

# REQUEST FOR RESPONSE: MENTAL HEALTH BLOCK GRANT PROGRAMS SOUTHWEST WASHINGTON November 1, 2017

Beacon Health Options (Beacon) is issuing this Request for Response (RFR) to seek input on mental health service needs, priorities and innovative programs to serve the communities of Clark and Skamania counties in Southwest Washington (SWWA). Beacon is contracted by the Washington State Health Care Authority (HCA) to serve as the Behavioral Health Administrative Services Organization (BH-ASO). In this capacity, Beacon is seeking stakeholder input on prioritizing funding available through the federal Mental Health Block Grant (MHBG).

In particular, with this RFR, Beacon seeks information on innovative programs that support integrated care delivery for the target populations for this funding source. Responses should articulate specific needs of underserved residents of Southwest Washington and describe program opportunities to link community partners, such as primary care providers, behavioral health providers, and housing services.

## Purpose of the RFR

Each Regional Service Area in Washington State is required to have an approved MHBG plan that dictates how the federal funds will be spent in that region. MHBG has specific target populations and eligible covered services described below. In Southwest Washington, the Behavioral Health Advisory Board (BHAB) is the entity responsible for approving the regional MHBG plan. Beacon is supporting the BHAB's efforts through the release of this RFR.

In the transition to Fully Integrated Managed Care (FIMC) in SWWA in April 2016, no changes to MHBG awardees were made in an intentional effort to allow providers to adjust and adapt to the new structure. The BHAB and Beacon have determined that it is now appropriate to revisit the MHBG disbursement in preparation for updating the community MHBG plan. This RFR aims to gather input from a diverse array of community stakeholders to inform a future MHBG prioritization plan, identify innovative programs and select awardees from the pool of submissions.

Note: responding to this RFR is required to potentially receive MHBG funding in Fiscal Year 2018-2019. Additionally, community members who are not necessarily seeking funding are invited to share their input to the funding process and priorities.

## Background

### Funding sources

For the purposes of this RFR, Beacon is looking for input on the types of programs and services to fund with available federal MHBG funds. An overview of these funds and their priority focus is summarized below.

**MHBG Block Grant** means those funds granted by the Secretary of the Department of Health and Human Services (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 Serious Mental Illness (SMI) and children who are seriously emotionally disturbed (SED).

### MHBG Target Populations:

The MHBG program targets:

- **Adults with serious mental illnesses.** Includes persons age 18 and older who have a diagnosable behavioral, mental, or emotional condition—as defined by the Psychiatric Association’s *Diagnostic and Statistical Manual (DSM) of Mental Disorders*. Their condition substantially interferes with, or limits, one or more major life activities, such as:
  - Basic daily living (for example, eating or dressing)
  - Instrumental living (for example, taking prescribed medications or getting around the community)
  - Participating in a family, school, or workplace
- **Children with serious emotional disturbances.** Includes persons up to age 18 who have a diagnosable behavioral, mental, or emotional issue (as defined by the DSM). This condition results in a functional impairment that substantially interferes with, or limits, a child’s role or functioning in family, school, or community activities.

SAMHSA’s definitions of children with serious emotional disturbances and adults with serious mental illness were provided in a 1993 *Federal Register* notice (May 20, 1993; 58 FR 29422).<sup>1</sup>

### MHBG Funds Available to the SWWA Region

The Washington Department of Social and Health Services determined that for Fiscal Year 2017-2018 \$428,547 in federal MHBG funding is available to the SWWA region. The exact amount is subject to change for Fiscal Year 2018-2019 in which contracts for this RFR will be executed.

### Geographic Scope

For the purposes of this RFR, the counties in which Beacon is seeking information are Clark and Skamania Counties, Washington. Beacon is seeking to invest in the best mix of services to meet the needs of residents in both counties.

County	Low-income Population (200% FPL or below) <sup>2</sup>
Clark County	9.9% or 45,500 individuals
Skamania County	12.6% or 1,400 individuals

Nationally, about 4% of the population (9.8 million) have a serious mental illness<sup>3</sup> and just over 20 percent (or 1 in 5) children, either currently or at some point during their life, have had a

<sup>1</sup> [SAMHSA](#)

<sup>2</sup> [US Census Bureau](#)

<sup>3</sup> [National Institute of Mental Health](#)

seriously debilitating mental disorder. <sup>4</sup> Untreated mental health issues may lead to poor school or work performance, strained relationships, substance use and abuse, engagement in high risk activities, and involvement with law enforcement.

