Salish Behavioral Health
Administrative Services Organization

EXECUTIVE BOARD MEETING

DATE: August 21, 2026
TIME: **9:00 am – 11:00 pm**
LOCATION: Hybrid – Bay/Blyn Room, 7 Cedars Hotel
270756 Hwy 101, Sequim, WA 98382

LINK TO JOIN BY COMPUTER OR PHONE APP

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Agenda

Salish Behavioral Health Administrative Services Organization – Executive Board

1. Call To Order
2. Announcements/Introductions
3. Opportunity to Address the Board on Agenda Topics (limited to 3 minutes each)
4. Approval of Agenda
5. Approval of Executive Board Meeting Minutes for June 3, 2026 (Attachment 5 [page 5])
6. Action Items
   a. Policy and Procedure Approval [page 3]
   (Attachment 6.a.1 [page 11], 6.a.2 [page 13], and 6.a.3 [page 23])
7. Informational Items
   a. Fiscal Review [page 3]
   b. Rural Health Transformation Project [page 3] (Attachment 7.b [page 32])
   c. Strategic Planning and Combined Meetings [page 4]
8. Behavioral Health Advisory Board Update [page 4]
9. Opiate Abatement Council Update [page 4]
10. Opportunity for Public Comment (limited to 3 minutes each)
11. Adjournment

Salish Behavioral Health
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EXECUTIVE BOARD MEETING

Acronyms

ACH	Accountable Community of Health	**ITA**	Involuntary Treatment Act
AOT	Assisted Outpatient Treatment	**MAT**	Medical Assisted Treatment
ASAM	American Society of Addiction Medicine	**MCO**	Managed Care Organization
BHA	Behavioral Health Advocate; Behavioral Health Agency	**MHBG**	Mental Health Block Grant
BHAB	Behavioral Health Advisory Board	**MOU**	Memorandum of Understanding
BHASO	Behavioral Health Administrative Services Organization	**OCH**	Olympic Community of Health
CAP	Corrective Action Plan	**OST**	Opiate Substitution Treatment
CMS	Center for Medicaid & Medicare Services (Federal)	**OTP**	Opiate Treatment Program
CPC	Certified Peer Counselor	**PACT**	Program of Assertive Community Treatment
CRIS	Crisis Response Improvement Strategy (WA State Work Group)	**PATH**	Programs to Aid in the Transition from Homelessness
DBHR	Division of Behavioral Health & Recovery	**PIHP**	Prepaid Inpatient Health Plans
DCR	Designated Crisis Responder	**P&P**	Policies and Procedures
DCYF	Division of Children, Youth, & Families	**QACC**	Quality and Compliance Committee
DDA	Developmental Disabilities Administration	**RCW**	Revised Code Washington
DSHS	Department of Social and Health Services	**R.E.A.L.**	Recovery. Empowerment. Advocacy. Linkage.
E&T	Evaluation and Treatment Center (i.e., AUI, YIU)	**RFP, RFQ**	Request for Proposal, Request for Qualifications
EBP	Evidence Based Practice	**SABG**	Substance Abuse Block Grant
FYSPRT	Family, Youth, and System Partner Round Table	**SRCL**	Salish Regional Crisis Line
HCA	Health Care Authority	**SUD**	Substance Use Disorder
HCS	Home and Community Services	**SYNC**	Salish Youth Network Collaborative
HIPAA	Health Insurance Portability & Accountability Act	**TEAMonitor**	HCA Annual Monitoring of SBHASO
HRSA	Health and Rehabilitation Services Administration	**UM**	Utilization Management
IMC	Integration of Medicaid Services	**WAC**	Washington Administrative Code
IMD	Institutes for the Mentally Diseased	**WM**	Withdrawal Management
IS	Information Services	**WSH**	Western State Hospital, Tacoma

Salish Behavioral Health
Administrative Services Organization

EXECUTIVE BOARD MEETING

August 21, 2026

Action Items

A. POLICY AND PROCEDURE APPROVAL

Staff will present the following off-cycle amended policies and procedures to the Executive Board for approval:

- AD108 Staff Training Plan
    - Implementation of HB1813 required formalization of a training protocol for the newly delegated Utilization Management procedures. AD108 was developed to meet this requirement.
- CL210 Behavioral Health Housing
    - The Department of Commerce online complaint form link is no longer active. Proceeded with removal from the complaint and grievance section of policy.

Informational Items

A. FISCAL REVIEW

The Salish BH-ASO Executive Director will provide an overview of fiscal processes and expected changes going forward, including discussion of budget changes in the July 2026 HCA Core contract amendment and future expectations. This will include an overview of the Revenue and Expenditure process as well as the Spending Plan process and related changes.

There has been a change in the program reserves for the CORE contract. This calculation had not been amended since the inception of the ASO in 2020. ASO revenue from HCA has increased, yet the reserve amount had not changed. ASOs requested a review due to existing reserves being insufficient to adequately provide for coverage of expenditures. HCA worked to update the reserve calculation and notified ASOs of future reserve expectations. Those expectations will be reflected in the January 2027 contract.

B. RURAL HEALTH TRANSFORMATION PROJECT

Salish BH-ASO has been awarded funding under the Rural Health Transformation Project for Clallam and Jefferson Counties. This initiative expands crisis outreach services over a five-year period. SBH-ASO staff will review the partner information provided by HCA. Staff is working in partnership with the eligible providers

and HCA to finalize the plan for year 1 spending. SBH-ASO's plan is specific to expansion of staffing in existing teams and the addition of supportive technology to enhance team effectiveness. Staff will provide an overview of program expectations.

