Exhibit A - BHO Deliverable Template

Mental Health Block Grant (MHBG) Project Plan Template

4/1/2016 – 6/30/2017

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.

Provider: North Central Washington Behavioral Health	**Current Date: April, 2016**	**Total MHBG Allocation: $244,034**
Contact Person: Courtney Ward	**Phone Number:509-886-6318**	**Email: cward@ncwbh.org**

This Plan is for April 1, 2016 – June 30, 2017. All Mental Health Block Grant funds contractually allocated for services provided, but not expended for services actually provided by June 30, 2017, 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 Tom Gray (Tom.Gray@dshs.wa.gov) no later than 5:00 P.M. **June 30, 2016**. 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****:* ***NCWBH has large rural populations. Nearly 80% of the population residing in Grant County live in rural and frontier areas of the County. Access to services for this population is complicated by the size of the region. For thousands of NCWBH residents living in the rural and frontier areas, the distance to services is a significant barrier to treatment. Moreover, because many individuals served by the public mental health system do not have transportation, the problem to access is further compounded. For example, only one public transportation provider services all of Grant County, with limited routes to outlying areas. For staff providing services, the time required to travel great distances to serve only one or two consumers greatly increases the cost of delivering services. Grant County has responded to this challenge through the establishment of satellite clinics in several small towns (Ephrata, Quincy, Grand Coulee, Mattawa, and Royal City), as well as telemedicine for the provision of psychiatric and medication management services. Although these initiatives have helped to partially reduce the burden of accessing services, travel distances continue to pose an ongoing challenge to services. Additionally, Catholic Family and Child Services, which serves Chelan and Douglas Counties, has implemented a mobile crisis unit to better facilitate stabilization services.*** ***NCWBH has historically been challenged by professional workforce shortages, especially in the rural and frontier areas. The aging of the provider population, the difficulty in recruiting into mental health professions, funding issues, and the volume of staff needed to meet the increases in service demands all contribute to workforce shortages. The shortages are especially acute in rural and frontier areas. Professionals tend to prefer the conveniences associated with urban areas. There is a dearth of licensed mental health professionals in the rural and frontier areas of Grant County. Complicating this issue is the fact that the vast majority of the population residing in rural and frontier areas is of Hispanic descent. The overall population of Hispanic residents in Grant County is 40% of the total population, with many of the frontier communities reaching 100%. Older residents are primarily monolingual Spanish/Latino dialects, while younger residents are bi-lingual Spanish/English. Recruiting bi-lingual mental health professionals is even more of a challenge.*** ***The North-Central region (Chelan, Douglas and Grant Counties) ranks at the bottom of all Counties in per-capita funding for Behavioral Health services. Legislative appropriations are targeted at urban populations. Actuarial studies fails to include the lack of economies of scale in rural areas nor do they contemplate the cost of provision of culturally diverse services in heavily migrant communities, thus disregard the higher cost per service hour.***

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**:* ***NCWBH is unique in its diversity with large Hispanic communities, a growing Ukrainian community in Grant County, long-standing farming communities, migrant farm-workers, a growing middle-class, and diverse religious communities. Although small, NCWBH has a population of LGBT residents. To meet the cultural needs of these populations, NCWBH and its providers hire staff with a mind toward diverse cultures, provide on-going training, and professional staffing with cultural considerations in mind. Treatment modalities are inclusive of family in treatment and safety planning to ensure that a client's natural supports are involved rather than constituting barriers to treatment.***
Peer Review	Provide a description of the procedures and activities to be undertaken to comply with the requirement to conduct annual independent peer reviews. ***Begin writing here**: NCWBH will canvas providers to solicit peer review volunteers. NCWBH will actively participate in peer review activities, if requested by DBHR, according to the parameters as described in Contract Exhibit B MHBG Independent Peer Review Procedures.*
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: Catholic Family and Child Services offer an array of programs for children with SED. Specifically, crisis services are provided to any NCWBH eligible who is experiencing a crisis episode. Referrals to programs are made after stabilization, as appropriate, to best serve the child.***
Public Comment/Local/BHO Advisory 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**: NCWBH has an advisory board which is comprised of public individuals (51% past or current consumer or family member of consumer), providers, advocates and government representatives. NCWBH is also governed by a tri-county Governing Board. The plan was presented, edited and approved by both boards prior to submission.*
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. ***Begin writing here**: Catholic Family and Child Services (CFCS) operates a mobile unit for crisis stabilization services. They have been working with Confluence Health to seek approval to allow the vehicle to be in Confluence's parking lot where it will be a diverting point from the ER. It is also being explored to have the crisis unit travel to ensure services are provided at more rural area as well. Additionally, Grant Integrated Services (GIS), has satellite clinics to ensure services are provided in rural and frontier areas.***

