Introduction

Washington State provides Combined Federal Block Grant service through BH-ASOs. Contracts with BH-ASOs support flexibility to meet the needs of populations based on local planning efforts and goals as identified in this Project Plan. The goal of the MHBG Project Plan is to ensure effective services are provided across populations with measurable outcomes.

This Plan is for July 1, 2025– June 30, 2026. Unless otherwise obligated, funds allocated under this Contract that are not expended by the end of the applicable state fiscal year may be used or carried forward to the subsequent state fiscal year, with prior authorization from HCA. Unspent allocations shall be reported to HCA at the end of the applicable state fiscal year, as specified in Contract. In order to expend these funds the Contractor shall submit a plan to HCA for approval.

Please complete all three sections (Section 1- Proposed Plan Narratives and Section 2 – Proposed Project Summaries and Expenditures Section 3-MHBG Co-reponder) in this document and submit electronically to HCA for approval prior to submitting your first A-19 invoice.

Contact the person identified below if there are any questions:

Danny Highley, Behavioral Health Program Manager
Danny.highley@hca.wa.gov

MHBG Final Reports are due by August 1.

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 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.

**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.

BH ASO:	Carelon Pierce Region
RSA Counties:	Pierce County
Current Date:	7/15/2025
Total MHBG Allocation:	$773,960.00
Contact Person:	Sienna Eckstrom
Phone Number:	253-370-7757
Email:	sienna.eckstrom@carelon.com

Section 1
Proposed Plan Narratives

Needs Assessment	Describe what strengths, needs, and gaps were identified through a need's assessment of the geographic area of the region. To the extent available, include age, race/ethnicity, gender, and language barriers.

Begin writing here:

OVERVIEW & BACKGROUND

Pierce County has a population of 941,170 and a population density of 564 people per square mile, making it one of the most densely populated regions in Washington State (U.S. Census Bureau, 2024). While some areas in the county are highly urbanized and service-rich, many rural communities face significant barriers in accessing essential behavioral health services.

Access to culturally and linguistically appropriate behavioral healthcare remains a critical priority. According to the most recent census data, 11% of Pierce County residents are foreign-born, and 16% speak a language other than English at home. The most commonly spoken languages are:

- English (84.2%)
- Spanish (6.5%)
- Asian and Pacific Islander languages (5.5%)
- Indo-European languages (2.8%)
- Other languages (0.7%)

Notably, 11.4% of the population are veterans, a rate significantly higher than the statewide average of 7.6%, suggesting a greater local need for veteran-focused behavioral health support.

Recent data from the Washington State Department of Health and the 2023 Healthy Youth Survey reveal several behavioral health indicators where Pierce County falls below the state average:

- Suicide: 16.6 deaths per 100,000 in Pierce County vs. 15.4 statewide.
- Youth suicide education: 52% of Pierce County youth reported receiving suicide prevention education vs. 56.1% statewide.
- Serious Mental Illness (SMI): 5% of the population experiences SMI, exceeding the state average of 3.8%.
- Fatal drug overdoses: 49.6 deaths per 100,000 in Pierce County vs. 41.9 statewide.
- Youth suicide ideation: 19.5% of 6th–12th graders in Pierce County reported seriously considering suicide, compared to 16.3% statewide.

These disparities emphasize the need for greater investment in youth services, suicide prevention, substance use treatment, and crisis response capacity.

In 2024, Carelon Behavioral Health held a Town Hall in Pierce County, WA with a goal of ascertaining actionable opportunities for growth through the experiences of those utilizing the crisis system of care. Utilizers of the crisis system of care highlighted that availability and access to additional training for staff who may encounter individuals experiencing behavioral health crisis,' to better manage situations and reduce the need for emergency interventions.

The Pierce Region Behavioral Health Advisory Board (BHAB), through public meetings held from August to October 2024, identified the following community gaps and priorities:

- Peer-run programs and recovery supports
- Withdrawal management
- Culturally competent and linguistically appropriate care
- Transportation solutions for rural communities
- Behavioral health workforce training and development

To implement the July 2025–June 2026 Block Grant Project Plan, the Pierce Region released a Request for Responses (RFR) in 2024 for a three-year funding cycle. The Behavioral Health Advisory Board (BHAB) evaluated proposals based on their set priorities and used prior Annual Progress Reports to review the effectiveness of existing programs in selecting projects that align with community needs.

