

## AGENDA SHEET

**SUBMITTING DEPARTMENT:** Community Services, Housing, and Community Development

**CONTACT PERSON:** Heather Arnold

**PHONE NUMBER:** 509-477-4517

**CHECK TYPE OF MEETING ITEM BELOW:**

2:00 PM CONSENT AGENDA:   
BY LEAVE:

5:00 PM LEGISLATIVE SESSION:   
BY LEAVE:

SPECIAL SESSION:

**BELOW FOR CLERK'S USE ONLY:**

Clerk's Resolution No. \_\_\_\_\_  
Approved: Majority/Unanimous \_\_\_\_\_  
Denied: Majority/Unanimous \_\_\_\_\_  
Renews/Amends No. \_\_\_\_\_  
Public Works No. \_\_\_\_\_  
Purchasing Dept. No. \_\_\_\_\_

**AGENDA TITLE:** IN THE MATTER OF ACCEPTING CONTRACT NO. 1769-94485 FROM THE DEPARTMENT OF SOCIAL AND HEALTH SERVICES (DSHS), DIVISION OF BEHAVIORAL HEALTH AND RECOVERY (DBHR) FOR MENTAL HEALTH BLOCK GRANT (MHBG) SERVICES FOR THE PERIOD OF JULY 1, 2017 THROUGH JUNE 30, 2019.

**BACKGROUND (Attach separate sheet(s) if necessary):** The purpose of the attached resolution is to accept the contract from the Washington State Department of Social and Health Services, Division of Behavioral Health and Recovery for Mental Health Block Grant (MHBG) services. These funds are provided for the purpose of providing services to promote recovery for Serious Mentally Ill (SMI) adults and resiliency for Serious Emotionally Disturbed (SED) children, in accordance with federal and state MHBG requirements for the period of July 1, 2017 through June 30, 2019.

These funds will be used to serve individuals in Adams, Ferry, Lincoln, Okanogan, Pend Oreille, Spokane, and Stevens Counties by the Spokane County Regional Behavioral Health Organization (SCRBHO), a division of Spokane County Community Services, Housing, and Community Development Department (CSHCD).

**RECOMMENDATION:** Approve

**FISCAL IMPACT:** \$586,031.00

**SIGNATURES:**

\_\_\_\_\_  
***Christine Barada***  
*Department Head/Elected Official or  
Designated Authority (Requesting Agenda Item)*

\_\_\_\_\_  
***Gerry Gemmill,***  
*Chief Executive Officer*

\_\_\_\_\_  
*Grants Administrator (sign-off)*

\_\_\_\_\_  
*Auditor's Office*

\_\_\_\_\_  
*Treasurer's Office*

\_\_\_\_\_  
*Budget Office*

***This item will need to be codified in the Spokane County Code.***

No. \_\_\_\_\_

BEFORE THE BOARD OF COUNTY COMMISSIONERS  
OF SPOKANE COUNTY, WASHINGTON

IN THE MATTER OF ACCEPTING CONTRACT NO. )  
1769-94485 FROM THE DEPARTMENT OF SOCIAL )  
AND HEALTH SERVICES (DSHS), DIVISION OF )  
BEHAVIORAL HEALTH AND RECOVERY (DBHR) )  
FOR MENTAL HEALTH BLOCK GRANT (MHBG) )  
SERVICES FOR THE PERIOD OF JULY 1, 2017 )  
THROUGH JUNE 30, 2019 )

**RESOLUTION**

**WHEREAS**, pursuant to the provisions of RCW 36.32.120(6), the Board of County Commissioners of Spokane County (hereinafter sometimes referred to as the “Board”) has the care of County property and the management of County funds and business; and

**WHEREAS**, the County has adopted a Grants Management Policy under Resolutions No. 12-1017 and No. 13-0219 (the “Policy”). Based on the Policy, Spokane County Grants Administrator or designee has recommended that the Board of County Commissioners accept the Mental Health Block Grant (MHBG) contract from the Department of Social and Health Services (DSHS), Division of Behavioral Health and Recovery (DBHR).

**NOW, THEREFORE, BE IT HEREBY RESOLVED** by the Board of County Commissioners of Spokane County that pursuant to the provisions of the County’s Grants Management Policy adopted under Resolutions No. 12-1017 and No. 13-0219, that:

- (1) the Board does hereby accept a contract from the Department of Social and Health Services (DSHS), Division of Behavioral Health and Recovery (DBHR) for Mental Health Block Grant (MHBG) services in the amount of \$586,031.00 for the period of July 1, 2017 through June 30, 2019; and
- (2) either the Chairman of the Board, majority of the Board, Chief Operating Officer, Chief Budget Officer, Chief Executive Officer, or the elected official of the office receiving the contract, is hereby authorized to execute, at other than an open meeting, any and all documents to implement this award as well as any subsequent amendments after review by the Grants Administrator or designee.

**PASSED AND ADOPTED** this \_\_\_\_\_ day of \_\_\_\_\_, 2017.

BOARD OF COUNTY COMMISSIONERS  
OF SPOKANE COUNTY, WASHINGTON

\_\_\_\_\_  
Al French, Chair

ATTEST:

\_\_\_\_\_  
Josh Kerns, Vice-Chair

\_\_\_\_\_  
Ginna Vasquez, Clerk of the Board

\_\_\_\_\_  
Shelly O’Quinn, Commissioner

 <p>Washington State Department of Social &amp; Health Services</p> <p><i>Transforming lives</i></p>	<h2>BHO PROGRAM AGREEMENT</h2> <h3>MHBG</h3>	DSHS Agreement Number: 1769-94485
This BHO Program Agreement is by and between the State of Washington Department of Social and Health Services (DSHS) and the Contractor identified below, and is issued in conjunction with the DSHS and BHO Agreement on General Terms and Conditions (GT&C), which is incorporated by reference.		BHO GT&C Contract Number: 1684-56856 Contractor Contract Number:
<b>CONTRACTOR NAME</b> Spokane County	<b>CONTRACTOR doing business as (DBA)</b> Spokane County Regional Behavioral Health Org	
<b>CONTRACTOR ADDRESS</b> 312 W 8th Avenue Spokane, WA 99204-2506	<b>WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI)</b> 600-331-756	<b>DSHS INDEX NUMBER</b> 1239
<b>CONTRACTOR CONTACT</b> Christine Barada	<b>CONTRACTOR TELEPHONE</b> (509) 477-7561	<b>CONTRACTOR E-MAIL ADDRESS</b> cbarada@spokanecounty.org
<b>DSHS ADMINISTRATION</b> Behavioral Health Administration	<b>DSHS DIVISION</b> Division of Behavioral Health and Recovery	<b>DSHS CONTRACT CODE</b> 1690LC-69
<b>DSHS CONTACT NAME AND TITLE</b> Thomas Gray Mental Health Program Administrator	<b>DSHS CONTACT ADDRESS</b> 4500 10th Avenue SE Lacey, WA 98503	
<b>DSHS CONTACT TELEPHONE</b> (360) 725-1314	<b>DSHS CONTACT FAX</b>	<b>DSHS CONTACT E-MAIL ADDRESS</b> graytr@dshs.wa.gov
<b>IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT?</b> Yes		<b>CFDA NUMBER(S)</b> 93.958
<b>AGREEMENT START DATE</b> 07/01/2017	<b>AGREEMENT END DATE</b> 06/30/2019	<b>MAXIMUM AGREEMENT AMOUNT</b> \$586,031.00
<b>EXHIBITS. The following Exhibits are attached and are incorporated into this Agreement by reference:</b> <input checked="" type="checkbox"/> <b>Exhibits (specify):</b> Exhibit A - Approved BHO MHBG Project Plan; Exhibit B - MHBG Independent Peer Review Procedures		
The terms and conditions of this Agreement are an integration and representation of the final, entire and exclusive understanding between the parties superseding and merging all previous agreements, writings, and communications, oral or otherwise regarding the subject matter of this Agreement, between the parties. The parties signing below represent they have read and understand this Agreement, and have the authority to execute this Agreement. This Agreement shall be binding on DSHS only upon signature by DSHS.		
<b>CONTRACTOR SIGNATURE</b>	<b>PRINTED NAME AND TITLE</b>	<b>DATE SIGNED</b>
<b>DSHS SIGNATURE</b>	<b>PRINTED NAME AND TITLE</b> BHA Contracts	<b>DATE SIGNED</b>

## Special Terms & Conditions

### Federal Award Identification for Subrecipients (reference 2 CFR 200.331) Mental Health Block Grant

(i) Subrecipient name (which must match the name associated with its unique entity identifier);	Spokane County, dba Spokane County Regional BHO
(ii) Subrecipient's unique entity identifier; (DUNS)	010205078
(iii) Federal Award Identification Number (FAIN);	SM010056
(iv) Federal Award Date (see §200.39 Federal award date);	4/15/16
(v) Subaward Period of Performance Start and End Date;	7/1/17-6/30/18
(vi) Amount of Federal Funds Obligated by this action;	\$586,031
(vii) Total Amount of Federal Funds Obligated to the subrecipient;	\$586,031
(viii) Total Amount of the Federal Award;	FFY16 \$11,606,420 FFY17 \$12,579,513
(ix) Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA);	Community Mental Health Services Block Grant
(x) Name of Federal awarding agency, pass-through entity, and contact information for awarding official,	SAMHSA, Washington State DSHS, Chris Imhoff, Director PO Box 45330 Olympia, WA 98504-5330 Imhofc@dshs.wa.gov
(xi) CFDA Number and Name; the pass-through entity must identify the dollar amount made available under each Federal award and the CFDA number at time of disbursement;	93.958
(xii) Identification of whether the award is R&D; and	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(xiii) Indirect cost rate for the Federal award (including if the de minimis rate is charged per §200.414 Indirect (F&A) costs).	5%

