

Behavioral Health Administrative Service Organizations
Federal Block Grant Allocations and Planned Expenditures
State Fiscal Year 2025 - July 1, 2024 – June 30, 2025

September 2024

Behavioral Health-Administrative Services Organizations (BH-ASO)

Counties in each BH-ASO

Greater Columbia
Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Walla Walla, Whitman, Yakima

King
King

North Sound
Island, San Juan, Snohomish, Skagit, Whatcom

Carelon Behavioral Health - Pierce
Pierce

Spokane
Adams, Ferry, Lincoln, Pend Orielle, Spokane, Stevens

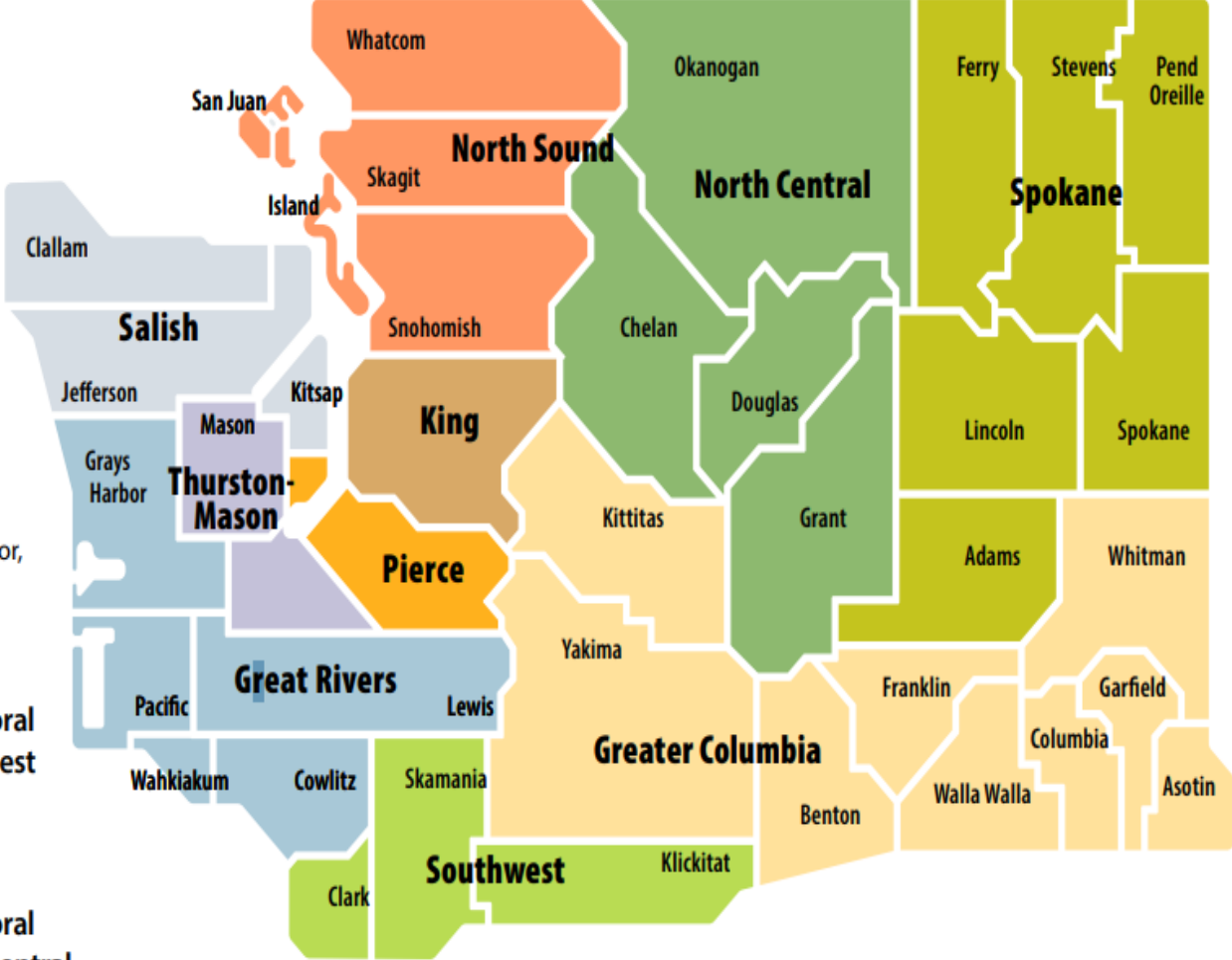
Thurston-Mason
Mason, Thurston

Salish
Clallam, Jefferson, Kitsap

Great Rivers
Cowlitz, Grays Harbor, Lewis, Pacific, Wahkiakum

Carelon Behavioral Health - Southwest
Clark, Klickitat, Skamania

Carelon Behavioral Health - North Central
Chelan, Douglas, Grant, Okanogan



The BH ASOs receive three Federal Block Grant allocations from HCA

Community Mental Health Services Block Grant (MHBG)