This approach enabled:

- Continuation of effective existing programs
- Inclusion of new providers to diversify services
- Expansion of peer-led and outreach efforts

	•Expansion of services that are culturally responsive and tailored to diverse communities
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: Pierce County is one of the most demographically diverse counties in Washington State, home to significant populations of Black/African American, Hispanic/Latino, Pacific Islander, Indigenous, Asian American, Ukrainian, refugee, and migrant communities, as well as a growing LGBTQ+ population. Many individuals also hold strong religious, tribal, or linguistic identities that must be considered in care planning. To meet these diverse needs, behavioral health providers aim to recruit and retain staff with cultural and linguistic expertise, engage in ongoing professional development, and deliver services using culturally inclusive practices. Cultural competency is not only a foundational value but a contractual expectation for providers in the Pierce County Regional Service Area. Carelon requires all providers participating in this project to complete ongoing cultural competency training and to embed culturally responsive practices into clinical and organizational operations. These services go beyond translation and interpretation—they consider cultural beliefs, norms, family dynamics, and the social determinants of health that influence treatment engagement and recovery. Measurement of cultural competence is embedded in project oversight. Efforts are monitored through documentation of training participation, evaluation surveys, and periodic provider reviews. For example, contracted agencies are expected to assess and address cultural responsiveness in treatment planning, outreach, and client engagement strategies. Providers are also evaluated on their capacity to adapt services to meet community-specific needs, including offering culturally appropriate resources and involving natural support systems in treatment and safety planning. A new provider to this plan is Innovative Change Makers, who actively ensure that its staff and mentors reflect the demographics of the youth they serve, with many identifying as BIPOC and sharing lived experiences. This approach facilitates the provision of empathetic and relevant support. Additionally, the programs integrate culturally relevant practices, such as highlighting the historical and cultural significance of braiding in Black and African traditions within the Youth Braiding Workshops. The Innovative Cutz Barber Program emphasizes the role of barbershops as cultural and community hubs. Culturally competent mental health referral services are also offered, featuring twelve in-person sessions with black and brown mental health counselors.
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: In Pierce County, several providers and agencies offer a range of programs for children with serious emotional disturbances (SED). WISe services are available in the area, with providers like Comprehensive Life Resources and Catholic Community Services supporting Medicaid eligible youth, and Seneca Family of Agencies supports non-Medicaid youth with WISe like services. Mobile Response and Stabilization Services (MRSS) are provided by Seneca Family of Agencies, which provides immediate, in-person support to children and youth experiencing a mental health crisis. The county's Managed Care Organizations (MCOs), including Molina, Coordinated Care, Community Health Plan of Washington, Amerigroup, and United Healthcare regularly collaborate to tackle system-wide challenges and address the needs of children facing SED. For example, these MCOs participate in committees, such as the Pierce County Community Partners' Committee, which conducts regional Children's Long-Term Inpatient Program (CLIP) reviews, and the Pierce Family, Youth, and System Partner Roundtable (FYSPRT), where representatives discuss service progression, identify gaps, and collaborate on improved care coordination with other stakeholders and community members. Providers within Pierce County's Integrated Managed Care system work collaboratively to enhance care coordination for children with SED using referrals and warm handoffs. For cases requiring intensive services, youth can be referred to programs like the CLIP Administration for voluntary CLIP treatment. Additionally, behavioral health crisis services are accessible to all county residents experiencing crisis episodes, with appropriate referrals to other services or programs following stabilization to best serve children with SED.
	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.