## Special Terms & Conditions

1. **Definitions Specific to Special Terms.** The words and phrases listed below, as used in this Contract, shall each have the following definitions:
- a. "Behavioral Health Advisory Council" or "BHAC" (also referred to as "the Council") includes consumers, providers, advocates, government representatives, and other private and public entities. The membership represents the State's population with respect to race, ethnicity, disability, and age, urban and rural.
  - b. "Behavioral Health Agency" means an agency that is licensed by the State of Washington to provide mental health and/or substance use disorder treatment and is Subcontracted under this agreement to provide services.
  - c. "Behavioral Health Administration" or "BHA" means the DSHS Administration governing mental health care and substance abuse services, and its employees and authorized agents.
  - d. "Behavioral Health Data Store" means the management information system maintained by DSHS that retains demographic, treatment, assessment and ancillary service data on each individual receiving publicly-funded outpatient and residential substance use disorder treatment services in Washington State, as well as data on other general services provided.
  - e. "BHO Advisory Board" according to RCW 71.24.300, Section (4), means the behavioral health advisory board appointed by each BHO, which reviews and provides comments on plans and policies related to service delivery and outcomes. As per WAC 388-865-0222, the BHO must promote active engagement with persons with behavioral disorders, their families, and service providers by soliciting and using their input to improve its services, and appoints a BHO Advisory Board to fulfill this purpose.
  - f. "Contractor" means the BHO.
  - g. "Cost Reimbursement" means the Subcontractor is reimbursed for actual costs up to the maximum consideration allowed in the Program Agreement.
  - h. "Cost Sharing Assistance" means paying for behavioral health insurance deductibles, co-insurance, and co-payments to assist eligible MHBG individuals in meeting their cost-sharing responsibilities.
  - i. "Cultural competence" means the ability to recognize and respond to health-related beliefs and cultural values, disease incidence and prevalence, and treatment efficacy. Examples of cultural competent care include striving to overcome cultural, language, and communications barriers, providing an environment in which individuals from diverse cultural backgrounds feel comfortable discussing their cultural health beliefs and practices in the context of negotiating treatment options, encouraging individuals to express their spiritual beliefs and cultural practices, and being familiar with and respectful of various traditional healing systems and beliefs and, where appropriate, integrating these approaches into treatment plans.
  - j. "Deliverable" means items that are required for submission to DSHS to satisfy the work requirements of this Agreement and that are due by a particular date or on a regularly occurring schedule.
  - k. "Division of Behavioral Health and Recovery" or "DBHR" means the DSHS-designated Single State Agency for mental health and substance use disorder treatment, authorized by RCW chapters 71.05, 71.24, 71.34, 70.96a and 70.96b.
  - l. "DSHS Contact" means the individual identified on page one (1) of this Program Agreement as the

## Special Terms & Conditions

designated DSHS representative for this Program Agreement, or the successor of that individual.

- m. "DSM" means the current Diagnostic and Statistical Manual for Mental Disorders published by the American Psychiatric Association.
- n. "Employment Services" means the services or activities provided to assist individuals in securing employment or acquiring or learning skills that promote opportunities for employment. Component services or activities may include employment screening, assessment, or testing; structured job skills and job seeking skills; specialized therapy (occupational, speech, physical); special training and tutoring, including literacy training and pre-vocational training; provision of books, supplies and instructional material; counseling, transportation; and referral to community resources.
- o. "Federally Recognized Tribes (Tribes)" means an Indian Tribe that is a self-governing American Indian and Alaska Native government recognized under applicable federal and common law. Because of their unique sovereign status, Federally Recognized Tribes have the inherent power to make and enforce laws on their lands, and to create governmental entities.
- p. "Fee-for-service" or "Set Rate" means the Subcontractor receives a negotiated fixed rate of pay based on performance of a defined unit of service such as per treatment, per hour or per session.
- q. "Fiscal/Program Requirements" means the most current version of the Division of Behavioral Health and Recovery/Mental Health Supplementary Instructions and Fiscal Policy Standards for Reimbursable Costs as used by DBHR.
- r. "For Profit" means a business or institution initiated or operated for the purpose of making a profit.
- s. "Housing Services" means the services or activities designed to assist individuals or families in locating, obtaining, or retaining suitable housing. Component services or activities may include tenant counseling; helping individuals and families to identify and correct substandard housing conditions on behalf of individuals and families who are unable to protect their own interests; and assisting individuals and families to understand leases, secure utilities, and make moving arrangements.
- t. "Independent Peer Review" means to assess the quality, appropriateness, and efficacy of treatment services provided in the State to individuals under the program involved.
- u. "Individual" means a person who applies for, is eligible for, or receives BHO-authorized behavioral health services from an agency licensed by the Department as a Behavioral Health Agency. In the case of a minor, the individual's parent or, if applicable, the individual's custodial parent; for the purposes of accessing the Grievance System, the definition of Individual also includes the following if another person is acting on the individual's behalf:
  - (1) The individual's legal guardian; or
  - (2) The individual's representative if the individual gives written permission.

For purposes of the Behavioral Health Advisory Board, Individual means a person or parent/legal guardian of a person with lived experience and/or self identifies as a person in recovery.

- v. "International Statistical Classification of Diseases and Related Health Problems, 10<sup>th</sup> Edition" or "ICD-10" is the standard diagnostic tool for epidemiology, health management and clinical purposes and contains codes for diseases, signs and symptoms and other causes of injury or diseases.

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- w. "Lump sum" means the Subcontractor is reimbursed a negotiated amount for the completion of the Agreement performance.
- x. "Medicaid" means the Centers for Medicare and Medicaid Services (CMS) Federal Department of Health and Human Services (DHHS) program, which is state operated and provides medical benefits for certain indigent or low-income individuals in need of health and medical care. The program is authorized by Title XIX of the Social Security Act and may only be used to cover costs for specified services for people who meet specific eligibility criteria, and program eligibility requirements. Additionally, these funds are only paid out for these services utilizing specified rates of payment for providers following a specified administration methodology.
- y. "Mental Health Block Grant" or "MHBG" means those funds granted by the Secretary of the DHHS, through the Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA), to states to establish or expand an organized community-based system for providing mental health services for adults with SMI and children with SED. States must submit an application in accordance with the law for applicable fiscal years for which they seek MHBG funds. Awarded MHBG funds must be used to carry out the State plan contained within the application, to evaluate programs and services set in place under the plan, and to conduct planning, administration, and educational activities related to the provision of services under the plan.
- z. "Peer counselor" means a person recognized by DBHR as a person who:
  - (1) Is a self-identified consumer of mental health services.
  - (2) Is a counselor registered under chapter 18.19 RCW.
  - (3) Has completed specialized training provided by or contracted through DBHR. If the person was trained by trainers approved by the mental health division (now DBHR) before October 1, 2004, and has met the requirements in subsection (1), (2) and (4) of this section by January 31, 2005, the person is exempt from completing this specialized training.
  - (4) Has successfully passed an examination administered by DBHR or an authorized contractor.
  - (5) Has received a written notification letter from DBHR stating that DBHR recognizes the person as a "peer counselor."
- aa. "Program Agreement" means a written agreement between DSHS and the BHO containing special terms and conditions, including a statement of work to be performed by the BHO and payment to be made by DSHS. The "DSHS and BHO Agreement on General Terms and Conditions" between the parties shall govern work to be performed under any Program Agreement.
- bb. "Reasonable costs" means amounts that do not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost. A prudent person normally considers the following:
  - (1) Whether the cost is of a type generally recognized as ordinary and necessary for the operation of the performance of the Agreement.
  - (2) The restraints or requirements imposed by such factors as: sound business practices; arm's length bargaining; Federal, State and other laws and regulations; and, terms and conditions of the Federal award.

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(3) Market prices for comparable goods or services.

(4) Whether the individuals concerned acted with prudence in the circumstances considering their responsibilities to the entity, the public at large, and the provider of the funds.

cc. "Recognized American Indian Organizations" or "RAIO" means organizations, as recognized in accordance to Indian Policy Advisory Committee (IPAC) by-laws, including the American Indian Community Center (AICC), N.A.T.I.V.E. Project, Seattle Indian Health Board (SIHB), Small Tribes of Western Washington (STOWW), United Indians of All Tribes Foundation (UIATF), Chief Seattle Club, and South Puget Intertribal Planning Agency (SPIPA), a tribal consortium. These organizations exercise their rights as American Indians, citizens of the United States and residents of the State of Washington.

dd. "Residential services" means a complete range of residences and supports authorized by resource management services and which may involve a facility, a distinct part thereof, or services which support community living, for persons who are acutely mentally ill, adults who are chronically mentally ill, children who are severely emotionally disturbed, or adults who are seriously disturbed and determined by the behavioral health organization to be at risk of becoming acutely or chronically mentally ill.

ee. "Serious Emotionally Disturbed" or "SED" means children from birth up to age 18 who currently meet, 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, 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.

ff. "Serious Mentally Ill" or "SMI" means persons age 18 and over who currently meet, or at any time during the past year has met, criteria for 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, 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.

**2. Purpose.** The purpose of this Program Agreement is for the Contractor to provide services to promote recovery for SMI adults and resiliency for SED children, in accordance with federal and state MHBG requirements.

**3. Statement of Work.** The Contractor shall provide the services and staff, and otherwise do all things necessary for or incidental to the performance of work, as set forth below:

a. Coordinate and convene a BHO Advisory Board, and conduct meetings as required by established bylaws.

b. Provide services in alignment with the approved BHO MHBG Project Plan incorporated herein as Exhibit A.

(1) Contractor has authority to provide services within approved "Categories" in Exhibit A.

(2) Contractor may not provide services in other Categories without prior approval via an amendment that incorporates an approved and revised Exhibit A.



