

## Introduction

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

This Plan is for July 1, 2020 – June 30, 2021. All Substance Abuse Block Grant funds contractually allocated for services provided, but not expended for services actually provided by June 30, 2021, may not be used or carried forward.

Please complete both sections (Section 1- Proposed Plan Narratives and Section 2 – Proposed Project Summaries and Expenditures) in this document and submit electronically to HCA for approval prior to submitting your first A-19 invoice.

Contact the Person identified below if there are any questions:

Jenn Chancellor, Behavioral Health Program Manager  
Jenn.chancellor@hca.wa.gov

SABG Final Reports are due annually on August 1.

### **DO NOT MODIFY OR DELETE ANY PARTS OF THIS TEMPLATE.**

Instructions:

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

Region:	Spokane Regional Services Area
Current Date:	June 8, 2020
Total SABG Allocation:	\$2,161,604
Contact Person:	Tonya Stern
Phone Number:	509-477-4510
Email:	tsstern@spokanecounty.org

Section 1  
Proposed Plan Narratives

<b>Needs Assessment (required)</b>	<p>Describe what strengths, needs, and gaps were identified through a need's assessment of the geographic area of the region. To the extent available, include age, race/ethnicity, gender, and language barriers.</p> <p><b>Begin writing here:</b> <i>The Spokane County Regional Behavioral Health (Administrative Services Organization, SCR BH (ASO)), is a six-county region with many strengths that includes a provider network that covers a broad continuum of services. Providers have been assessed as valuing the clients and working hard on their behalf. Our service area is a unique mix of urban and rural cultures that are undergoing dynamic change. Spokane County is the only Metro area in our region and the remaining six counties are all designated frontier communities. In Adams County, the minority has become the majority and has the largest number of foreign-born individuals of all counties in Washington State. Spokane County has taken in over 2,800 refugees since 2010, according to the U.S. Department of State Refugee Processing Center. Spokane's 85.1% white ethnicity category from the U.S. federal census includes approximately 10,000 recent Ukrainian/Russian immigrants and refugees from countries in the Middle East. Three tribal lands are located in our region, which include the</i></p>
<b>Cultural Competence (required)</b>	<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>Cultural Competence inclusion and reporting is incorporated by the SCR BH in the Provider contracts. The SCR BH 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.</p> <p>In an ongoing effort to continually improve our services and ensure the implementation of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care across our region, we appointed a designated staff member to promote CLAS throughout our system of care. We created "A CLAS Toolkit" webpage outlining practical actions for each of the nine (9) deliverables: <a href="http://www.spokanecounty.org/3637/CLAS-Toolkit">http://www.spokanecounty.org/3637/CLAS-Toolkit</a>.</p>
<b>Continuing Education for Staff (required)</b>	<p>Describe how continuing education for employees of treatment facilities is expected to be implemented.</p> <p><b>Begin writing here:</b> All Behavioral Health Agencies are expected to have clinical staff with valid, active Department of Health credentials who complete required biennial required CEUs as well as annual WAC required trainings, which include violence prevention, cultural competency, HIPAA, and Fraud, Waste, and abuse. The SCR BH (ASO) shares information on upcoming trainings with the provider network. Additionally, the SCR BH (ASO) is scheduled to fund a Ethics Training and Cultural Competence Training for contracted providers during calendar year 2020.</p>
<b>Charitable Choice (required)</b>	<p>Provide a description of how faith-based organizations will be incorporated into your network and how referrals will be tracked.</p> <p><b>Begin writing here:</b> Currently, within the SCR BH (ASO) system of care, there are no SUD faith-based providers who are licensed to provide treatment services who have indicated that they would like to contract with us. If individuals request specific faith-based information and resources, we refer to those agencies that we are aware of. There are several faith-based organizations that are active members of our community recovery coalition. SUD providers share information about faith-based self-help groups such as Celebrate Recovery or recovery supports among its list of available self-help groups or recovery supports in the region. The SCR BH (ASO) also created a COVID-19 webpage with a list of various resources, which include online support groups.</p>
<b>Coordination of Services (required)</b>	<p>Provide a description of how treatment services are coordinated with the provision of other appropriate services including health, social, correctional and criminal justice, education, vocational rehabilitation and employment services.</p> <p><b>Begin writing here:</b> Individuals enrolled in SCR BH (ASO) funded behavioral health services may present with complex behavioral and physical health needs which require coordination of services between contracted providers and other systems of care, including primary health care and Apple Health Plan Managed Care Organizations (MCOs) or other healthcare plans, if applicable. The need for coordination of care may occur at any time the Individual is receiving behavioral health services. The CSHCD SCR BH and its network of Behavioral Health Agency (BHA) providers shall coordinate healthcare services for enrolled Individuals to ensure ongoing sources of care appropriate to the Individual's needs are identified and accessed and care is taken to prevent duplication of activities among service providers to the widest extent possible. The CSHCD SCR BH and its network providers shall ensure that in the process of coordinating care each Individual's privacy is protected in accordance with the privacy requirements of Health Insurance Portability and Accountability Act (HIPAA) (45 CFR Part 160) and 42 CFR Part 2 when applicable.</p>
<b>Public Comment/Local Board /BH Advisory Board Involvement (required)</b>	<p>Describe how you facilitated public comment from any person, behavioral health association, individuals in recovery, families, and local boards in the development of this SABG Plan.</p> <p><b>Begin writing here:</b> The SCR BH (ASO) incorporates client and family involvement through their participation with the following: the SCR BH (ASO) Consumer Consultation Panel (CCP), Family Youth System Partner Round Table (FYSPT), the Spokane Regional Crisis Collaborative, the Spokane County Regional Interlocal Leadership Structure, and the regional Behavioral Health Advisory Board (BHAB) which reviews, provides input and approval of the SABG, and by direct contact with the Spokane Regional Services Area Ombuds. In addition, clients 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. Clients and families have an opportunity to provide input at community meetings, at Board of Commissioners meetings, and through provider surveys.</p>
<b>Program Compliance (required)</b>	<p>Provide a description of the strategies that will be used for monitoring program compliance with all SABG requirements.</p>

