

Introduction

Washington State provides Combined Federal Block Grant service 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 MHBG Project Plan is to ensure effective services are provided across populations with measurable outcomes.

This Plan is for July 1, 2020 – June 30, 2021. All Mental Health 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:

Danny Highley, Behavioral Health Program Manager
Danny.highley@hca.wa.gov

MHBG Final Reports are due by 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 the column heading “Proposed Total Expenditure Amount.” The Grand Total at bottom of that column must equal total MHBG Allocation.
- Insert the number of Adults with SMI** and Children with SED** projected to be served.
- “Outcomes and Performance Indicators” – Provide planned outcomes that are measurable and define what indicators will be used to support progress towards outcomes.

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

Region: Spokane County Regional Behavioral Health (SCRBH)

Current Date: 6/6/2020

Total MHBG Allocation: \$536,048.00

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Section 1 Proposed Plan Narratives

Needs Assessment

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.

Begin writing here: The Spokane County Regional Behavioral Health Administrative Services Organization, SCRBH (ASO), continues to grow and build on the knowledge and experience accumulated throughout the many years overseeing behavioral health services and establishing collaborative relationships in the Spokane Regional Service Area. In the last year as the SCRBH (ASO), we worked diligently to bring together provider agencies, applicable stakeholders, community partners, and invested community members through various meetings to increase collaboration, communications, and to identify gaps in services across the region. This has been made even more poignant in light of COVID-19 and the impact on our regional and behavioral health network. In order to ensure continuity of services and adequate behavioral health response, the SCRBH (ASO) has been actively engaged in strategic partnerships and regional collaboratives dedicated to identifying gaps, creating solutions, and implementing interventions.

The SCRBH (ASO)'s six-county service area remains primarily rural and frontier rural, with the largest barrier to services being an available and

Cultural Competence *

Provide a narrative summarizing how cultural competence overall, is incorporated within proposed projects. Identify what anticipated efforts will be taken to measure progress.

Begin writing here: Cultural Competence inclusion and reporting is incorporated by the Spokane County Regional Behavioral Health Administrative Services Organization, SCRBH (ASO), in the provider MHBG contracts. The SCRBH (ASO) 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.

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:
<http://www.spokanecounty.org/3637/CLAS-Toolkit>.

Children's Services

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.

Begin writing here: The Spokane County Regional Behavioral Health Administrative Services Organization, SCRBH (ASO), has a robust youth provider network available to all non-Medicaid youth throughout the Spokane Regional Service Area. Providers were specifically selected to cover the many diverse needs facing youth today, including mental health treatment, substance use disorder treatment, co-occurring services, respite, day treatment, and inpatient services (psychiatric and SUD). To facilitate cross system collaboration, appropriate referrals, and information sharing amongst all youth mental health, substance use disorder, housing, and applicable community stakeholders; the SCRBH (ASO) participates in various collaborative meetings as a way for community partners and stakeholders to share new and innovative programs, identify gaps in services or referrals, and continue to strengthen the working relations and knowledge across the system of care. These meetings include the Regional Crisis Collaborative, MCO/ASO collaborative, Hot spotters, various other statewide ASO children services committees. In addition, the SCRBH (ASO) participates in the regional family youth and justice conference (FYJ) meetings that identify barriers and issues facing youth, provide a forum to discuss

<p>Public Comment/Local/ BH Advisory Board Involvement</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.</p> <p><i>Begin writing here:</i> The SCRBH (ASO) incorporates consumer and family involvement through their participation with the following: the SCRBH (ASO) Consumer Consultation Panel (CCP), the SCRBH (ASO) Behavioral Health Advisory Board (BHAB), which reviews, provides input, and ultimately approves of the MHBG, the Quality Involvement Committees for youth, children and adults, family youth and system partner round tables (FYSPRT), collaboration with the SCRBH Ombuds, and by direct communication with community providers and stakeholders. 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.</p>
<p>Outreach Services</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.</p> <p><i>Begin writing here:</i> Outreach workers meet and provide services to people throughout the SCRBH (ASO) system of care. They have the flexibility to work directly with homeless individuals and families within 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>

**Section 2
Proposed Project Summaries and Expenditures**

Category/Subcategory	Provide a plan of action for each supported activity	Proposed #Children with SED	Proposed #Adults with SMI	Proposed Total Expenditure Amount
Prevention & Wellness – Activities that enhance the ability of persons diagnosed with SMI or SED, including their families, to effectively decrease their need for intensive mental health services:				\$0.00
Screening, Brief Intervention and Referral to Treatment	<i>Begin writing here: N/A</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Brief Motivational Interviews	<i>Begin writing here: N/A</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Parent Training	<i>Begin writing here: N/A</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Facilitated Referrals	<i>Begin writing here: N/A</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Relapse Prevention/ Wellness Recovery Support	<i>Begin writing here: N/A</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Warm Line: Please note that ALL costs that directly serve persons with SMI/SED and their families must be tracked.	<i>Begin writing here: N/A</i>	0	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators: N/A</i>				
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:				\$7,678.00
Assessment	<i>Begin writing here: Spokane Treatment and Recovery Services (\$7,678.00) 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</i>	0	30	Enter budget allocation to this proposed activity \$7,678.00
Specialized Evaluations (Psychological and Neurological)	<i>Begin writing here: N/A</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Service Planning (including crisis planning)	<i>Begin writing here: N/A</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Educational Programs	<i>Begin writing here: N/A</i>	0	0	Enter budget allocation to this proposed activity \$0.00

Outreach	<i>Begin writing here: N/A</i>	0	0	Enter budget allocation to this proposed activity \$0.00

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

Outpatient Services – Outpatient therapy services for persons diagnosed with SMI or SED, including services to help their families to appropriately support them.