## Special Terms & Conditions

- c. If applicable, provide services in alignment with the approved BHO MHBG Special Project Plan incorporated herein as Exhibit A-1.
  - (1) May not provide services other than those authorized under the Special Project without prior approval via an amendment that incorporates an approved and revised Exhibit A-1.
- d. The terms of the Statement of Work herein, including MHBG Primary Plan Exhibit A and if applicable, MHBG Special Project Plan A-1, are subject to ongoing review during the term of this contract by the Department. Based upon further review:
  - (1) The Department will notify the Contractor if one or more specific provisions within the Contractor's Plan(s) requires additional clarification or correction.
  - (2) At any time during the term of this contract, the Department may notify the Contractor of the need to clarify, update or correct Plan(s). The Department shall allow the Contractor seven (7) days to address the requested clarifications or corrections to the Statement of Work that shall be subject to approval by the Department.
  - (3) The Contractor may request additional time to address the requested clarifications or corrections within the original allotted seven (7) days and the granting of these requests is at the sole discretion of the Department.
- e. If requested by the Department, the Contractor shall attend, send (or if prior approved by the Department to participate via phone) a representative to the BHAC meeting to discuss priorities for future MHBG supported services.
- f. The BHO must incorporate Cultural Competence into the work that must:
  - (1) Demonstrate efforts to work effectively with Federally Recognized Tribes.

The Federally Recognized Tribes and/or RAIOS are defined in the following documents:

    - (a) The Bureau of Indian Affairs Service Area List.  
<http://www.bia.gov/WhoWeAre/RegionalOffices/Northwest/WeAre/Tribes/index.htm>
    - (b) The Governor's Office of Indian Affairs map of Federally Recognized Tribes of Washington State. [http://www.goia.wa.gov/tribal\\_gov/documents/WAStateTribalMap.pdf](http://www.goia.wa.gov/tribal_gov/documents/WAStateTribalMap.pdf)
    - (c) The DSHS 7.01 Policy, which identifies the Federally Recognized Tribes and/or Recognized American Indian Organizations (RAIOS).  
<https://www.dshs.wa.gov/sites/default/files/SESA/oip/documents/DSHS-AP-07-01.pdf>
  - (2) Demonstrate how cultural competence is incorporated and tracked in reports and during subcontract reviews.
- g. The Contractor shall submit an electronic MHBG Project Plan for future services anticipated to start July 1, 2018, including a Letter of Support from the BHO Advisory Board, by April 1, 2018 to the DSHS Contact listed on page one of this Program Agreement. The MHBG project plan shall be submitted in accordance with such format and time period, as directed by the Department.
- h. The Contractor shall submit two (2) responsive, written BHO MHBG Annual Reports, in such format as directed by the Department.

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- (1) The first report is due September 15, 2018 for services provided July 1, 2017 through June 30, 2018.
  - (2) The second report is due September 15, 2019 for services provided July 1, 2018 through June 30, 2019.
- i. The BHO MHBG Final Report format for 3.h. shall at a minimum include the following Sections for Contractor to complete:
- (1) Actions undertaken to increase Consumer involvement in services, commonly referred to as Consumer Voice.
  - (2) Special Terms and Conditions 3 f. above.
  - (3) Progress towards achievement of Contractor's project plan; including, barriers encountered and steps taken to remove barriers.
  - (4) Lessons learned with recommendations to improve future service outcomes.
- j. The Contractor shall submit a written request to the DSHS Contact for any requested contractual amendments no later than 30 days prior to the proposed start date of requested changes.
- k. Independent Peer Review Required ([45 CFR 96.136](#))
- (1) The BHO must ensure that Subcontractors participate in the statewide independent peer review process when requested by DSHS as outlined in Exhibit B - MHBG Independent Peer Review Procedures. Subcontractors will be reviewed by experts in the field of Mental Health Treatment to assess the quality, appropriateness, and efficacy of treatment services provided to individuals.
  - (2) As part of the process, reviews will include at least 5% of the Subcontractor MHBG-supported client records to determine quality and appropriateness of treatment services, while adhering to all Federal and State confidentiality requirements, including [45 CFR Part 2](#). The 5% threshold of the number of records:
    - (a) Shall be based on a monthly average clients served (e.g. monthly average served is 100, then the minimum number selected is 5).
    - (b) Number selected may be modified up or down by DSHS, taking into account the type of provider.
- l. Cost Sharing Assistance
- (1) Contractors that choose to use MHBG funds to help individuals satisfy cost-sharing requirements for MHBG authorized services must ensure that:
    - (a) The provider is a MHBG block grant subrecipient.
    - (b) Cost-sharing is for MHBG authorized services.
    - (c) Payments are in accordance with MHBG laws and regulations.
    - (d) Cost-sharing payments are made directly to the provider of the service.

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(e) Provide a report to DSHS that identifies:

- i. The number of individuals provided cost-sharing assistance,
- ii. The total dollars paid out for cost-sharing, and
- iii. Providers who received cost-sharing funds.

**4. MHBG Funding Requirements and Limitations.**

- a. The Contractor shall comply with the utilization Funding Agreement guidelines within the State’s most recent MHBG plan, as referenced herein. Contractor agrees to comply with Title V, Section 1913 of the Public Health Service Act [42 U.S.C. 300x-1 et seq.].
- b. The Contractor shall not use MHBG Funds for the following:
  - (1) Services and programs that are covered under the capitation rate for Medicaid-covered services to Medicaid enrollees.
  - (2) The Contractor’s administrative costs associated with salaries and benefits at the Contractor’s organizational level.
  - (3) Inpatient mental health services.
  - (4) Construction and/or renovation.
  - (5) Capital assets or the accumulation of operating reserve accounts.
  - (6) Equipment costs over \$5,000.
  - (7) Cash payments to Consumers.
  - (8) State match for other federal funds.

**5. Target Population.**

The Contractor shall ensure that MHBG Funds are used only for services to individuals who are not enrolled in Medicaid, or for services that are not covered by Medicaid, as described below:

<b>Benefits</b>	<b>Services</b>	<b>Use MHBG Funds</b>	<b>Use Medicaid</b>
Consumer is <b>not</b> a Medicaid recipient	Any Allowable Type	Yes	No
Consumer is a Medicaid recipient	Allowed under Medicaid	No	Yes
Consumer is a Medicaid recipient	Not Allowed under Medicaid	Yes	No

**6. Subcontracts and Subcontract Monitoring.**

- a. All activities and services performed pursuant to this Program Agreement, which are not performed directly by the Contractor, must be subcontracted in accordance with the terms set forth under this

## **Special Terms & Conditions**

### Program Agreement.

- b. MHBG funds may not be used to pay for services provided prior to the execution of subcontracts, or to pay in advance of service delivery. All subcontracts and amendments must be in writing and executed by both parties prior to any services being provided.
- c. MHBG fee-for-service, set rate, performance-based, cost reimbursement, and lump sum subcontracts shall be based on reasonable costs.
- d. The BHO must submit to the DSHS contact identified on page one (1) of the contract a list of MHBG Subcontractors.
- e. The Contractor shall retain, on site, all subcontracts. Upon request by the Department, Contractor will immediately make available any and all copies, versions, including all amendments of subcontracts.
- f. The Contractor must obtain prior approval before entering into any subcontracting arrangement. In addition, the Contractor shall submit to the DSHS Program Manager identified on Page 1 of the contract at least one of the following for review and approval purposes:
  - (1) Copy of the proposed subcontract to ensure it meets all DSHS requirements; or
  - (2) Copy of the contractor's standard contract template to ensure it meets all requirements and approve only subcontracts entered into using that template; or
  - (3) Certify in writing that the Subcontractor meets all requirements under the contract and that the subcontract contains all required language under the contract, including any data security, confidentiality and/or Business Associate language, as appropriate.
- g. The Contractor shall ensure that its Subcontractors receive an independent audit if the Subcontractor expends a total of \$750,000 or more in direct or indirect federal awards, including MHBG Funds, but exclusive of Medicaid. Contractor shall require all Subcontractors to submit to the Contractor copies of audit reports within 10 days of audit reports being completed and received by Subcontractors. Contractor shall retain documentation of all BHO Subcontractor monitoring activities; and, upon request by the department, shall immediately make all audits and/or monitoring documentation available to the Department.
- h. The Contractor shall conduct and/or make arrangements for an annual fiscal review of each Subcontractor receiving MHBG funds through fee-for-service, set rate, performance-based or cost reimbursement subcontracts; and, shall provide the department documentation of these annual fiscal reviews upon request. The annual fiscal review shall ensure:
  - (1) Expenditures are accounted for by revenue source.
  - (2) No expenditures were made for items identified in Section 4 of this Program Agreement.
  - (3) Expenditures are made only for the purposes stated in this Program Agreement, and for services that were actually provided.

## **7. Consideration.**

- a. The maximum consideration payable to Contractor for satisfactory performance of the DSHS approved BHO Primary MHBG Project Plan for SFY 2018 is \$586,031 for services provided

## **Special Terms & Conditions**

beginning on July 1, 2017 and ending on June 30, 2018, including any and all expenses. Funding for SFY 2019 is anticipated to be forthcoming via an amendment that will include a new and standalone Contractor's approved BHO Primary MHBG Project Plan for SFY 2019.

- b. If applicable, the maximum consideration payable to Contractor for satisfactory performance of the DSHS approved BHO MHBG Special Project Plan is \$0 for services provided beginning on July 1, 2017 and ending on June 30, 2018, including any and all expenses. If applicable, funding for SFY 2019 is anticipated to be forthcoming via an amendment that will include a new and standalone Contractor's approved BHO MHBG Special Project Plan for SFY 2019.
- c. Subject to the maximum consideration amount, payment shall be made for services in the categories set forth on the DSHS-approved BHO Primary MHBG Project Plan, and if applicable the BHO MHBG Special Project Plan. These plan(s) contain budget categories that are BHO estimates only. BHO may bill amounts that vary from these estimates, provided that the maximum total amount payable under each of the approved plan(s) are not exceeded. The Contractor may not use funds from either approved plan to fund the other plan.
- d. The BHO must maintain financial records that track expenditures by Category, according to State Fiscal Year (SFY).
- e. This Program Agreement's funding is dependent upon DBHR's receipt of continued Federal funding awards. If DBHR does not receive continued Federal funding awards, DBHR may terminate this Program Agreement in accordance with the BHO General Terms and Conditions Agreement.
- f. Funding that supports this Program Agreement comes from Mental Health Block Grant (MHBG) Funds provided by the United States Department of Health and Human Services (DHHS) and described in the Catalog of Federal Domestic Assistance (CFDA) #93.958. MHBG Funding may not be used to supplant State funding of Mental Health services.

