Federal Block Grant Annual Progress Reports

Regional Block Grant reports must be submitted annually to HCA with the following information no later than August 1 of each year.

SABG Block Grant Reports must include:

a) How have the needs of the population identified in the local Needs Assessment, conducted by the Community BHAB, and used for the development of the regional SABG plan, been met?

Carelon staff convenes the Pierce Regional BHAB and coordinates with Pierce Block Grant providers to focus on the data gathered via the local needs assessment to ensure that the care provided to the community is pertinent and catered to the assessment's findings to better serve the greater community.

Specific examples include:

ACTS offers bilingual staff and flexible scheduling to improve service accessibility for underserved communities.

Consejo helps overcome transportation barriers by offering flexible and virtual service options and expanding services to rural areas.

Dads MOVE has continued to provide co-occurring treatment support, culturally appropriate services, and expanding recovery/peer support into rural areas. During this grant period, Dads MOVE focused its efforts on reaching underserved, rural communities by delivering accessible, community-based peer support.

Heidi's Promise focuses on increasing education and support for students affected by substance use in the Sumner/Bonney Lake School Districts.

b) What strategies were used to improve existing programs, create new programs, or actions taken to remove barriers, to include age, race/ethnicity, gender, and language barriers?

While managing the block grant funds for Pierce, Carelon constantly monitors spending among programs within the region. Carelon staff utilize any unspent funds to address identified opportunities for new programs and/or use it to supplement existing programs that express a need for additional support. Carelon and its providers keep relevant demographic information in mind when considering approaches to address barriers within the programs.

Several specific examples include:

ACTS continuously evaluates client and community needs to improve its substance use disorder (SUD) services and increase accessibility for underserved populations. Strategies include hiring bilingual and bicultural staff, offering materials and services in multiple languages, and providing flexible scheduling to address age- and gender-related access needs. Outreach efforts are focused on racial and ethnic communities, utilizing culturally relevant perception of addiction and mental health issues and strong therapeutic alliance to reduce stigma and increase participation.

Consejo has maintained its commitment to addressing transportation barriers for clients seeking care through a comprehensive support system and a decentralized model that enhances access to services. The organization offers flexible service options, including day, night, and weekend appointments, alongside virtual sessions like Zoom therapy, which are beneficial for clients unable to attend in person. To accommodate those with scheduling conflicts during the work week, SUD intake and group treatment services are also available on weekends. All services are offered in English and Spanish, with AMN Language Services providing additional interpretation for other languages as needed. Consejo has expanded its school-based services to 65 schools across Pierce County, including rural areas, and collaborates with rural courts such as Bonney Lake, to offer in-court SUD & MH referrals, screenings, and intakes. Their team of over 12 culturally diverse SUD providers is equipped to meet the varying age, race/ethnicity, gender, and language needs of their clients.

Dad's MOVE implements peer support directly within participants' communities and at locations they prefer, effectively reducing logistical barriers and building trust. They emphasizes flexible scheduling and culturally sensitive communication to better meet the needs of its clients. Staff members conduct outreach and provide support that respects the cultural and personal preferences of participants, focusing on delivering individualized and respectful care.

Dave Purchase Project/Tacoma Needle Exchange (TNE) ensured that Peer Care Navigators had dedicated time in their weekly schedules specifically for participant engagement, free from administrative or other obligations. They recognized that when participants interact with navigators, they need a team member who can dedicate time to working with them individually, and they aimed to make this availability accessible on a drop-in basis. Additionally, it was identified that lack of access to transportation or identification posed significant barriers to essential services such as primary care, treatment services, and housing options. Since participants often strive to achieve one or more of these goals during their time with Peer Care Navigators, TNE worked to eliminate these barriers by providing bus tickets and assisting with identification fees, thus allowing participants to focus on their goals rather than on obstacles.

For Heidi’s Promise, SABG funding provided more time and services to the students they served. The Drug Prevention/Intervention specialist provided education and support for students impacted by drugs and alcohol. Their data indicate that 85% of the students were currently using or had used marijuana in the past. Utilizing the additional time, they increased the number of classroom presentations and individual sessions to educate on the harms of marijuana and other substances. Having access to students aged 12 to 18 (middle and high school students) of all ethnicities and genders, they were able to bring this information to a variety of students and families. If a language barrier was present, an interpreter was brought in.

MultiCare Behavioral Health has constant process improvement focus of the current program as they seek opportunities to overcome access to care barriers. This involves meeting with Access partners to review processes and timelines. Additionally, they are partnering with Med Service to reduce barriers to accessing services and expedite entry into Office Based Addiction Treatment (OBAT). MultiCare Health System also supports these efforts with a robust process to ensure delivery of interpreter services.

PCA continues to use it's in-house wrap around structure which includes the identification of need for co-occurring treatment, internal referral and coordination of care, and peer-staffed support services. They've implemented HEAT and all staff engage in training to support the delivery of culturally appropriate care.

c) What policies or initiatives were implemented to ensure Cultural Competence?

The block grant providers in Pierce provide their staff with cultural competence training opportunities and Carelon works with them to ensure that this element remains active in the work that they do.

Several specific examples include:

Cultural competence is integrated into ACTS's policies and practices through ongoing staff training in diversity, equity, inclusion, trauma-informed care, and cultural humility. We recruit and retain a diverse workforce that reflects the communities we serve and work to ensure that all services are delivered in a manner that respects each individual's cultural background and communication preferences.