C. STRATEGIC PLANNING AND COMBINED MEETINGS

Salish BH-ASO Executive and Advisory Board will meet in October and December to complete the strategic planning work that started earlier this year. Staff met with the subcommittee in April to establish a framework for supporting strategic planning conversations.

Behavioral Health Advisory Board Update

SBH-ASO Advisory Board Chair, Stormy Howell, had to step down from her role with the Advisory Board. Vice Chair Naomi agreed to step into the role of Chair. Molly Barnes agreed to become the new Vice Chair. Both nominations were accepted and received unanimous votes.

The Advisory Board continues to recruit for two representatives from Jefferson County. Stormy Howells exit opened a Tribal representative seat for recruitment as well.

Opiate Abatement Council Update

SBH-ASO is working to add more structure to opiate abatement tracking. Staff is working with Kitsap Public Health to create a dashboard for the region. This dashboard should provide a central information platform regarding the impact of opiate use, outcomes, and fiscal tracking. Staff will be meeting with each county contact to solicit desired information gathering and formalize a reporting structure. Staff will also be working with each partner to offer presentations on current status.

The City of Bremerton sent formal notice regarding discontinuing participation in the fund pool. Staff is working to clarify expectations regarding this change.

MINUTES OF THE
SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION
EXECUTIVE BOARD

Wednesday, June 3, 2026
12:00 p.m. – 1:00 p.m.
Hybrid Meeting
Alderwood Room, Jamestown S'Klallam Tribal Center

CALL TO ORDER – Commissioner Heather Dudley-Nollette, Chair, called the meeting to order at 12:05 p.m.

INTRODUCTIONS – Self introductions were conducted.

ANNOUNCEMENTS – None.

OPPORTUNITY FOR PUBLIC TO ADDRESS THE BOARD ON AGENDA TOPICS – None.

APPROVAL of AGENDA –

MOTION: Commissioner Ozias moved to approve the agenda as submitted. Commissioner Rolfes seconded the motion. Motion carried unanimously.

APPROVAL of MINUTES –

Correction to date of last meeting from March 13, 2025 to March 13, 2026.

MOTION: Commissioner Rolfes moved to approve the meeting notes as amended for the March 13, 2026 meeting. Commissioner Ozias seconded the motion. Motion carried unanimously.

ACTION ITEMS

- **ADVISORY BOARD MEMBER APPOINTMENTS**

The SBH-ASO Advisory Board membership includes 3 representatives from each county and 2 Tribal Representative.

Current Advisory Board membership includes:

Clallam County
- Mary Beth Lagenaur
- Molly Barnes
- 1 Vacancy

Jefferson County
- 3 Vacancies

Kitsap County
- Helen Havens
- Naomi Levine
- Renee Hernandez Greenfield

Tribal Representative
- Stormy Howell (Lower Elwha)
- Morgan Allen (Jamestown S'Klallam)

SBH-ASO received Advisory Board applications from two individuals. Applicants were interviewed by SBH-ASO Executive Director Jolene Kron and Advisory Board Chair Stormy Howell.

Clallam County Representative applicant: Dioselín Gonzalez

Dioselín Gonzalez is a resident of Clallam County. She has post-graduate training in public policy and governance, with experience supporting policy development and engagement with governmental partners. She is a committed advocate for mental health services and is interested in deepening her understanding of, and contribution to, the Salish region's service delivery.

At the March 20, 2026 meeting, the Advisory Board unanimously recommended that the Executive Board appoint Dioselín Gonzalez to the Advisory Board to represent Clallam County.

Staff requests Executive Board approval for the appointment of Dioselín Gonzalez to the SBH-ASO Advisory Board for a 3-year term from June 1, 2026 – May 30, 2029.

Jefferson County Representative applicant: Sherriff Andy Pernsteiner

Sheriff Pernsteiner has served Jefferson County in law enforcement for 28 years. His experience includes extensive work with individuals experiencing mental health and substance use challenges, along with long-standing involvement in multiple community and public-service organizations. He has received ongoing training throughout his career related to behavioral health and has direct insight into system needs through his leadership of the county jail.

At the May 15, 2026 meeting, the Advisory Board unanimously recommended that the Executive Board appoint Sherriff Pernseiner to the Advisory Board to represent Jefferson County.

Staff requests Executive Board approval for the appointment of Sherriff Pernsteiner to the SBH-ASO Advisory Board for a 3-year term from June 1, 2026 – May 30, 2029.

MOTION: Commissioner Rolfes moved to approve the appointment of Dioselín Gonzales to the Salish BH-ASO Advisory Board for a 3-year term from June 1, 2026 – May 30, 2029. Commissioner Ozias seconded the motion. Motion carried unanimously.

MOTION: Commissioner Ozias moved to approve the appointment of Sherriff Andy Pernsteiner to the Salish BH-ASO Advisory Board for a 3-year term from June 1, 2026 – May 30, 2029. Commissioner Rolfes seconded the motion. Motion carried unanimously.

- **ADVISORY BOARD RECOMMENDATIONS REGARDING R.E.A.L. PROGRAM RFP**

The statewide Recovery Navigator Program experienced a 30 percent overall program funding reduction in the last 2 legislative sessions. SBH ASO has supplemented the program with General Fund–State to support the existing infrastructure. To improve efficiency without reducing services, SBH-ASO determined that teams will be reduced to one per county. This change will increase the size of a single team and streamline positions to better meet program needs. SBH ASO released a Request for Proposal, open only to existing R.E.A.L. Teams, to determine which team in Kitsap

and Clallam counties will continue under this structure. The contract change will take effect July 1, 2026.

