

MHBG COVID Supplemental Funding (expended by March 31, 2023)  
Proposed Project Summaries and Expenditures

BH-ASO: \$1,037,744.00

Category	Subcategory	Proposed Total Expenditure Amount	SurveyMonkey Results	Advisory Board Poll		Criteria**
Category: Acute Intensive Services – Acute intensive services requiring immediate intervention for persons diagnosed with SMI or SED.		\$0.00	SurveyMonkey Results	Advisory Board Poll	\$400,000	
	Mobile Crisis	Budget allocation	4.63	62%	\$400,000	1,3,6
Category: Prevention & Wellness – Activities that enhance the ability of persons diagnosed with SMI or SED, including their families, to effectively decrease their need for intensive mental health services:		\$0.00	SurveyMonkey Results	Advisory Board Poll	\$150,000	
	Relapse Prevention/ Wellness Recovery Support	Budget allocation	4.13	69%	\$150,000	1,2
Category: Outpatient Services – Outpatient therapy services for persons diagnosed with SMI or SED, including services to help their families to appropriately support them.		\$0.00	SurveyMonkey Results	Advisory Board Poll	\$100,000	
	Individual Evidenced-Based Therapies	Budget allocation	4.24	54%	\$100,000	1,2
Category: 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.		\$0.00	SurveyMonkey Results	Advisory Board Poll	\$100,000	
	Case Management	Budget allocation	4.61	23%	\$100,000	1,4,6
Category: Intensive Support Services – Intensive therapeutic coordinated and structured support services to help stabilize and support persons diagnosed with SMI or SED.		\$0.00	SurveyMonkey Results	Advisory Board Poll	\$100,000	
	Intensive Case Management	Budget allocation	4.43	38%	\$100,000	1,2
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	SurveyMonkey Results	Advisory Board Poll	\$100,000	
	Crisis Residential/Stabilization	Budget allocation	4.54	38%	\$100,000	1,3
Category: 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:		\$0.00	SurveyMonkey Results	Advisory Board Poll	\$50,000	
	Additional Allowable Service: Check-ins for individuals with SMI/SED by an outreach/peer support worker	Budget allocation	3.74	46%	\$50,000	
Category: 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.		\$0.00	SurveyMonkey Results	Advisory Board Poll	\$25,000	
	Peer Support	Budget allocation	3.92	46%	\$25,000	1,6
Category: Medication Services – Necessary healthcare medications, and related laboratory services, not covered by insurance or Medicaid for persons diagnosed with SMI or SED to increase their ability to remain stable in the community.		\$0.00	SurveyMonkey Results	Advisory Board Poll	\$10,000	
	Medication Management	Budget allocation	4.58	92%	\$10,000	1,4
Category: Other Supports (Habilitative) – Unique direct services for persons diagnosed with SMI or SED, including services to assist their families to continue caring for them.		\$0.00	SurveyMonkey Results	Advisory Board Poll	\$0	
Category: Non-Direct Activities – any activity necessary to plan, carry out, and evaluate this MHBG plan, including Staff/provider training, travel and per diem for peer reviewers, logistics cost for conferences regarding MHBG services and requirements, and conducting needs assessments.		\$0.00	SurveyMonkey Results	Advisory Board Poll	\$0	
Category: COVID-19 Related Expenses for SMI/SED. COVID-19 related expenses for those with SMI/SED, including testing and administering COVID vaccines, COVID awareness education, and purchase of Personal Protective Equipment (PPE)		\$0.00	SurveyMonkey Results	Advisory Board Poll	\$0	
			5 (high): 6	5 (high): 33%		
<b>Grand Total</b>		<b>\$0.00</b>	available	\$1,037,744	\$1,035,000	

\*\* ALLOCATION CRITERIA

1. Was prioritized high by either stakeholders, the Advisory Board or both
2. There was an existing program and/or proposal that could ensure the funding could be quickly implemented
3. Is an existing high priority for the BH-ASO, e.g., expansion of mobile crisis outreach, providing on-going support of crisis stabilization facilities, workforce development
4. Could supplement the funding for other programs, e.g. long-term rental assistance
5. Is not currently funded by Medicaid, or does not already have adequate funding from another fund source
6. Can be bundled with funding in other categories