<p><b>Program Compliance (required)</b></p>	<p><b>Begin writing here:</b> The SCRBH (ASO) performs on-site fiscal audits of contracted SCRBH (ASO) providers who receive any SCRBH (ASO) funds to provide SUD services. The fiscal monitoring is performed to ensure compliance with the contracted services in regard to fiscal operating policies and procedures as related to fiscal reporting. The annual compliance monitoring ensures that all agency staff have received annual training on fraud and abuse compliance..</p> <p>Agencies must have current and proper facility licensing publicly displayed along with client rights and that the facility meets ADA requirements. The facility entrance and waiting area should have client program and services literature and provides a comfortable, clean and inviting environment for clients awaiting the provision of agency program services.</p>
<p><b>Recovery Support Services (optional)</b></p>	<p>Provide a description of how and what recovery support services will be made available to individuals in SUD treatment and their families.</p> <p>The SCRBH (ASO) will fund childcare and therapeutic childcare under recovery support services.</p>
<p><b>Cost Sharing (optional)</b></p>	<p>Provide a description of the policies and procedures established for cost-sharing, to include how individuals will be identified as eligible, how cost-sharing will be calculated, and how funding for cost-sharing will be managed and monitored.</p> <p><b>Begin writing here:</b> When cost-sharing is included in provider contract, the provider funded with SABG dollars, will be required to have a policy and procedure identifying mechanism to determine the individual meets Access to Care criteria for services and financial eligibility prior to onset of services and monthly thereafter. The SCRBH (ASO) will be provided a copy of the policy and supporting documentation. Individuals will be required to demonstrate that they are eligible on a monthly basis by completing documentation and providing the required documents as proof of income for requirements. Individuals must provide evidence of sources for funding for medical coverage (i.e. Medicaid, CHIP, Worker's Compensation, SSI, Medicare, VA, private medical insurance). Until SABG funding is expended, individuals that are eligible to receive the SABG funding are:</p> <ol style="list-style-type: none"> <li>1. Individuals with Private Insurance deductible to assist them in meeting their required deductible. Documented proof of the deductible amount and verification of the amount still outstanding must be provided and maintained by the provider agency. The provider agency will include in their policy the</li> </ol>