Consejo is dedicated to delivering culturally competent services through bilingual and bicultural behavioral health professionals who are attuned to the communities they serve, ensuring care is provided in environments where clients feel safe, supported, and culturally connected. Their approach is grounded in culturally responsive peer support, case management, and outreach services that are part of their SUD/Behavioral Health systems goals. Bicultural and bilingual staff foster consistent, supportive relationships with clients within their communities, which has significantly enhanced treatment outcomes. Consejo advocates for SAMHSA Behavioral Health Equity, championing the right to quality health care for all, irrespective of race, ethnicity, gender, socioeconomic status, sexual orientation, or geographical location. Their equity plan prioritizes equal access to care for all clients, regardless of immigration status or ability to pay, supported by a decentralized care model that aligns with social determinants of health through culturally and linguistically responsive practices. Committed to combating behavioral health stigma, Consejo emphasizes respect, dignity, education, training, and inclusion, while working toward equity for marginalized immigrants, refugees, underserved racial and ethnic minorities, and LGBTQA populations.

Dad's MOVE assigns peer support specialists who have lived experience in substance use and recovery, which helps foster meaningful connections with participants. They mandate ongoing education through programs like the Wellness Recovery Action Plan (WRAP) and require mandatory cultural competency training via Paylocity, ensuring alignment with national standards. Additionally, Dad's MOVE encourages active participation in local collaborative bodies, such as Family Youth System Partner Round Table (FYSPRT), Multidisciplinary Teams (MDTs), and Pierce County Kids Mental Health. This involvement allows the organization to remain informed about emerging cultural needs within the communities it serves.

Dave Purchase Project integrates cultural competence into both its daily practices and formal policies. Team members are required to attend mandatory implicit-bias training, a shared learning experience that equips them to recognize and interrupt bias in real time, fostering a culture of continual self-examination and growth. In terms of participant-centered, inclusive communication, all outreach, documentation, and participant interactions are grounded in harm-reduction principles, using non-stigmatizing, strengths-based language. Team members are expected to ask for and honor each participant's chosen name and pronouns to ensure that everyone feels seen and respected. Additionally, materials and signage are regularly reviewed for language clarity and linguistic accessibility. The employee handbook at TNE explicitly prohibits harassment and discrimination based on race, ethnicity, gender identity, sexual orientation, religion, ability, immigration status, or any other protected class. It outlines clear reporting pathways and steps to address concerns quickly and transparently. Together, these initiatives create an environment where team members remain accountable and participants receive the best care.

MultiCare Health Services and MultiCare Behavioral Health have established training modules for all staff who provide direct care and/or support services. Additional initiatives continue to be implemented to ensure that Cultural Competency is supported and at the forefront of awareness for all clinical and support staff alike.

NWIH has a quality and compliance officer who monitors compliance and ensures that all requirements for the grant and support staff are met. This officer provides adequate education for utilizing resources to deliver the best patient-centered services.

PCA engages in a system of continuous quality improvement through routine audits of charted records, supervisory coaching, and feedback from those they serve. All clinical services are enhanced by the co-location of their Recovery Navigator Program, which provides no-barrier access to support services. PCA actively seeks and recruits a diverse staff, currently employing several multilingual staff members and having over 10% of staff identify as part of the LGBTIQ community. During this funding cycle, PCA implemented HEAT, a culturally specific curriculum for young men of color, and they are planning to add HER groups following additional staff training

d) What efforts have been made to ensure that continuing education or training was made available to treatment staff?

Each of Carelon’s block grant providers in Pierce provide their staff with training or continuing education to ensure that staff are in a constant state of growth and are attune to the most recent developments in the behavioral health care system to minimize disparities or gaps in care.

Several specific examples include:

ACTS supports continuing education through access to clinical workshops, evidence-based practice trainings, and cultural competency seminars. Staff are encouraged and supported to maintain their licensure requirements and pursue additional education relevant to their roles. Training topics include harm reduction, trauma-informed care, motivational interviewing, and culturally responsive engagement strategies.

At Consejo, all treatment and support staff are allotted an annual $300 to use for education and training of their choice. They are also given 40 hours of PTO for training purposes to use annually. All SUD staff are supported to access and participate in continued education to complete their SUDP requirements to become licensed and pursue higher education of their choice.

Dad's MOVE prioritizes staff development through several strategic initiatives. They offer free, on-demand training resources through their payroll system, ensuring alignment with national best practices in peer support. By partnering with community-based organizations, they access high-quality, low-cost training opportunities, thus broadening the scope of professional development available to staff. Additionally, they actively seek scholarships for peer-related trainings, enhancing staff knowledge without imposing financial strain on the agency. Furthermore, Dad's MOVE leverages the expertise of their Program Director, who is a certified state peer trainer, to provide internal refresher and support trainings, ensuring consistency and relevance in the delivery of peer support services.

Dave Purchase Project actively encourages all team members to pursue training that aligns with their interests and supports their professional growth, ultimately enhancing their ability to better serve participants. They recognize that ongoing education is essential to meeting the evolving needs of the community and are committed to fostering a learning environment where staff feel empowered to expand their skills and knowledge. The Peer Care Navigation team regularly participates in training to enhance their ability to provide trauma-informed, participant-centered support. Recent training topics have included identifying signs of intimate partner violence, providing services for immigrants and undocumented individuals, de-escalation strategies, sex workers' rights, fraud, waste, and abuse prevention, and wound care for people living unsheltered. These trainings are not one-time events; instead, the organization prioritizes continuous learning, with the team actively building on their knowledge every month. By supporting staff in staying informed and connected to best practices, the Dave Purchase Project ensures that its services remain responsive, inclusive, and rooted in harm reduction values.