Balance: -\$2,744

**SABG COVID Supplemental Funding (expended by March 31, 2023)  
Proposed Project Summaries and Expenditures**

**BH-ASO:**

**\$2,186,014.00**

Category	Subcategory	Proposed Total Expenditure Amount	SurveyMonkey Results	Advisory Board Poll		
Category: 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.		\$0.00	SurveyMonkey Results	Advisory Board Poll	\$650,000	Criteria**
	Crisis Services Residential/Stabilization	Budget allocation	4.27	33%	\$350,000	1,2,3
	Intensive Inpatient Residential Treatment	Budget allocation	4.08	17%	\$300,000	1,2
Category: Community Support (Rehabilitative) – Consist of support and treatment services focused on enhancing independent functioning.		\$0.00	SurveyMonkey Results	Advisory Board Poll	\$350,000	
	Case Management	Budget allocation	4.31	25%	\$50,000	1,6
	Recovery Housing	Budget allocation	4.75	50%	\$300,000	1,2
Category: 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.		\$0.00	SurveyMonkey Results	Advisory Board Poll	\$350,000	
	Additional Allowable Services: Technology/Equipment to Improve Service Delivery	Budget allocation	4.09	42%	\$50,000	1,3
	Additional Allowable Services: Provision of Workforce Support	Budget allocation	4.31	33%	\$300,000	1,3
Category: 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.		\$0.00	SurveyMonkey Results	Advisory Board Poll	\$300,000	
	Additional Allowable Services: Recovery/Peer Organizations to Expand Support Networks/Recovery Support Specialists (RSS)	Budget allocation	3.92	42%	\$300,000	1,6
Category: 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.		\$0.00	SurveyMonkey Results	Advisory Board Poll	\$225,000	
	Engagement and Referral (required)	Budget allocation	3.93	33%	\$125,000	1,2
	Additional Allowable Services: Outreach Workers for Check-ins for People with SUD	Budget allocation	3.93	67%	\$100,000	1,3
Category: Prevention & Wellness – Preventive services, such as drug use prevention and early intervention, are critical components of wellness:		\$0.00	SurveyMonkey Results	Advisory Board Poll	\$110,000	
	Outreach to Individuals Using Intravenous Drugs (IUID)	Budget allocation	3.73	33%	\$100,000	1,3
	Additional Allowable Service: Purchase and Dissemination of Naloxone/Overdose Kits	Budget allocation	4	8%	\$10,000	1,6
Category: 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.		\$0.00	SurveyMonkey Results	Advisory Board Poll	\$50,000	
	Additional Allowable Services: SUD Crisis Services	Budget allocation	4.36	75%	\$50,000	1,3,6
Category: 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.		\$0.00	SurveyMonkey Results	Advisory Board Poll	\$0	
Category: 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.		\$0.00	SurveyMonkey Results	Advisory Board Poll	\$0	

Category: Intensive Support Services-Services that are theapeutically intensive, coordinated and structured group-oriented. Services stabilize acute crisis and clinical conditions, utilizing recovery priciples to help return individuals to less intensive outpatient, case management, and/or other recovery based services.		\$0.00	SurveyMonkey Results	Advisory Board Poll	\$0
<b>Grand Total</b>		<b>\$0.00</b>	available	\$2,186,014	\$1,835,000

**\*\*ALLOCATION CRITERIA**

1. Was prioritized high by either stakeholders, the Advisory Board or both
2. There was an existing program and/or proposal that could ensure the funding could be quickly implemented
3. Is an existing high priority for the BH-ASO, e.g., expansion of mobile crisis outreach, providing on-going support of crisis stabilization facilities, workforce development
4. Could supplement the funding for other programs, e.g. long-term rental assistance
5. Is not currently funded by Medicaid, or does not already have adequate funding from another fund source
6. Can be bundled with funding in other categories

Balance: \$351,014

**Current Funding Levels**

**MHBG**

Everett Triage				
Whatcom Triage				
Peer Support Services				monthly annual
Medication Management support for LRA services	\$150 per person per month		about 100 non medicaid persons a month	15,000 180,000
Mobile Crisis Outreach Services				

**SABG**

- Opioid Outreach Teams
- Lynwood WM
- Skagit WM
- Island County Crisis Stabilization
- Whatcom WM

Mental Health Triage facilities:

		Snohomish	Whatcom		
Compass	Jan - June	348,000.00	268,750.00		
	July - Dec	348,000.00	268,750.00		
	Total	696,000.00	537,500.00		
Add 60%: 60%		417,600.00	322,500.00	740,100.00	
subtract whatcom provisor money- 125 k for whatcom			197,500.00		
total for mh triage				615,100.00	600,000

WM/Crisis Stabilization:

		Whatcom	Skagit	Island	Denny Facility	
Pioneer	Jan- June	125,000.00	100,000.00	82,500.00	143,790.32	
	July - Dec	125,000.00	100,000.00	82,500.00	202,594.00	
	Total	250,000.00	200,000.00	165,000.00	346,384.32	
total crisis/WM				615,000.00		
for block grant-replace end of proviso		100,000.00	100,000.00	165,000.00	365,000.00	350,000.00

Whatcom Proviso money was split between Compass and Pioneer. It has been reduced and is not in State budget yet.

Opioid Outreach Teams:

		Community Action	Island	Snohomish	Whatcom	total
	Jan - June	87,055.50	141,239.00	77,500.00	203,114.00	
	July - Dec	87,088.50	141,239.00	77,500.00	203,114.00	
	Total	174,144.00	282,478.00	155,000.00	406,228.00	1,017,850.00

Island and Whatcom both got additional funds. I'm not sure they are utilizing them.