### **8. Billing and Payment.**

- a. Billing:
  - (1) DSHS shall not make any payments in advance or anticipation of the delivery of services to be provided pursuant to this Program Agreement. DBHR will not pay for any services provided prior to the start date of this Program Agreement or for amounts that exceed the plan total from the approved Project Plan(s), prior to a properly executed Amendment to this Program Agreement.
  - (2) DSHS shall reimburse the Contractor for allowable expenditures incurred while performing services in accordance with this Program Agreement, up to the Maximum Consideration of this Program Agreement and as limited for BHO MHBG Special Project Plan, as shown on Section 7b., Consideration.
  - (3) Claims for reimbursement shall be submitted monthly by email on unaltered invoicing forms in the format as provided to Contractor by DBHR (A-19). If the Contractor has an approved BHO MHBG Special Project Plan, a separate, monthly invoicing form must be submitted in the specific format as prescribed by DBHR, including all DBHR required supporting reports and/or documentation. Payment shall be contingent on Contractor appropriately filling out DBHR provided invoicing documents and following all DBHR directed protocols on submitting these electronic documents to the Department. DBHR at its sole discretion may withhold payments until such time as Contractor submits invoices according to DBHR directives.

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(4) The Contractor shall submit claims for reimbursement no later than 60 days following the month in which services are provided. DBHR at its sole discretion may consider supplemental invoices and may extend invoice submission dates for good cause.

(5) Final Invoice Requirements:

(a) The final invoice for services provided and as authorized by this Program Agreement must be received by DBHR by August 31, 2018 for services provided in SFY 2018 to ensure final payment. DBHR at its sole discretion may extend the final invoice submission date for good cause.

(b) The final invoice for services provided and as authorized by this Program Agreement must be received by DBHR by August 31, 2019 for services provided in SFY 2019 to ensure final payment. DBHR at its sole discretion may extend the final invoice submission date for good cause.

b. Payment.

Payment shall be considered timely if made by the Department within thirty (30) days after receipt and acceptance by the Department of properly completed invoices. The Department, at its sole discretion, may withhold payment claimed by the Contractor for services rendered if Contractor fails to satisfactorily comply with any term or condition of this Program Agreement.

### 9. Remedial Action.

a. DBHR may initiate remedial action if DBHR determines any of the following situations exist:

(1) A problem exists that negatively impacts individuals receiving services.

(2) The Contractor has failed to perform any of the requirements or services required under this Program Agreement.

(3) The Contractor has failed to develop, produce, and/or deliver to DBHR any of the statements, reports, data, data corrections, accountings, claims, and/or documentation required under this Program Agreement.

(4) The Contractor has failed to perform any administrative function required under this Program Agreement, where administrative function is defined as any obligation other than the actual provision of mental health services.

(5) The Contractor has failed to implement corrective action required by the state and within DBHR prescribed time frames.

b. DBHR may impose any of the following remedial actions if DBHR determines the situations described in this Section exist:

(1) Corrective Action Plan

DBHR may require the Contractor to develop a corrective action plan, which must be submitted for approval to DBHR within 15 calendar days of notification. Corrective action plans may require modification of any policies or procedures by the Contractor relating to the fulfillment of its obligations pursuant to this Program Agreement. DBHR, at its sole discretion, may extend or reduce the time allowed for corrective action depending upon the nature of the situation.

## Special Terms & Conditions

(a) Corrective action plans at a minimum must include:

- i. A brief description of the finding(s), including all relevant information specific to the issue(s).
- ii. Specific actions taken and to be taken by Contractor, including: a timetable; a description of the monitoring to be performed; and, the individuals responsible for resolving the situation(s).

(b) Corrective action plans are subject to approval by DBHR. DBHR may:

- i. Accept the plan as submitted.
- ii. Accept the plan with specified modifications.
- iii. Request a modified plan.
- iv. Reject the plan.

(2) Hold on Invoices

DBHR at its sole discretion may hold and put in pending status the processing of any invoices under this Program Agreement until corrective action is approved as complete. DBHR at its sole discretion may release a portion or all of any payments withheld once satisfactory resolution has been achieved.

### **10. Individuals Covered and Served by Medicaid and/or Other Mental Health Programs Are Not Third-Party Beneficiaries Under this Agreement.**

Although DSHS and the Contractor mutually recognize that services under this Program Agreement may be provided by the Contractor to individuals receiving services under the Medicaid program, and chapters 71.05, 71.24, and 71.34 RCW, it is not the intention of either DSHS or the Contractor that such individuals, or any other persons, occupy the position of intended third-party beneficiaries of the obligations assumed by either party to this Program Agreement.

### **11. Non-Medicaid Revenues and Expenditures Report (R&E Report).**

Contractor must report to DBHR all MHBG Revenues and Expenditures on the R&E Report as directed by DBHR. Contractor must follow all DBHR directed protocols and timelines for submitting these reports.

## **Special Terms & Conditions**

## **Exhibit A Project Plan**

The Approved BHO MHBG Project Plan is included via separate attachment.



## Special Terms & Conditions

### Exhibit B

#### MHBG Independent Peer Review Procedures

The Mental Health Block Grant (MHBG) requires DBHR to ensure an independent peer review process is implemented in Washington State. Individuals who have contract monitoring, certification, or funding decision-making responsibilities for the providers cannot complete peer reviews, therefore DBHR staff cannot conduct peer reviews.

1. Definitions for purposes of this program:

- a. "Independent" means an entity not bound by or committed to, or affiliated with a larger controlling unit; in this case Department of Social and Health Services, Behavioral Health Administration, Division of Behavioral Health and Recovery or Behavioral Health/Associated Service Organizations.
- b. "Quality" for purposes of this section, is the provision of treatment services which, within the constraints of technology, resources, and Individual circumstances, will meet accepted standards and practices which will improve Individual health and safety status in the context of Recovery.
- c. "Appropriateness" for purposes of this section, means the provision of treatment services consistent with the individual's identified clinical needs and level of functioning

2. Peer Review:

- a. Is **NOT** a monitoring, licensing, or auditing process;
- b. Is performed by practicing professionals, and is based on professional trust and understanding;
- c. Is an educational process for both the professional being reviewed and the professional conducting the review. As such, the process serves to stimulate professional growth and strengthen the entire profession, and
- d. Provides a supportive environment where professionals identify program strengths and challenges; and, provide guidance, and advice for improving the quality of care.
- e. General timeline for peer review activities:
  - (1) February: Participating BHOs, MHBG providers, and peer reviewers will be identified;
  - (2) Early Spring: Training for volunteer peer reviewers;
  - (3) May – June: Peer review site-visits occur;
  - (4) By July 30: Final peer review reports completed and submitted to DBHR.

## Special Terms & Conditions

### 3. Selection Process:

- a. BHO must provide DSHS with a list of all MHBG providers by March 1<sup>st</sup> of each year;
- b. BHO must provide the names of at least three (3) volunteer Mental Health Professionals to be peer reviewers;
  - (1) All volunteer peer reviewers must sign a disclaimer for each MHBG provider they are reviewing to ensure they do not have any conflicts of interest, including financial.
  - (2) Volunteer peer reviewers will review MHBG funded providers from other BHOs.
- c. DSHS will work in coordination with volunteer peer reviewers to make travel and lodging arrangements for peer review orientation and site reviews. DSHS will reimburse lodging, travel miles, meals, and parking costs.

### 4. Peer Reviewers:

- a. Peer Reviewers are volunteer Mental Health Professionals (MHPs);
- b. Peer Reviewers will work as a team of at least two (2) and no more than four (4);
- c. Peer Review Team will review at least (2) MHBG providers;
- d. Peer Reviewers can receive up to 32 CEUs;
- e. Peer Reviewers will:
  - (1) Schedule site visits;
  - (2) Interview program staff chosen by the provider;
  - (3) Review a minimum of 5% of the agency's records for active clients, or 5 records, whichever is smaller.
- f. Main responsibilities are to:
  - (1) Assist the provider to identify program strengths and challenges;
  - (2) Assess needs and make recommendations for technical assistance and training to improve skills and improve quality and appropriateness of treatment and recovery services;
  - (3) Recommend possible changes in service delivery patterns to improve the quality and appropriateness of treatment and recovery services;
  - (4) Complete a Peer Review report for each program reviewed, in a format provided by DBHR, and within the following timeline:
    - (a) Within 10 days of the site visit, the reviewer sends a draft report to the provider for their review and comments. The provider has 10 days from the receipt of the draft report to return their comments, if any, to the reviewer;
    - (b) Within 10 days of receiving the provider's comments the reviewer completes the final report;

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and,

- (c) E-Mails a copy of the final report to the provider and to DBHR with a courtesy copy to the managing Behavioral Health Organization;
- (d) Provide suggestions and recommendations regarding the effectiveness of the Peer Review program and modifications to program tools, training and procedures.

### 5. Organizational Roles and Responsibilities:

#### a. The MHBG Community Mental Health Agency:

- (1) Coordinates with the peer reviewers to schedule the site visit. Each review is usually no less than four hours but no more than six;
- (2) Selects one or two key staff to participate in the site visit interviews;
- (3) Shares copies of brochures and community educational materials distributed by the agency with peer reviewers;
- (4) Randomly selects and arranges five or 5% of patient records from the caseload of currently active clients for peer review purpose **only**;
- (5) Completes a peer review process evaluation form;
- (6) Within 10 days, reviews and comments on the draft peer review report of their program;
- (7) Each program review becomes part of the recommendations presented by the Behavioral Health Advisory Council (BHAC) to DBHR Director for consideration in behavioral health strategic planning.

#### b. The Behavioral Health Advisory Council (BHAC):

- (1) Oversees the peer review process in Washington State;
- (2) Reviews a compilation of summary reports from the Peer Reviewers;
- (3) Merges the individual reports into a document that summarizes;
  - (a) Program characteristics;
  - (b) Program strengths;
  - (c) Program challenges;
  - (d) Reviewers' recommendations;
  - (e) Requests or suggestions for technical assistance and training;
- (4) Submits a final report, with recommendations, to the Director of the Division of Behavioral Health and Recovery.