Substance Use Prevention, Treatment and Recovery Services Block Grant (SUPTRS)

American Rescue Act of 2021 (ARPA) Funding (temporary through 9/30/2025)

Federal Block Grant Project Plans/Requirements

- In each region the BH ASOs collect information from key stakeholders and community partners, including Tribal partners and other IHCPs, to develop the regional MHBG and SUPTRS Project Plans.
- The BH ASOs are required to submit the Annual Project Plans for HCA's approval by July 15.
- The BH ASOs are required to ensure that FBG funds are used only for services to individuals who are not enrolled in Medicaid or for services not covered by Medicaid:

Benefits	Services	Use MHBG or SABG Funds	Use Medicaid
Individual is not a Medicaid recipient	Any Allowable Type	Yes	No
Individual is a Medicaid recipient	Allowed under Medicaid	No	Yes
Individual is a Medicaid recipient	Not Allowed under Medicaid	Yes	No

Funding Explained

The BH ASOs receive annual allocations of SUPTRS and MHBG funding – these funds are accessible to the BH ASOs on a cost reimbursement basis via Monthly invoices.

HCA is required to spend a minimum of 5% on Crisis Services (the BH ASOs spend about 60% on Crisis Services)

The BH ASOs also receive FBG funding for these specific programs:

- Peer Bridger (MHBG) and
- Co-responder services (MHBG and SUPTRS).

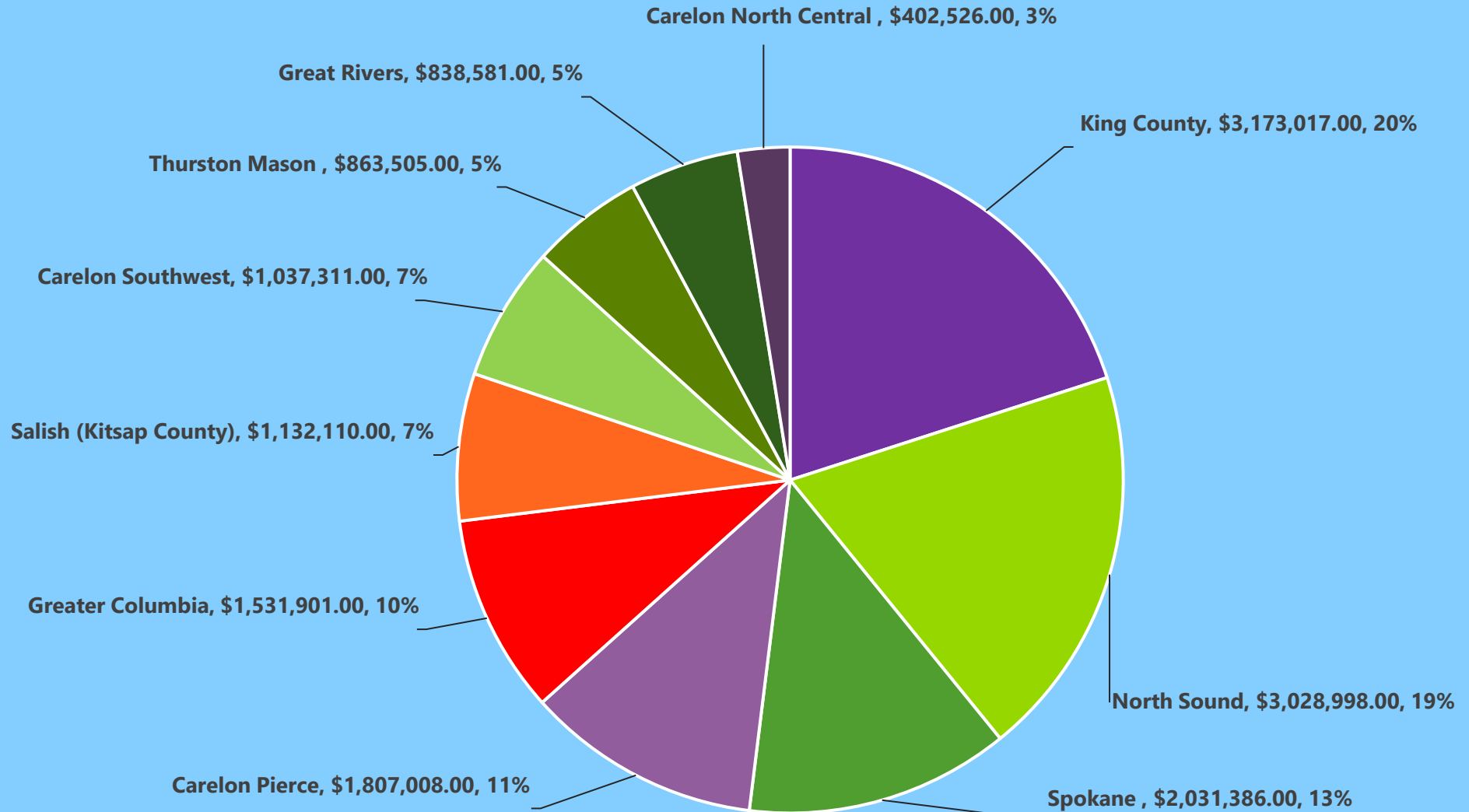
Substance Use Prevention, Treatment and Recovery Services Block Grant (SUPTRS)