All MultiCare Behavioral Health (MBH) SUD program staff complete mandatory annual trainings, as well as are offered funds and paid time to attend clinical training related to the upkeep of their SUDP credentials. When value added training opportunities are identified, these are also offered.

PCA is committed to continuous quality improvement by routinely auditing charted records, providing supervisory coaching, and gathering feedback from those they serve. Their clinical services are strengthened by the co-location of their Recovery Navigator Program, which offers no-barrier access to support services. PCA is dedicated to recruiting diverse staff and currently employs several multilingual individuals, with over 10% of staff identifying as members of the LGBTIQ community. In this funding cycle, they have implemented HEAT, a culturally specific curriculum for young men of color, and are planning to introduce HER groups following additional staff training.

e) Provide a description of how faith-based organizations were provided opportunities to compete with traditional SUD treatment providers for funding, to include:

i. Describe how faith-based organizations were incorporated into the existing referral system, including number of referrals made

ii. What training was provided to local governments and/or faith-based and/or community organizations regarding Charitable Choice?

In accordance with 45 CFR Part 54, Carelon Behavioral Health ensures that Charitable Choice Requirements are followed and that faith-based organizations ("FBOs") are provided the same opportunities to compete with traditional substance use disorder ("SUD") treatment providers for SABG funding.

In the Pierce Washington Region, an RFR process is utilized to select programs for Block Grant funding and all providers, including faith-based organizations, are welcome and encouraged to apply.

When Carelon identifies a service gap or identifies the need for additional SUD treatment providers, staff will provide outreach to the FBOs and notify them of potential program expansion and/or funding opportunities.

The Carelon Pierce Region Behavioral Health Advisory Board (BHAB) recognizes the significant role faith-based organizations serve in substance abuse treatment in the Pierce region and have engaged with faith-based organizations to potentially develop partnerships under this plan.

Information on Charitable Choice is given to those served and explained so that the SABG rules are adhered to:

- Use generally accepted auditing and accounting principles to account for SABG Block Grant funds similar to other non-governmental 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.
- 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.

f) Describe your process to gather public comments from behavioral health association, individuals in recovery, families and local boards in the development of your SABG Plan.

In developing the SABG Plan, the Carelon Pierce Region Behavioral Health Advisory Board (BHAB) allowed public comment as part of the BHAB meeting on a regular basis. This public comment was used to develop priorities for the SABG plan. Further, BHAB members were given the opportunity to review, provide input, and approve the SABG plan.

g) What compliance monitoring strategies are in place to ensure adequacy of efforts to meet all the block grant requirements?

Providers contracted under this Project Plan are required to submit one or more of the following: Monthly Service Report with outcome and performance data, claims submission with reimbursement request, or prepaid encounter submission.

The Monthly Service Reports are monitored by the Carelon Community Engagement Coordinator to ensure that providers are meeting contractual obligations and complying with the terms of this Project Plan. When claims or encounter submission is required, the providers do so through a robust electronic system that is configured to accept only claims that have been agreed upon in contract in accordance with the block grant allowable services utilizing standard CPT codes.

Providers contracted under this Project Plan are required to submit an Annual Report detailing progress, barriers encountered, solutions, and lessons learned per the Block Grant contractual requirements.

Lastly, all providers contracted under this Project Plan are required to participate in an Annual Block Grant Fiscal Review.

Providers have the following compliance monitoring strategies in place:

ACTS utilizes a multi-layered internal monitoring process, including regular documentation audits, review of service data, client satisfaction surveys, and supervision. These tools ensure accountability and adherence to grant requirements. Identified issues are addressed through corrective action plans and ongoing quality improvement efforts.

Consejo has developed a robust compliance program led by a Contract/Grants Manager, who is responsible for preparing and monitoring compliance reports, managing invoices, and tracking progress. Program directors and managers oversee outcomes and clinical progress, ensuring that policies and procedures align with contract expectations. This integrated system is directed by Consejo’s Compliance Director, Clinical Management Team, and Grants Program Manager, who work collaboratively to continuously monitor and enhance contract compliance and service quality. The team meets bi-weekly to review strategies and consult on improvements.

Dad's MOVE has developed a structured approach to maintaining service quality and monitoring program progress. The Program Director, Administrative Director, and Executive Director meet bi-monthly to review contract deliverables and ensure that the quality of services provided remains high. They are also testing a new feedback system involving pre-, during-, and post-service surveys to evaluate participant impact and satisfaction. The insights gained from these surveys will be instrumental in informing and enhancing the organization's ongoing quality improvement efforts.