Recovery houses	regular SABG	needed	COVID
Whatcom	229000	216000	
skagit	0	201000	201000

Provider	Funding Request	Service	FBG Category	Survey Priority
Skagit Regional Health	\$1,002,228	Start Up Costs-staffing for BH clinic and provide clinical experience sites for ambulatory, acute and emergent BH care for trainees and provide a enhanced BH clinic for the community.	MHBG-Engagement Services (education programs,Assessment) ; Specialized Evaluations (psychological & neurological); ); Medication Services (Medication Management); Outpatient Services (individual evidence based therapies);	Y-MHBG OP Individual evidence based therapy
		Childrens MH Specialist-PPW program, add an additional FTE due to demand and will serve 50 more children with a focus on childhood trauma	MHBG Engagement (Educational programs) OP Services (Individual Evidence based therapy, group therapy, family therapy); Community Support (parent/caregiver support, skill building)	Y MHBG OP Individual evidence based therapy
Evergreen Recovery Centers	\$100,000	additional funds for transportation, short term housing support	SABG Recovery Supports (transportation); Other support(housing assistance); Prevention & Wellness (brief intervention);	Priority Pop
Community Action of Skagit County	unknown	staff 1.0 FTE embedded MH/SUD; 1.0 FTE BH Intensive Case Manager; .5FTE JTS Coordinator	MHBG/SABG Prevention & wellness (outreach to IUID, Brief Intervention) Education Services (engagement & referral); Community Support (case management); Intensive Support Services (Intensive Case Management);	Y MHBG Intensive case management
Island County	\$227,374			

		1.0 FTE-Functional family therapy costs (training, materials) UAs, incentives, software, etc.	SABG Outpatient (Multifamily therapy); MHBG Engagement services (educational programs) Prevention & Wellness (relapse prevention, parent training);	Y MHBG Relapse prevention
SnoCo Juvenile Treatment	\$146,850	expansion of programs and add opportunities for youth-serve additional 14 in FFT to ARY-BECCA families; EBP intervention MST to ARY-BECCA families; training for DBT;	SABG Outpatient (Multifamily therapy); MHBG Engagement services (educational programs) Prevention & Wellness (relapse prevention, parent training);	Y MHBG Relapse prevention
SnoCo Juvenile Treatment	\$94,500	suicide prevention and f/u -continue the grant services	MHBG Community Support (continued care); Prevention & wellness (facilitated referrals)	N
VOA	\$266,000	add 1.0 FTE for crisis worker for swing shift	MHBG-Acute Intensive Services (Mobile Crisis)	Y Mobile Crisis
Compass SJ County	\$117,500	add 2 FTE crisis workers to serve East Skagit County	MHBG-Acute Intensive Services (Mobile Crisis)	Y Mobile Crisis
Compass Skagit County	\$197,925	1.0 FTE crisis worker to provide f/u and back up for complex cases	MHBG-Acute Intensive Services (Mobile Crisis)	Y Mobile Crisis
Compass Island County	\$117,500	2 FTE crisis workers for new Impact team to partner with Sheriff	MHBG-Acute Intensive Services (Mobile Crisis)	Y Mobile Crisis
Compass Health Whatcom County	\$219,955	17 crisis workers to outlying areas of SnoCo-phased in approach	MHBG-Acute Intensive Services (Mobile Crisis)	Y Mobile Crisis
SnoCo Human Services	\$4.36M	Recovery House-Whatcom	SABG (Recovery Housing)	Y Recovery house
Lifeline Connections	\$216,000	Recovery Supportive Housing- Mt Vernon	SABG community support (recovery housing); Other support (housing assistance);	Y recovery house, housing assistance
Lifeline Connections	\$102,000			

