Federal Block Grant Annual Progress Reports

SWWA FY22-23

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?*

The Southwest Washington Region completed an RFR for the Federal Block Grants this year. At a regularly scheduled Behavioral Health Advisory Board meeting community priorities were identified by the members. Responses that included one or more of the community priorities were seen as more competitive. Below are the community priorities that the SWWA BHAB determined:

- Same or next-day assessment services
- Transportation to services and community-based services
- Recovery housing in rural areas
- Basic needs and outreach supplies used to engage homeless individuals in behavioral health services
- Certified Peer Counselor or Recovery Coach services and training opportunities
- Behavioral health services for homeless seniors and seniors at risk of homelessness
- Expanded services in rural areas

Providers are dedicated to continue meeting these and other community needs by improving established workflows and providing new resources to our community. Our providers are continuing to offer telehealth services for group and individual therapy as one way to open up the availability and access to care. A few additional examples are:

- Columbia River Mental Health Services is providing walk in MAT inductions five days a week to ensure that individuals that are ready to enter services can do so easily.
- Recovery Café has expanded services in rural areas by opening “pop-up” Cafés in Washougal, Stevenson, and Goldendale.

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?*

Southwest Washington is committed to removing barriers associated with age, race/ethnicity, gender, and language by providing gender specific groups; as well as groups for all ages and races. All providers have access to and utilize professional on demand interpreter services. Peer staff members for all demographics work to inform and assist patients with community resources. Clinicians placed directly in schools across the region help mitigate the transportation and access to care barriers. Providers continue to work collaboratively with community-based organizations throughout Southwest WA to improve programs. A few specific examples of new programs and program improvements include:

- Lifeline has an Accessibility Plan to identify barriers to access services. Lifeline provides accommodations for recognized or reported barriers. Their SUD Outpatient program provides gender-based groups to focus on the specific needs of the population served.
- CultureSeed decreased barriers for two hard to reach populations by utilizing school partnerships in White Salmon to create two mental health focus groups. One for youth who identify as queer or non-binary and one for youth whose second language is English.

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

Carelon Southwest Community Engagement Coordinator sought out opportunities that addressed Cultural Competence and participated in multiple trainings and events this last year. Providers require employees to complete annual cultural and diversity training to enhance their understanding and sensitivity to cultural differences. Additionally, some providers have staff dedicated to influencing the cross cultural exchange of ideas, information, and viewpoints. Several specific examples include:

- Skamania County Community Health continues to have the policy in place that all clinical staff are required to attend an annual cultural competency training relevant to their field and the population they provide services to. All Skamania County Community Health staff received Cultural Training at a retreat focusing on implicit bias and trauma-informed care.
- CultureSeed's staff and contractors are representative of the youth they service. Volunteers and mentors are also recruited to be representative of the youth. They ensure cultural sensitivity and relevance by providing written materials, workshops, caregiver groups to youth and families in multiple languages, and employing a part-time position who specifically provides Spanish translation services.

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

Introductory and annual trainings are provided to treatment staff, either through a web-based portal or in person training. Providers encourage continuing education and optional training with tuition reimbursement, paid time off to attend, and/or free courses.

- Columbia River Mental Health Services provides educational funds, as well as 40 educational hours, to all treatment staff to encourage staff to attend trainings throughout the year. Staff are also encouraged to attend summits and conferences to learn about best practices in the region and nationally. All staff are required to attend multiple internal clinical trainings through the year, such as ASIST-suicide prevention training, motivational interviewing, golden thread training, de-escalation, and boundaries training.
- Lifeline holds an initial orientation, then a 90-day introductory training schedule and an annual training for all staff that meets WAC and CARF accreditation requirements. Staff utilize Relias (a web–based online learning platform) and may be eligible for the tuition reimbursement program for continuing education related to their position. They also provide Crisis Prevention Institute (CPI) training to ensure staff providing direct care to patients in our Crisis Wellness Center or Withdrawal Management Program learn and are equipped with advanced de-escalation skills. All other Direct Care Staff are required to complete Marty Smith Trainings (A Safe Office Space; General Clinical Strategies; De-Escalation Techniques, and Personal Safety Techniques).

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?

Patients will often first seek assistance from a faith-based organization for services like food, clothing, housing, and recovery support, where they are then referred to a community provider. Local providers network with local faith-based organizations to provide information on their programs and referrals are made to faith-based community organizations when appropriate. When patients request specific assistance, faith-based services are among options given to them as well as those that are not based on any specific religion with no partiality. Specific examples include:

- XChange is a church ministry provider offering outpatient addiction treatment and recovery services in addition to home-like living environments, peer support, and skill building opportunities offering a chance for individuals to renew with family, friends and community.
- Open House Ministries, a faith-based family homeless shelter, partners with multiple providers in the region.

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

Carelon program staff meet with all SABG providers on a quarterly basis to solicit feedback and learn about community and provider needs.