### Who should submit responses?

Beacon is seeking input from a wide variety of entities interested in expanding the continuum of services focused on mental health services and recovery. This may include, but is not limited to, input from the following sectors: law enforcement, education, behavioral health providers, managed care plans, social services, faith-based organizations, hospitals and other medical care providers, child welfare, and low-income housing.

### Why Respond to this RFR?

Your input will help ensure that expenditures of Federal service funds reflect the communities' priorities. Beacon hopes to collect input from a wide variety of diverse stakeholders and to receive innovative proposals that reflect the community needs and cross-sector collaboration. Beacon also plans to select awardees from the submissions through this RFR.

### RFR Responses

Attached as **Exhibit A** is a set of questions to be used as prompts for information sought under this RFR. The Exhibit contains some broad questions and some specific questions — with additional detail for those respondents who may have already been developing a project or may be able to provide a more comprehensive response. Respondents do not need to answer every question to submit a response. Respondents should answer the questions that are applicable to their organization. Responses should be limited to 10 pages.

Please also complete the table in Exhibit B ranking the priority of MHBG funded services for SWWA region in **Column C**. Please make suggestions on distribution of funding across the service categories in **Column D**.

### Inquiries

Please submit questions or inquiries regarding this RFR to the following email address:  
[BeaconWAASO@beaconhealthoptions.com](mailto:BeaconWAASO@beaconhealthoptions.com)

### Submission Instructions

Please submit responses by **Friday, December 15, 2017, 5 p.m. PST**. Please include a face sheet (format provided) and narrative response to the following email address. **Faxed or mailed applications will not be accepted.**

[BeaconWAASO@beaconhealthoptions.com](mailto:BeaconWAASO@beaconhealthoptions.com)

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<sup>4</sup> [National Institute of Mental Health](#)

## Schedule

Actions	Date
RFR issued	November 1, 2017
Responses due	December 15, 2017 , 5 p.m. PST
Optional: Review RFR submissions & hold conference calls with respondents for follow up detail to draft priority plan	December 19 – January 9, 2018
Finalize MHBG Priority Spending Plan with Behavioral Health Advisory Board	February 15, 2018
Award Announcement	March 2, 2018
Program start date	July 1, 2018

## Beacon Overview

Beacon Health Options is a health improvement company that serves 48 million individuals across all 50 states and the United Kingdom. On behalf of employers, health plans and government agencies, we manage innovative programs and solutions that directly address the challenges our behavioral health care system faces today. Beacon is a national leader in the fields of mental and emotional wellbeing, addiction, recovery and resilience, employee assistance, and wellness. We support people in making difficult life changes needed to be healthier and more productive. Partnering with a network of providers nationwide, we help individuals live their lives to their fullest potential. In Washington State, Beacon serves a number of large employers, and is managing crisis services to SWWA.

On April 1, 2016, Beacon Health Options began providing services to residents of Clark and Skamania counties. As the Behavioral Health Administrative Services Organization (BH-ASO) for Southwest Washington, Beacon is responsible for behavioral health crisis services for all individuals in these two counties regardless of their insurance status or income level. Beacon is also responsible for additional non-crisis services for low-income individuals who lack insurance coverage. The BH-ASO structure is part of the Washington Health Care Authority's Fully Integrated Managed Care (FIMC) model, which seeks to bring whole-person, integrated care to Washington's Medicaid population.

## EXHIBIT A

### RESPONSE CONTENT FORM

**Name of individual/ organization completing RFR Response:** [Click here to enter text.](#)

**Address** [Click here to enter text.](#)

**City/State/Zip** [Click here to enter text.](#)

**Phone** [Click here to enter text.](#)

**Email** [Click here to enter text.](#)

**Category of Responder: (please check)**

**Service Provider: Not for Profit**  **or For Profit**

**Professional or Provider Association**

**Consumer/Peer or Consumer/Peer Group**

**Family Member or Family Group**

**Advocacy Group**

**Other (please specify):** [Click here to enter text.](#)

#### **Project Narrative/Design**

The project narrative may not be any longer than ten (10) pages in total with a font size of no less than twelve (12) point font, and margins no less than one (1) inch.