Dave Purchase Project has established a consistent and collaborative approach to compliance monitoring to ensure that all block grant requirements are met with care and accountability. Each week, the Peer Care Navigation (PCN) team meets with the Director of Operations and the Executive Director to review all participant files. These meetings focus on understanding where each participant is in their journey, identifying barriers or needs, and discussing how the leadership team can support the PCN in achieving participant goals. The team also discusses upcoming or necessary community connections and resources to strengthen participant support networks. In addition to weekly reviews, each PCN completes a monthly data sheet documenting all services, outreach efforts, referrals, and participant goals achieved during the month. This structured reporting helps track progress, ensures alignment with grant objectives, and provides an opportunity to identify trends, gaps, and opportunities for deeper engagement or improvement. Together, these strategies have created a framework of ongoing quality assurance, participant-centered planning, and responsive team support.

h) Describe the types of Recovery Support Services made available, including:

i. Description of any memorandums of understanding between various service providers and the purpose for each?

ii. What were the outcomes?

iii. What have been the barriers/challenges and strategies to address such issues?

Recovery Support Services are a major point of focus in the Pierce County WA region and with the block grant providers. Collaboration among recovery service providers is encouraged to improve continuity of care and to reduce potential gaps in services.

Several specific examples include:

ACTS offers a range of recovery support services through integrated case management, connecting clients to housing assistance, peer support, and basic needs resources. These services help increase housing stability and strengthen recovery engagement. Barriers such as limited housing availability and transportation challenges are addressed through individualized support and coordination with community-based services.

Consejo offers a variety of Recovery Support Services, anchored by Memorandums of Understanding (MOUs) with numerous service providers to facilitate comprehensive care access. One significant MOU involves partnering with nearly all school districts in the county, ensuring students needing treatment or recovery support can receive confidential care at their schools if necessary. Additional MOUs with organizations such as Team Child, Tacoma Reach Program, and Tacoma Housing Authority enhance client support by connecting them with essential resources. The outcomes of these agreements include increased access to care for both children at schools and adults within the community, as well as improved availability of legal, housing, food, and other necessary resources for clients.

However, Consejo faces several barriers and challenges. A primary issue is that travel and gas expenses are not reimbursed, resulting in clinical providers spending significant unbillable time traveling to various sites like schools, hospitals, and group homes to treat clients. Furthermore, there is no longer a county-wide meeting for providers to share resources and experiences, which previously facilitated education, referrals, and a cohesive system of care. The rise in Fentanyl and other drug use has highlighted inadequacies in withdrawal management access, particularly for non-English speakers and minors under 18. Additionally, there is a shortage of facilities providing 3.5 inpatient care for children and 3.3 COD inpatient care for adults, further complicating effective service delivery.

Heidi’s Promise works directly with students and families, offering recovery support as part of the services tailored to individual needs and goals. While their pre- and post-surveys do not specifically monitor recovery support results, data indicate a 20.8% decrease in marijuana use among the students they worked with. Initially, 52.8% of students reported using marijuana, which decreased to 41.9% after their services. One of the challenges they faced was accessing the students in need, as pulling them from classes could disrupt their learning, and some teachers were hesitant to release students. To address these issues, they attempted to accommodate teachers' preferences and collaborated with the administration to find more suitable times and methods to engage with students during the school day.

MBH's SUD Program previously maintained a memorandum of understanding (MOU) with the Crystal Judson Family Justice Center to facilitate bi-directional Substance Use Disorder (SUD) and Domestic Violence (DV) services. This agreement ended recently due to the cessation of funding to the Crystal Judson Family Justice Center. However, the program maintains MOUs with Treatment Courts in Lakewood, Puyallup, and Bonney Lake to ensure easy access to initial SUD assessments and the necessary treatment services. As a result, SUD clients have been referred to primary care providers within the system and the larger community based on needs identified during initial assessments and ongoing treatment. These referrals will continue on an ad hoc basis despite the end of the previous MOU. The program also addresses the identified needs of defendants in multiple Treatment Courts. Previously, low volumes of SUD clients posed a barrier. To address this, strategies such as community education and placing a staff member from the Crystal Judson Family Justice Center onsite two days a week were implemented to improve client engagement and motivation. Although funding to the Crystal Judson Family Justice Center has ended, the intention for bidirectional referrals remains.

PCA has a longstanding relationship with the Pierce County Sheriff and Jail staff, facilitated by the assignment of a treatment coordinator to work within the jail. This position plays a crucial role in the efficient management of requests and the scheduling of behavioral health assessments and treatment services within the jail system. As shown by monthly outcome reports, PCA offers a range of services, including jail treatment coordination, transportation services, transition planning, and outreach. These recovery support services effectively reduce barriers and enhance the efficiency with which clients access and fully engage in services. There have been no reported barriers or challenges in this process.

i) What activities have been implemented to coordinate service, including:

i. Describe the purpose of any memorandums of understanding between various service providers and the purpose for each.

ii. What were the outcomes?

iii. What have been the barriers/challenges and strategies to address such issues?

Carelon is constantly working with its providers and identifying improvements to be made to the behavioral health system in Pierce County WA. A significant piece of this work is to improve continuity of care and to reduce potential gaps in the processes conducted by providers. Many of these are identified in the quarterly check-ins Carelon conducts with the providers.

Several specific examples include:

At ACTS, service coordination is achieved through active case management across medical, social, and behavioral health resources in the community. Care managers facilitate referrals, follow-ups, and shared planning to ensure continuity of care and reduce service fragmentation. Challenges such as communication gaps or scheduling conflicts are addressed through direct provider collaboration and flexible coordination efforts.