The Substance Use, Prevention, Treatment and Recovery Supports block grant (SUPTRS-BG) supports states in planning, implementing, and evaluating activities to prevent and treat substance abuse and/or illicit use of alcohol and other drugs.

The SUPTRS-BG supports critical services that Medicaid or other federal and state funds do not cover, such as community prevention, recovery support services, education, training, and support for individuals seeking services and their families.

A portion of the SUPTRS funds are utilized to train peers with substance use disorder (SUD) to become certified peer counselors and provide technical assistance to community behavioral health agencies who want to add SUD peer services.

Washington State BHASO SFY 25 SUPTRS Allocations Total \$16,071,343



BH ASO SFY 25 - SUPTRS

Proposed Project Summaries and Expenditures

Categories/Subcategories

Outreach and Screening – Early intervention, screening and outreach services.

*PPW Outreach (required)

Outreach to Individuals Using Intravenous Drugs (IUID)

Brief Intervention

Drug Screening

*Tuberculosis Screening (required)

Engagement Services – Assessment/admission screening related to SUD to determine appropriateness of admission and levels of care. Education Services may include information and referral services regarding available resources, information and training concerning availability of services and other supports. Educational programs can include parent training, impact of alcohol and drug problems, anxiety symptoms and management, and stress management and reduction. Education services may be made available to individuals, groups, organizations, and the community in general. This is different than staff training. Treatment services must meet the criteria as set forth in Chapter 246-341 WAC.

*Engagement and Referral (required)

*Interim Services (required)

Educational Programs

Outpatient Services – Services provided in a non-residential SUD treatment facility. Outpatient treatment services must meet the criteria as set forth in Chapter 246-341 WAC.

Individual Therapy

Group Therapy

Family Therapy

Multi-Family Counseling Therapy

Medication Assisted Therapy (MAT) - Opioid Substitution Treatment

Outpatient Services – Services provided in a non-residential SUD treatment facility. Outpatient treatment services must meet the criteria as set forth in Chapter 246-341 WAC.

Individual Therapy

Group Therapy

Family Therapy

Multi-Family Counseling Therapy

Medication Assisted Therapy (MAT) - Opioid Substitution Treatment

Community Support (Rehabilitative) – Consists of support and treatment services focused on enhancing independent functioning.

Case Management

Recovery Housing

Supported Employment

Other Support (Habilitative) – Structured services provided in segments of less than 24 hours using a multi-disciplinary team approach to develop treatment plans that vary in intensity of services and the frequency and duration of services based on the needs of the client.

PPW Housing Support Services

Supported Education

Housing Assistance

Spiritual/Faith-Based Support

Intensive Support Services – Services that are therapeutically intensive, coordinated and structured group-oriented. Services stabilize acute crisis and clinical conditions, utilizing recovery principles to help return individuals to less intensive outpatient, case management, and/or other recovery based services.

*Therapeutic Intervention Services for Children (required)

Sobering Services

Out of Home Residential Services – 24 hour a day, live-in setting that is either housed in or affiliated with a permanent facility. A defining characteristic is that they serve individuals who need safe and stable living environments in order to develop their recovery skills. Treatment services must meet the criteria as set forth in Chapter 246-341 WAC.

Sub-acute Withdrawal Management

Crisis Services Residential/ Stabilization

Intensive Inpatient Residential Treatment

Long Term Residential Treatment

Recovery House Residential Treatment

Involuntary Commitment

Acute Intensive Services -24-hour emergency services that provide access to a clinician. The range of emergency services available may include but are not limited to direct contact with clinician, medication evaluation, and hospitalization. Services must meet the criteria as set forth in Chapter 246-341 WAC.

Acute Withdrawal Management

Recovery Supports –A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Recovery emphasizes the value of health, home, purpose, and community to support recovery.

