Exhibit A Template - 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.

Regional Service Area: Southwest Washington	**Current Date: 7/1/17**	**Total MHBG Allocation: $428,000**
RSA Contact Person: Inna Liu	**Phone Number: 360-208-7480**	**Email: inna.liu@beaconhealthoptions.com**

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) 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	
Needs Assessment	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. ***Begin writing here****:* In the past year, a needs assessment was conducted by the Community Foundation of Southwest Washington, which was based on interviews with: Children's Center, Impact NW, PeaceHealth, Community Voices Are Born, Evergreen Public Schools, Clark County Community Services, Daybreak Youth Services, Catholic Community Services, Vancouver Public Schools, NAMI, SHARE, Skamania County Community Health, Lifeline Connections and Clark County Council for the Homeless. The Needs Assessment identified 3 high-level priorities for improved service delivery, including: improved care coordination, and access to care, improved access to affordable community housing, and improved access to prevention services to reduce disparities. Specific gaps and areas of opportunity include: - Access to outreach services, especially for patients who may be experiencing a mental health crisis - Access to co-located mental health and medical services, such as embedded mental health professionals in adult/pediatric clinics - Use of mental health peers who can connect patients to services and assist in prevention strategies - Programs that encourage healthy behaviors and lifestyle modifications through free or low cost health education classes, screenings and referral to other services, to reduce health disparities and improve self-management - Use of non-English speaking resources to meet the needs of the English-second language population - Crisis respite level of care - Crisis stabilization beds/services
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****:* All of the providers included in our plan are required to participate in Beacon's cultural competency efforts, including ongoing training.

	In addition, a number of the programs included in our plan are specifically designed to address the unique needs of minority populations, such as the free wellness programs that work with individuals who are often homeless which requires an understanding of the unique cultural needs of that population. Progress towards improved cultural competency will be measured by participation in efforts to provide ongoing opportunities for education and conversations on cultural competency as well as by responses on surveys collected at cultural competency trainings.
Peer Review	Confirm <u>all</u> BHO subcontractors will be contractually required to participate in peer reviews, as requested by DSHS. ***Begin writing here**:* Beacon Health Options has worked collaboratively the previous year with DBHR and contracted providers to participate in all required peer reviews that have been requested by DSHS. Beacon can confirm that the expectation regarding contractors to participate in Peer reviews is obligated in contract and it is the expectation that contracted providers will participate.
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 (include statements to describe overall service system for children; **<u>not limited to MHBG services</u>**). ***Begin writing here:*** In Southwest Washington, an integrated system of care is provided for children with SED and multi-system involvement in several ways in the behavioral health sector. Primarily, youth who need this level of care are either enrolled in WISe services or by level 3 Community Support Teams (CST) at various agencies, which provide a compliment of office based and community based treatment. Moreover, the two main health plans, as part of Fully Integrated Managed Care (FIMC), you can access the full benefit continuum of physical health, mental health and substance use disorder services through a managed care organization (MCO) of their choice. Through Allied Health System Coordination Plans, the MCOs also coordinate services between social service organizations, the criminal justice system, and the juvenile justice system to ensure smooth care coordination for enrollees.
Public Comment/Local Board Involvement	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. ***Begin writing here**:* Clark & Skamania Counties' Accountable Community Health (ACH) entity, the SW ACH agreed to act as a subcontractor with Beacon Health Options and the HCA in order to develop, convene, and maintain the Behavioral Health Advisory Board (BHAB) effective April 1, 2016. The BHAB merges together three pre-existing community-led groups in the region: the SW ACH Consumer Advisory Council, the Substance Abuse Advisory Board (SAAB), and Mental Health Advisory Boards (MHAB) for Clark & Skamania Counties. Clark County Dept. of Community Services and the now defunct Regional Service Network (RSN), SW-WA Behavioral Health, previously convened the SAAB and MHAB respectfully.

	Composition of the BHAB must meet the following requirements: • Be representative of the geographic and demographic mix of service population; • Have at least 51% of the membership be persons with lived experience, parents, or legal guardians of persons with lived experience and/or self-identified as a person in recovery from a behavioral health disorder; • Law Enforcement representation; • County representation; • No more than four elected officials; • No employees, managers, or other decision makers of subcontracted agencies who have the authority to make policy or fiscal decisions on behalf of the subcontractor. • Three-year term limit, multiple terms may be served, based on rules set by the BHAB. Development of the BHAB continues in SW-WA, as of date. SW ACH staff routinely connects with leaders in Clark & Skamania Counties to ensure that prior advisory board and council members are identified and contacted for continued service. These efforts included an open house in April 2016 that was attended by nearly 50 consumers and interested community members, stakeholders, advocates, and providers. During this launch meeting, attention was paid to potential "culture clashes" between recovery and mental health ideologies and advocacy agendas. Facilitation of the first series of BHAB meetings is focused on the development of a shared vocabulary for discussing FIMC issues, community focus areas for advocacy, and the concept of behavioral health integration from a community perspective. As noted in the above needs assessment section, there were a variety of public forums recently in the service area that was conducted by Community Foundation of Southwest Washington and allowed for robust public discussion and input into the needs assessment. More recently, the service area established a Behavioral Health Planning Committee which is made up of consumers, agencies, county, private and public sector allied partners. The Planning Committee met throughout the year to also identify gaps in behavioral health services for the area, breaking the needs assessment down between adults and children as well as mental health and substance abuse treatment. Many of the outcomes associated with the planning committee are being addressed in various forums and pathways to meet the identified need, including, some opportunities to leverage MHBG funding opportunities. **The MHBG proposed projects and expenditures herein have been reviewed by the current BHAB membership and was affirmed with a consensus vote.**
Outreach Services	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 (**not limited to MHBG services**). ***Begin writing here**:* The Wellness Project provides services to adults who are uninsured or underinsured, comprised of short-term therapy, peer counseling, and case management. Services may also include outreach to and case management for individuals needing

