

Exhibit A - Behavioral Health Organization (BHO)
SFY19 Primary Mental Health Block Grant (MHBG) Project Plan
7/1/2018 – 12/31/2018

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.

BHO:	Current Date:	Total MHBG Allocation:
BHO Contact Person:	Phone Number:	Email:

This Plan is for July 1, 2018 – December 31, 2018. All Mental Health Block Grant funds contractually allocated for services provided, but not expended for services actually provided by December 31, 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 Mark Haines-Simeon at hainemc@dshs.wa.gov and Daniel (Danny) Highley at highld@dshs.wa.gov no later than 5:00 P.M. **July 31, 2018.** 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. <i>Begin writing here:</i>
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. <i>Begin writing here:</i>
Peer Review	Confirm <u>all</u> BHO subcontractors will be contractually required to participate in peer reviews, as requested by DSHS. <i>Begin writing here:</i>
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>). <i>Begin writing here:</i>
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. <i>Begin writing here:</i>
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 (<u>not limited to MHBG services</u>). <i>Begin writing here:</i>
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 (<u>description not limited to MHBG services; MHBG funds can only support training to better serve SMI/SED</u>). <i>Begin writing here:</i>
Program Compliance	Provide a description of the strategies that will be used for monitoring program compliance with all MHBG requirements. <i>Begin writing here:</i>

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:

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

Section 2 Proposed Project Summaries and Expenditures				
Category/Sub Category	Provide a plan of action for each supported activity	Proposed #Children with SED	Proposed #Adults with SMI	Proposed Total Expenditure Amount
Prevention & Wellness – Activities that enhance the ability of persons diagnosed with SMI or SED, including their families, to effectively decrease their need for intensive mental health services:				0
Screening, Brief Intervention and Referral to Treatment				
Brief Motivational Interviews				
Parent Training				
Facilitated Referrals				
Relapse Prevention/ Wellness Recovery Support				
Warm Line: Please note that ALL costs that directly serve persons with SMI/SED and their families <u>must</u> be tracked.				
Outcomes and Performance Indicators				
Engagement Services – Activities associated with providing evaluations, assessments, and outreach to assist persons diagnosed with SMI or SED, including their families, to engage in mental health services:				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.				0
Individual Evidenced-Based Therapies				
Group Therapy				
Family Therapy				
Multi-Family Counseling Therapy				
Consultation to Caregivers				
Outcomes and Performance Indicators				
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.				0
Parent/Caregiver Support				
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				
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.				0
Peer Support				
Recovery Support Coaching				
Recovery Support Center Services				
Supports for Self-Directed Care				
Outcomes and Performance Indicators				
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				
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				0