At the March 20, 2026 Advisory Board meeting, an RFP Subcommittee was established to review the future structure of the R.E.A.L. Program. All four eligible agencies providing R.E.A.L. services in Clallam and Kitsap counties submitted proposals. The Committee reviewed and scored the written proposals. Proposers participated in an interview process with the RFP Subcommittee on May 12, 2026. The group then deliberated and reached consensus on its recommendations.

The Committee recommendations will be presented to the Salish BH-ASO Executive Board for final approval at the June 3, 2026 meeting.

MOTION: Commissioner Ozias moved to approve the Advisory Board R.E.A.L. RFP Subcommittee's recommendation for R.E.A.L. Team contracting, effective July 1, 2026. Commissioner Rolfes seconded the motion. Motion carried unanimously.

All four eligible agencies providing R.E.A.L. services in Clallam and Kitsap counties submitted proposals.

The Salish BH-ASO Advisory Board R.E.A.L. RFP Subcommittee recommended the following agencies for the contract period beginning July 1, 2026:

Clallam County: Reflections Counseling Services Group

Kitsap County: Agape Unlimited, LLC

Salish BH-ASO will work with the closing teams to develop a transition plan for program closures. Contract amendments will be based on the timeline needed to complete the closures, which is anticipated to be up to 120 days.

A question was raised regarding the data metrics used in the decision-making process. Staff clarified that the data considered included response time, location, and the number of individuals served.

Another question addressed the potential impact of ramp-down on the service area. Because program expectations require both teams to serve the entire county, no service area impact is anticipated. The Executive Board acknowledged that this streamlining was driven by state funding cuts and requested that impacts be monitored over time.

A question was also raised regarding the process to appeal the decision. Agencies may contact Salish BH-ASO leadership to discuss an appeal. Salish BH-ASO staff will hold transition meetings, support agencies in developing ramp-down plans, and monitor program metrics during and after the transition.

- **2026 POLICY AND PROCEDURE UPDATES**

Staff is seeking the Executive Board's approval of the revised Policies and Procedures. Policy review occurs annually to ensure SBH-ASO is in alignment with contract and statutory requirements. Additional changes in this review were necessitated by the expansion of utilization management processes related to implementation of HB1813. Policies are reviewed and updated with SBH-ASO program staff and leadership, as appropriate. All policies are then reviewed and approved by the Policy and Procedure committee. All updated and approved policies are then sent to the Executive Board for pre-review.

The included spreadsheet summarizes the changes made to these Policies and Procedures. See attachments 6.c.1 (page 12), 6.c.2 (page 13), and supplemental packet 6.c.3.

The following policies have been revised and are included for the Board's approval:

AD100	Definitions
AD101	Policy Development and Review
AD104	Credentialing and Recredentialing of Providers
AD105	Customer Service
CA402	Grievance System
CA403	Individual Rights
CL200	Integrated Crisis Services
CL202	Involuntary Treatment Services
CL203	Levels of Care
CL209	Recovery Navigator Program: R.E.A.L. Program
CL210	Behavioral Health Housing Program
CL212	Salish Regional Family Youth System Partner Round Table - FYSPRT
CP301	Compliance and Program Integrity
CP303	Fraud, Waste, and Abuse Compliance Reporting Standards
FI501	Eligibility Verification
FI506	In Network Contract Billing
IS601	Data Use, Security and Confidentiality
IS604	Disaster Recovery and Business Continuity
PS902a	Notice of Privacy Practices
PS906	Breach Notification Requirements
UM801	Utilization Management Requirements
UM802	Notice Requirements
UM803	Authorization for Payment of Psychiatric Inpatient Services
UM805	Crisis Stabilization Services in Crisis Stabilization or Triage Facility
UM809	Access to Residential Substance Use Disorder Treatment Services

MOTION: Commissioner Rolfes moved to approve the 2026 Policies and Procedures as presented. Commissioner Ozias seconded the motion. Motion carried unanimously.

INFORMATIONAL ITEMS

- **RURAL HEALTH TRANSFORMATION PROJECT**

RHT Program Overview

1. Five-year cooperative agreement under H.R. 1, authorized by Centers for Medicare & Medicaid Services (CMS).
2. Joint effort of HCA, DOH, and DSHS, in partnership with the Governor's Office.
3. RHTP funds aren't sufficient to fill the gaps caused by H.R. 1. RHTP funds can't be used to pay for covered services or increase payment rates.
4. Washington awarded over $181 million for Budget Period 1 on December 29, 2025.
5. Washington will be held accountable to delivering on the initiatives and activities spelled out in the application—we cannot add new activities or initiatives.

Initiative 6.1: Expand Mobile Crisis Supports

$7.9 million per year of RHT program funds should be invested in:

- Rural mobile crisis response and mobile stabilization services
- Leveraging and expanding multidisciplinary teams (e.g., PACT)

Expected outcomes of mobile crisis support expansion:

- Improve rural behavioral health outcomes
- Reduce the strain on rural hospitals from emergency room utilization from behavioral health crisis
- Increase mobile crisis units

Minimum requirements:

- Counties with zip codes classified as Rural according to Federal Office of Rural Health Policy (FORHP)
- HCA is identifying and evaluating other criteria to consider for both funding priority and distribution and will communicate more about both in the very near future.

HCA Spending Guidance:

- Funding cannot be used for DCRs or ITA services
- Funding must support programming that:
  - **Contributes** to mobile crisis response and mobile stabilization services
  - **Expands** multidisciplinary teams for mobile behavioral health crisis response care
  - **Increases** the number of mobile crisis units among the rural communities it serves
  - Is **measurable** and can be reported on by grant subrecipients

Key considerations:

- How the program is sustained once the program funding period ends (5 years) and can maintain long term expansion and sustainability

HCA hosted a kick-off meeting May 13, 2026 for all ASOs that have been identified to support this work. SBH-ASO is eligible for Jefferson and Clallam counties. BH-ASOs

will work to develop a proposal plan due to HCA by June 19, 2026. The funding obligation starts October 30, 2026.