	support to access any type of community service or resources, including Medicaid and other government benefits, primary care, substance abuse treatment, housing, and employment.
Staff Training	Describe the plan to ensure training is available for mental health providers and to providers of emergency mental health services and how this plan will be implemented (**description not limited to MHBG services; MHBG funds can only support training to better serve SMI/SED**). ***Begin writing here**:* The SW-WA Behavioral Health Provider Alliance has a long history of sharing training and staff development resources as a cooperative community. Trainings range from clinical education to cultural humility; past topics (and those slated to continue into the future) include: Post-Traumatic Stress Disorder/Major Depressive Disorder, NAMI SW-WA "See Me" Training, Mental Health First Aid, Sex Offender Diversity Training, Medicaid Billable Notes Training, Diversity Training, RADPLUS Training, LOCUS/CALOCUS Training, NOFA Clinical Documentation Training, Quality Management "Golden Thread" Training, Encounter Review Training, DSM-5 Training, LGBTQ Cultural Competency Training, Whole Health Action Management, Seeking Safety, Recovery Coaching, DBT Training, ASAM Training, Treatment Planning, Safety & De-Escalation, MRT Training, and Ethics Training.
Program Compliance	Provide a description of the strategies that will be used for monitoring program compliance with all MHBG requirements. ***Begin writing here**:* Providers contracted under this plan are required to participate in a two-step compliance program that requires providing monthly MHBG reports with outcome and performance data in addition to claim submissions (claims are not submitted for all MHBH recipients). The summative reports are submitted monthly and will be discussed at BHAB meetings on a quarterly basis to ensure that providers are meeting contractual obligations and complying with the terms of this plan with respect to aggregate data of number of people served, types of service provided, and number of services provided. This data is cross-referenced against claims data where appropriate. Moreover, contractual review of services charged to the MHBG is conducted on a monthly, per provider, basis. Contractor must submit claims, as outlined in their contract, through a robust electronic clinical claims system that is configured to accept only claims that have been agreed upon in contract in accordance with the block grant allowable services. Standard CPT codes are utilized when required. Providers will submit monthly and annual MHBG Performance Reports as specified in each contract with Beacon Health Options. Additionally, CVAB will use ingredients from an abridged Program Fidelity Assessment/Common Ingredients Tool (FACIT). Performance will be measured annually in the third quarter of the contract through focus groups and FACIT Team. Data will be collected through focus groups including a cross-section of participants; staff; and community stakeholders. NAMI will provide a Service Plan that outlines services for children and families, transition age youth, and adult consumers and family; quarterly updates will be provided on progress of achievements toward program goals.
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 - not using MHBG for cost-sharing at this time.

*__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 must 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:				0
Assessment				

Specialized Evaluations (Psychological and Neurological)				
Service Planning (including crisis planning)				
Educational Programs				
Outreach Specific to SMI/SED				
Outcomes and Performance Indicators				
Outpatient Services – Outpatient therapy services for persons diagnosed with SMI or SED, including services to help their families to appropriately support them.				$100,000
Individual Evidenced-Based Therapies	**<u>The Wellness Project</u>** Provides services to adults who are uninsured or underinsured, comprised of short-term therapy, peer counseling, and case management. Services may also include outreach to and case management for individuals needing support to access any type of community service or resources, including Medicaid and other government benefits, primary care, substance abuse treatment, housing, and employment. The Wellness Project serve adults and transition-age youth and aligns with all of the state priorities because it improves or delivers holistic counseling that addresses overall health, education and employment goals, quality of life, housing, and crisis planning (which helps people avoid outcomes such as hospitalization or incarceration in a crisis). Because the Wellness Project serves only those who do not qualify for Medicaid or insurance, or who are underinsured, they help decrease population-level disparities and provide access to services for those coming out of jail, prison, or forensic units at the state hospitals.		400	
Group Therapy				