Public Comment/Local/ BH Advisory Board Involvement	***Begin writing here*** *:* Carelon is committed to seeking input and feedback from community partners and consumers and believes that input is important to building a comprehensive system that meets the needs of the community. The Pierce County, WA Behavioral Health Advisory Board (PCWA BHAB) is one mechanism that Carelon uses to fulfill this and strives to have a voting membership comprised of a minimum of 51% individuals with lived behavioral health experience either directly or via a loved one. BHAB members consider the public comments they have received throughout the year when making Board decisions, including approval of the Block Grant Project Plan. During the regular monthly PCWA BHAB meeting in March, the members reviewed, discussed, and approved the Block Grant Project Plan for Fiscal Year 2026 and a letter of support has been provided.
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 *:* Many of our providers offer services in community locations, including shelters, community-based programs, and rural areas of the county. Their outreach teams work to identify and engage individuals who have mental health challenges and establish a rapport. They collaborate with partners to connect these individuals with available programs and resources that can support their needs. MultiCare Behavioral Health Network employs peer support specialists to offer support across various settings, including shelters and encampments. They collaborate with teams like the PATH homeless outreach to connect individuals to housing services. For rural outreach, MultiCare ensures transportation assistance, offering bus passes and taxi services to facilitate access to treatment. Consejo Counseling and Referral Service employs a robust outreach strategy specifically targeting non-Medicaid and underserved populations, particularly those in rural and suburban areas. Their mobile outreach teams work extensively in shelters, encampments, and isolated communities, forming strong partnerships with social service organizations to extend their reach. Consejo uses media platforms and community events to engage clients, providing culturally responsive care and ensuring services are not hindered by language or transportation barriers. This approach aims to meet people where they are, fostering access and continuation of care in the community, reinforcing the provision of critical behavioral health services to these vulnerable populations.
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 *:* Each agency is accountable for identifying their employee education needs and accessing ongoing training related to continued certification and/or licensure. Community providers play a significant role in promoting and offering training to staff that support continuing education and development. Providers also play a role in shaping overall services in the community by offering training consistent with evidenced based practices as well as services prioritized through programs such as those identified in the state and local Mental Health and Substance Use, Prevention and Recovery Services Block Grant plans. As local, regional, and state-wide training opportunities arise, they are shared with the provider network as both an opportunity for providers and their staff as well as a discussion point for training that would benefit the community as a whole. This provides the opportunity for ongoing communication related to the training needs of providers across the region.
	Provide a description of the strategies that will be used for monitoring program compliance with all MHBG requirements.

Program Compliance	***Begin writing here****:* Providers contracted under this Project Plan are required to submit a Monthly Service Report with outcome and performance data, and a claims submission, if applicable, for services provided to eligible individuals. The Community Engagement Coordinator monitors Monthly Service Reports to ensure that providers are meeting contractual obligations and complying with the terms of this Project Plan. When claims submissions are 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 learning per the Block Grant contractual requirements. Additionally, providers contracted under this Project Plan are required to meet with the Community Engagement Coordinator on a quarterly basis. This is an opportunity for the provider to share program updates, successes, challenges, & potential barriers as well as discuss invoicing status, completion of contractual requirements, and troubleshooting of any of the perceived challenges or barriers. These check-ins allow this to be active productive relationship that can be flexible to the ever-changing needs of the program. Lastly, all providers contracted under this Project Plan are required to participate in an Annual Block Grant Fiscal Review.
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*:* There is no cost-sharing expected within this Project Plan.