Discussion centered on SBH-ASO staff capacity and the need to reassess internal infrastructure, including the potential addition of ASO staff. The Board requested ongoing updates at future meetings as more information becomes available.

BEHAVIORAL HEALTH ADVISORY BOARD UPDATES

SBH-ASO Advisory Board Chair, Stormy Howell, will provide an update on Advisory Board activities.

Two remaining vacancies in Jefferson County were noted. Staff clarified that individuals employed by an SBH-ASO subcontracting organization are not eligible to serve in these representative roles.

PUBLIC COMMENT

- G'Nell Ashley expressed appreciation for the Advisory Board subcommittee's work and affirmed the long-standing partnership with Peninsula Behavioral Health, noting that both agencies will collaborate closely to support a smooth transition and prevent any disruption or decline in service delivery.

GOOD OF THE ORDER

- None.

ADJOURNMENT – Consensus for adjournment at 1:02 pm.

ATTENDANCE

BOARD MEMBERS	STAFF	GUESTS
Commissioner Mark Ozias	Jolene Kron, SBH-ASO Executive Director	Stormy Howell, SBH-ASO Advisory Board
Commissioner Heather Dudley-Nollette	Ileea Clauson, SBH-ASO Director of Operations	Helen Havens, SBH-ASO Advisory Board
Commissioner Christine Rolfes	Mayra Gonzalez, SBH-ASO SUD Program Manager	Dioselín Gonzalez, Clallam County
None Excused.	Nicole Oberg, SBH-ASO Executive Assistant	Ken Wilson, West Sound Treatment Center
		Michelle Vargo, West Sound Treatment Center
		Wendy Sisk, Peninsula Behavioral Health
		G'Nell Ashley, Reflections Counseling Services Group
		Stephanie Akin, Reflections Counseling Services Group

NOTE: These meeting notes are not verbatim.

Salish Behavioral Health
Administrative Services Organization

SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: STAFF TRAINING PLAN **Policy Number:** AD108

Effective Date: 7/1/2026

Revision Dates:

Reviewed Date:

Executive Board Approval Dates:

PURPOSE: Salish BH-ASO staff are required to receive and attest to the trainings below in accordance with SBH-ASO Policies.

Training	Role	Staff Responsible	Comments/Evidence	Frequency
NEW HIRE				
New Hire Onboarding	All	Executive Director/Direct Supervisor	SBH-ASO Policies & Procedures ASO Orientation Internal Processes	Within 90 days of hire
Fraud, Waste, and Abuse – Compliance	All	Compliance Officer	Knowledge Assessment/Attestation	Within 90 days of hire
HIPAA & 42 CFR Part 2	All	Privacy Officer	Knowledge Assessment/Attestation	Within 90 days of hire
SBH-ASO Code of Conduct	All	Compliance Officer	Signed copy	Within 90 days of hire

Training	Role	Staff Responsible	Comments/Evidence	Frequency
SBH-ASO Oath of Confidentiality	All	Privacy Officer	Signed copy	Within 90 days of hire
Utilization Management Information Integrity & Review Processes	All	Clinical Director	Attestation	Within 90 days of hire
ANNUAL/ONGOING TRAININGS				
SBH-ASO Policies and Procedures	All	Executive Director	Knowledge Assessment/Attestation	Annually
Utilization Management Information Integrity & Review Processes	All	Clinical Director	Attestation	Annually
Fraud, Waste and Abuse – Compliance	All	Compliance Officer	Knowledge Assessment/Attestation	Annually
SBH-ASO Code of Conduct	All	Compliance Officer	Signed Copy	Annually
Cultural Diversity	All	Supervisor	Attestation/Certificate of Completion	Annually
American Indian/Alaska Native	All	Supervisor	Attestation/Certificate of Completion	Annually
Utilization Management Inter-rater Reliability	UM Staff	Medical Director	Signed Copy	Annually
Credentialing Information Integrity	Credentialing Staff	Executive Director	Attestation/Certificate of Completion	Annually
Contract Review	All	Executive Director	Program Managers must review revenue and expenditure contracts/amendments that contain terms related to their Program oversight	Upon change/no less than annually

Salish Behavioral Health
Administrative Services Organization

SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: Behavioral Health Housing Program **Policy Number:** CL210

Effective Date: 7/1/2021

Revision Dates: 4/1/2024; 4/30/2026

Reviewed Date:

Executive Board Approval Dates: 3/18/2022; 6/21/2024; 6/3/2026

PURPOSE:

To establish standardized procedures regarding the utilization of behavioral health housing funds by Salish Behavioral Health Administrative Services Organization (SBH-ASO) subcontractors.

POLICY:

SBH-ASO exercises responsibility over contracted funds for the purpose of assisting individuals in securing Permanent Supportive Housing (PSH) within and throughout the Salish Region. The SBH-ASO is the primary contact for any housing program related questions or concerns.

DEFINITIONS:

Housing and Recovery through Peer Services (HARPS) (HCA): The HARPS program provides housing-related peer services and Bridge subsidies to individuals with behavioral health disorders who are homeless or at risk of becoming homeless with priority given to Individuals exiting treatment facilities.

Bridge subsidy: HARPS Bridge subsidies are short-term funding to help reduce barriers and increase access to housing for individuals with behavioral health disorders.