Consejo has implemented several activities to coordinate services effectively, beginning with establishing Memorandums of Understanding (MOUs) with various service providers. The purpose of these MOUs is to solidify relationships and agreements that ensure mutual support for each other's patients, addressing their service needs through ongoing consultation and collaboration. As a result of these efforts, Consejo has managed to reach underserved areas of Pierce County that previously lacked adequate health care support. This initiative has enabled the organization to expand its services to more community members, particularly those without access to Medicaid, ensuring their clinical needs for both substance use disorder (SUD) and mental health (MH) care are met. Additionally, Consejo has achieved significant success in providing comprehensive services to more dual diagnosis clients, addressing their co-occurring needs in a holistic manner. Despite these achievements, barriers remain, including the unreimbursed travel and gas expenses, which result in clinical providers spending considerable unbillable time traveling to treat clients.

Dave Purchase Project has implemented activities to coordinate service through Memorandums of Understanding (MOUs) with two Pierce County Library branches, embedding Peer Care Navigators (PCNs) in these locations twice a week. This initiative was developed in response to library staff, who often encountered patrons with urgent needs such as housing instability, pregnancy challenges, medical issues, and lack of hygiene resources. The MOUs aim to provide on-site support, resource navigation, referrals, and harm reduction education, thus reducing barriers to access and assisting library staff. As a result, the presence of PCNs has become an integral part of the community, engaging with around 30 people per visit and fostering curiosity, relationship-building, and early engagement in a low-barrier setting. Moreover, through partnerships like the one with the AIDS Healthcare Foundation, free HIV and Hepatitis C testing is offered, enhancing immediate health service accessibility.

Despite these successes, challenges persist, notably the scarcity of treatment options when participants are ready to engage in care, often exacerbated by waitlists and limited capacity. Additionally, shortages in accessible housing and shelter continue to be significant obstacles. To address these challenges, Peer Care Navigators work closely with participants to explore all available options, including external programs, while providing ongoing support and harm reduction resources. Active partnerships with local providers and housing agencies help maintain awareness of opportunities, allowing navigators to assist participants in navigating complex systems and long waitlists.

Heidi’s Promise worked with school districts, school administration, and staff to coordinate the proper services being provided. Their specialists are included in the schools' CARE or CORE teams, collaborating with various other providers in the schools to deliver the best wrap-around services for the students. This coordination resulted in their specialists meeting with 517 students in the Puyallup School District throughout the 2024-2025 school year, with 326 students engaged on a regular basis. In the Sumner Bonney Lake School District, they met with 277 students and regularly worked with 158 students. According to their data for the school year, 98.3% of the students were glad they participated in the program, and 96.5% found the program either 'Very important' or 'Somewhat important' to them. Time remained a challenge in seeing and providing services to all that needed them, leading to a limitation in services based on time constraints. There are many students they simply could not reach due to these limitations.

j) What services have been provided for the PPW population including:

i. Specialized treatment services designed for PPW.

ii. Subcontractors process to make available or make referrals for prenatal care and child care.

Pierce County providers work to ensure appropriate services are available to pregnant and parenting women.

Several specific examples include:

ACTS provides specialized services for pregnant and postpartum women, including counseling that addresses prenatal substance use, parenting support, and trauma-informed care. Clients are connected to prenatal care and childcare resources through case management and local partnerships to ensure comprehensive support during and after pregnancy.

Consejo provides a range of specialized treatment services for the Pregnant and Parenting Women (PPW) population, catering to their unique needs. When a Substance Use Disorder (SUD) assessment indicates a client is pregnant, program staff ensure the client receives referrals for primary care services, prenatal care, and the WIC program. They also offer education on the fetus's gestational age, the impact of alcohol and drugs during pregnancy, fetal alcohol syndrome, and treatment and recovery options. Consejo collaborates with Evergreen Treatment and Swedish Hospital in Ballard to support pregnant clients actively using opioids through the PPW Opioid inpatient program. For parenting persons using significant amounts of alcohol or other substances, Consejo prioritizes assessments for placement in detoxification facilities, inpatient or residential treatment programs, such as the 3.3 Level of care for the PPW special population, or other appropriate clinical services. PPW clients are screened for depression using the PHQ 9 tool and connected to outpatient mental health services when necessary. The PPW-SUD outpatient treatment process includes coordination with subcontractors to arrange or refer clients for prenatal and child care services. Consejo's active referral network encompasses Swedish Medical Center Ballard, Evergreen Treatment Monroe, Multi-care Start Program Puyallup, and Triumph 3.3 Inpatient facilities, which permit children to accompany their mothers.

Dave Purchase Project offers a range of services tailored for the Pregnant and Parenting Women (PPW) population. Specialized treatment services include in-house medical care provided by the Street Medicine Team, along with bi-weekly on-site primary care services in collaboration with Community Health Care's Hilltop Clinic. Additionally, the organization benefits from the regular presence of a volunteer registered nurse who provides on-site medical care, including free pregnancy screenings and necessary referrals. The Street Medicine Team, registered nurse, and Community Health Care providers are all equipped to make referrals for prenatal and child care services as needed, ensuring comprehensive support for this population.

k) What outreach models were used to encourage PPW and IUID to enter treatment?

The following outreach models were used to encourage PPW and IUID to engage in treatment services:

Consejo employs targeted outreach models to encourage Pregnant and Parenting Women (PPW) and individuals using intravenous drugs (IUID) to enter treatment. A female SUDP or SUDPT counselor conducts the Substance Use Disorder (SUD) assessment, ensuring that assessments are performed promptly, either on the same day or the next. The organization provides single-gender treatment and support groups to create a supportive and comfortable environment for participants. PPW participants are connected to female recovery coaches and peer support services, offering guidance to help them navigate the intensive treatment systems effectively. For IUID clients, Consejo collaborates closely with the Tacoma Needles Exchange to facilitate swift access to intakes and services as soon as they express interest, ensuring timely intervention and support.