Family Therapy				
Multi-Family Counseling Therapy				
Consultation to Caregivers				
Outcomes and Performance Indicators Outcomes and Performance Indicators Community Services Northwest reports on the following metrics monthly: • Current Month # of Unduplicated People Served • Current Month # of Services Provided • YTD # of Unduplicated People Served • Total for Adults with a SMI				
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.				0
Medication Management				
Pharmacotherapy				
Laboratory Services				
Outcomes and Performance Indicators				
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.				$138,143
Parent/Caregiver Support	**NAMI Southwest Washington** Provides support and education to families of people with mental illness, support groups for adults and children with mental health issues, information and referral, and community outreach education. NAMI serves primarily adults and the parents of adult children, with very few youth and transition-age youth as well. Their services align with all 8 state priority outcomes because NAMI educates	350	15	

	and empowers family members to take an active role in supporting their loved ones who are living with mental health issues. In turn, these families can help in every aspect of their family member's recovery, including helping them access services which can address population-level disparities and access to services for people coming out of jails, prisons, and forensic wards.		
Skill Building (social, daily living, cognitive)			
Case Management			
Continuing Care			
Behavior Management			
Supported Employment			
Permanent Supported Housing			
Recovery Housing			
Therapeutic Mentoring			
Traditional Healing Services			

Outcomes and Performance Indicators

Using the template provided by BEACON, NAMI shall submit a Monthly MHBG Performance Report by the 10th of each month. Each report shall include the following information:

- Unduplicated number of individuals served for the month, and number of individuals served year-to-date, distinguishing by method of service: training, call, email, etc.
- Number of services delivered each month and year-to-date.
- List of educational classes, support groups and public education events providing, dates, number of sessions, topics, and detailing the cumulative and unduplicated count of participants. The report will indicate the summarized results of the evaluations collected at each activity.
- Number of trained volunteers.

Recovery Support Services – Support services that focus on improving the ability of persons diagnosed with SMI or SED to live a self-direct life, and strive to reach their full potential.				$190,404
Peer Support				
Recovery Support Coaching				
Recovery Support Center Services	**<u>CVAB REACH and Val Ogden Centers</u>** Provide self-directed and supported services for wellness, recovery, employment, education and empowerment. Also provide a pre/post crisis warm line for recovery and wellness. CVAB's REACH and Val Ogden Centers serve adults and older adults. The agency aligns with all 8 bullets by providing a welcoming means of support and helping with problem-solving that can prevent episodes of crisis which could lead to hospitalization or incarceration. CVAB works with the people they serve to increase their quality of life, including assisting with education and employment. Because CVAB serves any adult who wishes to participate, regardless of Medicaid or insurance status, they reduce population-level disparities. CVAB provides support groups, classes, and leisure activities that can benefit people involved in the criminal justice system or who have been committed to the forensic unit of either state hospital. They can also help these individuals get hooked up with other services and access community resources as needed. This qualifies as an SAMHSA EBP.		2,050	
Supports for Self-Directed Care				
Outcomes and Performance Indicators EXPECTED OUTCOMES				

The frequency and length of participation will vary depending on each individual's path of recovery and desired interaction. A goal of this type of service is to provide support in transitioning to increased independence. CVAB cannot directly control all of the variables to achieve success but can contribute to improving individual outcomes. To measure the effectiveness of the program

CVAB will conduct monthly self-assessment surveys, individuals should demonstrate the following outcomes:

- Sense of purpose and meaning; empowerment; self-determination Measured accomplishments, including demonstrated ability to more:
- independently meet basic needs
- Increased optimism that recovery is possible
- Increase in personal recovery capital, increased social efficacy (optimism,
- hope, altruism, etc.); increased resources to sustain recovery
- Increased coping skills; increased social interaction and comfort in social
- settings; decreased isolation
- Increased participation in community activities, natural supports, and
- families when appropriate; relationship repair or development
- Increased length in recovery and stronger resilience if setback
- Increased employment/education
- Lack of criminal activity and involvement; decreased criminal justice
- involvement
- Stable housing
- Improved quality of life

The Contractor shall submit a Monthly MHBG Performance Report by the 10th of each month. The report shall include the following information: For the REACH Center and Val Ogden Center (numbers must be reported separately for each center) • Unduplicated number of visitors to the center for the month and • unduplicated number of visitors to the center year-to-date. • Total number of visits to the center for the month and total • number of visits to the center year-to-date. For the Warm Line • Unduplicated number of callers for the month and unduplicated				[redacted]
Other Supports (Habilitative) – Unique direct services for persons diagnosed with SMI or SED, including services to assist their families to continue caring for them.				0
Personal Care				[redacted]
Respite				
Support Education				
Transportation				
Assisted Living Services				
Trained Behavioral Health Interpreters				
Interactive communication Technology Devices				
Outcomes and Performance Indicators				
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.				0
Crisis Residential/Stabilization				
Adult Mental Health Residential				
Children's Residential Mental Health Services				
Therapeutic Foster Care				
Outcomes and Performance Indicators				
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.				0
Workforce Development/Conferences				
Grand Total				$428,547