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- c. The Division of Behavioral Health and Recovery (DBHR):
- (1) DBHR supports BHAC and their role in overseeing the Peer Review Program by:
    - (a) Incorporating a clause in the contract of all programs receiving federal block grant funding that explains the provider's responsibility to participate in the Peer Review process;
    - (b) Mailing the annual peer review recruitment letters to all certified MHBG mental health agencies and professional organizations;
    - (c) Providing staff support to the BHAC to arrange meetings, provide written materials;
    - (d) Providing an orientation and training to Peer Reviewers, prior to making site visits. Trainings are, approximately four hours long. The training is designed to bring consistency to the peer review process and will include information regarding:
      - i. Training tools, forms, and support services that may be available to the provider;
      - ii. Scheduling the site visit;
      - iii. Structuring/organizing the peer review day;
      - iv. Using the peer review forms and information gathering tools;
      - v. Maintaining confidentiality of patient and provider information;
      - vi. Writing the individual peer review reports;
      - vii. Making travel arrangements and completing the reimbursement forms; and,
      - viii. Meeting reporting deadlines.
  - (2) For each annual Peer Review process, DBHR maintains records of the following:
    - (a) A listing of the providers reviewed and the dates of the peer review site-visits;
    - (b) A listing of the peer reviewers;
    - (c) A copy of summary peer review reports;
    - (d) A copy of the summary recommendations to the Director of the Division of Behavioral Health and Recovery.
  - (3) After each review period, DBHR will:
    - (a) Make appropriate changes to forms used during the Peer Review program in response to recommendations from peer reviewers and providers;
    - (b) Provide up to 32 CEUs to each peer reviewer. CEUs are determined based on number of hours spent conducting a review;
    - (c) Send to each participating provider a copy of the recommendations document presented to DBHR's Director.

**Exhibit A Approved Primary Plan - Behavioral Health Organization (BHO)**  
**Mental Health Block Grant (MHBG) Project Plan**  
 7/1/2017 – 6/30/2018

**Introduction**

Washington State’s Mental Health strategies to further the goals of the Combined Federal Block Grant will rely on service delivery through BHOs. Contracts with 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.

<b>BHO: Spokane County</b>	<b>Current Date: March 27, 2017</b>	<b>Total MHBG Allocation: \$586,031.00</b>
<b>BHO Contact Persons:</b> Tonya Stern, SCRBHO Integrated Behavioral Healthcare Manager Fred Buckles, SCRBHO MHBG Contract Manager	<b>Phone Number:</b> (509) 477 1497  (509) 477 4514	<b>Email:</b> tstern@spokanecounty.org  fbuckles@spokanecounty.org

**This Plan is for July 1, 2017 – June 30, 2018.** All Mental Health Block Grant funds contractually allocated for services provided, but not expended for services actually provided by June 30, 2018, 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 in WORD to Tom Gray ([Tom.Gray@dshs.wa.gov](mailto:Tom.Gray@dshs.wa.gov)) no later than 5:00 P.M. **April 1, 2017**. The BHO Contact Person identified above will be contacted 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 “Good and Modern Systems of Care\* (G & M) 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.

\*The G&M system is designed and implemented using a set of principles that emphasize behavioral health as an essential part of overall health in which prevention works, treatment is effective and people recover. There is no requirement to provide services in each Category.

\*\*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.

## Section 1 Proposed Plan Narratives

<p><b>Needs Assessment</b></p>	<p>Describe what strengths, needs, and gaps were identified through a needs assessment of the geographic area of the BHO. To the extent available, include age, race/ethnicity, gender, and language barriers.</p> <p><b>Begin writing here:</b> The Spokane County Regional Behavioral Health Organization (SCR BHO) has many strengths that includes a provider network that covers a broad continuum of services across a seven-county region. Providers have been assessed as valuing the clients and working hard on their behalf. SCR BHO has worked diligently to bring together provider organizations through various meetings to increase collaboration, communications, and to identify gaps in services across the region. As the seven-county service area is primarily rural and frontier the largest barrier to services is finding workforce and especially quality workforce, to meet the increasing demand for services. It is a challenge to implement new and innovative programs for rural youth and adults that need the services when there is not workforce to provide the service. The workforce issue is further compounded by the lack of staff able to speak or communicate in certain ethnic and cultural languages that are increasing in our area. One example is s Spanish dialect that is s spoken in the mountainous regions of Mexico and these individuals are moving to some of our rural counties where there are no staff who can communicate with them.</p>
<p><b>Cultural Competence*</b></p>	<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><b>Begin writing here:</b> Cultural Competence inclusion and reporting is incorporated by the Spokane County Regional Behavioral Health Organization (SCR BHO) in the Provider MHBG contracts and is committed to providing quality integrated health care to all persons without regard to race, color, national origin, gender, disability, religion, creed, age or sexual orientation. The SCR BHO has ongoing on-site reviews to verify the delivery of cultural competent services. The SCR BHO has established a process of Quarterly Scope of Work (SOW) reporting of cultural competency activities from the MHBG contracted providers and the ongoing cultural competency training of agency staff.</p>
<p><b>Peer Review</b></p>	<p>Confirm <u>all</u> BHO subcontractors will be contractually required to participate in peer reviews, as requested by DSHS.</p> <p><b>Begin writing here:</b> The Spokane County Regional Behavioral Health Organization (SCR BHO) will included in the SCR BHO MHBG provider contracts the following information from the DSHS/DBHR BHO MHBG Agreement pertaining to the peer review requirement (45 CFR 96.136), Section (j), Item (2a, 2b) Independent Peer Review Requirement. Also, to be included in the SCR BHO provider contracts pertaining to the peer review requirement will be Exhibit B – MHBG Independent Peer Review Procedures. In 2006 the SCR SN participated in a DSHS MHBG peer review in Spokane County. We were asked to assist in communicating and setting up travel to the SCR SN contracted providers selected by DSHS MHBG. The SCR BHO will be available to again assist the DBHR MHBG with the SCR BHO MHBG contracted providers as may be needed.</p>

<p><b>Children’s Services</b></p>	<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 (include statements to describe overall service system for children; <b>not limited to MHBG services</b>).</p> <p><b>Begin writing here:</b> The Spokane County Regional Behavioral Health Organization (SCRBHO) has a robust youth provider network that includes not only the more traditional mental health and substance use disorder outpatient services but also programs that are school based, within juvenile detention, co-occurring, and home based services. In addition, four of our youth providers are dually licensed which further increase our capacity to meet the complex needs of today’s youth. Our integrated system of care can work with youth in all levels of necessity that meet our Access to Care standards and address their multiple needs within our provider network.</p> <p>SCRBHO works collaboratively with hospitals and outpatient providers to develop person centered care plans, using our resources to help youth stabilize in their home if possible. We have several intensive programs within our community with enough supports to help the youth and family be successful in their own environment. These programs include Wraparound with Intensive Services (WISE) teams, BEST which is located at Providence Sacred Heart Medical Center, Homebuilders which is a part of Institute for Family Development, and FOCIS which is located within Lutheran Community Services Northwest, Day Treatment at Excelsior Youth Center and Tamarack Center, and an intensive co-occurring program also at Excelsior Youth Center. These programs are designed to provide Seriously Emotionally Disturbed (SED) youth with the intensive resources needed to help the youth in staying in their community of choice with enough supports to help with stabilization.</p> <p>To facilitate collaboration, referrals, and information sharing amongst all youth mental health, substance use disorder, housing, and community supporters, the SCRBHO convenes a Community Partners meeting as a means for programs to share new and innovative programs, identify gaps in services or referrals, and continue to strengthen the working relations and knowledge amongst everyone.</p>
<p><b>Public Comment/Local Board Involvement</b></p>	<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><b>Begin writing here:</b> The Spokane County Regional Behavioral Health Organization (SCRBHO) incorporates consumer and family involvement through their participation with the following: the SCRBHO Consumer Consultation Panel, the SCRBHO Mental Health Advisory Board which review, provides input and approval of the MHBG, the Quality Involvement Committees for youth, children and adults, the Quality Review Team surveys, and by direct contact with the SCRBHO funded Ombudsman. In addition, consumers and families share their individual concerns, desires, and hopes through the services they are provided. Their individual service plan reflects their thoughts and beliefs about the system they need for their recovery. Consumers and Families also can provide input at community meets, at Board of Commissioners meeting, and through provider surveys. Consumer and Family advocates are provided trainings and attendance at the Washington Behavioral Health Conference and Tree of Healing Conference. Through annual monitoring of provider clinical charts and consumer satisfaction surveys the SCRBHO can assess the ongoing involvement of consumer and family voice regarding the provision of mental health services.</p>