#### **Section A - Understanding the issues and need**

1. While keeping in mind the target populations listed on pages one and two, please describe other specific populations that you believe are currently underserved with MH services in SWWA.
2. Please describe specific MH prevention or treatment strategies you believe should be employed or expanded in SWWA.
3. Please provide details on strengths and barriers these identified populations might face. Include any suggestions for programs, strategies, or geographic and cultural considerations that could assist in addressing these barriers.
4. Please describe any specific programs that fall within the realm of best practice identified by the National Institute of Mental Health or other clinically researched best practices that you would like to see brought to Southwest Washington region.
5. Please provide any suggestions for educational programs that would benefit the community. Educational programs can include parent training, impact of mental illness, anxiety symptoms and

management, and stress management and reduction. Education services may be made available to individuals, groups, organizations, and the community at large.

6. Please describe MH and recovery programs or solutions you may have seen employed elsewhere and would like to see brought to SWWA. Are there any specific reasons these solutions/programs have not yet been carried out?
7. Describe innovative suggestions for marketed services to community stakeholders as well as governmental and community agencies, including but not limited to probation, drug court, school system, child welfare, community agencies and faith based organizations.

## Section B – Specific Provider Proposals

1. Are you a provider interested in delivering a specific MH or recovery program or service?  
*Indicate: Yes*  / *No*
2. If Yes,
  - a. Please provide a brief program description that summarizes your overall proposed program model to meet the performance specifications for this service, including the number of hours per month and the geographic regions served. Be sure to indicate whether your model of care addresses child or adult service needs, or both.
  - b. Please indicate in which funded service category(ies) in Exhibit B your program would fit.
  - c. Describe the curriculum and Evidence-Based Practices (EBP) that will be utilized within the program.
  - d. Describe how your program approach is within the realm of best practice identified by the National Institute of Mental Health or other clinically researched best practices.
  - e. Please describe how your organization is well qualified to provide this service and a rationale for why you are best positioned to provide this service in the region in which you want to offer this service. Include your organization's experience and expertise specifically related to the given service and any specialized expertise. *Please note: We are interested in hearing about any service array aiming to serve the target populations. Feel free to include any ideas within your response.*
  - f. Please include two letters of reference supporting your program.
  - g. Please include an annual program budget, using the format provided in Exhibit D.

## Exhibit B

### Federal Mental Health Block Grant (MHBG) Funded Service Descriptions

COLUMN A	COLUMN B	COLUMN C	COLUMN D
Service Category	Description	Priority Ranking (1 most important; 5 least important)	Recommended Funding Allocation (put a % in each row; should add to 100%)
1. 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, including Screening, Brief Intervention and Referral to Treatment, Parent Training, Facilitated Referral, Relapse Prevention/Wellness Recovery Support, Warm Line.		
2. 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 including Assessment, Specialized Evaluations (Psychologist and Neurological), Service Planning (including crisis planning), Education Programs, Outreach.		
3. Outpatient Services	Outpatient therapy services for persons diagnosed with SMI or SED, including services to help their families to appropriately support them including Individual Evidence Based Therapist, Group therapy, Multi-Family Counseling, and Consultation to Caregivers		
4. 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 including Medication Management, Pharmacotherapy, Laboratory Services.		
5. 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 including Parent/Caregiver Support, Skill Building, Case Management, Continuing Care, Behavior Management, Supported Employment, Permanent Supported Housing, Recovering Housing, Therapeutic Mentoring, Traditional Healing Services.		
6. 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 including Peer Support, Recovery Support Coaching, Recovery Support Center Services, Supports for Self-Directed Care.		
7. Other Support (Habilitative)	Unique direct services for persons diagnosed with SED or SMI, including services to assist their families to continue caring for them including Personal Care, Respite, Support Education, Transportation, Assisted Living Services, Trained Behavioral Health Interpreters, Interactive communication Technology Devices.		
8. Intensive Support Services	Intensive therapeutic coordinated and structured support services to help stabilize and support persons diagnosed with SMI or SED including Assertive Community Treatment, Intensive Home-Based Services, Multi-Systemic Therapy, Intensive Case Management.		
9. Out of Home Residential	Out of home stabilization and/or residential services in a safe and stable environment for persons diagnosed with SED or SMI		