SUD subsidy: HARPS SUD subsidies are short-term funding to help reduce barriers and increase access to housing for individuals with substance use disorders.

Community Behavioral Health Rental Assistance (CBRA) (Commerce): Housing subsidies provided by the Department of Commerce for individuals with behavioral health conditions who require non-time-limited (ongoing) rental assistance to support long-term housing stability.

PROCEDURE:

Housing Program Facilitation:

Housing Program subcontractors shall have policies and procedures outlining:

1. The purpose of program-specific rental subsidies and how those subsidies can be used.
    a. HARPS Bridge subsidy (GFS)
    b. HARPS SUD subsidy (GFS-SUD)
    c. CBRA (Dept. of Commerce) subsidy
    d. Governor's Housing and Homeless Initiative subsidy
2. Program eligibility criteria
    a. Program-specific eligibility verification
    b. Priority populations as identified by program required documentation to verify eligibility
        i. Screening
        ii. Risk Assessment
        iii. Verification of behavioral health diagnosis
        iv. Verification of risk of homelessness
3. Housing program support principles
    a. Permanent Supported Housing (PSH)
    b. Landlord outreach
    c. Privacy requirements as identified in the contract

HOUSING AND RECOVERY THROUGH PEER SUPPORTS (HARPS)

1. HARPS Housing Bridge Subsidy:

a. SBH-ASO administers short-term Bridge subsidies intended for individuals with serious mental illness or substance use disorders. Housing subsidies are encouraged to be available to priority populations as follows:

i. Individuals who are not eligible for Medicaid services through the Foundational Community Supports supportive housing program and who are experiencing a serious mental health, substance use, or co-occurring disorders (mental health and substance use disorder)

ii. Individuals who are released from or at risk of entering:

1. Psychiatric inpatient settings

2. Substance use treatment inpatient settings

3. Who are homeless, or at risk of becoming homeless

a. Broad definition of homeless (couch surfing included)

b. SBH-ASO administers SUD specific Bridge subsidy funds to serve individuals with substance use disorders. SUD specific funds are to be exhausted prior to use of Bridge subsidies for the SUD population. Housing subsidies are encouraged to be available to Individuals in the region that meet eligibility as priority populations.

2. <u>HARPS Housing Bridge Subsidy Guidelines:</u> HARPS programs are encouraged to have housing subsidy policies in place to address appeals, denials, and the following guidelines:

a. The HARPS Bridge subsidy is short-term funding intended to help reduce barriers and increase access to housing. Individuals exiting withdrawal management, inpatient substance use disorder treatment facilities, residential treatment facilities, state hospitals, evaluation and treatment (E&T) facilities, local psychiatric hospitals, and other inpatient behavioral healthcare settings could receive up to 3 months of assistance.

b. HARPS Bridge subsidies are temporary in nature and should be combined with other funding streams, whenever possible, to leverage resources to assist individuals in obtaining and maintaining a permanent residence. HARPS teams are encouraged to utilize long-term housing subsidies available through the CBRA program.

c. HARPS Bridge subsidies are estimated at approximately $2,500 per calendar year.

d. Allowable expenses for HARPS Bridge subsidy:

i. Monthly rent and utilities, and any combination of first and last months' rent for up to three (3) months. Rent may only be paid one month at a time, although rental arrears, pro-rated rent, and last month's rent may be included with the first month's rent payment.

ii. Rental and/or utility arrears for up to three months. Rental and/or utility arrears may be paid if the payment enables the household to remain in the housing unit for which the arrears are being paid or move to another unit. The HARPS Bridge subsidy may be used to bring the program participant out of default for the debt and the HARPS Peer Specialist will assist the participant to make payment arrangements to pay off the remaining balances.

iii. Security deposits and utility deposits for a household moving into a new unit.

iv. Move-in costs including but not limited to deposits and first months' rent associated with housing, including project- or tenant-based housing.

v. Application fees, background and credit check fees for rental housing.

vi. Lot rent for an RV or manufactured home.

vii. Costs of parking spaces when connected to a unit.

viii. Landlord incentives (provided there are written policies and/or procedures explaining what constitutes landlord incentives, how they are determined, and who has approval and review responsibilities). Subcontractor policies must be submitted to SBH-ASO for review.

ix. Reasonable storage costs.

x. Reasonable moving costs such as truck rental and hiring a moving company.

xi. Hotel/motel expenses for up to 30 days if unsheltered households are actively engaged in a housing search and no other shelter option is available.

xii. Temporary absences. If a household must be temporarily away from his or her unit, but is expected to return (e.g., participant violates conditions of their DOC supervision and is placed in confinement for 30 days or re-hospitalized), HARPS may pay for the households rent for up to 60 days. While a household is temporarily absent, he or she may continue to receive HARPS services.

xiii. Rental payments to Oxford houses or Recovery Residences on the Recovery Residence Registry located at Workbook: Residence/Oxford House Locations (wa.gov)

3. HARPS Housing Service Team Guidelines:

a. Housing and Recovery through Peer Services (HARPS) Teams' caseload size.

i. The case mix must be such that the HARPS Teams can manage and have the flexibility to provide the intensity of services required for each individual according to Medical Necessity.

ii. HARPS Housing Specialists must have the capacity to provide multiple contacts per week with individuals exiting or recently discharged from inpatient behavioral healthcare settings, making changes in a living situation or employment, or having significant ongoing problems maintaining housing. These multiple contacts may be as frequent as two to three times per day, seven days per week, and depend on individual need and a mutually agreed upon plan between individuals and program staff. Many, if not all, staff must share responsibility for addressing the needs of all individuals requiring frequent contact.