Section 2 Proposed Project Summaries and Expenditures				
The * indicates a required component of the Proposed Project Summary and must be completed				
Category/Subcategory	Provide a plan of action for each supported activity	Proposed # PPW to be served	Outcomes and Performance Indicators	Proposed Total Expenditure Amount
<b>Prevention &amp; Wellness – Preventive services, such as drug use prevention and early intervention, are critical components of wellness:</b>				<b>\$100,000.00</b>
*PPW Outreach (required)	<i>Begin writing here: Provide outreach, engagement and referral services to PPW population to develop an alliance, engage them in treatment and refer them to other needed services to ensure the health and safety of the mother, child(ren) and unborn child, if applicable. Funding amounts are identified in each providers contract funding exhibit.</i>	25	<i>Begin writing here: Outreach Activities Logs will be submitted and monitored monthly. Engagement and referrals services will be reviewed during clinical monitoring.  The SABG Capacity Management wait list will be utilized to track and monitor services provided to priority populations</i>	Enter budget allocation to this proposed activity \$25,000.00
Outreach to Individuals Using Intravenous Drugs (IUID)	<i>Begin writing here: Provide outreach, engagement and referral services to individuals who are intravenously using drugs to develop an alliance, engage them in treatment and refer them to other needed services to ensure health and safety and prevent other illnesses Funding amounts are identified in each providers contract funding exhibit.</i>	20	<i>Begin writing here: Outreach Activities Logs will be submitted and monitored monthly. Engagement and referrals services will be reviewed during clinical monitoring.  The SABG Capacity Management wait list will be utilized to track and monitor services provided to priority populations</i>	Enter budget allocation to this proposed activity \$25,000.00
Brief Intervention	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
Drug Screening	<i>Begin writing here: SUD providers can be reimbursed for the laboratory costs associated with drug screening/testing as part of SUD treatment services funded by the SCR BH (ASO) by submitting copy of paid invoices to the SCR BH (ASO). Each SUD provider has an identified max allowable funding amount.</i>	0	<i>Begin writing here: Laboratory costs associated with drug screening/testing as part of SUD treatment services funded by the SCR BH (ASO) by submitting copy of paid invoices to the SCR BH (ASO). Each SUD provider has an identified max allowable funding amount.</i>	Enter budget allocation to this proposed activity \$50,000.00
*Tuberculosis Screening (required)	<i>Begin writing here: ** Individuals complete a TB Questionnaire at Assessment and are referred to a medical provider or the local health department if testing is needed. SABG funding could be used to pay for tests if/when needed</i>	0	<i>Begin writing here: An invoice with evidence of TB Testing Cost shall be submitted to the SCR BH (ASO)</i>	Enter budget allocation to this proposed activity \$0.00
<b>Engagement Services – Assessment/admission screening related to SUD to determine appropriateness of admission and levels of care. Education Services may include information and referral services regarding available resources, information and training concerning availability of services and other supports. Educational programs can include parent training, impact of alcohol and drug problems, anxiety symptoms and management, and stress management and reduction. Education services may be made available to individuals, groups, organizations, and the community in general. This is different than staff training. Treatment services must meet the criteria as set forth in Chapter 246-341 WAC.</b>				<b>\$54,000.00</b>
Assessment	<i>Begin writing here: Provide SUD Assessments to individuals who do not have Medicaid in order to prevent escalation of SUD and reduce safety risks to individuals, families and community.</i>	10	<i>Begin writing here: Providers will enter treatment service level authorizations to the SCR BH (ASO) based on medical necessity and daily per diem encounter code into Raintree for authorized services for claims and payment</i>	Enter budget allocation to this proposed activity \$24,000.00
*Engagement and Referral (required)	<i>Begin writing here: Provide outreach, engagement and referral services to individuals to develop an alliance, engage them in treatment and refer them to other needed services</i>	20	<i>Begin writing here: Providers will enter treatment service level authorizations to the SCR BH (ASO) based on medical necessity and daily per diem encounter code into Raintree for authorized services for claims and payment</i>	Enter budget allocation to this proposed activity \$20,000.00
*Interim Services (required)	<i>Begin writing here: Ensure Interim Services are provided to priority populations with emphasis on PPW and IUID. Funded under Engagement Services above.</i>	20	<i>Begin writing here: Providers have to submit SABG Capacity Management reports and submit data to the SCR BH (ASO). Providers will enter treatment service level authorizations to the SCR BH (ASO) based on medical necessity and daily per diem encounter code into Raintree for authorized services for claims and payment</i>	Enter budget allocation to this proposed activity \$10,000.00
Educational Programs	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
<b>Outpatient Services – Services provided in a non-residential SUD treatment facility. Outpatient treatment services must meet the criteria as set forth in Chapter 246-341 WAC.</b>				<b>\$445,604.00</b>
Individual Therapy	<i>Begin writing here: Individuals in outpatient services, whether L1 Outpatient or L2 Intensive Outpatient will receive individual therapy services as prescribed by the agreed upon treatment plan</i>	5	<i>Begin writing here: Requires a minimum of monthly individual sessions during L1 and L2 services unless treatment plan indicates a higher frequency. Providers have to submit SABG Capacity Management reports and submit data to the SCR BH (ASO). Providers will enter treatment service level authorizations to the SCR BH (ASO) based on</i>	Enter budget allocation to this proposed activity \$50,604.00
Group Therapy	<i>Begin writing here: Individuals in outpatient services, whether L1 Outpatient or L2 Intensive Outpatient will receive group services as prescribed by the agreed upon treatment plan</i>	5	<i>Begin writing here: Frequency of group sessions depends upon ASAM level. Providers have to submit SABG Capacity Management reports and submit data to the SCR BH (ASO). Providers will enter treatment service level authorizations to the SCR BH (ASO) based on medical necessity and daily per diem encounter code into Raintree for authorized services</i>	Enter budget allocation to this proposed activity \$200,000.00
Family Therapy	<i>Begin writing here: Individuals in outpatient services, whether L1 Outpatient or L2 Intensive Outpatient will receive family services as prescribed by the agreed upon treatment plan</i>	5	<i>Begin writing here: Frequency of family sessions depends upon the treatment plan. Providers have to submit SABG Capacity Management reports and submit data to the SCR BH (ASO). Providers will enter treatment service level authorizations to the SCR BH (ASO) based on medical</i>	Enter budget allocation to this proposed activity \$25,000.00