*Interim Services (required)

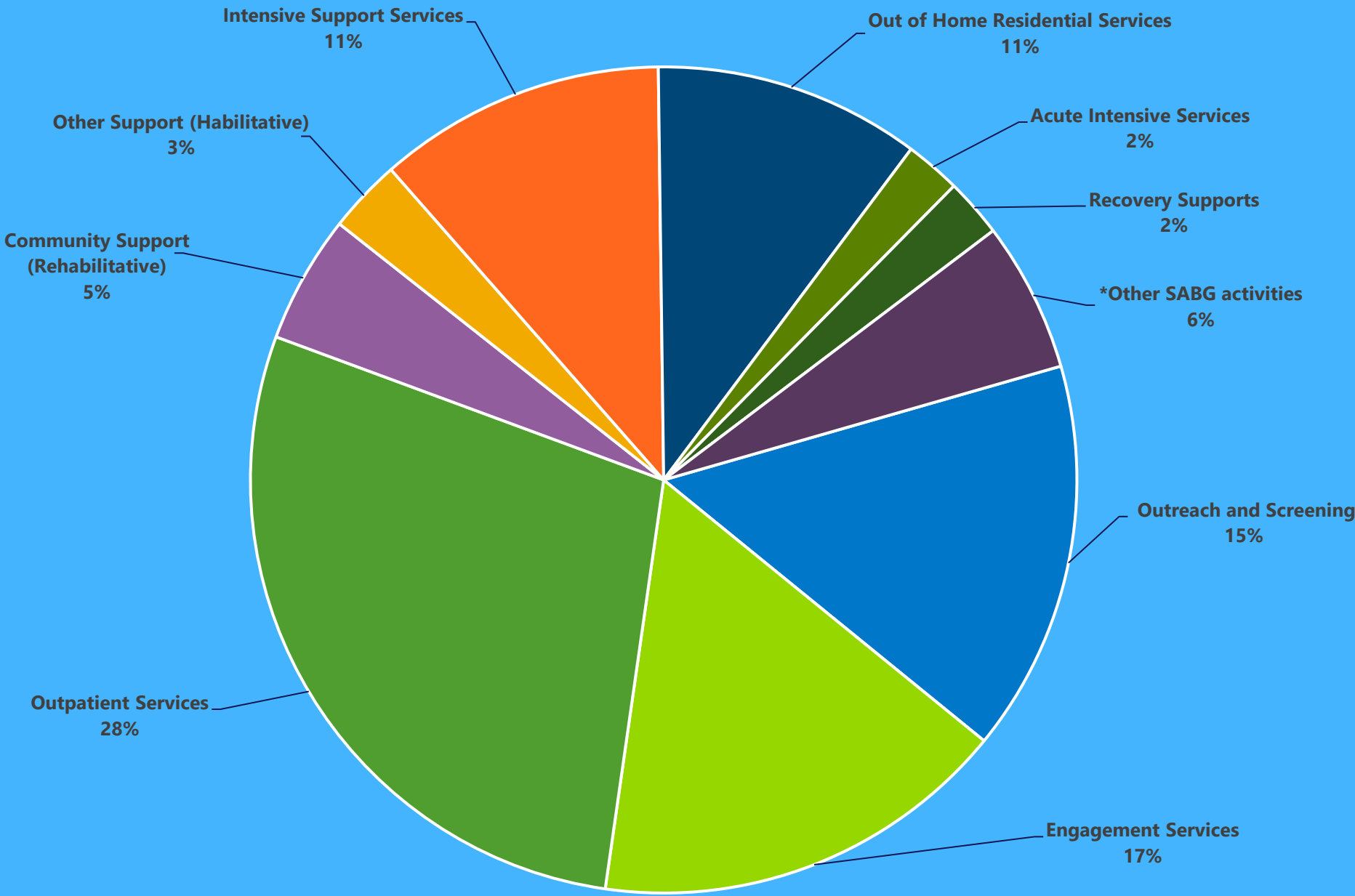
*Transportation for PPW (required)

Transportation

*Childcare Services (required)

*Other SABG activities (required) – any activity necessary to plan, carry out, and evaluate this SABG plan, including Continued Education/training, logistics cost for conferences regarding SABG services and requirements, capacity management infrastructure, and conducting needs assessments.