SABG Category	SABG Service	MHBG Category	MHBG Services
<b>Prevention &amp; Wellness</b>	Continue support of current opioid outreach teams and seek proposals from current providers to expand personnel/services. Offer funding to regional BHAs to see if they are interested in developing additional regional outreach teams. Although the State provides Naloxone kits, provide additional kits as needed (in case supplies are limited). Naloxone. Let's stop deaths wherever we can. On-site childcare for outpatient treatment	<b>Prevention &amp; Wellness</b>	prioritized; Brief therapy or group therapy while on waiting lists for outpatient would definitely help. Expand peer services so that people can develop WRAPs and attend peer support groups
<b>Engagement Services</b>	With lengthy waits for outpatient services, provide funding for interim/early engagement (requires staffing) or fund outside current network including within private practice networks. Engagement & Referrals is currently what opioid outreach teams do-keep funding them! Promote onsite childcare and parenting classes in SUD Outpatient/Residential (requires staffing, possibly space expansion) I know we can't do this, but safe use sites. Allowing people to use drugs in an environment where someone is there to revive them if they overdose, their children are safe, and they won't be in harm's way is ideal for those who are in the precontemplative and contemplative stages of recovery.	<b>Engagement Services</b>	Outreach activities need to include trust-building components, such as reaching out to underserved communities and people who are generally reluctant to seek treatment (homeless, undocumented, African and Asian American communities) – this cannot be done through service provision alone, but through partnerships with community leaders and allied systems Expand peer workforce, particularly peer-run organizations, in adding activities like in-home check-ins and activities to enhance wellness such as bus training, accompanying people to medical appointments, etc
<b>OP Services</b>	Continue to fund MAT PDOA grant services (via Lifeline Connections) in Concrete and Oak Harbor if current funding is not renewed. This is outside the box, but: Explore how to support and/or partner with MAPS <a href="https://maps.org/">https://maps.org/</a> to change current treatment paradigm to include psychedelic interventions for complex trauma (common root of SUD). “...MAPS has laid the groundwork for research showing psychedelics may have great promise in helping people deal with complex trauma, depression, anxiety, and addiction...developed a science- and health-based approach that both reflects the transformational potential of psychedelics and begins to repair the harms of the War on Drugs.” Expand contracts (and funding amounts) to include private provider network-that is where the current outpatient BHA providers are heading. Mobile MAT services	<b>OP Services</b>	A project that allows licensed staff who do not carry caseloads to provide services in a very limited capacity. This idea is not about significantly reducing the workload, but showing solidarity with the workforce and those seeking services. Perhaps employers with licensed clinicians in administrative roles could offer staff volunteer hours (always a nice benefit!) for this. Perhaps half a day per week for clinical staff volunteering in this program.
<b>Community Support</b>	Provide support to Recovery Housing development/expansion. Encourage and partner with BHAs to purchase housing and convert into Recovery Houses (short term stabilization/transition housing, PPW and long term). Housing. Not clean and sober (which are often neither), but Housing First options in every community.	<b>Community Support</b>	Expand the peer workforce! In fact, expand it beyond behavioral health. I've never seen growth in quite the same way as when I witnessed a blind peer help a person with agoraphobia learn how to use the bus. Connect with cross-disability peer service providers, such as ILCs, to promote independent living skills. Housing, housing, housing. And more housing. You cannot recover when you have zero peace or stability in your life
<b>Other support</b>	Continue current support for PPW housing programs. Provide short term housing/ motel vouchers (often best distributed through outpatient or outreach teams) Promote use of ACES screening as early as possible (partner with MCOs) Promote use of SBIRT across all primary care providers (partner with MCOs) Housing, housing, housing	<b>Other support</b>	prioritized; Brief therapy or group therapy while on waiting lists for outpatient would definitely help. Expand peer services so that people can develop WRAPs and attend peer support groups; This wasn't listed, but I think we should promote assistive technology. There is a lot out there to help people stay on track with appointments, medication reminders, self-care routines... There's high and low tech solutions for lots of the problems people might face, including devices to help folks with extrapyramidal symptoms fasten buttons, put on shoes, and manage kitchen tasks independently. oSupport groups and educational services for family caregivers. There are lots of programs out there to tap into, such as Strengthening Families
<b>Intensive support services</b>	Promote use of SBIRT across all primary care providers (partner with MCOs)	<b>Intensive support services</b>	prioritized; Brief therapy or group therapy while on waiting lists for outpatient would definitely help. Expand peer services so that people can develop WRAPs and attend peer support groups
<b>Out of home residential services</b>	Sub-Acute WM (3.2 LOC) have been challenged in providing both SUD and MH certified staff. Purchase bed(s) to support. Explore "Recovery Campus" concept with mix of long term SUD residential, outpatient/recovery housing, job/skill training (maybe attached to short term stabilization/sobering center).	<b>Out of home residential services</b>	Definitely more residential options for adults, particularly young adults experiencing first episodes of psychosis, mania, or other states that require some psycho-ed to manage – residential is a great place to teach those illness management skills. Not residential, but respite for youth so that, when needed, caregivers can have a break to prevent further destabilization or take care of errands. Perhaps up to 3 days of care?
<b>Acute Intensive Services</b>	Purchase bed(s) to support acute WM (3.7 LOC) Provide SUD training to crisis line staff (if needed). They may tend to be more MH focused.	<b>Acute Intensive Services</b>	Voluntary inpatient hospitalization – that has to be an option. In fact, people should be able to "go voluntary" while on an ITA hold in order to better promote recovery principles and show support for an individual's ability to self-direct their care. Peer respite centers to serve people who are housed and just need someone to be with them for a few days (or to be away from the usual people). This group might feel less comfortable in triage and do not actually require inpatient hospitalization, thereby improving flow-through for this population. Walk-in crisis centers... heck, why don't we work on getting a CCBHC – with same day access – up and running in our region? Law enforcement response alternatives, such as the CAHOOTS model, wherein funding is stabilized through pooling resources using law enforcement dollars. This should greatly improve the long term sustainability of these programs
<b>Recovery Supports</b>	Partner with Methadone programs to expand mobile Methadone and MAT (with recent relaxation by DEA of such services) Fund purchase of staff vehicles for outreach teams Peer/Recovery Specialist Expansion-Fund experienced supervisors for intensive oversight of new peers. Childcare Mobile services wherever possible	<b>Recovery Supports</b>	Peer support, more reliance on COPES and other inroads to self-directed care.
<b>Other</b>	Provide regional trainings (TA) in critical areas: Ethics, Suicide, Trauma Informed Care, OUD/MAT, ASAM, EBTS. Provide tablets as needed for Telehealth/Outreach Assist BHAs with funding for Prescribers (MAT); possibly contract with National prescriber network to increase availability. Fully fund cohort of SUDPs beginning with Community College through Licensure. Fund tuition, provide significant support to BHA for wage until certification/supervision hours met. Contract would require regional service for X years. Provide BHAs with funding to support supervisors at higher wage, provide extensive supervisor training/mentoring	<b>Other</b>	

**Medication Services** pharmacogenetic testing for the most complex – not sure this is really viable but seems like it might be helpful. Dr. Lippman would know more

**Workforce** Fund workforce supports such as childcare.

**Development** Encourage providers to adopt flexible work schedules and allow for hybrid work arrangements.  
Increase reimbursement rates so that agencies may increase salaries.  
Partner with a university to study workforce development strategies that looks at issues in our region and advises employers on issues related to recruitment and retention.  
Fund licensure supervision programs wherein agency staff may acquire supervision hours that they do not need to pay for out of pocket if their agency does not provide a suitable supervisor.  
Don't focus so much on tuition reimbursement or forgiveness. There are lots of programs already out there. The issue is that people can't afford to work their way up to the forgiveness, and leave as soon as they have attained it whenever they can.