			necessity and daily per diem encounter code into Raintree	
Multi-Family Counseling Therapy	Begin writing here: Individuals in outpatient services, whether L1 Outpatient or L2 Intensive Outpatient will receive family services as prescribed by the agreed upon treatment plan	0	Begin writing here: Availability of multi-family counseling is based on SUD providers programs. Providers have to submit SABG Capacity Management reports and submit data to the SCR BH (ASO). Providers will enter treatment service level authorizations to the SCR BH (ASO) based on medical necessity and daily per diem encounter code into Raintree	Enter budget allocation to this proposed activity \$10,000.00
Medication Assisted Therapy (MAT) - Opioid Substitution Treatment	Begin writing here: Individuals in outpatient services, whether L1 Outpatient or L2 Intensive Outpatient will receive MAT as prescribed by the agreed upon treatment plan	5	Begin writing here: Providers have to submit SABG Capacity Management reports and submit data to the SCR BH (ASO). Providers will enter treatment service level authorizations to the SCR BH (ASO) based on medical necessity and daily per diem encounter code into Raintree for authorized services for claims and payment	Enter budget allocation to this proposed activity \$160,000.00
<b>Community Support (Rehabilitative) – Consist of support and treatment services focused on enhancing independent functioning.</b>				<b>\$0.00</b>
Case Management	Begin writing here:	0	Begin writing here:	Enter budget allocation to this proposed activity \$0.00
Recovery Housing	Begin writing here:	0	Begin writing here:	Enter budget allocation to this proposed activity \$0.00
Supported Employment	Begin writing here:	0	Begin writing here:	Enter budget allocation to this proposed activity \$0.00
<b>Other Support (Habilitative) – Structured services provided in segments of less than 24 hours using a multi-disciplinary team approach to develop treatment plans that vary in intensity of services and the frequency and duration of services based on the needs of the client.</b>				<b>\$5,000.00</b>
PPW Housing Support Services	Begin writing here: PPW individuals will be providing with transitional housing and supports to assist them to find independent permanent housing for them and their children	5	Begin writing here: We will follow the client to determine their housing outcomes once they leave the transitional housing. We will also be able to determine if are able to maintain in the community without returning to the program.	Enter budget allocation to this proposed activity \$5,000.00
Supported Education	Begin writing here:	0	Begin writing here:	Enter budget allocation to this proposed activity \$0.00
Housing Assistance	Begin writing here:	0	Begin writing here:	Enter budget allocation to this proposed activity \$0.00
Spiritual/Faith-Based Support	Begin writing here:	0	Begin writing here:	Enter budget allocation to this proposed activity \$0.00
<b>Intensive Support Services – Services that are therapeutically intensive, coordinated and structured group-oriented. Services stabilize acute crisis and clinical conditions, utilizing recovery principles to help return individuals to less intensive outpatient, case management, and/or other recovery based services.</b>				<b>\$167,000.00</b>
*Therapeutic Intervention Services for Children (required)	Begin writing here: Providing Therapeutic Intervention and childcare Services for PPW Inpatient	10	Begin writing here: Providers will enter treatment service level authorizations to the SCR BH (ASO) based on medical necessity and daily per diem encounter code into Raintree for authorized services for claims and payment.  Supports higher level treatment completion rates for	Enter budget allocation to this proposed activity \$25,000.00
Sobering Services	Begin writing here: Sobering services are available to eligible Non-Medicaid individuals whom need less than 24 hour observation and rest to sober. Withdrawal Management/Detox is available after sobering.	0	Begin writing here: Providers will enter treatment service level authorizations to the SCR BH (ASO) based on medical necessity and daily per diem encounter code into Raintree for authorized services for claims and payment.	Enter budget allocation to this proposed activity \$142,000.00
<b>Out of Home Residential Services – 24 hour a day, live-in setting that is either housed in or affiliated with a permanent facility. A defining characteristic is that they serve individuals who need safe and stable living environments in order to develop their recovery skills. Treatment services must meet the criteria as set forth in Chapter 246-341 WAC.</b>				<b>\$220,000.00</b>
Sub-acute Withdrawal Management	Begin writing here: A sub-acute detox is available for those individuals who present at the hospital emergency department and elsewhere in the community, avg length of stay is 7 days and then the person is connected to the appropriate treatment or program	10	Begin writing here: Providers will enter treatment service level authorizations to the SCR BH (ASO) based on medical necessity and daily per diem encounter code into Raintree for authorized services for claims and payment.	Enter budget allocation to this proposed activity \$150,000.00
Crisis Services Residential/ Stabilization	Begin writing here:	0	Begin writing here:	Enter budget allocation to this proposed activity \$0.00