BH ASO SFY 25 SUPTRS Planned Expenditure Categories

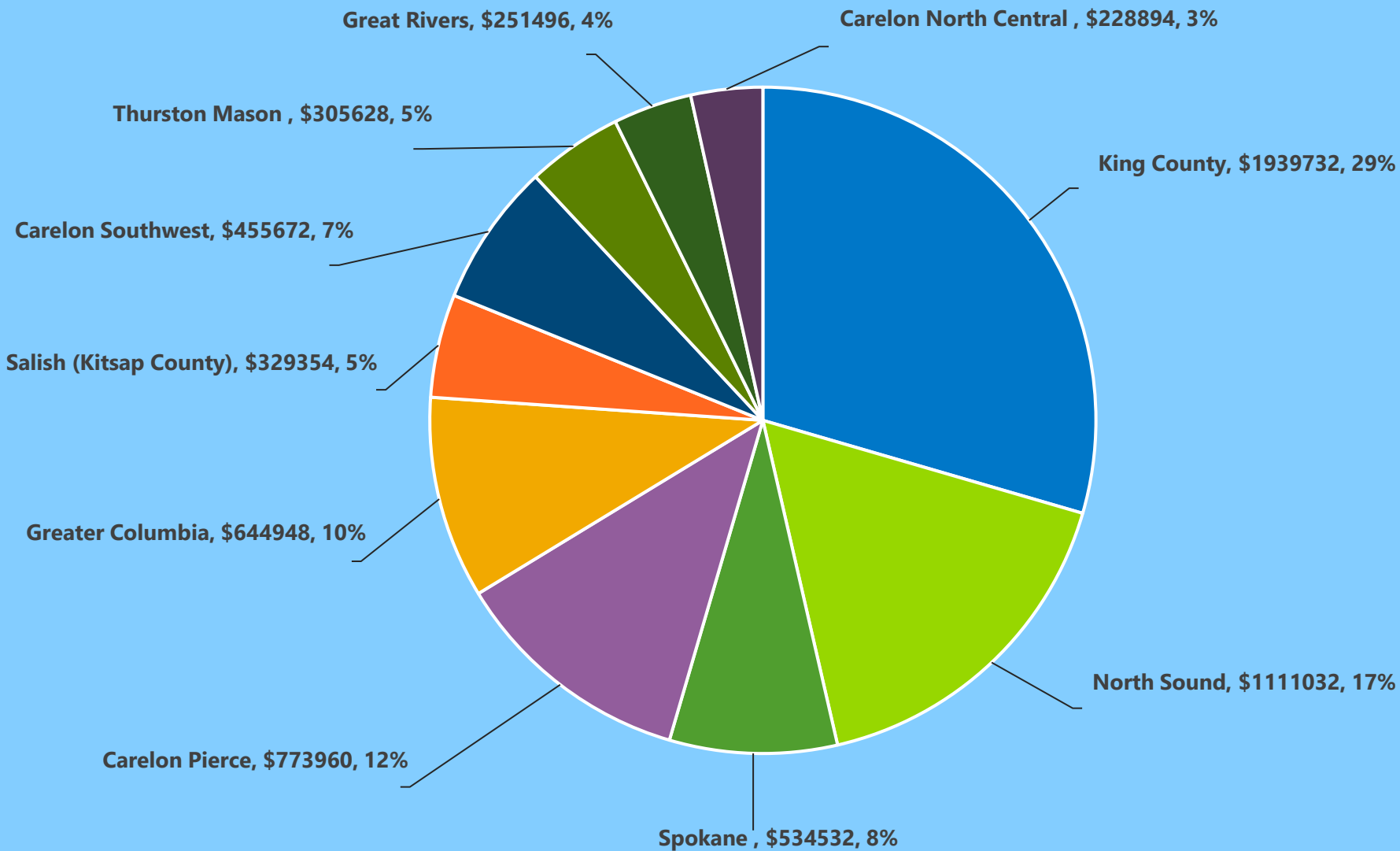


Community Mental Health Services Block Grant (MHBG)

The Community Mental Health Block Grant (MHBG) supports states in reducing their reliance on psychiatric inpatient services and facilitates the development of effective community-based mental health services and programs. The MHBG supports critical services that Medicaid or state funds do not cover, such as homeless services, housing assistance, crisis outreach, peer-operated programs including mental health clubhouse services, help lines, and education, training, and support for individuals seeking services and their families.

- To ensure access to a comprehensive system of care including employment, housing, case management, rehabilitation, as well as mental health services and supports for individuals diagnosed with a Serious Mental Illness or Serious Emotional Disturbance.
- To promote participation by individuals seeking services and their families in planning and implementing services and programs, as well as in evaluating state mental health systems.
- To ensure access for underserved populations including people who are homeless, residents of rural areas, and older adults.
- To promote recovery and community integration.
- To increase accountability through uniform reporting on access, quality, and outcomes of services.