In Southwest Washington, Carelon holds the responsibility of supporting, convening and maintaining the Behavioral Health Advisory Board (BHAB). Membership of the BHAB is structured so that a minimum of 51% identify has having lived experience. The diverse perspectives of the Board members enrich and guide discussions, efforts, and decisions of the Board. The project plan was presented and approved by the Southwest Behavioral Health Advisory Board. Composition of the BHAB must meet the following requirements:

• Be representative of the geographic and demographic mix of the service population

• At least 51% of the membership be persons with lived experience, parents, or legal guardians of persons with lived experience and/or self-identified as a person in recovery from a behavioral health disorder

• Law Enforcement representation

• County representation

• No more than four elected officials

The Southwest Washington BHAB was involved in selecting and defining Community Priorities that were used in our RFR process for Federal Block Grants. The Community Priorities were identified at a regularly scheduled monthly meeting. The Community Priorities were used to help score the provider application submissions that Carelon received. BHAB also provided three volunteer members to sit on the Southwest Washington RFR scoring committee to assist in scoring all applications received and recommend which providers should be funded. After the RFR process was completed and funds were allocated BHAB was presented with the project plan for their approval.

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

Carelon is committed to conducting legal, ethical, and honest work throughout the regions. We take great care to follow all compliance measures, guard against fraud and comply with all state and federal regulations and laws.

Providers contracted under this Project Plan are either required to submit one or more of the following: a Monthly Service Report with outcome and performance data or a claims submission. The Monthly Service Reports are monitored by the Community Engagement Coordinator to ensure that providers are meeting contractual obligations and complying with the terms of this Project Plan. When claims 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 learning 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.

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?*

Columbia River Mental Health Services participates with PeaceHealth in their Opioid Treatment Network and has a SUDP stationed in the emergency room to provide immediate substance use disorder and opioid education and assessment for easier access to services. Columbia River Mental Health Services has expanded their case management and peer support services in the Opioid Treatment Program to ensure the clients are connected to recovery supports throughout treatment. Columbia River Mental Health Services works closely with Recovery Café and other local treatment providers to coordinate care and support. Columbia River Mental Health Services has also communicated with other substance use disorder providers and inpatient facilities to ensure that documentation, such as assessments, are accepted when referring clients.

CultureSeed continues to provide behavioral health services to youth in recovery including one-on-one and group sessions. They refer to ESD 112 Prevention Specialists at the schools and collaborate with Recovery Café for increased recovery services as needed. There is a memorandum of understanding in place with Klickitat County Health Department to contract for services offered to the community and share therapists for crisis services. The outcomes include individuals receiving services in the community that were previously harder to obtain. Challenges include some community discontinuation of mental health crisis services, but through partnership with other agencies some of the effects of that have mitigated.

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?*

The Southwest Washington Region supports providers in improving systems and coordinating with other providers to deliver whole person care. Through collaboration and coordination providers enhance their communication, efficiency and quality of care. Improving access to services for individuals seeking support. A few examples of partnerships in Southwest Washington are:

Skamania County Community Health has a memorandum of understanding with Skamania County Jail. Skamania County Community Health provides in-person jail services for engagement, outreach and support. Skamania County Community Health also provides assessments at the jail for aftercare services, when appropriate. All consumers are encouraged to participate in recovery support services including twelve step meetings or the local Recovery Café. The outcomes have been positive with consumers having access to support for substance use disorders while incarcerated. It has allowed them to transition smoothly into outpatient services or to have the opportunity to access a higher level of care. Jail services also has allowed clients to have access to other programs such as Drugs No More and Behavioral Health Court. The jail is welcoming and supportive of Skamania County Community Health being present for weekly services and scheduling assessment times, no barriers have been identified in this partnership.

Lifeline Connections continues to partner with providers including but not limited to: SeaMar, Catholic Community Services, Battle Ground Health Clinic, Rose Urgent Care & Family Practice, Janus Youth Services, Second Step Housing, Therapeutic Specialty Courts, PeaceHealth, Council for the Homeless, Consumer Voices are Born and the Recovery Café to coordinate behavioral health services, such as providing substance use disorder assessments in a community based setting to increase access to housing, employment resources and treatment services. A variety of Business Associate Agreements and Qualified Services Organization Agreements have been signed to improve and refine data-sharing statewide. The outcomes have been that individuals are able to receive recovery support services by non-Department of Health licensed behavioral health providers. Lifeline coordinates on a weekly basis to determine assessment needs.

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.

Several programs provide services targeted to the PPW population in Southwest WA. Some examples include:

- SeaMar's Parent-Child Assistance Program (PCAP) is an evidenced-based program providing home and community-based case management services to pregnant and parenting mothers affected by alcohol and drug use.
- SeaMar's Pregnant and Parenting Women's program is designed to provide support and substance use disorder treatment to pregnant women and mothers. Mothers learn skills for recovery and more effective parenting strategies.
- Lifeline offers a Pregnant and Parenting Women's Residential treatment program for women and their children under the age of 5. They may stay up to six months with family therapy to support the whole household.
- All providers make referrals to WIC and Maternity Support Services as appropriate.