b. HARPS Teams must have the capacity to rapidly increase service intensity and frequency to an individual when his or her status requires it or is requested.

i. HARPS Teams must have a response contact time of no later than two (2) calendar days following discharge from a behavioral healthcare inpatient setting, such as an Evaluation & Treatment center, Residential Treatment Center, Withdrawal Management facility, or psychiatric hospital, including state hospitals.

c. Operating as a continuous supportive housing service, HARPS Teams must have the capability to provide support services related to obtaining and maintaining housing. This will include direct contact with landlords on behalf of the participant. Services must minimally include the following:

i. Hospital Liaison Coordination: The SBH-ASO's Hospital Liaison must actively coordinate the transition of individuals from behavioral healthcare inpatient treatment center discharge to the HARPS Team in the community of residence to minimize gaps in outpatient health care and housing.

ii. Service Coordination: Service coordination must incorporate and demonstrate basic recovery values. The individual will have choice of his or her housing options, will be expected to take the primary role in developing their personal housing plan, and will play an active role in finding housing and decision-making.

iii. Crisis Assessment and Intervention Coordination: Behavioral health crisis assessment and intervention must be available 24-hours per day, seven days per week through the SBH-ASO's Crisis System. Services must be coordinated with the assigned treatment provider. These services include telephone and face-to-face contact.

d. Supportive housing services should include the following, as determined by medical necessity:

i. Assess housing needs, seek out and explain the housing options in the area, and resources to obtain housing. Educate the individual on factors used by landlords to screen out potential tenants. Mitigate negative screening factors by working with the individual and landlord/property manager to clarify or explain factors that could prevent the individual from obtaining housing. Ongoing support for both the individual and landlord/property manager to resolve any issues that might arise while the individual is occupying the rental.

ii. Each HARPS participant will be assigned a Peer Specialist or Housing Specialist who will assist in locating housing and resources to secure housing. The primary responsibilities of the Peer Specialist are to work with the individual to find, obtain and maintain housing to promote recovery, locate and secure resources related to housing and utilities, offer information regarding options and choices in the types of housing and living arrangements, and advocate for the individual's tenancy needs, rights (including ADA Accommodations), and preferences to support housing stability. Service coordination also includes coordination with community resources, including self-help and advocacy organizations that promote recovery.

iii. Each participant receiving HARPS services must have an individualized, strengths-based housing plan that includes action steps for when housing related issues occur. As with the treatment planning process, the individual will take the lead role in setting goals and developing the housing plan.

e. Housing Search and Placement: Includes services or activities designed to assist households in locating, obtaining, and retaining suitable housing. Services or activities may include tenant counseling, assisting households to understand leases, securing utilities, making moving arrangements, representative payee services concerning rent and utilities, and mediation and outreach to property owners related to locating or retaining housing.

f. Housing Stability: Includes activities for the arrangement, coordination, monitoring, and delivery of services related to meeting the housing needs of individuals exiting or at risk of entering inpatient behavioral healthcare settings and helping them obtain housing stability. Services and activities may include developing, securing, and coordinating services including:

i. Developing an individualized housing and service plan, including a path to permanent housing stability subsequent to assistance.

ii. Referrals to Foundational Community Supports (FCS) supportive housing and supported employment services

iii. Seeking out and assistance applying for long-term housing subsidies

iv. Affordable Care Act activities that are specifically linked to the household stability plan

v. Activities related to accessing Work Source employment services

vi. Referrals to vocational and educational support services such as Division of Vocational Rehabilitation (DVR)

vii. Monitoring and evaluating household progress

viii. Assuring that households' rights are protected

ix. Applying for government benefits and assistance including using the evidence-based practice SSI/SSDI through SSI/SSDI Outreach, Access, and Recovery (SOAR)

g. Education Services Linkage: Supported education related services are for individuals whose high school, college or vocational education could not start or was interrupted and made educational goals a part of their recovery (treatment) plan. Services include providing support with applying for schooling and financial aid, enrolling, and participating in educational activities, or linking to supported employment/supported education services.

h. Vocational Services Linkage: These services may include work-related services to help an individual's value, find, and maintain meaningful employment in community-based job sites as well as job development and coordination with employers. These activities should also be part of the individual's recovery (treatment) plan or linkage to supported employment.

i. Activities of Daily Living Services: Services to support activities of daily living in community-based settings include individualized assessment, problem solving, skills training/practice, sufficient side-by-side assistance and support, modeling, ongoing supervision (e.g., prompts, assignments, monitoring, encouragement), environmental adaptations to assist individual in gaining or using the skills required to access services, and providing direct assistance when necessary to ensure that individuals obtain the basic necessities of daily life.

j. Social and Community Integration Skills Training: Social and community integration skills training serves to support social/interpersonal relationships and leisure-time skill training. Services may include supportive individual therapy (e.g., problem solving, role-playing, modeling, and support); social-skill teaching and assertiveness training; planning, structuring, and prompting of social and leisure-time activities; side-by-side support and coaching; and organizing individual and group social and recreational activities to structure individuals' time, increase their social experiences, and provide them with opportunities to practice social skills, build a social support network, and receive feedback and support.

k. Peer Support Services: These include services to validate individuals' experiences and to inform, guide and encourage individuals to take responsibility for and actively participate in their own recovery, as well as services to help individuals identify, understand, and combat stigma and discrimination against mental illness and develop strategies to reduce individuals' self-imposed stigma. Peer Support and Wellness Recovery Services include:

    1. Promote self-determination
    2. Model and teach self-advocacy
    3. Encourage and reinforce choice and decision-making
    4. Introduction and referral to individual self-help programs and advocacy organizations that promote recovery
    5. "Sharing the journey" (a phrase often used to describe individuals' sharing of their recovery experience with other peers). Utilizing one's personal experiences as information and a teaching tool about recovery
    6. The Peer Specialist will serve as a consultant to the treatment team to support a culture of recovery in which each individual's point of view and preferences are recognized, understood, respected and integrated into treatment, rehabilitation, support, vocational and community activities

l. Substance Use Disorder Treatment Linkage: If clinically indicated, the HARPS team may refer the individual to a DBHR-licensed SUD treatment program.