Washington State BH ASOs SFY 25 MHBG Allocations Total \$6,575,248



BH ASO SFY 25 MHBG

Proposed Project Summaries and Expenditures

Category/Subcategory

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:

Assessment

Specialized Evaluations (Psychological and Neurological)

Service Planning (including crisis planning)

Educational Programs

Outreach

Brief Motivational Interviews

Facilitated Referrals

Warm Line: Please note that ALL costs that directly serve persons with SMI/SED and their families must be tracked.

Outpatient Services – Outpatient therapy services for persons diagnosed with SMI or SED, including services to help their families to appropriately support them.

Individual Evidenced-Based Therapies

Group Therapy

Family Therapy

Multi-Family Counseling Therapy

Consultation to Caregivers

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.

Medication Management

Pharmacotherapy

Laboratory Services

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.

Parent/Caregiver Support

Skill Building (social, daily living, cognitive)

Case Management

Continuing Care

Behavior Management

Supported Employment

Permanent Supported Housing

Recovery Housing

Therapeutic Mentoring

Traditional Healing Services

Parent Training

Recovery Support Services – Support services that focus on improving the ability of persons diagnosed with SMI or SED to live a self-directed life and strive to reach their full potential.

Peer Support

Recovery Support Coaching

Recovery Support Center Services

Supports for Self-Directed Care

Relapse Prevention/ Wellness Recovery Support

Other Supports (Habilitative) – Unique direct services for persons diagnosed with SMI or SED, including services to assist their families to continue caring for them.

Personal Care

Respite

Support Education

Transportation

Assisted Living Services

Trained Behavioral Health Interpreters

Interactive communication Technology Devices

Intensive Support Services – Intensive therapeutic coordinated and structured support services to help stabilize and support persons diagnosed with SMI or SED.

Assertive Community Treatment

Intensive Home-Based Services

Multi-Systemic Therapy

Intensive Case Management

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.

Crisis Residential/Stabilization

Adult Mental Health Residential

Children's Residential Mental Health Services

Therapeutic Foster Care

Acute Intensive Services – Acute intensive services requiring immediate intervention for persons diagnosed with SMI or SED.