Intensive Inpatient Residential Treatment	<i>Begin writing here: Individuals will be provided residential services based on their needs and ASAM Level</i>	0	<i>Begin writing here: Providers will enter treatment service level authorizations to the SCRBH (ASO) based on medical necessity and daily per diem encounter code into Raintree for authorized services for claims and payment</i>	Enter budget allocation to this proposed activity \$69,000.00
Long Term Residential Treatment	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
Recovery House Residential Treatment	<i>Begin writing here: Individuals will be provided residential services based on their needs and ASAM Level</i>	0	<i>Begin writing here: roviders will entered treatment service level authorizations to the SCRBH (ASO) based on medical necessity and daily per diem encounter code into Raintree for authorized services for claims and payment</i>	Enter budget allocation to this proposed activity \$1,000.00
Involuntary Commitment	<i>Begin writing here: Included under Acute Withdrawal Management section below.</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
Acute Intensive Services -24-hour emergency services that provide access to a clinician. The range of emergency services available may include but are not limited to direct contact with clinician, medication evaluation, and hospitalization. Services must meet the criteria as set forth in Chapter 246-341 WAC.				\$700,000.00
Acute Withdrawal Management	<i>Begin writing here: Individuals may be admitted voluntarily to ASAM 3.7 or involuntarily detained to Secure Withdrawal Management and Stabilization Services, which is ASAM 3.7</i>	10	<i>Begin writing here: Individuals admitted involuntarily or voluntarily for withdrawal management at ASAM 3.7 will be assisted to transfer to the next recommended level of care. After an ITA placement, clients may be placed on a Lesser Restrictive Alternative court order. All individuals who have been detained will receive services to facilitate transfers to</i>	Enter budget allocation to this proposed activity \$700,000.00
Recovery Supports –A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Recovery emphasizes the value of health, home, purpose, and community to support recovery.				\$455,000.00
*Interim Services (required)	<i>Begin writing here: Ensure Interim Services are provided to priority populations with emphasis on PPW and IUID. Funded under Engagement Services above.</i>	0	<i>Begin writing here: Funded under Engagement Services above</i>	Enter budget allocation to this proposed activity \$0.00
*Transportation for PPW (required)	<i>Begin writing here: Providing transportation for PPW outpatient individuals</i>	10	<i>Begin writing here: Ensure PPW individuals have the transportation needed to attend SUD treatment.</i>	Enter budget allocation to this proposed activity \$5,000.00
Transportation	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
*Childcare Services (required)	<i>Begin writing here: Providing Childcare Services for Outpatient individuals</i>	20	<i>Begin writing here: Childcare utilization will be evaluated and monitored via data entered into the SCRBH (ASO) Raintree system. Utilization has been impacted due to COVID-19. Child care referrals and protocols are included with all Outpatient SUD Statements of Work.</i>	Enter budget allocation to this proposed activity \$450,000.00
*Other SABG activities (required) – any activity necessary to plan, carry out, and evaluate this SABG plan, including Continued Education/training, logistics cost for conferences regarding SABG services and requirements, capacity management infrastructure, and conducting needs assessments.				\$15,000.00
<i>Begin writing here: \$5,000.00 to pay for the costs for spoken Interpreter services and ASL for Individuals receiving SUD treatment services who cannot speak or understand English or who are deaf and hard of hearing. \$10,000 for annual training for SUD providers.</i>				
<i>Capacity Management will be continually monitored using data entered by providers into our data repository system and also by provider and community feedback.</i>				
<b>Grand Total</b>				<b>\$2,161,604.00</b>