				\$277,671.00
Individual Evidenced-Based Therapies	<i>Begin writing here: Frontier Behavioral Health - 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 population, impetus is placed on rapport building. Clinicians are adept at expressing empathy and being genuine with</i>	0	222	Enter budget allocation to this proposed activity \$252,788.00
Group Therapy	<i>Begin writing here: Spokane Treatment and Recovery Services (\$24,883.00) 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.</i>	0	22	Enter budget allocation to this proposed activity \$24,883.00
Family Therapy	<i>Begin writing here: N/A</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Multi-Family Counseling Therapy	<i>Begin writing here: N/A</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Consultation to Caregivers	<i>Begin writing here: N/A</i>	0	0	Enter budget allocation to this proposed activity \$0.00

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 SCR BH (ASO) "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-

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.

				\$4,666.00
Medication Management	<i>Begin writing here: Northeast Washington Alliance Counseling Services 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.</i>	0	12	Enter budget allocation to this proposed activity \$4,666.00
Pharmacotherapy	<i>Begin writing here: N/A</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Laboratory Services	<i>Begin writing here: N/A</i>	0	0	Enter budget allocation to this proposed activity \$0.00

Outcomes and Performance Indicators: Northeast Washington Alliance Counseling Services: Quarterly number of adults with SMI provided medications management services = Three (3); and Quarterly number of services hours provided for adult medications management services = Three (3).

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.				\$87,777.00
Parent/Caregiver Support	<i>Begin writing here: N/A</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Skill Building (social, daily living, cognitive)	<i>Begin writing here: N/A</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Case Management	<i>Begin writing here: Spokane Treatment and Recovery Services (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.</i>	0	22	Enter budget allocation to this proposed activity \$8,770.00
Continuing Care	<i>Begin writing here: N/A</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Behavior Management	<i>Begin writing here: N/A</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Supported Employment	<i>Begin writing here: N/A</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Permanent Supported Housing	<i>Begin writing here: N/A</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Recovery Housing	<i>Begin writing here: Northeast Washington Alliance Counseling Services 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</i>	0	12	Enter budget allocation to this proposed activity \$79,007.00
Therapeutic Mentoring	<i>Begin writing here: N/A</i>	1	1	Enter budget allocation to this proposed activity \$0.00
Traditional Healing Services	<i>Begin writing here: N/A</i>	1	1	Enter budget allocation to this proposed activity \$0.00
<i>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.</i>				
<i>Outcomes and Performance Indicators: Northeast Washington Alliance Counseling Services: Quarterly number of adults with SMI provided recovery housing services – three (3); Quarterly number of service hours (per diem “bed-days”) provided for adult recovery housing services = 90.</i>				
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.				\$99,044.00
Peer Support	<i>Begin writing here: N/A</i>			Enter budget allocation to this

Peer Support		0	0	proposed activity \$0.00
Recovery Support Coaching	<i>Begin writing here:N/A</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Recovery Support Center Services	<i>Begin writing here: Frontier Behavioral Health 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</i>	0	40	Enter budget allocation to this proposed activity \$99,044.00
Supports for Self-Directed Care	<i>Begin writing here:N/A</i>	0	0	Enter budget allocation to this proposed activity \$0.00

Outcomes and Performance Indicators: Frontier Behavioral Health: Reports: 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. **\$59,212.00**

Personal Care	<i>Begin writing here:N/A</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Respite	<i>Begin writing here:N/A</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Support Education	<i>Begin writing here:Community Colleges of Spokane 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 (Case management and Brief</i>	0	0	Enter budget allocation to this proposed activity \$59,212.00
Transportation	<i>Begin writing here:N/A</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Assisted Living Services	<i>Begin writing here:N/A</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Trained Behavioral Health Interpreters	<i>Begin writing here:N/A</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Interactive communication Technology Devices	<i>Begin writing here:N/A</i>	0	0	Enter budget allocation to this proposed activity \$0.00

Outcomes and Performance Indicators: Community Colleges of Spokane (SEER) – 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.				\$0.00
Assertive Community Treatment	<i>Begin writing here:N/A</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Intensive Home-Based Services	<i>Begin writing here:N/A</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Multi-Systemic Therapy	<i>Begin writing here:N/A</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Intensive Case Management	<i>Begin writing here:N/A</i>	0	0	Enter budget allocation to this proposed activity \$0.00

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.				\$0.00
Crisis Residential/Stabilization	<i>Begin writing here:N/A</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Adult Mental Health Residential	<i>Begin writing here:N/A</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Children's Residential Mental Health Services	<i>Begin writing here:N/A</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Therapeutic Foster Care	<i>Begin writing here:N/A</i>	0	0	Enter budget allocation to this proposed activity \$0.00

Outcomes and Performance Indicators: N/A

Acute Intensive Services – Acute intensive services requiring immediate intervention for persons diagnosed with SMI or SED.				\$0.00
Mobile Crisis	<i>Begin writing here:N/A</i>	0	0	Enter budget allocation to this proposed activity \$0.00

Mobile Crisis				
Peer-Based Crisis Services	<i>Begin writing here:N/A</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Urgent Care	<i>Begin writing here:N/A</i>	0	0	Enter budget allocation to this proposed activity \$0.00
23 Hour Observation Bed	<i>Begin writing here:N/A:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
24/7 Crisis Hotline Services	<i>Begin writing here:N/A</i>	0	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators: N/A</i>				
Non-Direct Activities – any activity necessary to plan, carry out, and evaluate this MHBG plan, including Staff/provider training, travel and per diem for peer reviewers, logistics cost for conferences regarding MHBG services and requirements, and conducting needs assessments.				
Workforce Development/Conferences	<i>Begin writing here::N/A</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Grand Total				\$536,048.00