Services	including Crisis residential/stabilization, Adult Mental Health Residential, Children's Residential Mental Health Services, Therapeutic Foster Care.		
10. Acute Intensive Services	Acute intensive services requiring immediate intervention for persons diagnosed with SED or SMI including Mobile Crisis, Peer-Based Crisis Services, Urgent Care, 23 Hour Observation Bed, 24/7 Crisis Hotline Services.		
11. 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 costs for conferences regarding MHBG services and requirements, and conducting needs assessments.		

## Exhibit C

### Federal Block Grant Funded Program Rules

1. If the program is a Federal Block Grant-funded program that is part of a faith-based organization, the program may:
  - Retain the authority over its internal governance;
  - Retain religious terms in its name;
  - Select board members on a religious basis;
  - Include religious references in the mission statements and other governing documents; and
  - Use space in its facilities to offer Block Grant-funded activities without removing religious art, icons, scriptures, or other symbols.
2. If the program is a Federal Block Grant-funded program that is part of a faith-based organization, the program **CANNOT** use Federal Block Grant funds for inherently religious activities such as the following:
  - Worship;
  - Religious instruction; and
  - Proselytization.
3. The program may only engage in religious activities listed under 2 above if both of the following conditions are met:
  - The activities are offered separately, in time or location, from Block Grant-funded activities; and
  - Participation in the activities is voluntary.
4. In delivering services, including outreach activities, Federal Block Grant-funded religious organizations **cannot** discriminate against current or prospective Members based on:
  - Religion;
  - Religious belief;
  - Refusal to hold a religious belief; and
  - Refusal to actively participate in a religious practice.
5. If an otherwise eligible member objects to the religious character of the program, the program shall refer the member to an alternative provider within a reasonable period of time of the objection.
6. If the program is a religious organization, the program shall:
  - Use generally accepted auditing and accounting principles to account for Federal Block Grant funds similar to other nongovernmental organizations.
  - Segregate Federal funds from non-Federal funds.
  - Subject Federal funds to audits by the government.

- Apply Charitable Choice requirements to commingled funds when State/local funds are commingled with Block Grant funds
1. Faith based providers shall have Members admitted to their facility sign an agreement stating they understand the above statements. This document shall be placed in the Member's clinical record.

**Federal Block Grant Prohibited Expenditure List:** Funds received under this award(s) ***shall not*** be used:

1. To purchase inpatient hospital substance abuse services.
2. To purchase or improve land, purchase, construct, or permanently improve a building or other facility, or purchase major medical equipment.
3. To satisfy a requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds.
4. To provide financial assistance to any entity other than a public or non-profit private entity.
5. To make payments to intended recipient of health services.
6. To carry out a hypodermic needle or syringe program to injecting drug users.
7. To spend funds for lobbying activities.
8. Pay salaries in excess of Level I of the Federal Senior Executive pay scale.

## Exhibit D

### Estimated Program Operations Budget

Provider:

	FTE	Position	Base Salary	Salary
<i>a</i>				\$ -
<i>b</i>				\$ -
<i>c</i>				\$ -
<i>d</i>				\$ -
<i>e</i>				\$ -
<i>f</i>		Total Salaries (sum a thru e)		\$ -

#### Percentage

<i>g</i>	Benefits (percentage)	0%
<i>h</i>	Benefit Costs (f * g)	\$ -
<i>i</i>	Total Labor Expense (f + h)	\$ -

#### Administrative Expenses

<i>j</i>	Telephone	0%
<i>k</i>	Supplies	\$ -
<i>l</i>	Travel/Mileage	\$ -
<i>m</i>	Office Space	
<i>n</i>	Other (describe)	
<i>o</i>	Total Administrative Expense (sum j – n)	

<i>P</i>	Total Administrative Expense (sum j thru n)	\$ -
<i>Q</i>	Labor and Administrative Expenses	\$ -
<i>R</i>	Overhead (percentage)	0%
<i>S</i>	Overhead (p * q)	\$ -
<i>T</i>	<b>Total Provider Expense</b>	\$ -