Mobile Crisis

Peer-Based Crisis Services

Urgent Care

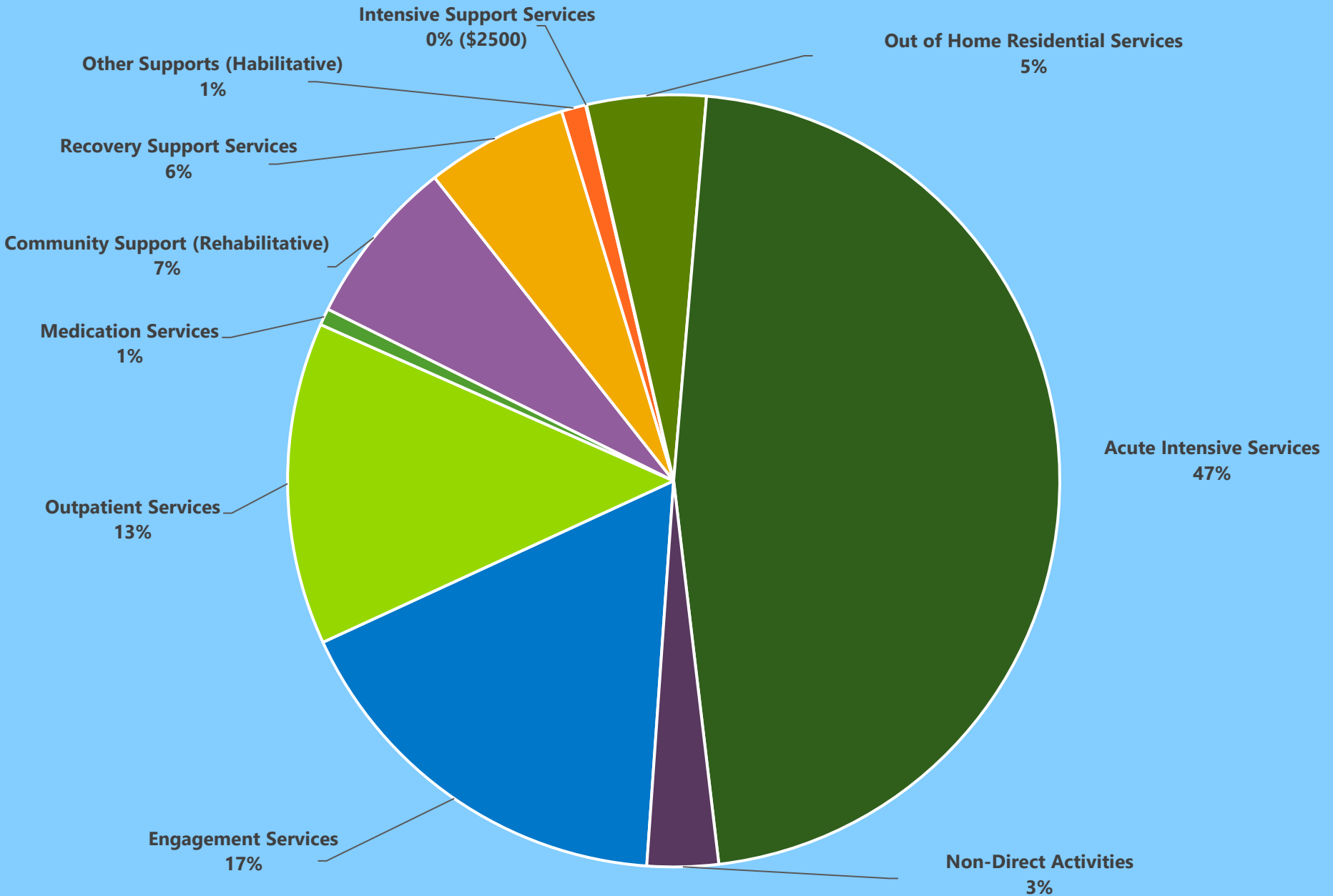
23 Hour Observation Bed

24/7 Crisis Hotline Services

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.