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. ***Begin writing here**: **NCWBH has developed the training programs for NCWBH staff and providers. Components of the trainings focus on orientation for all basic operations, inclusive of policies and procedures, general training on all operations of the BHOS, training on areas such as, but not limited to HIPAA, use of the IT system, sexual harassment, and cultural competence, as well as specialized training based on the roles of various positions. For example, new quality management staff will have an orientation that includes the specific QM tasks and training on the policies and procedures for QM as well.*** ***Ongoing training will include: updates on all policies and procedures, training on evidence-based practices, cultural diversity and application of best practices/evidence-based practices with diverse cultures, and training topics related to HIPAA requirements, data management and using data to manage, and DSHS contract requirements. NCWBH communicates the availability of other trainings to providers as they become available.***
Program Compliance	Provide a description of the strategies that will be used for monitoring program compliance with all MHBG requirements. ***Begin writing here**: **MHBG funded providers are required to submit monthly reports regarding activities per funding sources as well as bi-annual reports regarding activities, progress, barriers, etc. per the mental health block grant funding.***
Cost Sharing (optional)	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 managed and monitored. ***Begin writing here: N/A***

*__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:				$9,150

Assessment	Over the 15-month period of the grant, Grant County proposes to enroll up to 21 adult individuals diagnosed with SMI every three months to participate in a 12-week intensive Peer and Case Management program designed around the belief that recovery is possible using the Wellness Recovery Action Plan (WRAP). Individuals served under this grant will be low-income adults (under 220% of the Federal Poverty Level) not eligible for services paid for by other funding. This includes Medicaid-eligible individuals whose Peer or Case Management services are not covered by their Medicaid program, and it includes low-income insured individuals whose insurance plan does not cover Peer, WRAP and Case Management services. This plan will focus on the rural and underserved communities of Quincy and Grand Coulee. As individuals request services, Grant County's Intake and Assessment team will determine if the individual is appropriate for WRAP and Case Management services and whether the individual qualifies financially for the services. Those who qualify will be identified as being funded by this grant.		Up to 105 clients served over the course of the grant period.	
Specialized Evaluations (Psychological and Neurological)				
Service Planning (including crisis planning)				
Educational Programs				
Outreach				

Outcomes and Performance Indicators : Outcomes – Increase in number of low income individuals diagnosed with SMI that are ineligible for other funding receiving WRAP and case management services. Baseline # of low-income/non-covered individuals receiving an Intake/Assessment, # of low-income/non-covered individuals referred to WRAP and case management services over the previous 15 month period. Tracking will include # of individuals receiving an Intake/Assessment, # of individuals referred to services, and # of individuals referred to this grant.				[redacted]
Outpatient Services – Outpatient therapy services for persons diagnosed with SMI or SED, including services to help their families to appropriately support them.				
Individual Evidenced-Based Therapies				[redacted]
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				[redacted]
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.				$81,459
Parent/Caregiver Support				[redacted]
Skill Building (social, daily living, cognitive)				

Case Management	Grant County will provide Case Management services to low income individuals diagnosed with SMI enrolled in this grant via the Assessment and Intake team. Case Managers will collaborate frequently with the Peer providing WRAP services to ensure ongoing support with the individual's recovery. The Case Manager will be the single point of contact for individuals when service needs arise, and will include assistance in identifying, locating, coordinating, and advocating for services and supports when necessary.		105	
Continuing Care				
Behavior Management				
Supported Employment				
Permanent Supported Housing				
Recovery Housing				
Therapeutic Mentoring				
Traditional Healing Services				
Outcomes and Performance Indicators: Outcomes: increased referrals to services, increased engagement (fewer no-shows or dropping out of services), reduction in case management services, discharge from case management due to recovery. Baseline # hours Case Management Services provided over the past 15-month period, # of no-shows, number dropping out of services due to non-engagement, monthly hours of case management and number successfully completing services. On-going will compare # hours case management in all programs, number of case management in this program, no-show rate comparison, recovery or improvement rate of individuals enrolled in this program.				
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.				$65,800
Peer Support	Grant Integrated Services' Peer Support will provide WRAP groups to low income individuals diagnosed with SMI residing in rural and frontier areas. The Peer will travel to Quincy one day each week, and to Grand Coulee one day each week, to provide these services. Approximately ten individuals will be enrolled in each group. Each group will run for twelve weeks. WRAP is an EBP proven effective in helping individuals get well and stay well.		105	

Recovery Support Coaching				
Recovery Support Center Services				
Supports for Self-Directed Care				
Outcomes and Performance Indicators: Outcomes: Recovery or significant improvement in episodes by 35% of attendees. Recovery and improvement established by reduction in crisis services, decreased no-shows, improved engagement, successful completion of group, less need for case management, discharge from services due to recovery. Baseline of number of individuals enrolled in current WRAP groups over past 15 months, current case management needs, current no-shows. On-going will compare group attendance urban v. rural, no-shows urban v. rural, successful completion urban v. rural, symptom reduction, resilience, support systems, referrals to employment programs.				
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.				$87,625.00
Mobile Crisis	CFCS will continue to enhance crisis response services by augmenting mobile crisis outreach services available to Non-Medicaid children/adults diagnosed with SED/SMI (50 children/600 adults) experiencing a crisis episode.	50	600	
Peer-Based Crisis Services				
Urgent Care				
23 Hour Observation Bed				
24/7 Crisis Hotline Services				
Outcomes and Performance Indicators				
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.				0
Workforce Development/Conferences				
Grand Total				$244,034