Dave Purchase Project acknowledges that there is no one-size-fits-all model for encouraging Pregnant and Parenting Women (PPW) and Individuals Using Injection Drugs (IUID) to enter treatment. Their approach is deeply individualized, rooted in harm reduction, and focused on building trust over time. Rather than applying a standardized method, Peer Care Navigators (PCNs) from the project meet each participant where they are, considering their emotional and physical state, as well as their readiness for change. For some participants, this may involve providing daily support, transportation assistance, or helping them navigate outpatient services that fit with their daily responsibilities. For others, particularly those in more acute situations or with limited external supports, inpatient treatment might be the best path forward. The Dave Purchase Project takes into account each participant's unique circumstances, including their mental and physical health, caregiving responsibilities, and the presence of a support system outside the PCN relationship. This flexible, participant-led model allows the project to develop plans that are realistic and compassionate, honoring the lives participants are currently living while assisting them in envisioning and taking steps toward the futures they want.

PCA operates an assessment center that identifies populations at the first engagement and immediately makes appropriate referrals to both internal and external services. These services include, but are not limited to, the SAMHSA Family Recovery Court, MAT/MOUD treatment, and outpatient counseling services. The MAT clinic provides medications such as Suboxone, Subutex, and Vivitrol, with plans to expand to Methadone in August 2025.

Mental Health Block Grant reports must include:

Instructions:
Provide a summary of actions taken during the contract term to increase meaningful Individual involvement (commonly referred to as Consumer Voice) in the development and/or provision of services. If applicable, please be sure to include short notations about Peer-run or influenced projects.

Carelon staff collaborated with providers over the year to enhance and refine programs in the region using Block Grant funding. They prioritized increasing meaningful individual involvement in program development and service provision, as well as supporting peer organizations, services, and programs.

Several specific examples of their efforts include:

ACTS increased meaningful individual involvement by implementing an accessible financial screening process and actively promoted the availability of services through outreach events and multilingual materials targeting underserved communities. Clients were directly involved in creating their Individualized Service Plans (ISPs) using a collaborative, strengths-based approach, and their

feedback was gathered regularly through satisfaction surveys and informal input. While ACTS does not operate fully peer-run programs, some groups are led by staff with lived experience in recovery, providing clients with peer-influenced support that fosters trust, empowerment, and hope.

CLR continues to adopt a client-centered approach in serving its clients. They complete initial assessments and treatment plans in collaboration with clients, ensuring that the clients' voices are integral to the creation of these plans. All clinical staff are trained in collaborative documentation, enabling clients to work alongside their clinical team, sharing their input in the documentation, and participating in setting treatment goals, tracking progress in sessions, and identifying strengths and barriers. Additionally, CLR provides peer services for clients, including peer supports and peer-run groups. Multiple peer-led groups are conducted throughout the week, including but not limited to Grief Group, Art Group, Self Care Group, and Healthy Living. There is also a peer-run group, called Newsies, where clients write stories and articles that are published for both clients and CLR staff to read and enjoy.

Consejo highly values the voice and lived experiences of their clients, considering them essential for shaping services and activities that promote healing. Throughout the contract term, clients have shared their insights about the care they receive, starting from their arrival. Feedback is collected year-round through multilingual satisfaction surveys, allowing clients to suggest service improvements. These insights are reviewed and implemented where possible to enhance programming and responsiveness.

Client input remains central to the healing journey, with progress notes reflecting clients' words and needs for individualized care. Clients actively participate in developing their Individualized Service Plan (ISP), a collaborative process that respects personal goals and preferences. Consejo's approach is rooted in client-centered care, supporting client empowerment and encouraging ownership of the healing journey. ISPs are designed to highlight personal strengths, build resilience, and maintain focus on recovery. Peer Coaches and Case Managers are vital in fostering safe, supportive environments where clients feel heard and motivated to shape their own well-being

This year, Dads MOVE has made significant progress towards its goals with a team of dedicated adult and youth peers providing statewide support to families. They actively engage families through family-focused meetings, such as the Family Youth System Partner Round Table (FYSPRT), and their staff and families participate in various community committees. They offer peer support in juvenile detention centers for parents and youth involved in civil cases, currently serving nine incarcerated men.

Their peers operate in both rural and urban areas to ensure equitable access to support. Dads MOVE has maintained its online learning management system, conducted multiple community workshops, hosted three biweekly hybrid parent groups, and produced a podcast focused on family support. They have also built partnerships with organizations like NAMI, the Blue Zone Project, and Big Homie Project, thereby expanding their capacity to effectively serve families.

Greater Lakes Adult OP program continues to make a positive impact on clients in their journey towards recovery. Clinicians develop treatment plans that document the client's voice, which is also captured in progress notes. GL conducts weekly tracers, requiring supervisors to review treatment plans to ensure all necessary elements, including the client's voice, are documented. These tracers are reviewed by QA, and a weekly report is provided to supervisors and directors to ensure compliance and identify areas for potential improvement. Peer services are offered both on a one-on-one basis and through robust peer-led groups. All peers are certified and work closely with clients and their assigned therapists to support the client's recovery journey.