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

The outreach models used to promote PPW and IUID engaging in treatment in Southwest Washington includes conferences, community events and fairs, court programs, hospitals, networking meetings, site visits, and online media.

Recovery Café Clark County is focused on recovery with a no wrong door policy. Members who identify needing treatment as part of their wellness plan or goal for their recovery are given referrals for treatment and encourages as part of the recovery strength-based model to follow through on their wellness goal/plan. At the Café they know it takes more then one person or ore organization to change the stigma around recovery, and that an individual seeking recovery needs to be able to have those connections. They work with their community partners to meeting their members where they are and provider support that can lead to their long-term recovery.

Skamania County Community Health provides education of treatment at all levels for this population. Their SUPPs are trained on the importance of engagement in services and the barriers to seeking treatment for this population. They provide referrals and resources for engagement and make external referrals as appropriate.

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.

In Southwest Washington, the Community Engagement Coordinator facilitates the Family Youth System Partners Round Table and Behavioral Health Advisory Board Meetings. At each meeting the consumer voice is encouraged. Often feedback is given organically about barriers and challenges of accessing programing or knowledge of programing available.

Below are examples of some of the actions taken in the region to increase meaningful individual involvement in the development and provision of services:

- Client-centered services with ongoing client control around how they engage in treatment. Their treatment plan identifies aspects of their life and mental health that they want to focus on.
- Case management services offer to meet clients in the community to support them with barriers they have in meeting their needs.
- NAMI SW focuses on advocacy efforts on behalf of individuals and the local community. Individual and family peer led support groups are offered.
- An increasing online and social media presence helps more individuals find information about available providers.
- Engagement and Retention specialists assist patients in addressing and overcoming barriers to treatment, by working in collaboration with treatment teams.
- Every employee at Consumer Voices are Born and NAMI SW has personal lived experience with behavioral health needs, using the experience to guide the program and how it operates.
- Consumer voice is captured through patient satisfaction surveys across the region.

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:

Carelon Southwest Washington Community Engagement Coordinator sought out opportunities that addressed Cultural Competence and participated in multiple trainings and events this last year. Providers require employees to complete annual cultural and diversity training to enhance their understanding and sensitivity to cultural differences. Additionally some providers have staff dedicated to influencing the cross cultural exchange of ideas, information, and viewpoints. Several specific examples include:

- Columbia River Mental Health Services offers a cultural competency consultation for clients that have special population needs. They are also focused on hiring staff with lived experience in their peer support position and case management staff, if they choose to self-identify. A Diversity, Equity, and Inclusion director was hired, to work across the agency to improve the diversity, equity, and inclusion lens of their processes, documentation and human interactions. Columbia River Mental Health Services contracts with interpreting agencies to ensure that interpreters are available when needed.
- NAMI SW has begun outreach into the local Ukrainian and Russian communities and are in the beginning stages of creating support groups as well as translating their Suicide Awareness booklet into their language. All groups presented by NAMI SW are led by a volunteer with lived experience. All of the groups, classes, and presentations offered are open to be attended by anyone of any background.

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:

The progress made toward the needs identified in the 2022/2023 MHBG project plan, aimed at increasing access to healthcare and developing a region with culturally responsive care, is steadily advancing, recognizing that achieving these objectives requires sustained efforts beyond a single fiscal year. Through expanded outreach services the Southwest Washington has been able to connect individuals to the resources they want. We are also involved in community collaboratives and prevention coalitions, to listen to the community voice and assist with outcomes when presented. Culturally competent trainings are being required by all providers to ensure the individuals receive care that respects their cultural beliefs and values. Some examples of this are:

- Lifeline implemented a new referral system for their mental health outpatient program, creating more opportunities for engagement and reengagement services.
- NAMI SW has restarted their in-person support and social groups

Barriers Encountered:	Steps Taken to Remove Barriers:
• Patients not answering the phone	• The mental health engagement specialist uses alternative means to communicate including texting and emailing.
• Volunteer shortage and lack of clinical providers	• Advertising on social media, events and in their newsletter their need for volunteers.
• Lack of adequate funding	• Encouraged providers to apply for other funding. Distributed grant information to contact lists when received. Talked with providers about a sustainability plan.
• Few resources in rural communities	• Continued involvement in community meetings, coalitions and other collaboratives to ensure maximizing impact and resource sharing.

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

The valuable insights gained from the collaboration among community organizations and system partners during the last fiscal year are crucial for both enhancing access to healthcare and promoting a culture of seeking support. The last few years have required individuals to be adaptable and flexible in the face of uncertainty. Which has emphasized the significance of self-care, seeking help when needed, building resilience, maintaining social connections, and practicing empathy. By integrating these lessons into our field of work providers can foster a healthier approach to behavioral health.

Other lessons learned include:

- Addressing attendance early on and providing staff training in motivational interviewing can be a key component in preventing unintended discharges and increasing patient engagement.
- With the end of the pandemic people would like to return to in-person meetings; but there is still much uncertainty within the community being around others in a closed environment