Section 2 Proposed Project Summaries and Expenditures				
Category/Subcategory	Provide a plan of action for each supported activity	Proposed #Children with SED	Proposed #Adults with SMI	Proposed Total Expenditure Amount
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:				$163,500.00
Assessment	All providers supported under this plan who are providing outpatient services are reimbursed for assessment services. Some examples include Consejo Counseling who conducts face-to-face behavioral health screenings using tools like PHQ-9, GAD-7, and the Columbia Suicide Severity Rating Scale to assess and refine treatment plans. Mary Bridge Children's Advocacy Center will employ a Social Worker who conducts mental health screenings to assess risk levels for children, facilitating quick intervention and safety planning.	95	222	Enter budget allocation for these proposed activities. $65,500.00
Specialized Evaluations (Psychological and Neurological)	*Begin writing here:*	1	1	$0.00
Service Planning (including crisis planning)	Consejo employs evidence-based practices in their crisis interventions, such as trauma-informed care and motivational interviewing, which are tailored to meet the unique cultural and linguistic needs of their clients. They also maintain partnerships with local schools, juvenile justice systems, and child welfare agencies to provide coordinated crisis planning and management, ensuring that all involved stakeholders are working together to create a robust support network during crises. This integrated approach helps address complex challenges and offers individuals and families the necessary tools and support they need for managing crises and achieving long-term success.	75	130	$30,000.00
Educational Programs	*Begin writing here:*	1	1	$0.00
Outreach	The Social Service Specialist at the Pierce County District Court Resource Center will conduct outreach through Screening, Brief Intervention, and Referral to Treatment (SBIRT) activities. This approach aims to ensure individuals are connected to necessary behavioral health services. This includes providing support to individuals as they transition back into the community by connecting them with essential resources such as housing, transportation, and medical or mental health services	1	2000	$38,000.00
Brief Motivational Interviews	The Social Service Specialist at the Pierce County District Court Resource Center will use brief motivational interviewing techniques as part of the SBIRT strategy to encourage and support individuals in engaging with mental health services. These interviews will focus on facilitating a client's intrinsic motivation to change, helping them to explore and resolve ambivalence about entering treatment and maintaining mental health care routines. This approach is designed to foster a supportive and encouraging environment that promotes active participation in rehabilitation and treatment programs, ultimately aiding in their successful reintegration into the community	1	3000	$30,000.00
Facilitated Referrals	*Begin writing here:*	1	1	$0.00
Warm Line: Please note that ALL costs that directly serve persons with SMI/SED and their families must be tracked.	*Begin writing here:*	1	1	$0.00
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.				$332,653.00
Individual Evidenced-Based Therapies	CLR, Consejo, For the Culture, Mary Bridge Children's Advocacy Center, Multicare and Peprah Counseling are providing individual therapy for MHBG eligible individuals.	843	1388	Enter budget allocation for these proposed activities. $315,653.00
Group Therapy	CLR, Consejo, and Multicare a are providing group therapy for MHBG eligible individuals.	54	100	$17,000.00
Family Therapy		1	1	$0.00
Multi-Family Counseling Therapy	*Begin writing here:*	1	1	$0.00
Consultation to Caregivers	*Begin writing here:*	1	1	$0.00

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.				$21,500.00
Medication Management	Comprehensive Life Resources and Multicare will provide Medication Management Services under this project plan.	25	58	Enter budget allocation for these proposed activities. $21,500.00
Pharmacotherapy	*Begin writing here:*	1	1	$0.00
Laboratory Services	*Begin writing here:*	1	1	$0.00

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.				$32,400.00
Parent/Caregiver Support	Dads MOVE offers comprehensive parent and caregiver support through trauma-informed peer outreach services tailored to families involved in justice, mental health systems. Their approach focuses on enhancing family resilience and independent functioning for individuals diagnosed with Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED).	1	1	Enter budget allocation for these proposed activities. $12,000.00
Skill Building (social, daily living, cognitive)	*Begin writing here:*	1	1	$0.00
Case Management	Dads MOVE, CLR and Consejo Counseling and Referral Service provide pivotal case management services. Dads MOVE coordinates treatment services through peer support and collaboration with community partners across various sectors, ensuring comprehensive care that also addresses social, educational, and justice-related needs. Their flexible service delivery, including virtual and in-person meetings, aims to foster healthy relationships and build family capacity. Meanwhile, Consejo Counseling and Referral Service employs a wraparound approach to case management, engaging a multidisciplinary team to deliver individualized plans that address both immediate and long-term challenges. By providing therapy, case management, psychiatric care, and coordinating with schools and justice systems, Consejo strives to create robust support networks, addressing social determinants of health to facilitate overall stability and promote recovery.	10	50	$20,400.00
Continuing Care	*Begin writing here:*	1	1	$0.00
Behavior Management	*Begin writing here:*	1	1	$0.00
Supported Employment	*Begin writing here:*	1	1	$0.00
Permanent Supported Housing	*Begin writing here:*	1	1	$0.00
Recovery Housing	*Begin writing here:*	1	1	$0.00
Therapeutic Mentoring	*Begin writing here:*	1	1	$0.00
Traditional Healing Services	*Begin writing here:*	1	1	$0.00