MHBG Survey Results Snapshot, By Group, Combined with Advisory Board Secondary Poll

1. Respondent identification for first survey.	
North Sound BH-ASO Advisory Board	7
North Sound BH-ASO Board of Directors	2
County Coordinators	6
Behavioral Health Agency	9
ASO contracted Block Grant Provider	2
Tribal Authority	4
Other (Homeless Street Outreach, Private Therapist)	2
Total	27

2. Prevention and Wellness Activities that enhance the ability of persons diagnosed with..... to effectively decrease their need for intensive mental health services.	Combined Weighted Average	Advisory Board Score	Board of Directors Score	County Coordinator s Score	Behavioral Health Agency Score	ASO BG Provider Score	Tribal Authority Score	Other Score	Advisory Board Second Poll
Relapse Prevention/Wellness Recovery Support	4.13	35	8	22	27	9	15	9	69%
Screening, Brief Intervention, and Referral to Treatment	3.81	25	5	17	27	5	10	10	15%
Facilitated Referrals	3.64	31	9	15	28	10	8	7	8%
Brief Motivational Interviews	3.53	23	4	17	20	3	16	3	0%
Parent Training	3.52	28	7	18	19	2	11	5	8%
Warm Line (a peer support help line)	2.79	27	4	11	24	10	8	6	0%

Additional Comments:

Need treatment capacity- workforce lacking

There also needs to be funding for where these people can go for consistent care

3. Engagement Services Activities associated with providing evaluations, assessments..... to engage in mental health services. *Currently funded	Combined Weighted Average	Advisory Board Score	Board of Directors Score	County Coordinator s Score	Behavioral Health Agency Score	ASO BG Provider Score	Tribal Authority Score	Other Score	Advisory Board Second Poll
Outreach*	4.55	33	9	22	29	10	17	10	15%
Assessment	4.28	27	5	25	21	8	9	4	8%
Specialized Evaluations (Psychological and Neurological)									8%
Additional Allowable Service: Check-ins for individuals with SMI/SED by an outreach/peer support worker	3.91	22	7	24	28	9	11	4	46%
Additional Allowable Service: Prison/Jail Re-entry & Enhanced Discharge - Reduce COVID-19 Risks	3.74	32	7	21	26	9	13	7	8%
Service Planning (not crisis)	3.7	32	8	24	19	10	16	2	0%
Educational Programs	3.45	27	7	21	20	3	13	7	15%

Additional Comments:

Crisis response priority 5

Early assessment and evaluation can prevent mishaps.

There also need to be good options for where they can engage in consistent care

4. Outpatient Services Outpatient therapy services for persons diagnosed with SMI or SED, including services to help their families to appropriately support them.	Combined Weighted Average	Advisory Board Score	Board of Directors Score	County Coordinator s Score	Behavioral Health Agency Score	ASO BG Provider Score	Tribal Authority Score	Other Score	Advisory Board Second Poll
Individual Evidenced-Based Therapies	4.24	27	10	28	37	7	13	7	54%
Consultation to Caregivers	3.77	24	7	18	30	9	11	10	8%
Family Therapy	3.6	17	8	13	28	7	15	5	15%
Group Therapy	3.57	16	8	12	34	8	13	7	0%
Multi-Family Counseling Therapy	3	15	6	9	23	7	14	5	23%

Additional Comments:

Caregiver support help in stabilizing and keeping community and clients safe

Any kind of treatment capacity, including psych assessments/med monitoring

I would like to see you reduce the waiting lists more than choosing a modality.

5. Medication Services Necessary healthcare medications..... for persons diagnosed with SMI or SED to increase their ability to remain stable in the community.	Combined Weighted Average	Advisory Board Score	Board of Directors Score	County Coordinator s Score	Behavioral Health Agency Score	ASO BG Provider Score	Tribal Authority Score	Other Score	Advisory Board Second Poll
Medication Management	4.58	28	10	30	36	9	16	8	92%
Pharmacotherapy	4.17	20	9	29	30	5	12	5	8%
Laboratory Services	3.7	25	8	22	28	9	9	7	0%

Additional Comments:

6. Community Support (Rehabilitative) Community-based programs that enhance independent functioning..... to assist their families to care for them. *Currently Funded	Combined Weighted Average	Advisory Board Score	Board of Directors Score	County Coordinator s Score	Behavioral Health Agency Score	ASO BG Provider Score	Tribal Authority Score	Other Score	Advisory Board Second Poll
Case Management	4.61	29	10	28	34	9	18	7	23%
Continuing Care	4.59	24	9	27	33	9	17	9	8%
Permanent Supported Housing	4.5	37	8	24	32	9	16	8	38%
Behavior Management	4.45	27	9	26	33	10	17	5	0%
Recovery Housing	4.44	37	8	30	31	10	16	7	15%
Skill Building (social, daily living, cognitive)	4	30	10	23	33	9	17	5	8%

Parent/Caregiver Support	3.73	29	8	13	25	7	15	6	0%
*Traditional Healing Services	3.71	21	6	13	30	7	18	5	0%
Supported Employment	3.65	29	8	16	34	9	12	4	8%
Therapeutic Mentoring	3.5	21	7	17	24	9	11	6	0%

Additional Comments:

We do not have a case manager and if we did funding would be high for this. Funding to accrue one would be great. Same for housing.