Multicare Behavioral Health (MBH) continues to make a significant impact through its Adult Outpatient Program, supporting clients on their journey towards recovery. Clinicians develop treatment plans that document the client's voice, which is also captured in progress notes. MBH conducts weekly tracers that require supervisors to review these plans to ensure all necessary elements, including the client's voice, are documented. Quality Assurance reviews the tracers, and a weekly report is sent to supervisors and directors to ensure compliance and identify potential areas for improvement. Peer services are an integral part of MBH, provided both one-on-one and through peer-led groups. Certified peers work closely with clients and their assigned therapists, offering valuable resources and reinforcing engagement with providers as needed. Peers also promote teamwork within MBH by collaborating with Code Lavender to enhance cohesion among team members and community partners.

PCA conducted an annual client satisfaction survey, which indicated high levels of satisfaction and provided suggestions for improving the consumer experience. In addition to the annual survey, counselors routinely ask about barriers to care and make in-house referrals as needed. With peer-staffed case management services (RNP) available on-site, clinicians can make immediate referrals, enabling real-time service integration and addressing unmet needs. The Recovery Navigator Program gathers daily feedback from those served, which is then shared with the administration team. Various improvement ideas have been received, some of which have been implemented.

Describe efforts undertaken to incorporate cultural competency ("Cultural Competence," as defined in this contract) into the delivery of services, especially during subcontractor reviews. Include actions taken that demonstrate efforts to effectively work with Tribes within the BHO's service area:

The block grant providers in Pierce Region provide their staff with cultural competence training opportunities and Carelon works with them to ensure that this element remains an active piece in the work that they do. This was achieved via cultural trainings, culture focused programs, being included as a focus on check-ins between staff and their supervisors, and other various methods.

Specific examples include:

ACTS incorporates cultural competency into service delivery by providing services through bilingual and bicultural staff who reflect the diverse immigrant and refugee communities in Pierce County, particularly among Asian American populations. Services are delivered in the client's preferred language and adapted to respect cultural values, perceptions of mental health and substance use disorder, family structures, and help-seeking behaviors, ensuring that clients feel safe and understood. Staff receive regular training in cultural competence, and subcontracted services are reviewed for alignment with CLAS standards and responsiveness to cultural needs, supporting equitable and inclusive care for underserved populations.

CLR's approach to service is built on a foundation of cultural competency and cultural safety. They achieve this by understanding the people they serve and supporting their individual needs, rather than employing a one-size-fits-all approach. Cultural competency and safety begin with the staff at CLR, as the organization reflects the communities it serves. Demographically, CLR is more diverse than Pierce County. While CLR does not have an established partnership with the Puyallup Tribe, which is the largest in their service area, this is due to the tribe providing direct services similar to those offered by CLR to their members. However, CLR remains open to collaborating with the tribe to best meet the needs of the community.

Consejo is dedicated to providing culturally competent care through a bilingual and multicultural team that understands and reflects the diverse communities it serves. Their approach includes creating supportive environments that respect clients' cultural values, histories, and traditions.

Outreach, case management, and peer support are essential components of their behavioral health programs, with staff establishing trusted relationships in familiar settings.

Consejo has a long-standing partnership with the Puyallup Tribe, collaborating to ensure culturally sensitive services for tribal members. Their equity efforts focus on dignity and accessibility, supporting immigrants, refugees, underserved racial and ethnic communities, and LGBTQIA2S+ individuals. Consejo aligns with SAMHSA's vision for Behavioral Health Equity and employs a decentralized model to address social determinants of health.

Comprehensive care is emphasized through integrated services, including new Primary Care offerings at locations in Renton and Pierce County. Clients are supported in accessing various health modalities—including naturopathic and complementary options—provided free of charge to ensure equitable access to care.

Dads MOVE approach centered on fostering respectful and effective interactions with diverse cultural groups. Staff and peer specialists engaged in ongoing professional development focused on equity, diversity, and inclusion, with training improved based on feedback from individuals with lived experience.

In recognizing the unique needs of Tribal communities, Dads MOVE actively worked to build and deepen partnerships with Tribal entities. They attended community resource events to connect with Tribal representatives, participated in formal networking events like Pierce County Kids Mental Health meetings, and engaged in professional relationship building. By listening to and responding to Tribal representatives, Dads MOVE informed their strategic goals for supporting Native children, youth, and families moving forward.

Greater Lakes identifies and meets the needs of participants by engaging with them about their backgrounds, belief systems, self-perceptions, and individual needs. The organization strives to create an atmosphere of inclusion and acceptance by practicing unconditional regard. Greater Lakes has established training for all staff who provide direct care and support services. Additional initiatives ensure that cultural competencies are supported and remain a priority for all clinical and support staff. A JEDI Council (Justice, Equity, Diversity, and Inclusion) meets monthly to share information with staff about upcoming community events and valuable resources, which staff then share with clients.

Multicare Behavioral Health (MBH) is focusing on enhancing training for specific culturally diverse populations this quarter. Peers have access to paid training hours throughout the year, with the funding for training increased from $250 to $500. MBH collaborates with the Healthcare Authority (HCA) to complete required trainings. Additionally, the program supervisor collaborates with local tribal health staff to provide education about resources and facilitate access to MBH services.