<p><b>Outreach Services</b></p>	<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 (<b><u>not limited to MHBG services</u></b>).</p> <p><b><i>Begin writing here:</i></b> Outreach workers meet and provide services to people throughout the Spokane County Regional Behavioral Health Organization (SCRBHO) system of care. They have the flexibility to work directly with homeless singles and families in the rough throughout the county. They go to parks, freeway exits, motels, and railroad and interstate bridges and along the river to assist the homeless, as it works best when they take services and expertise to people in crisis. To begin the process of assistance and services development, it is vital to create working relationships based on trust and respect to begin the process of accessing their needs. They are then referred to community-based services agencies for the provision of services for access to emergency housing needs, Mental Health and SUD services, application for food stamps, clothing, personal hygiene and medical services as may be needed.</p>
<p><b>Staff Training</b></p>	<p>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 (<b><u>description not limited to MHBG services; MHBG funds can only support training to better serve SMI/SED</u></b>).</p> <p><b><i>Begin writing here:</i></b> The Spokane County Regional Behavioral Health Organization (SCRBHO) provided and provides Mental Health and SUD trainings to contracted providers by providing funding in their contracts with the requirement that they provide their staff the opportunity to attend trainings and to be able to bring ongoing trainings into their agency to better serve those diagnosed with SMI/SED. The SCRBHO reviews and does monitoring to ensure that these trainings are taking place. Trainings provided so far include Cultural Competency; SUD Treatment Planning. The SCRBHO scheduled and provided Person Centered Recovery Training to MH/SUD agency staff, as well as WISe Training and T/A as requested. The SCRBHO has developed an Emergency Training Plan; Disaster Recovery and Business Resumption Plan; and has provided Train the Trainer to lead agency staff, so they can take the plan and provide emergency training to agency staff on an ongoing basis.</p>
<p><b>Program Compliance</b></p>	<p>Provide a description of the strategies that will be used for monitoring program compliance with all MHBG requirements.</p> <p><b><i>Begin writing here:</i></b> The Spokane County Regional Behavioral Health Organization (SCRBHO) performs annual onsite fiscal monitoring and program and facility monitoring of contracted SCR BHO MHBG providers. The fiscal monitoring is performed to ensure compliance with the contracted services in regards to fiscal operating policies and procedures as related to fiscal reporting. The fiscal monitoring also ensures that all agency staff have received annual training on fraud and abuse compliance, and to ensure that agency fiscal records are secure and accessible for SCR BHO contract monitoring. The agency clinical staff employee files are reviewed to ensure compliance and documentation with SCR BHO contract requirements for background checks, excluded provider checks, current and proper staff licensing and educational levels, and provision of ongoing supervision and annual workplace violence training. The facility monitoring is performed to ensure the agency has current and proper facility licensing that is publicly displayed along with consumer rights and that the facility meets ADA requirements. The facility entrance and waiting area is reviewed for agency consumer program services literature and that it provides a comfortable, clean and inviting environment for consumers awaiting the provision of agency program services.</p>



**Cost Sharing (optional)**

Provide a detailed, accounting based description of the policies and procedures established for cost-sharing, including how individuals will be identified as eligible, how cost-sharing will be calculated, and how funding for cost-sharing will be actively managed and monitored.

**Begin writing here:** N/A

**\*Cultural Competence Definition:** "Cultural competence" means the ability to recognize and respond to health-related beliefs and cultural values, disease incidence and prevalence, and treatment efficacy. Examples of cultural competent care include striving to overcome cultural, language, and communication barriers, providing an environment in which individuals from diverse cultural backgrounds feel comfortable discussing their cultural health beliefs and practices in the context of negotiating treatment options, encouraging individuals to express their spiritual beliefs and cultural practices, and being familiar with and respectful of various traditional healing systems and beliefs and, where appropriate, integrating these approaches into treatment plans.

Section 2 Proposed Project Summaries and Expenditures				
Category/Sub Category	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:				0
Screening, Brief Intervention and Referral to Treatment				
Brief Motivational Interviews				
Parent Training				
Facilitated Referrals				
Relapse Prevention/ Wellness Recovery Support				
Warm Line: Please note that ALL costs that directly serve persons with SMI/SED and their families <u>must</u> be tracked.				
Outcomes and Performance Indicators				
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:				\$6,767.00
Assessment	<u>Okanogan Behavioral Healthcare (\$4,267.00)</u>	8	8	

	<p>Evaluations and additional assessment necessary to further clarify SMI/SED mental health diagnosis and develop better treatment plans. This includes evaluation/assessment by both MHP staff and psychiatric evaluations when determined necessary post initial diagnosis.</p> <p><u>Spokane Addiction Recovery Center (\$1,250.00)</u> Co-occurring evaluations will be administered to 10 low income individuals without insurance/Medicaid who have been identified to have SMI or SED diagnoses. Qualified staff will determine serious mental illness using Washington Access to Care guidelines. Additionally, individuals will be assessed to determine family and other support persons to participate in subsequent services. Cost of evaluation/assessment is \$125.00 per assessment.</p> <p><u>Spokane Treatment and Recovery Services (\$625.00)</u> A comprehensive Co-Occurring assessment will be provided by qualified staff to each individual following an initial screening that indicates an individual is SMI or SED. Individuals will meet Washington's access to care standards. The individual's assessment will be utilized to admit him/her into the proper level of care and develop a person centered individual service plan. Assessments will be billed at \$125.00 each</p> <p><u>YFA Connections (\$625.00)</u> Qualified personnel will provide a co-occurring disorder assessment to individuals screened or previously diagnosed as SMI or SED. Individuals must meet Washington State access to care guidelines. \$125.00 per assessment.</p>	<p>0</p> <p>0</p> <p>0</p>	<p>10</p> <p>5</p> <p>5</p>	
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Specialized Evaluations (Psychological and Neurological)				
Service Planning (including crisis planning)				
Educational Programs				
Outreach Specific to SMI/SED				
<p>Outcomes and Performance Indicators: <u>Okanogan Behavioral Healthcare</u>: Individual identified and/or referred for services will be evaluated and engage in necessary treatment. This will allow individual who are not Medicaid eligible to be identified, engaged and retained in ongoing services. By reaching this population that might otherwise go unserved, their personal health status and wellness will be improved and the need for more intensive services (i.e. crisis services, emergency room and/or hospitalization, criminal justice involvement will be reduced.</p> <p>Outcomes and Performance Indicators: <u>Spokane Addiction Recovery Center</u>: Assessment will result in 10 non-Medicaid individuals being diagnosed, placed and offered co-occurring treatment services per level care and individual goals.</p> <p>Outcomes and Performance Indicators: <u>Spokane Treatment and Recovery Services</u>: Monthly fee for service reports will be analyzed as well as internal tracking process specific to this contract and the consumer it will serve.</p> <p>Outcomes and Performance Indicators: <u>YFA Connections</u>: 3 assessments will be completed for non-Medicaid individuals who meet Medical Necessity Criteria.</p>				
Outpatient Services – Outpatient therapy services for persons diagnosed with SMI or SED, including services to help their families to appropriately support them.				\$266,150.00
Individual Evidenced-Based Therapies	<p><u>Okanogan Behavioral Healthcare (\$24,534.00)</u> Services will be provided adults and/or children who meet SMI/SED criterion. The services provided may include individual evidenced based therapies which may include DBT, CBT, MI, ART and/or Triple P or other EBP listed in the SCRBHO Data Dictionary. The services will align with multiple factors, such as language, culture, emerging populations and age.</p> <p><u>Frontier Behavioral Health (\$91,483.00)</u> Person-centered principles are applied from the time the elderly client with SMI enters service, throughout the treatment episode, and upon discharge. Due to the unique nature of working with a geriatric</p>	24	22	
		0	80	

	<p>population, impetus is placed on rapport building. Clinicians are adept at expressing empathy and being genuine with their elderly clients. An assessment is completed for every SMI elderly client which denotes if he or she has cognitive impairments; for those with a neurocognitive disorder (i.e. dementia), close attention is paid to the individual's capacity to comprehend treatment methods such as Cognitive Behavioral Therapy or Eye-movement Desensitization and Reprocessing (EMDR). Every clinician at Elder Services attains Geriatric Mental Health Specialist (GMHS) certification and are gaining experience in practicing a myriad of evidenced-based practices for gerontological counseling, including Dialectical Behavioral Therapy (DBT) for those presenting with debilitating personality disorders, Motivational Interviewing is a principal technique used by the clinicians, and it is proven effective for helping geriatric clients whose worldview has been tarnished by diminished physical and mental health. Preventing symptom recidivism is tantamount to thwarting re-hospitalization, a primary focus for working with non-Medicaid frail elderly in the community.</p> <p><u>Spokane Addiction Recovery Centers (\$1,595.00)</u> After assessment and level of care is determined a person-centered recovery plan will be developed setting goals. Recovery plan will be monitored in Individual therapy sessions per individual need utilizing: Cognitive Behavioral Therapy, Motivational Enhancement Therapy, Twelve-Step facilitation and reframing tools. Sessions will be open to family and other natural supports. Focus will be directed by the individual. Individual Therapy will be offered to approximately 10 individuals, each with both SMI and SUD diagnoses, for a total of 18 sessions of</p>	0	10	
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	<p>SERI code 09837 (53-150 minutes) Total cost of \$1,595.00 during the 12-month period.</p> <p><u>Spokane Treatment and Recovery Services (\$1,330.00)</u>  Consumers diagnosed with SMI meet their Therapist for a one on one session at least once a week depending on need and what is stated in their ISP. The average session is one (1) hour billed under SERI code 90837 @ \$88.60 per unit. An estimated 15 units will be provided for a total of \$1,330.00.</p> <p><u>YFA Connections (\$1,595.00)</u>  Will provide individual psychotherapy to approximately 5 individuals diagnosed with SMI for a total of 18 individual sessions (SERI code 90837 (53-150 minutes) to total \$1,595.00. Therapist utilize Motivational Interviewing and Cognitive Behavioral Therapy. The frequency and duration of individual psychotherapy will be based on the individual's person centered care plan to help them attain their goals. Some individuals may need more individual sessions. These services shall be congruent with the age, strengths, and cultural framework of the individual and shall be conducted with the individual, his or her family, or others at the individual's behest who plan a direct role in assisting the individual to establish and/or maintain stability in his/her daily life.</p>	0	5	
Group Therapy	<p><u>Okanogan Behavioral Health Care (\$24,535.00)</u>  Services provided will include individual services, day support services, group services and/or care coordination services to clients with SMI/SED that do not have Medicaid and need outpatient treatment.</p> <p><u>Frontier Behavioral Health (\$91,482.00)</u>  Elder Services clinicians offer a wide range of group clinical settings for their elderly clients with SMI.</p>	0	28	
		0	50	

Many of these groups are integrated with elements of CBT or Brief Therapy coupled with arts and crafts, bibliotherapy and soon, it is anticipated that therapeutic gardening will also be added to the group work repertoire. Affording non-Medicaid frail elderly an opportunity to participate in group work has proven effective in treating depression, anxiety and agitation in this population. Both Open and Closed groups are offered to elderly with SMI, and GMHS clinicians trained in providing Group Therapy pursue new avenues to expand groups at Elder Services.