7. 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.	Combined Weighted Average	Advisory Board Score	Board of Directors Score	County Coordinator's Score	Behavioral Health Agency Score	ASO BG Provider Score	Tribal Authority Score	Other Score	Advisory Board Second Poll
Peer Support	3.92	35	7	14	35	10	16	8	46%
Supports for Self-Directed Care	3.88	32	6	15	33	8	15	7	21%
Recovery Support Coaching	3.83	33	8	15	32	9	14	4	8%
Recovery Support Center Services	3.68	30	7	15	32	8	13	8	15%

Additional Comments:

8. Other Supports Unique direct services for persons diagnosed with SMI or SED, including services to assist their families to continue caring for them.	Combined Weighted Average	Advisory Board Score	Board of Directors Score	County Coordinator's Score	Behavioral Health Agency Score	ASO BG Provider Score	Tribal Authority Score	Other Score	Advisory Board Second Poll
Personal Care	4.1	29	10	15	26	9	11	10	15%
Respite	4	31	9	21	23	9	12	5	23%
Transportation	3.91	26	9	20	27	10	16	6	23%
Assisted Living Services	3.9	25	7	16	20	10	14	9	15%
Trained Behavioral Health Interpreters	3.45	21	8	17	18	8	10	6	15%
Interactive Communication Technology Devices	3.37	21	6	10	21	8	11	5	0%
Support Education	3.19	24	6	9	24	7	13	4	8%

Additional Comments:

Flex funds are useful therapeutic tools when available.

9. Intensive Support Services Intensive therapeutic coordinated and structured support services to help stabilize and support persons diagnosed with SMI or SED.	Combined Weighted Average	Advisory Board Score	Board of Directors Score	County Coordinator's Score	Behavioral Health Agency Score	ASO BG Provider Score	Tribal Authority Score	Other Score	Advisory Board Second Poll
Intensive Case Management	4.43	25	9	28	33	9	17	5	38%
Assertive Community Treatment	4	29	8	26	30	10	13	9	23%
Intensive Home-based services	4	21	10	22	35	8	15	6	15%
Multi-Systemic Therapy	3.73	20	10	18	27	7	15	8	23%

Additional Comments:

10. 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. *Currently Funded.	Combined Weighted Average	Advisory Board Score	Board of Directors Score	County Coordinator's Score	Behavioral Health Agency Score	ASO BG Provider Score	Tribal Authority Score	Other Score	Advisory Board Second Poll
*Crisis Residential/Stabilization	4.54	27	8	30	34	10	13	10	38%
Children's Residential Mental Health Services	4.5	26	9	27	29	9	14	8	31%
Adult Mental Health Residential	4.3	26	10	25	28	10	14	10	23%
Therapeutic Foster Care	3.95	21	9	18	29	7	8	6	8%

Additional Comments:

Supplemental funding needed for Crisis Triage

11. Acute Intensive Services Acute intensive services requiring immediate intervention for persons diagnosed with SMI or SED. *Currently Funded.	Combined Weighted Average	Advisory Board Score	Board of Directors Score	County Coordinator's Score	Behavioral Health Agency Score	ASO BG Provider Score	Tribal Authority Score	Other Score	Advisory Board Second Poll
*Mobile Crisis	4.63	29	10	30	33	9	17	5	62%
24/7 Crisis Hotline Services	4.23	26	10	25	27	10	14	5	8%
Urgent Care	4.16	29	8	17	21	9	18		0%
Additional Allowable Service: Training/Equipment MH Crisis Response Services	3.9	27	10	17	21	9	16	4	0%
23 Hour Observation Bed	3.75	21	9	19	25	10	11	2	0%
Additional Allowable Service: Check-ins for individuals with SMI/SED by an outreach/peer support worker	3.65	29	8	20	23	10	13	3	15%
Additional Allowable Service: MH Awareness, First Responder Training	3.64	28	10	18	21	9	13	4	0%
Peer-Based Crisis Services	3.29	19	6	17	27	5	6		15%

Additional Comments:

Could expand scope of crisis services to include first responder partnerships such as IMPACT or other similar programs.

12. Workforce Development/Conferences	Combined Weighted Average	Advisory Board Score	Board of Directors Score	County Coordinator's Score	Behavioral Health Agency Score	ASO BG Provider Score	Tribal Authority Score	Other Score	Advisory Board Second Poll
1 (low)	2				2				8%
2	3	2	1				1		8%
3	7	3			3		2		0%

4	3		1	2				1	8%
5 (high)	8	1		3	3	1	1		75%

Additional Comments:

Prioritizing EBPs; no- or low-cost training required for licensure; management/leadership training.  
 I'm not sure how useful a conference would be...we do need action to mitigate the workforce issue.  
 tuition funding would be more directly beneficial