Workforce Development/Conferences

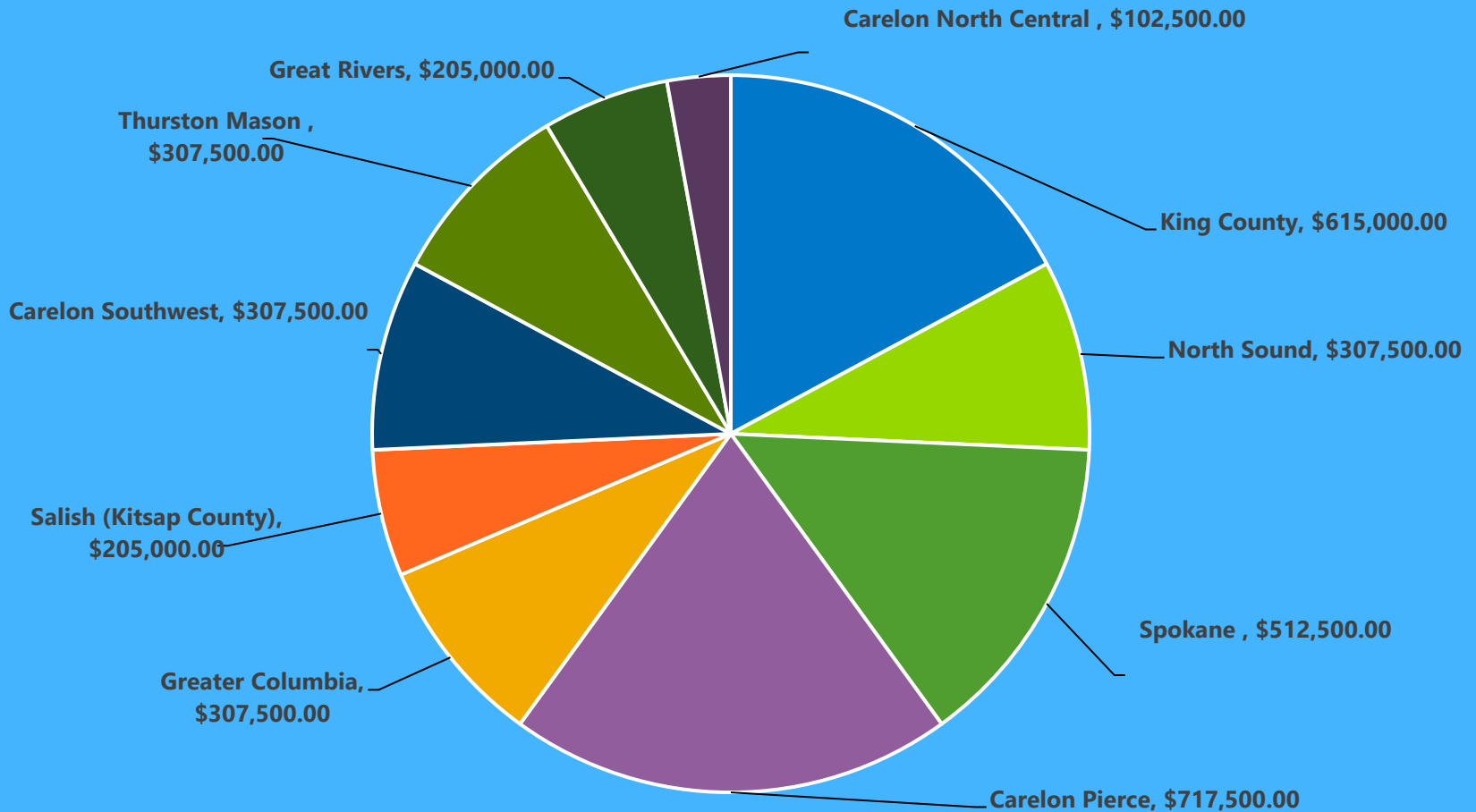
BH ASO SFY 25 Planned MHBG Expenditures



Peer Bridger - MHBG

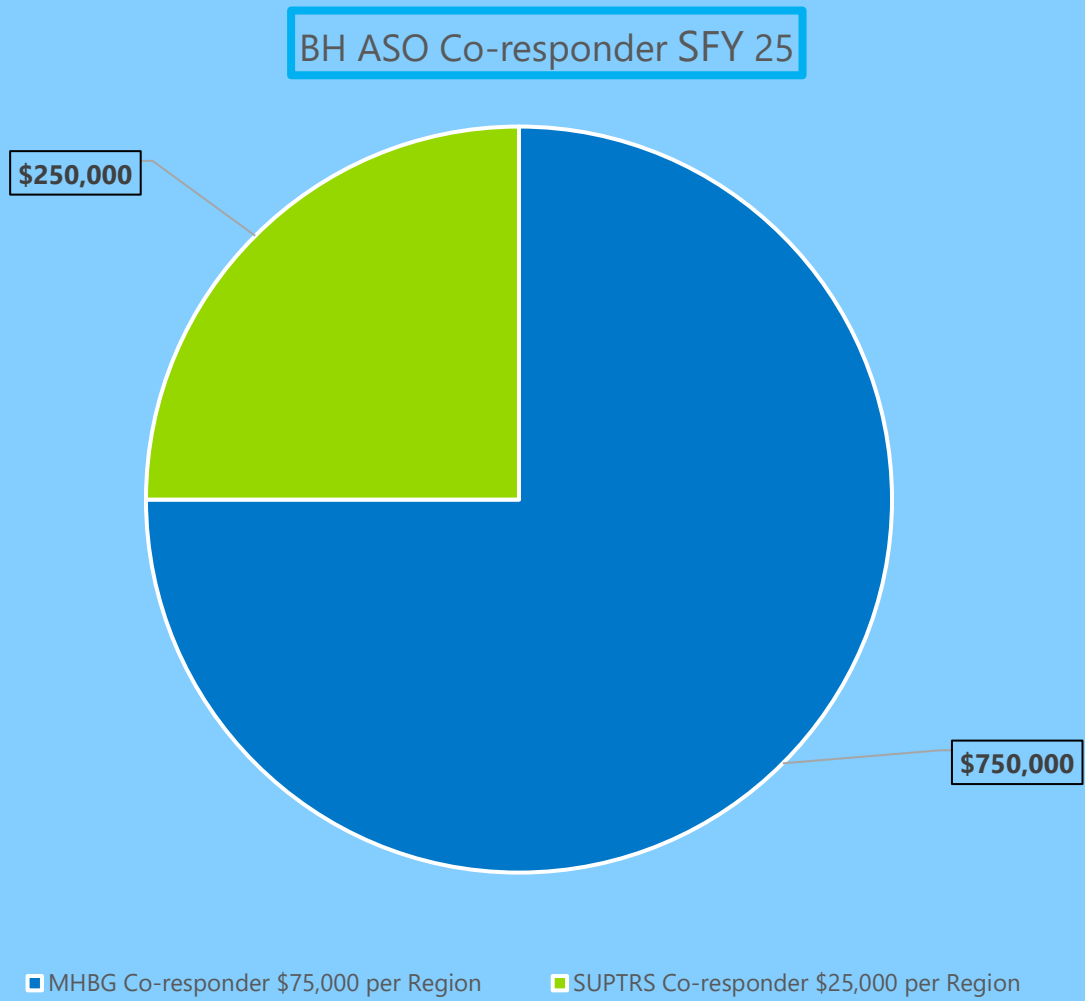
Peer Bridgers are trained Peer Support specialists who offers Peer Support services to participants in state hospitals and inpatient mental health facilities prior to discharge and after their return to their communities. The Peer Bridger must be an employee of a behavioral health agency licensed by DOH that provides Recovery services.

BH ASO Peer Bridger MHBG Allocations SFY 25



Co-responder – MHBG and SUPTRS

Co-responder implementation funds must be used solely for grants to law enforcement and other first responders to include a mental health professional on the team of personnel responding to emergencies within the region. Co-responder funds can be used for first responder programs like fire, EMTs as well as law enforcement.





Thank you

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