Spokane Addiction Recovery Centers (\$9,361.00)

Group therapy for persons diagnosed with SMI will be scheduled according the recovery plan to ensure practical application of learned techniques toward capacity to meet developmentally appropriate daily responsibilities. Group curriculum follow the evidence base therapies listed above. Education and sharing on their diagnosis with family and supports will be provided. Group assignment will be individualized to personal goals for approximately one hour. Will provide approximately 253 units of 90853 with a total cost of \$9,361.00 during the 12-month period.

0

10

Spokane Treatment and Recovery Services (\$10,249.00)

Groups for persons diagnosed with SMI are offered in the morning and evening four (4) days a week and Phase II-III group is offered once a week. All groups are two (2) hours in length billed @\$37hr. An estimated 277 units of group therapy will be provided for a total of \$10,249.00.

0

5

YFA Connections (\$9,986.00)

0

5

Group treatment length, frequency and duration will be individualized to meet each person's treatment needs and level of care. Individuals with SMI may need intensive outpatient treatment or outpatient treatment, which will be based on their assessment and person centered care plan. Anticipate providing approximately 270 units of group to total \$9,985.00. Goals of Group Treatment may include developing self-care and/or life skills, enhancing interpersonal skills, mitigating the symptoms of mental illness, and lessening the results of traumatic experiences, learning from the perspective and experiences of others and counseling/psychotherapy to establish and/or maintain stability in living, work or educational environment.

Family Therapy			
Multi-Family Counseling Therapy			
Consultation to Caregivers			

Outcomes and Performance Indicators: Okanogan Behavioral Healthcare: The ability to provide outpatient services to those individuals who might otherwise go unserved will allow access to necessary treatment resulting in improved quality of live, a reduction in crisis-related services, and improve educational outcome for children.

Outcomes and Performance Indicators: Frontier Behavioral Health: Affording mental health treatment to non-Medicaid elderly is a principal function of Elder Services. Each potential client is screened carefully to determine if he or she meets SCRBHO "high utilizer" criteria. The clear majority of individuals being accepted under the non-Medicaid, high-utilizer umbrella has been or are in the process of being discharged from hospitalization. Preventing re-hospitalization is the most significant outcome anticipated because of receiving treatment at Elder Services. Providing effective Community Support and evidenced-based psychotherapy adjunct with medication management is how Elder Service clinicians work to keep this population from symptom recidivism-which in turn results in stabilization-which in turn prevents re-hospitalization. Performance indicators currently used by Elder Service clinicians include electronic medical record reporting which is scrutinized to ensure LRAs are managed appropriately and treatment goals are person-centered and germane to the client's needs. The clinical supervisor for the Elder Service staff is directed to also look at each non-Medicaid elderly client's goals to ensure they are written with an overarching goal of preventing re-hospitalization. Daily verification of the community Hospital Admit list is completed by both the Supervisors and Director. Monitoring this list is the primary performance indicator for the non-Medicaid elderly as thee clients are typically brought into our program because of excessive hospitalizations and/or LRAs.

Outcomes and Performance Indicators: Spokane Addiction Recovery Centers: Individuals will be provided person-centered recovery services of 18 individual sessions and 253 units of group therapy. Family and other supports will receive education as well which will result in increased knowledge and ability to lessen or alleviate occurrences of serious mental illness incidents.

Outcomes and Performance Indicators: Spokane Treatment and Recovery Services: Monthly fee for service reports will be analyzed as well as an internal tracking process to this contract and the consumers it will serve.

Outcomes and Performance Indicators: YFA Connections: 18 individual sessions and 270 hours of group will be provided.

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.

\$41,600.00

Medication Management

Northeast Washington Alliance Counseling Services (\$5,600.00)

Non-Medicaid adults or older adults identified and diagnosed with SMI will receive Medication Management Services with a psychiatrist via telehealth, supported by nursing staff.

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Frontier Behavioral Health (\$36,000.00)

Frontier Behavioral Health provides a Psychiatrist as well as a Nurse Practitioner both who are trained and specialize in geriatric psychiatry. Clinicians work closely with these practitioners, providing insight into behavioral changes observed because of psychotropic medication regimes. Working collaboratively, our prescribers can gain valuable insight into their patient's functioning. Additionally, many of the elderly clients with SMI struggle with maintain prescribe dedication regimen. Using psychoeducational techniques such as repetition and role-playing, Elder Service clinicians can provide the client with the tools to ensure they maintain their psychotropic regime as well understanding the importance if taking their medications as prescribed

0

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Pharmacotherapy

Laboratory Services



<p>Outcomes and Performance Indicators: <u>Northeast Washington Alliance Counseling Services</u>: Quarterly number of adults with SMI provided medications management services = five (5); and Quarterly number of services hours provided for adult medications management services = five (5).</p>				
<p>Outcomes and Performance Indicators: <u>Frontier Behavioral Health</u>: The outcomes expected from effective medication management are that the client will can maintain his or her regimen without additional resources. Another outcome is that when it is deemed necessary that the client cannot cognitively maintain his or her own regimen that the clinician would assist with securing an appropriate medication dispensing machine. The measurement used to determine the effectiveness of medication management is sustained stabilization which would decrease the need for re-hospitalization.</p>				
<p>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.</p>				\$61,066.00
Parent/Caregiver Support				
Skill Building (social, daily living, cognitive)				
Case Management	<p><u>Spokane Addiction Recovery Centers (\$3,355.00)</u> Case management will focus on connecting individuals with SMI to the community resources necessary and available. Goal will be established individually to decrease risk behaviors and increase natural supports. Case managers will facilitate and encourage highest level of functioning. Approximately of 72 unites of case management will be provided within the 12-month period for 10 individuals.</p>	0	10	
	<p><u>Spokane Treatment and Recovery Services (\$3,356.00)</u> Case management will be provided to consumers diagnosed with SMI to engage them in services outside of the agency so they may function better in the community and improve quality of life. An estimated 72 units of case management will be provided @\$46.60 per unit for a total of \$3,355.00.</p>	0	5	
	<p><u>YFA Connections (\$3,355.00)</u> Approximately 72 units of case management will be provided to individuals diagnosed with SMI to help them attain their goals. Frequency and duration of</p>	0	5	

	case management sessions will be determined on everyone's person centered care plan. Services are intended to help the individuals gain access to resources, monitor the individuals functioning, and help the individual develop self-care or life skills.		
Continuing Care			
Behavior Management			
Supported Employment			
Permanent Supported Housing			
Recovery Housing	<p><u>Northeast Washington Alliance Counseling Services (\$51,000.00)</u></p> <p>Adults or older adults identified and diagnosed with SMI who are homeless, at risk of homelessness, or ready for discharge from inpatient psychiatric care but otherwise without housing options will receive supportive, transitional housing for up to 180-days duration.</p>	0	<p>Recovery House for 8 adults will be provided at the NEWACS Long-Term Stabilization Apartments.</p> <p>Cost is based on \$625.00 of rent/phone/utilities/garbage per month, plus \$1500 per month of daily nursing staff oversight for a total of \$2125 per month x 12 months = \$25,500 per apartment for the contract period. There will be two 2 apartments, each with a capacity of 2 individuals, for a total cost of \$51,000.</p>
Therapeutic Mentoring			
Traditional Healing Services			

Outcomes and Performance Indicators: Spokane Addiction Recovery Centers: Individuals enrolled will increase self-efficacy and connect with community to stabilize with decreased incidents of risk behaviors and increase meeting basic needs. Evidenced by increased capacity to participate in services toward successful transfer into community.

Outcomes and Performance Indicators: Spokane Treatment and Recovery Services: Monthly fee for service reports will be analyzed as well as internal tracking process to this contract and consumers it will serve.

Outcome and Performance Indicators: YFA Connections: 72 hours of case management will be provided.

Outcomes and Performance Indicators: Northeast Washington Alliance Counseling Services: Quarterly number of adults with SMI provided recovery housing services – two (2); Quarterly number of service hours (per diem “bed-days”) provided for adult recovery housing services = 182.

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.	\$106,648.00
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Peer Support			
Recovery Support Coaching			
Recovery Support Center Services	<p><u>Frontier Behavioral Health (\$106,648.00)</u>                      The Evergreen Club (EGC) utilizes the evidence based practice (EBP) known as the ICCD Clubhouse Model and adheres to the International Standards for Clubhouse Programs. The EVG is accredited by Clubhouse International and the State of Washington. Members composed of persons diagnosed with SMI and staff work together to promote the well-being and success of everyone in the Club. Working side-by-side, members partner with staff to operate the clubhouse and perform vital and relevant daily tasks. This innovative approach gives ownership over their recovery: members belong to the clubhouse and the clubhouse belongs to the members. The opportunity to volunteer at the clubhouse provides members with important meaningful activities and contributes to their sense of identity and self-esteem. The EGC gives its members the opportunity to connect with others and provide mentorship to their peers. With this mentorship, members can share information with</p>	0	10 FBG members served quarterly  40 FBG members served annually

	regards to housing, employment, entitlements, medical or dental care, and community outreach opportunities. They are also able to assist each other with navigation often difficult and arduous governmental program requirements. The EGC believes that employment plays a central role in life and helps form an individual's sense of identity and self-worth. Employment is important to recovery. The clubhouse provides members with opportunities and support to further their employment and vocational goals. The EGC also offers an active social program for members to assist with improving social skills, built a strong social support system and manage stress.			
Supports for Self-Directed Care				
Outcomes and Performance Indicators: <u>Frontier Behavioral Health: Reports:</u> The EGC will provide a monthly report for non-Medicaid Evergreen Club members providing the following information -Transitional Employment (TE) Positions: the name, position and employer for each member who had a TE during that month. The EGC will provide a quarterly report providing the following – Independent Employment (IE) Positions: the name, position and employer for each clubhouse member who reported she/he had an IE position during that quarter. Members in School: the name, and school attended by each member during the quarter as reported by the member. Members in Volunteer Work: The name, position and work location for each clubhouse member during the quarter as reported by the member. The number of members served under the MHBG who received services at the EGC that quarter. The total of EGC per diem service days provided each quarter. The actions undertaken to increase individual involvement, commonly referred to as Consumer Voice that quarter.				
Other Supports (Habilitative) – Unique direct services for persons diagnosed with SMI or SED, including services to assist their families to continue caring for them.				\$64,000.00
Personal Care				
Respite				
Support Education	<u>Community Colleges of Spokane (\$64,000.00)</u> SEER offers an array of classes that are skill building in nature to provide clients, diagnosed with SMI, with adequate skills to seek post-secondary educational opportunities and sustain participation in these opportunities while managing their illness and day to day lives. Individual support services	0	250	

