,372

Introduction

Washington State provides Combined Federal Block Grant service through BH-ASO and BHOs. Contracts with BH-ASOs and BHOs support flexibility to meet the needs of populations based on local planning efforts and goals as identified in this Project Plan. The goal of the MNBG Project Plan is to ensure effective services are provided across populations with measurable outcomes.

This Plan is for July 1, 2019 – June 30, 2020. All Mental Health Block Grant funds contractually allocated for services provided, but not expended for services actually provided by June 30, 2019, may not be used or carried forward.

Please complete both sections (Section 1- Proposed Plan Narratives and Section 2 – Proposed Project Summaries and Expenditures) in this document and submit electronically to HCA for approval prior to submitting your first A-19 invoice. Contact the person identified above if there are any questions.

DO NOT MODIFY OR DELETE ANY PARTS OF THIS TEMPLATE.

Instructions:

- Provide a detailed description for each anticipated range of services. There is no word limit. Each cell will automatically expand.
- Only complete Categories/Subcategories that align with local plans. There is no requirement to provide services in each Category.
- Insert Planned Expenditure Amounts for each category under the column heading “Proposed Total Expenditure Amount.” The Grand Total at bottom of that column must equal total MHBG Allocation.
- Insert the number of Adults with SMI** and Children with SED** projected to be served.
- “Outcomes and Performance Indicators” – Provide planned outcomes that are measurable and define what indicators will be used to support progress towards outcomes.

**SMI/SED Definitions - For MHBG planning and reporting, SAMHSA has clarified the definitions of SED and SMI: Children with SED refers to persons from birth to age 18 and adults with SMI refers to persons age 18 and over: (1) who currently meets or at any time during the past year has met criteria for a mental disorder – including within developmental and cultural contexts – as specified within a recognized diagnostic classification system (e.g. most recent editions of DSM, ICD, etc.), and (2) who displays functional impairment, as determined by a standardized measure, which impedes progress towards recovery and substantially interferes with or limits the person’s role or functioning in family, school, employment, relationships, or community activities.

Region: Salish BHO	Current Date: 8/29/19	Total MHBG Allocation: \$166,348 (1/1/2020-6-30-2020)
Contact Person: Jolene Kron	Phone Number: 360 337 4832	Email: jkron@co.kitsap.wa.us

Section 1 Proposed Plan Narratives	
Needs Assessment	<p>Describe what strengths, needs, and gaps were identified through a need's assessment of the geographic area of the region. To the extent available, include age, race/ethnicity, gender, and language barriers.</p> <p>Begin writing here: Data from each provider reflects needs specific to their respective communities. Ongoing engagement with each provider, Advisory Board, Quality Review Team (QRT), administrative reviews, case reviews, peer reviews, client satisfaction surveys, Compliance Committee, and grievances provide additional data reflecting strengths, needs specific to the geographic location. Information is also gathered by engagement in community services groups including housing/homeless committees, local continuum of care meetings, and cross-system collaborations meetings.</p>
Cultural Competence*	<p>Provide a narrative summarizing how cultural competence overall, is incorporated within proposed projects. Identify what anticipated efforts will be taken to measure progress.</p> <p>Begin writing here: The SBHO incorporates cultural competence into the flexible FBG projects by utilizing individuals in recovery as a steering board for the plan development. These projects target funds to address community local gaps to ensure overall wellness of individuals served by the public mental health system. Most of these projects are long-standing efforts to address the housing and crisis stabilization resource shortage in rural and geographically isolated communities (located on the Olympic Peninsula).</p> <p>These projects compliment the following SBHO values:</p> <ol style="list-style-type: none"> 1. We value individual and family strengths while striving to include their participation and voice in every aspect of care and development of policies and procedures. 2. We value and respect cultural and other diverse qualities of each individual. 3. We value services and education that promote recovery, resiliency, reintegration, and rehabilitation. 4. We work in partnership with allied community providers to provide continuity and quality care. 5. We treat all people with respect, compassion, and fairness. 6. We value the continuous improvement of services. 7. We value flexibility and creativity in meeting the needs of each individual. <p>The SBHO will measure these projects through required FBG implementation and progress reports. The submitted monthly service reports to the SBHO allow for monthly monitoring of project success, such as allocated funds being spent and projected outcomes being met.</p> <p>Please note: the SBHO uses state funds to execute annual Interlocal Agreements with the Tribes in our region.</p>