Provide a short summary of progress made towards achievement of Contractor's Project Plan, including barriers encountered and steps taken to remove barriers:

Progress Made:

Pierce providers made substantial progress towards achieving the region's Project Plan. Carelon has supported providers to help foster growth in their programs and address barriers.

Examples of progress made by individual providers include:

ACTS successfully expanded access to mental health services for low-income individuals in Pierce County who are not eligible for Medicaid. They implemented an income- and insurance-based screening process to ensure that grant resources were directed to those most in need, and increased community awareness through outreach efforts, referrals from partner organizations, and multilingual communication materials. Client engagement and retention improved as a result of culturally responsive and language-accessible services.

In the last annual year, CLR served 146 individuals who were unfunded, exceeding the goal set at the start of the contract. Of those unfunded individuals enrolling in services, 100% were opened in services at CLR on the same day. Among these clients, 54% showed improvement in their DLA scores, and 79% had no-show rates to their appointments with their clinical team of less than 15%. These data points demonstrate that the unfunded individuals served received services on the same day, showed improvements in symptoms as indicated by their increased DLA scores, and the majority had few no-shows, indicating a desire to engage in services. During the last review period, CLR provided the following: Individual Therapy – 500 hours, Family Therapy – 5.25 hours, Group Services – 28 hours, and Assessment – 6.5 hours.

Consejo has improved its data systems to better target service needs and reduce health disparities among diverse communities. They actively advocate for policies that support uninsured and marginalized groups, aiming for systemic changes that enhance access to care. The organization has expanded its team with bilingual, bicultural professionals and offers an internship program for students in mental health fields, enhancing their community support efforts.

Consejo maintains strong communication with the communities they serve, participating in outreach and providing crisis support. They ensure services are accessible to everyone, regardless of financial constraints, and focus on holistic care by offering trauma-informed yoga and free naturopathic services to address complete wellness needs.

Dads MOVE is focused on enhancing collaboration efforts by strengthening relationships with state leadership and community organizations to improve service coordination across systems. They aim to address barriers through education and advocacy by developing workshops for state and local leaders to counter biases and emphasize family-focused approaches, and by creating educational campaigns that highlight success stories from their programs. Increasing access to services remains a priority, with efforts to reach rural and underserved communities and establish partnerships with organizations serving underrepresented populations. They plan to enhance online and hybrid programming by expanding their online learning system with courses tailored to family needs and increasing the frequency of hybrid parent groups and virtual workshops. To support incarcerated individuals, Dads MOVE seeks to expand peer services in correctional facilities and provide reentry support for incarcerated parents to improve family outcomes. Community engagement and advocacy are strengthened by involving peers, families, and youth in discussions and planning, and increasing participation in family-focused events and conferences. Lastly, they will evaluate and monitor progress through regular program assessments, using family and stakeholder feedback to refine services and address unmet needs.

Greater Lakes serves many clients on LRA's which when enrolled requires very tight timelines in terms of first therapist appointment and Med evaluations. They've created priority appointments slots with

both therapist and med services which enables them to meet required timelines and better serve LRA clients.

Multicare Behavioral Health (MBH) has successfully maintained the mobile crisis peer position throughout the year, with peers continuing to provide valuable resources to clients and the community. In support of team members, MBH has increased the wage for peers and offered a retention bonus to promote a positive work-life balance. Despite experiencing peer staff turnover in recent months, MBH has creatively managed to maintain peer services. A peer from another MBH clinic with capacity to take on additional clients has been working across both sites throughout the week, which has proven effective for all involved.

Barriers Encountered:	Steps Taken to Remove Barriers:
• Low Awareness of Grant-Funded Services • Stigma Around Behavioral Health Services • Staffing Challenges • Heightened Anxiety in Immigrant Communities • Stigma Around Behavioral Health Services	• Conducted outreach at community centers, cultural events, and through local partners to promote available services. • Provided culturally sensitive education to reduce stigma and normalize seeking help. • Increased wages and offered retention bonuses; creatively managed staffing across sites to maintain service delivery. • Offered flexible service delivery, including telehealth and phone-based case management, to ensure continuity of care. • Provided culturally sensitive education to reduce stigma and normalize seeking help.

Provide a short Summary/List of "Lessons Learned," including any comments or recommendations that will improve future service outcomes:

Carelon maintains a constant focus on quality improvement while supporting providers and during our quarterly check-ins with each provider. When opportunities for improvement are identified, Carelon works collaboratively with providers to implement program improvements. Carelon considers these lessons learned when addressing other programs under the Carelon scope.

Key lessons learned include:

- Community outreach is essential as many eligible individuals are unaware of available services.
- Cultural and language accessibility significantly improve trust, engagement, and treatment retention.
- Flexible, creative staffing solutions can alleviate workforce challenges and continue serving communities.
- Feedback loops from clients are valuable for refining service design and responsiveness.

- Investing in holistic, wellness-based practices alongside traditional care enhances overall client outcomes.
- Staying mission-driven and responsive to community needs is crucial, emphasizing compassionate and culturally affirming care.

Recommendations for Improving Future Service Outcomes:

- Expand partnerships with local community organizations to strengthen referrals and awareness.
- Invest in culturally and linguistically appropriate staffing and materials.
- Develop user-friendly, multilingual intake tools to expedite access.
- Continue flexible service delivery options for communities with heightened anxiety, such as immigrant populations.
- Incorporate client feedback into service design for enhanced responsiveness to community needs.