	(Case management and Brief Intervention treatment) also supplement classroom information and activities. Classes and services are provided to clients at their individual level of readiness (i.e. acquisition of GED through support while enrolled in credit classes). Additional focus is on assisting clients with pursuit of other productive life activities to include supported employment, increased community involvement and volunteer activities. All services are provided at Community Colleges of Spokane facilities in person or via ITV technology.			
Transportation				
Assisted Living Services				
Trained Behavioral Health Interpreters				
Interactive communication Technology Devices				
Outcomes and Performance Indicators: <u>Community Colleges of Spokane (SEER)</u> – Total number of students served per month; total number of hours or service per student per service category, total number of students enrolled in credit classes, total number of students assisted to maintain or attain employment, total number of students engaged in volunteer activities.				
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				
Intensive Home-Based Services				
Multi-Systemic Therapy				
Intensive Case Management				
Outcomes and Performance Indicators				
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.				\$34,800.00
Crisis Residential/Stabilization	<u>Northeast Washington Alliance Counseling Services (\$34,800.00)</u> 128 “bed days” at the Lee Smutzler Crisis Stabilization Facility for non-Medicaid adults who have been identified and diagnosed with SMI and	0	Psychiatric Hospital Diversion for 24 adults with mental illness.	

	have experienced a psychiatric crisis requiring Crisis Stabilization Services. A bed at the Lee Smutzler Crisis Stabilization Facility will be available for non-Medicaid adults to avoid psychiatric hospitalization.		Crisis Stabilization Facility Rate = \$300.00 per diem.	
Adult Mental Health Residential				
Children's Residential Mental Health Services				
Therapeutic Foster Care				
Outcomes and Performance Indicators: <u>Northeast Washington Alliance Counseling Services</u> : Quarterly number of adults with SMI provided crisis stabilization services nine (9); Quarterly number of bed days provided for adult crisis residential/stabilization services = 45.				
Acute Intensive Services – Acute intensive services requiring immediate intervention for persons diagnosed with SMI or SED.				0
Mobile Crisis				
Peer-Based Crisis Services				
Urgent Care				
23 Hour Observation Bed				
24/7 Crisis Hotline Services				
Outcomes and Performance Indicators				
Non-Direct Activities – Example of qualifying non-direct activities includes Staff/provider training and/or conference costs to better serve persons with SMI/SED – identified under the title of Workforce Development/Conferences.				\$5,000.00
Workforce Development/Conferences	Frontier Behavioral Health (\$5,000.00) Clubhouse International Conferences Trainings/Employment Development for staff to better serve persons with SMI in Benefits Planning to assist Clubhouse members in returning to work.	0	0	
Grand Total				\$586,031.00

## Exhibit B

### MHBG Independent Peer Review Procedures

The Mental Health Block Grant (MHBG) requires DBHR to ensure an independent peer review process is implemented in Washington State. Individuals who have contract monitoring, certification, or funding decision-making responsibilities for the providers cannot complete peer reviews, therefore DBHR staff cannot conduct peer reviews.

#### 1. Definitions for purposes of this program:

- a. "Independent" means an entity not bound by or committed to, or affiliated with a larger controlling unit; in this case Department of Social and Health Services, Behavioral Health Administration, Division of Behavioral Health and Recovery or Behavioral Health/Associated Service Organizations.
- b. "Quality" for purposes of this section, is the provision of treatment services which, within the constraints of technology, resources, and Individual circumstances, will meet accepted standards and practices which will improve Individual health and safety status in the context of Recovery.
- c. "Appropriateness" for purposes of this section, means the provision of treatment services consistent with the individual's identified clinical needs and level of functioning

#### 2. Peer Review:

- a. Is **NOT** a monitoring, licensing, or auditing process,
- b. Is performed by practicing professionals, and is based on professional trust and understanding,
- c. Is an educational process for both the professional being reviewed and the professional conducting the review. As such, the process serves to stimulate professional growth and strengthen the entire profession, and
- d. Provides a supportive environment where professionals identify program strengths and challenges; and, provide guidance, and advice for improving the quality of care.
- e. General timeline for peer review activities:
  - (1) February: Participating BHOs, MHBG providers, and peer reviewers will be identified,
  - (2) Early Spring: Training for volunteer peer reviewers,
  - (3) May – June: Peer review site-visits occur,
  - (4) By July 30: Final peer review reports completed and submitted to DBHR.

3. Selection Process:

- a. BHO must provide DSHS with a list of all MHBG providers by March 1<sup>st</sup> of each year.
- b. BHO must provide the names of at least three (3) volunteer Mental Health Professionals to be peer reviewers.
  - (1) All volunteer peer reviewers must sign a disclaimer for each MHBG provider they are reviewing to ensure they do not have any conflicts of interest, including financial.
  - (2) Volunteer peer reviewers will review MHBG funded providers from other BHOs.
- c. DSHS will work in coordination with volunteer peer reviewers to make travel and lodging arrangements for peer review orientation and site reviews. DSHS will reimburse lodging, travel miles, meals, and parking costs.

4. Peer Reviewers:

- a. Peer Reviewers are volunteer Mental Health Professionals (MHPs).
- b. Peer Reviewers will work as a team of at least two (2) and no more than four (4).
- c. Peer Review Team will review at least (2) MHBG providers.
- d. Peer Reviewers can receive up to 32 CEUs.
- e. Peer Reviewers will:
  - (1) Schedule site visits,
  - (2) Interview program staff chosen by the provider,
  - (3) Review a minimum of 5% of the agency's records for active clients, or 5 records, whichever is smaller.
- f. Main responsibilities are to:
  - (1) Assist the provider to identify program strengths and challenges.
  - (2) Assess needs and make recommendations for technical assistance and training to improve skills and improve quality and appropriateness of treatment and recovery services.
  - (3) Recommend possible changes in service delivery patterns to improve the quality and appropriateness of treatment and recovery services.
  - (4) Complete a Peer Review report for each program reviewed, in a format provided by DBHR, and within the following timeline:



- (a) Within 10 days of the site visit, the reviewer sends a draft report to the provider for their review and comments. The provider has 10 days from the receipt of the draft report to return their comments, if any, to the reviewer.
- (b) Within 10 days of receiving the provider's comments the reviewer completes the final report; and,
- (c) E-Mails a copy of the final report to the provider and to DBHR with a courtesy copy to the managing Behavioral Health Organization.
- (d) Provide suggestions and recommendations regarding the effectiveness of the Peer Review program and modifications to program tools, training and procedures.

5. Organizational Roles and Responsibilities:

a. The MHBG Community Mental Health Agency:

- (1) Coordinates with the peer reviewers to schedule the site visit. Each review is usually no less than four hours but no more than six.
- (2) Selects one or two key staff to participate in the site visit interviews.
- (3) Shares copies of brochures and community educational materials distributed by the agency with peer reviewers.
- (4) Randomly selects and arranges five or 5% of patient records from the caseload of currently active clients for peer review purpose **only**.
- (5) Completes a peer review process evaluation form.
- (6) Within 10 days, reviews and comments on the draft peer review report of their program.
- (7) Each program review becomes part of the recommendations presented by the Behavioral Health Advisory Council (BHAC) to DBHR Director for consideration in behavioral health strategic planning.

b. The Behavioral Health Advisory Council (BHAC):

- (1) Oversees the peer review process in Washington State.
- (2) Reviews a compilation of summary reports from the Peer Reviewers.
- (3) Merges the individual reports into a document that summarizes:
  - a. Program characteristics.
  - b. Program strengths.
  - c. Program challenges.

- d. Reviewers' recommendations.
  - e. Requests or suggestions for technical assistance and training.
- (4) Submits a final report, with recommendations, to the Director of the Division of Behavioral Health and Recovery.
- c. The Division of Behavioral Health and Recovery (DBHR):
- (1) DBHR supports BHAC and their role in overseeing the Peer Review Program by:
- a. Incorporating a clause in the contract of all programs receiving federal block grant funding that explains the provider's responsibility to participate in the Peer Review process.
  - b. Mailing the annual peer review recruitment letters to all certified MHBG mental health agencies and professional organizations.
  - c. Providing staff support to the BHAC to arrange meetings, provide written materials.
  - d. Providing an orientation and training to Peer Reviewers, prior to making site visits. Trainings are, approximately four hours long. The training is designed to bring consistency to the peer review process and will include information regarding:
    - i. Training tools, forms, and support services that may be available to the provider;
    - ii. Scheduling the site visit;
    - iii. Structuring/organizing the peer review day;
    - iv. Using the peer review forms and information gathering tools;
    - v. Maintaining confidentiality of patient and provider information;
    - vi. Writing the individual peer review reports;
    - vii. Making travel arrangements and completing the reimbursement forms; and,
    - viii. Meeting reporting deadlines.
- (2) For each annual Peer Review process, DBHR maintains records of the following:
- (a) A listing of the providers reviewed and the dates of the peer review site-visits.
  - (b) A listing of the peer reviewers.
  - (c) A copy of summary peer review reports.

(d) A copy of the summary recommendations to the Director of the Division of Behavioral Health and Recovery.

(3) After each review period, DBHR will:

(a) Make appropriate changes to forms used during the Peer Review program in response to recommendations from peer reviewers and providers.

(b) Provide up to 32 CEUs to each peer reviewer. CEUs are determined based on number of hours spent conducting a review.

(c) Send to each participating provider a copy of the recommendations document presented to DBHR's Director.