4. HARPS Teams will not suggest or provide medication prescription, administration, monitoring and documentation.

5. The HARPS Team should work with the treatment team:

    a. To establish a peer relationship with each participant

    b. To assess an individual's housing needs and provide verbal and written information about housing status.

    c. The community treatment team physician or psychiatric Advanced Registered Nurse Practitioner (ARNP) may review that information with the individual, HARPS Team Members and, as appropriate, with the individual's family members or significant others

    d. Provide direct observation, available collateral information from the family and significant others as part of the comprehensive assessment.

    e. In collaboration with the individual, assess, discuss, and document the individual's housing needs and behavior in response to medication, monitor and document medication side effects, and review observations with the individual and treatment team

6. HARPS Team Members must participate in the HARPS monthly administrative conference call hosted by the Health Care Authority.

COMMUNITY BEHAVIORAL HEALTH RENTAL ASSISTANCE (CBRA)

The SBH-ASO receives funds from the Department of Commerce for. non-time-limited rental subsidies intended to support long-term housing stability for high-risk individuals with behavioral health conditions and their households.

1. **Program Eligibility**

    a. Eligibility is limited to adults (and their households) who have a diagnosed behavioral health condition, are eligible for services from an approved long-term support program and demonstrate a need for long-term subsidy (for example, Foundational Community Supports)

    b. Contractors shall commit to prioritizing subsidies for priority populations, identified as individuals who are discharging or needing to discharge from a psychiatric hospital or other psychiatric inpatient setting

2. **Contractors shall comply with all of the requirements in the most up-to-date version of the Community Behavioral Health Rental Assistance Program Guidelines.**

Complaint Process

The SBH-ASO and Subcontractors have written complaint procedures that complies with Department of Commerce requirements. SBH-ASO and Subcontractors are responsible for addressing complaints about their services and/or any unresolved complaints about services provided by the Subcontractor. All complaints not resolved to the satisfaction of the complainant are considered unresolved.

Guidelines:

All complaints should be resolved at the lowest level possible.

- The complainant should seek resolution at the agency providing the service.
- If the complaint is not able to be resolved at the agency level, or if the complainant has a concern about filing the complaint with the agency, the complaint will be escalated to SBH-ASO.
- If a complaint is not resolved at the SBH-ASO level, the complaint may be escalated to Commerce.

Complaints may be submitted orally or in writing. Complaints can be submitted anonymously or under an alias; anonymous submissions must be identified as such in records. Retaliation toward anyone filing a complaint by SBH-ASO or a Subcontractor through fines, fees, or other strictly enforced terms is strictly prohibited.

All parties must maintain a complaint log documenting each complaint and the actions taken to resolve it. This log is subject to review during monitoring or upon request.

Subcontractors:

Subcontractors provide information on their complaint process to the participant when their services begin. They will have this process posted at all facilities, on websites, and included in client handbooks and signatory paperwork. Individuals or families receiving services from Subcontractors submit complaints directly to the service provider (usually the Subcontractor) following the Subcontractor agency's established complaint procedure.

Subcontractors who receive complaints from service recipients are responsible for addressing all complaints about their services and/or unresolved complaints about services provided.

If complaints are not resolved to the satisfaction of the complainant, Subcontractors must escalate the complaints to SBH-ASO within 14 calendar days of the receipt of the complaint..

Salish BH-ASO (SBH-ASO):

If a complaint involves but has not been addressed by a Subcontractor, SBH-ASO will forward the complaint to the Subcontractor via their complaint process to first be addressed at the lowest level. If

a complaint involving a Subcontractor is not resolved at the Subcontractor level, it is addressed at the SBH-ASO level.

The SBH-ASO Housing Program Manager is responsible for handling complaints. The SBH-ASO Housing Program Manager will acknowledge receipt of each Complaint, either orally or in writing, within two (2) business days. The SBH-ASO Housing Program Manager will respond to complaints with a proposed resolution or guidance on next steps to escalate a complaint within 14 calendar days. A one-time extension of an additional 14 calendar days may be made with consultation of the complainant not to exceed 28 calendar days. If a complaint is not resolved at the SBH-ASO level, Salish will assist, where appropriate and necessary, in escalating the complaint to Commerce.

Commerce:

Commerce is responsible for addressing all complaints about CBRA services or supports, unresolved and/or escalated complaints about the services or supports of SBH-ASO. If Commerce receives a complaint involving SBH-ASO or Subcontractor, the complaint will be forwarded to the appropriate party to address at the lowest possible level. Otherwise, Commerce will evaluate and respond to complaints in alignment with the Housing Division complaint procedure.

For CBRA participants, if the complaint is not resolved to their satisfaction through the complaint process, or if the complainant has concerns that there will be repercussions for filing a complaint, they may escalate the complaint to Commerce Housing Division in any of the following ways:

- Emails the CBRA Program Manager at CBRAADMIN@commerce.wa.gov
- Emails the HD Quality Assurance Manager at HDComplaints@commerce.wa.gov.

For programs with federal funding, the U.S. Department of Housing and Urban Development (HUD) is also listed as a complaint submission option when all other avenues have been exhausted.