13. COVID-19 Related Expenses for SMI/SED. COVID-19 related expenses for those with SMI/SED..... and purchase of Personal Protective Equipment (PPE).	Combined Weighted Average	Advisory Board Score	Board of Directors Score	County Coordinator's Score	Behavioral Health Agency Score	ASO BG Provider Score	Tribal Authority Score	Other Score	Advisory Board Second Poll
1 (low)	1				1				8%
2	2		1	1					33%
3	7	2	1	3	1			1	25%
4	3	1			1	1	2	1	8%
5 (high)	6	3			3	1	2		

Additional Comments:

SABG Survey Results Snapshot, By Group, Combined with Advisory Board Secondary Poll

1. Respondent identification for first survey.	0
North Sound BH-ASO Advisory Board	2
North Sound BH-ASO Board of Directors	6
County Coordinators	6
Behavioral Health Agency	2
ASO contracted Back Grant Provider	2
Tribal Authority	1
Other (Homeless Street Outreach, Private Therapist)	16

2. Prevention and Wellness Preventive services, such as drug use prevention and early intervention, are critical components of wellness. *Currently Funded	Combined Weighted Average	Advisory Board Score	Board of Directors Score	County Coordinator's Score	Behavioral Health Agency Score	ASO BG Provider Score	Tribal Authority Score	Other Score	Advisory Board Second Poll
Additional Allowable Service: Purchase and Dissemination of Naloxone/Overdose Kits	4	10	21	22	9	8	5	8%	
Drug Screening	3.89	9	9	14	10	6	5	8%	
Brief Intervention	3.82	8	21	11	5	7	4	8%	
Outreach to individuals Using Intravenous Drugs (IUID)*	3.73	8	24	16	7	9	5	33%	
Additional Allowable Service: Integrated Substance Use Disorder (SUD) Treatment - Focus on PPW	3.31	10	12	20	10	7	3	25%	
Pregnant and Parenting Women (PPW) Outreach	3.29	9	13	20	7	8	1	17%	
Tuberculosis Screening	2.57	5	6	5	7	8	2	0%	

Additional Comments:  
Funding for agencies to provide educational programs that are not Medicaid billable services but still needed.  
I would add prevention through Early Childhood ACEs services and onsite child care for outpatient programs. PPW Outreach is provided through PCAP (directly funded by HCA) to Snohomish, Skagit and Whatcom counties, so that is why I did not rate it. I am sure on a small scale the Islands may have a much higher need.

3. Engagement Services Assessment/admission screening related to SUD, ..... Treatment services must meet the criteria as set forth in Chapter 246-341 WAC. *Currently funded	Combined Weighted Average	Advisory Board Score	Board of Directors Score	County Coordinator's Score	Behavioral Health Agency Score	ASO BG Provider Score	Tribal Authority Score	Other Score	Advisory Board Second Poll
Engagement and Referral	3.93	9	22	22	10	7	4	33%	
Additional Allowable Services: Outreach Workers for Check-ins for People with SUD	3.93	10	24	18	8	7	5	67%	
Assessment	3.92	9	21	14	7	8	4	0%	
Intern Services	3.54	8	17	18	9	7	4	0%	
Educational Programs	3.4	7	14	14	7	6	5	0%	

Additional Comments:  
Funding for agencies to offer outreach services for pre engagement and build relationships before people are ready so they know where to go when they are workforce issues.  
Assessments are covered. Engagement/retention should continue to be funded.  
I would add Parenting programs onsite in SUD facilities. Assessments are funded I thought so I would focus on targeting bringing services to the clients in remote areas with telehealth assessment.

4. Outpatient Services provided in a non-residential SUD treatment facility. Outpatient treatment services must meet the criteria as set forth in Chapter 246-341 WAC. *Currently Funded	Combined Weighted Average	Advisory Board Score	Board of Directors Score	County Coordinator's Score	Behavioral Health Agency Score	ASO BG Provider Score	Tribal Authority Score	Other Score	Advisory Board Second Poll
Individual Therapy	4.08	10	30	16	9	8	4	42%	
Medication Assisted Therapy (MAT) - Opioid Substitution Treatment	4.08	10	24	18	9	8	3	33%	
Additional Allowable Services: Medication Assisted Treatment for Alcohol Use Disorder	3.93	8	18	23	10	8	3	0%	
Group Therapy	3.92	9	21	17	8	9	5	17%	
Family Therapy	3.54	10	17	13	8	6	3	8%	
Multi-Family Counseling Therapy	2.92	7	15	14	8	6	3	0%	

Additional Comments:  
Need more treatment capacity  
individual, group therapy is covered by Medicaid/insurance.

5. Community Support (Rehabilitative) consist of support and treatment services focused on enhancing independent functioning. *Currently Funded	Combined Weighted Average	Advisory Board Score	Board of Directors Score	County Coordinator's Score	Behavioral Health Agency Score	ASO BG Provider Score	Tribal Authority Score	Other Score	Advisory Board Second Poll
Recovery Housing	4.75	9	30	29	10	10	5	50%	
Case Management	4.31	10	27	16	4	9	4	25%	
Supported Employment	3.47	8	21	18	8	5	3	25%	

Additional Comments:  
Technical assistance for housing programs  
Case management is too limited in SUD—expand its availability and it mitigates some of the workforce shortage.