Parent Training	*Begin writing here:*	1	1	$0.00
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-direct life, and strive to reach their full potential.				$125,000.00
Peer Support	Dads MOVE will employ two full-time adult CPCs and a full-time Youth Peer Specialist dedicated to serving at-risk populations, including those impacted by justice and substance use systems. Dads MOVE emphasizes building healthy relationships and family dynamics, offering services through various accessible formats, such as phone, virtual meetings, and in-person sessions. This flexibility ensures that their peer support is easily accessible to urban and rural communities. Innovative Change Makers' programming considers the cultural and historical significance of the skills being taught, thereby making them relatable and empowering. Peer counselors with lived experiences similar to the youth they serve, who are also licensed and trained beauticians, lead the Braiding and Baber Workshops, strengthening the support network for both the individuals and their families. The holistic approach ensures the youth gain self-confidence, practical skills, and improved coping mechanisms, fostering resilience within themselves and continuing care from their families.	75	65	Enter budget allocation for these proposed activities. $125,000.00
Recovery Support Coaching	*Begin writing here:*	1	1	$0.00
Recovery Support Center Services	*Begin writing here:*	1	1	$0.00
Supports for Self-Directed Care	*Begin writing here:*	1	1	$0.00
Relapse Prevention/ Wellness Recovery Support	Begin writing here:	1	1	$0.00
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.				$21,511.00
Personal Care	*Begin writing here:*	1	1	Enter budget allocation for these proposed activities. $0.00

Respite	*Begin writing here:*	1	1	$0.00
Support Education	Innovative Change Makers (ICM) will offer unique and direct services to support youth with SED through programs such as the Youth Braiding Workshops and Innovative Cutz. These initiatives focus on providing technical skills in braiding and barbering, infused with therapeutic elements to cater to youth from marginalized backgrounds. The programs are designed for youth aged 12-18, with a priority on those who have faced domestic violence, gang activities, or other traumatic experiences.	75	1	$21,511.00
Transportation	*Begin writing here:*	1	1	$0.00
Assisted Living Services	*Begin writing here:*	1	1	$0.00
Trained Behavioral Health Interpreters	*Begin writing here:*	1	1	$0.00
Interactive communication Technology Devices	*Begin writing here:*	1	1	$0.00
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.				$0.00
Assertive Community Treatment	*Begin writing here:*	1	1	Enter budget allocation for these proposed activities. $0.00
Intensive Home-Based Services	*Begin writing here:*	1	1	$0.00
Multi-Systemic Therapy	*Begin writing here:*	1	1	$0.00
Intensive Case Management	*Begin writing here:*	1	1	$0.00
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.				$0.00
Crisis Residential/Stabilization	*Begin writing here:*	1	1	Enter budget allocation for these proposed activities. $0.00
Adult Mental Health Residential	*Begin writing here:*	1	1	$0.00
Children's Residential Mental Health Services	*Begin writing here:*	1	1	$0.00
Therapeutic Foster Care	*Begin writing here:*	1	1	$0.00

Outcomes and Performance Indicators:

Acute Intensive Services – Acute intensive services requiring immediate intervention for persons diagnosed with SMI or SED.				$0.00
Mobile Crisis	*Begin writing here:*	1	1	Enter budget allocation for these proposed activities. $0.00
Peer-Based Crisis Services	*Begin writing here:*	1	1	$0.00
Urgent Care	*Begin writing here:*	1	1	$0.00
23 Hour Observation Bed	*Begin writing here:*	1	1	$0.00
24/7 Crisis Hotline Services	*Begin writing here:*	1	1	$0.00

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.				$77,396.00
Workforce Development/Conferences	*Begin writing here:*	1	1	Enter budget allocation for these proposed activities. $0.00
Grand Total				**$773,960.00**

Category/Subcategory	Provide a plan of action for each supported activity	Proposed #Children with SED	Proposed #Adults with SMI		Proposed Total Expenditure Amount
Co-responder funds to support grants to law enforcement and other first responders to include a mental health professional on the team of personnel responding to emergencies within regions					$75,000
	Funds shifting to NCWA. See NCWA Project Plan				Enter budget allocation to this
MHBG Co-responder		1	1		$75,000.00