	Salish BHO has made cultural trainings available to all providers bot in person and digitally.
Children's Services	<p>Describe how integrated system of care will be provided for children with SED with multiple needs, including: social services, educational services, juvenile services, and substance use disorder services.</p> <p>Begin writing here: The SBHO actively participates in the coordination of care for children and youth who demonstrate the need for intensive mental health services. Currently, this level of care is classified as Children's Intensive Services (CIS) and reflects their involvement in two or more additional formal child serving systems including: Children's Administration, Juvenile Justice, Substance Abuse treatment, Developmental Disabilities Administration and Special Education. Also, having been placed in inpatient treatment facility and/or needing support of Crisis Intervention are factors that warrant potential provision of CIS.</p> <p>Identified at intake, during reauthorization period or any time meeting the criteria listed above, children are placed in the appropriate level of care. Receiving the designation of Children's Intensive Services (CIS) allows for active SBHO management and oversight of services. The SBHO requires child/family team meetings as a regular component of this level of care is the essential element to coordinate care, empower clients and broker all necessary support to assist in achieving recovery.</p> <p>The SBHO has a long history of providing intensive services to children while partnering with multiple systems to collaboratively and creatively address the unique individual needs of children and their families while integrating strengths, client voice and community/natural supports into mental health treatment. This historical foundation allowed for adoption of formal WISE services rather seamlessly. SBHO currently has nine WISE teams in our coverage area.</p>
Public Comment/Local/BH Advisory Board Involvement	<p>Describe how you facilitated public comment from any person, behavioral health association, individuals in recovery, families, and local boards in the development of this MHBG Plan.</p> <p>Begin writing here: <i>Salish BHO providers identify needs in part based on community surveys. All proposals were reviewed by a subcommittee of the SBHO Advisory Board. The final plan is then presented at the advisory board meeting to ensure access to community members.</i></p>
Outreach Services	<p>Provide a description of how outreach services will target individuals who are homeless and how community-based services will be provided to individuals residing in rural areas.</p> <p>Begin writing here: SBHO providers are currently collaborating with community partners regarding access to services for homeless individuals. SBHO provider in East Clallam county has a PATH program, the SBHO provider in Kitsap county has HARPS that is embedded in our Coordinated Entry site for ease of access to services, and the SBHO provider in Jefferson county has an informal partnership with the Community Action Program in that area to implement housing services. HARPS services have been implemented with access to subsidies in all three counties connected to Coordinated Entry sites, this has increased access to support and collaboration between providers and community agencies. The SBHO has also facilitated meetings across all regional providers to increase partnership to assist any transitions to homeless individuals in all areas. SBHO has Peer Pathfinders engaging in outreach for individuals with opioid use disorders and engage with community partners for referrals to assist these individuals in accessing treatment services.</p>
Staff Training	Describe the plan to ensure training is available for mental health providers and to providers of emergency mental health services and how this plan will be implemented.

	<p>Begin writing here: Routine protocol included in the SBHO Administrative Reviews includes random sample review each agency’s employee files for training plans. Random sample includes providers of emergency mental health services. In addition, SBHO provides training for all mental health providers as needs are identified, e.g. HIPAA, Compliance, Grievances, Children’s mental health issues, cultural needs, Tribal relations. SBHO staff provide on-going support and technical assistance to providers related to presenting needs and system issues.</p>
<p>Program Compliance</p>	<p>Provide a description of the strategies that will be used for monitoring program compliance with all MHBG requirements. Begin writing here: Routine fiscal reviews will occur of the accounting statements to ensure adequate and timely submission of expenses reports/billing. Clinical content will also be reviewed to ensure services are being provided in concert to each agency plan for block grant. SBHO retains all contracts on site. Subcontracts are available for review as needed. Providers will also participate in routine SBHO Compliance Committee meetings, complete monthly exclusionary reviews, and ensure signage posting to welcome reporting of any program integrity issues.</p>
<p>Cost Sharing (optional)</p>	<p>Provide a description of the policies and procedures established for cost-sharing, to include how individuals will be identified as eligible, how cost-sharing will be calculated, and how funding for cost-sharing will managed and monitored. Begin writing here:</p>

Section 2 Proposed Project Summaries and Expenditures				
Category/Subcategory	Provide a plan of action for each supported activity	Proposed #Children with SED	Proposed #Adults with SMI	Proposed Total Expenditure Amount
Prevention & Wellness – Activities that enhance the ability of persons diagnosed with SMI or SED, including their families, to effectively decrease their need for intensive mental health services:				
Screening, Brief Intervention and Referral to Treatment				0
Brief Motivational Interviews				0
Parent Training				0
Facilitated Referrals				0
Relapse Prevention/ Wellness Recovery Support				0
Warm Line: Please note that ALL costs that directly serve persons with SMI/SED and their families <u>must</u> be tracked.				0
Outcomes and Performance Indicators:				0
Engagement Services – Activities associated with providing evaluations, assessments, and outreach to assist persons diagnosed with SMI or SED, including their families, to engage in mental health services:				0
Assessment				0
Specialized Evaluations (Psychological and Neurological)				0
Service Planning (including crisis planning)				0
Educational Programs				0
Outreach				0
Outcomes and Performance Indicators				0