6. Other Support (Habilitative) Structured services provided in segments of less than 24 hours ..... frequency and duration of services based on the needs of the client. *Currently Funded	Combined Weighted Average	Advisory Board Score	Board of Directors Score	County Coordinator's Score	Behavioral Health Agency Score	ASO BG Provider Score	Tribal Authority Score	Other Score	Advisory Board Second Poll
Housing Assistance	4.89	10	23	23	10	10	5	42%	
PPW Housing Support Services	3.92	10	20	21	8	4	4	25%	
Supported Education	3.33	7	17	13	8	4	4	17%	
Spiritual/Faith-Based Support	3	8	11	9	5	4	2	17%	

Additional Comments:  
Create an ADATSA 2 housing model!!! Desperately need to tie treatment progress to housing, esp. after losing court leverage under Blake!

7. Intensive Support Services that are therapeutically intensive..... utilizing recovery principles to help return individuals to less intensive outpatient, case management, and/or other recovery based services.	Combined Weighted Average	Advisory Board Score	Board of Directors Score	County Coordinator's Score	Behavioral Health Agency Score	ASO BG Provider Score	Tribal Authority Score	Other Score	Advisory Board Second Poll
Therapeutic Intervention Services for Children	4.29	10	26	21	8	9	4	57%	
Sobering Services	4	9	23	17	5	8	5	33%	

Additional Comments:

8. Out of Home Residential Services 24 hour a day..... Treatment services must meet the criteria as set forth in Chapter 246-341 WAC. *Currently Funded	Combined Weighted Average	Advisory Board Score	Board of Directors Score	County Coordinator's Score	Behavioral Health Agency Score	ASO BG Provider Score	Tribal Authority Score	Other Score	Advisory Board Second Poll
Long Term Residential Treatment	4.39	10	20	23	10	8	4	25%	
Crisis Services Residential/Stabilization	4.27	10	27	18	7	10	5	33%	
Recovery House Residential Treatment	4.4	8	28	21	9	10	5	25%	
Involuntary Commitment	4.25	10	20	19	5	10	2	0%	
Intensive Inpatient Residential Treatment*	4.08	10	20	15	7	8	4	17%	
Additional Allowable Services: Treatment Services (including MAT) in Penal or Correctional Institution	4	9	20	10	5	8	4	0%	
Sub-acute Withdrawal Management	3.75	8	24	10	6	9	3	0%	

Additional Comments:  
Intensive residential services that accept methadone

9. Acute Intensive Services 24-hour emergency services that provide access to a clinician..... Services must meet the criteria as set forth in Chapter 246-341 WAC. *Currently Funded	Combined Weighted Average	Advisory Board Score	Board of Directors Score	County Coordinator's Score	Behavioral Health Agency Score	ASO BG Provider Score	Tribal Authority Score	Other Score	Advisory Board Second Poll
Additional Allowable Services: SUD Crisis Services	4.36	10	23	19	10	9	5	55%	
Acute Withdrawal Management	4.31	9	25	18	10	10	4	8%	
Additional Allowable Services: Crisis Lines or warm line operated by Treatment Providers	3.33	10	15	11	3	6	3	17%	

Additional Comments:  
Warm line operated by Peers

10. Recovery Supports A process of change through..... home, purpose, and community to support recovery. *Currently Funded.	Combined Weighted Average	Advisory Board Score	Board of Directors Score	County Coordinator's Score	Behavioral Health Agency Score	ASO BG Provider Score	Tribal Authority Score	Other Score	Advisory Board Second Poll
Additional Allowable Services: Recovery/Peer Organizations to Expand Support Networks/Recovery Support Specialists (RSS)	3.92	8	20	13	8	9	4	42%	
Transportation*	3.79	9	21	22	8	6	5	25%	
Chitlape Services	3.75	10	16	19	10	8	2	8%	
Transportation for PPW	3.73	9	13	14	9	6	4	0%	
Intern Services	3.18	8	16	12	7	9	3	0%	
Additional Allowable Service: Crisis Lines by RSS Providers	3.1	9	10	12	5	6	4		
Additional Allowable Services: Peer Recovery Specialist Training, Funding, Eval & Certification	3.08	8	19	14	7	6	4		

Additional Comments:  
childcare needs to be onsite at outpatient facility

11. Other SABG Activities Any activity necessary to plan..... capacity management infrastructure, and conducting needs assessments.	Combined Weighted Average	Advisory Board Score	Board of Directors Score	County Coordinator's Score	Behavioral Health Agency Score	ASO BG Provider Score	Tribal Authority Score	Other Score	Advisory Board Second Poll
Additional Allowable Services: Provision of Workforce Support	4.31	10	25	17	7	4	5	33%	
Additional Allowable Services: Technology/Equipment to Improve Service Delivery	4.09	8	13	18	8	10	5	42%	
Additional Allowable Services: Purchase of Technical Assistance	4	10	14	11	8	8	5	8%	

Additional Allowable Services: COVID-19 Related Expenses for those with SUD	3		5	9	3		8	2	8%
Additional Allowable Services: PPE for Staff and Persons Receiving SUD Services	2.79		5	8	5	2	8	2	8%

**Additional Comments:**

Funds to pay programs to provide internships for SUDPT and License Associates including Peers  
 Workforce support ideally would be paying tuition for completing coursework for SUDP certification, as you did during BHO times.