Outpatient Services – Outpatient therapy services for persons diagnosed with SMI or SED, including services to help their families to appropriately support them.				5500
Individual Evidenced-Based Therapies				0
Group Therapy	Treatment services for uninsured, underinsured, low income individuals not covered under Medicaid.	1	15	0
Family Therapy				0
Multi-Family Counseling Therapy				0
Consultation to Caregivers				0
Outcomes and Performance Indicators: Access to group treatment services to increase understanding of diagnosis and aid in recovery.				0
Medication Services – Necessary healthcare medications, and related laboratory services, not covered by insurance or Medicaid for persons diagnosed with SMI or SED to increase their ability to remain stable in the community.				30043
Medication Management	Medication management services for uninsured, underinsured, low income individuals not covered under Medicaid.	1	15	0
Pharmacotherapy				0
Laboratory Services				0
Outcomes and Performance Indicators: Individuals maintain stability and access to medication.				0
Community Support (Rehabilitative) – Community-based programs that enhance independent functioning for persons diagnosed with SMI or SED, including services to assist their families to care for them.				91820
Parent/Caregiver Support				0
Skill Building (social, daily living, cognitive)				0
Case Management	Treatment services for uninsured, underinsured, low income individuals not covered under Medicaid.		25	0
Continuing Care				0
Behavior Management				0
Supported Employment				0
Permanent Supported Housing				0
Recovery Housing				0

Therapeutic Mentoring				0
Traditional Healing Services				0
Outcomes and Performance Indicators: Decrease in inpatient stays and returns to inpatient. Stabilization of individuals as evidenced by accessing and continued engagement in treatment services.				0
Recovery Support Services – Support services that focus on improving the ability of persons diagnosed with SMI or SED to live a self-directed life and strive to reach their full potential.				20735
Peer Support	Recovery support services for uninsured, underinsured, low income individuals not covered under Medicaid.	1	15	0
Recovery Support Coaching				0
Recovery Support Center Services				0
Supports for Self-Directed Care				0
Outcomes and Performance Indicators: Provide recovery support to increase successful community living and management of SMI.				0
Other Supports (Habilitative) – Unique direct services for persons diagnosed with SMI or SED, including services to assist their families to continue caring for them.				
Personal Care				0
Respite				0
Support Education				0
Transportation				0
Assisted Living Services				0
Trained Behavioral Health Interpreters				0
Interactive communication Technology Devices				0
Outcomes and Performance Indicators: Access to treatment option in rural area with transportation barriers as indicated by accessing treatment with transportation assistance.				0
Intensive Support Services – Intensive therapeutic coordinated and structured support services to help stabilize and support persons diagnosed with SMI or SED.				0
Assertive Community Treatment				0

Intensive Home-Based Services				0
Multi-Systemic Therapy				0
Intensive Case Management				0
Outcomes and Performance Indicators				0
Out of Home Residential Services – Out of home stabilization and/or residential services in a safe and stable environment for persons diagnosed with SMI or SED.				18,250
Crisis Residential/Stabilization				0
Adult Mental Health Residential	PBH: Residential Stabilization Average of 35 clients served annually, calculation is based on living situation, whether assisted living or straight residential unit. Subsidy for residential properties are \$130 per night, and assisted living rates are \$200.63 per night.		3	0
Children’s Residential Mental Health Services				0
Therapeutic Foster Care				0
Outcomes and Performance Indicators: Decrease in inpatient stays and returns to inpatient. Individual reports of increased stability and improved health status.				0
Acute Intensive Services – Acute intensive services requiring immediate intervention for persons diagnosed with SMI or SED.				
Mobile Crisis				0
Peer-Based Crisis Services				0
Urgent Care				0
23 Hour Observation Bed				0
24/7 Crisis Hotline Services				0
Outcomes and Performance Indicators:				0
Non-Direct Activities – any activity necessary to plan, carry out, and evaluate this MHBG plan, including Staff/provider training, travel and per diem for peer reviewers, logistics cost for conferences regarding MHBG services and requirements, and conducting needs assessments.				
Workforce				–
Development/Conferences				
Grand Total				\$166,348