This complaint procedure is supplementary and does not replace landlord-tenant law or established processes such as Medicaid fair hearings.

Reporting

The SBH-ASO Housing Log is submitted by the 10th of the month following the subsidy and/or support services provided.

Billing

Monthly invoices must be submitted by the 10th of the following month through the Salish Provider Submission Portal .

Billing must be in accordance with contract budget and program requirements.

Salish Behavioral Health
Administrative Services Organization

SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: Behavioral Health Housing Program **Policy Number:** CL210

Effective Date: 7/1/2021

Revision Dates: 4/1/2024; 4/30/2026

Reviewed Date:

Executive Board Approval Dates: 3/18/2022; 6/21/2024; 6/3/2026

PURPOSE:

To establish standardized procedures regarding the utilization of behavioral health housing funds by Salish Behavioral Health Administrative Services Organization (SBH-ASO) subcontractors.

POLICY:

SBH-ASO exercises responsibility over contracted funds for the purpose of assisting individuals in securing Permanent Supportive Housing (PSH) within and throughout the Salish Region. The SBH-ASO is the primary contact for any housing program related questions or concerns.

DEFINITIONS:

Housing and Recovery through Peer Services (HARPS) (HCA): The HARPS program provides housing-related peer services and Bridge subsidies to individuals with behavioral health disorders who are homeless or at risk of becoming homeless with priority given to Individuals exiting treatment facilities.

Bridge subsidy: HARPS Bridge subsidies are short-term funding to help reduce barriers and increase access to housing for individuals with behavioral health disorders.

SUD subsidy: HARPS SUD subsidies are short-term funding to help reduce barriers and increase access to housing for individuals with substance use disorders.

Community Behavioral Health Rental Assistance (CBRA) (Commerce): Housing subsidies provided by the Department of Commerce for individuals with behavioral health conditions who require non-time-limited (ongoing) rental assistance to support long-term housing stability.

Procedure:

Housing Program Facilitation:

Housing Program subcontractors shall have policies and procedures outlining:

1. The purpose of program-specific rental subsidies and how those subsidies can be used.
    a. HARPS Bridge subsidy (GFS)
    b. HARPS SUD subsidy (GFS-SUD)
    c. CBRA (Dept. of Commerce) subsidy
    d. Governor's Housing and Homeless Initiative subsidy
2. Program eligibility criteria
    a. Program-specific eligibility verification
    b. Priority populations as identified by program required documentation to verify eligibility
        i. Screening
        ii. Risk Assessment
        iii. Verification of behavioral health diagnosis
        iv. Verification of risk of homelessness
3. Housing program support principles
    a. Permanent Supported Housing (PSH)
    b. Landlord outreach
    c. Privacy requirements as identified in the contract

HOUSING AND RECOVERY THROUGH PEER SUPPORTS (HARPS)

1. **HARPS Housing Bridge Subsidy:**
    a. SBH-ASO administers short-term Bridge subsidies intended for individuals with serious mental illness or substance use disorders. Housing subsidies are encouraged to be available to priority populations as follows:
        i. Individuals who are not eligible for Medicaid services through the Foundational Community Supports supportive housing program and who are experiencing a serious mental health, substance use, or co-occurring disorders (mental health and substance use disorder)
        ii. Individuals who are released from or at risk of entering:
            1. Psychiatric inpatient settings
            2. Substance use treatment inpatient settings
            3. Who are homeless, or at risk of becoming homeless
                a. Broad definition of homeless (couch surfing included)

    b. SBH-ASO administers SUD specific Bridge subsidy funds to serve individuals with substance use disorders. SUD specific funds are to be exhausted prior to use of Bridge subsidies for the SUD population. Housing subsidies are encouraged to be available to Individuals in the region that meet eligibility as priority populations.

2. **HARPS Housing Bridge Subsidy Guidelines:** HARPS programs are encouraged to have housing subsidy policies in place to address appeals, denials, and the following guidelines:

a. The HARPS Bridge subsidy is short-term funding intended to help reduce barriers and increase access to housing. Individuals exiting withdrawal management, inpatient substance use disorder treatment facilities, residential treatment facilities, state hospitals, evaluation and treatment (E&T) facilities, local psychiatric hospitals, and other inpatient behavioral healthcare settings could receive up to 3 months of assistance.

b. HARPS Bridge subsidies are temporary in nature and should be combined with other funding streams, whenever possible, to leverage resources to assist individuals in obtaining and maintaining a permanent residence. HARPS teams are encouraged to utilize long-term housing subsidies available through the CBRA program.

c. HARPS Bridge subsidies are estimated at approximately $2,500 per calendar year.
d. Allowable expenses for HARPS Bridge subsidy:
    i. Monthly rent and utilities, and any combination of first and last months' rent for up to three (3) months. Rent may only be paid one month at a time, although rental arrears, pro-rated rent, and last month's rent may be included with the first month's rent payment.
    ii. Rental and/or utility arrears for up to three months. Rental and/or utility arrears may be paid if the payment enables the household to remain in the housing unit for which the arrears are being paid or move to another unit. The HARPS Bridge subsidy may be used to bring the program participant out of default for the debt and the HARPS Peer Specialist will assist the participant to make payment arrangements to pay off the remaining balances.
    iii. Security deposits and utility deposits for a household moving into a new unit.
    iv. Move-in costs including but not limited to deposits and first months' rent associated with housing, including project- or tenant-based housing.
    v. Application fees, background and credit check fees for rental housing.
    vi. Lot rent for an RV or manufactured home.
    vii. Costs of parking spaces when connected to a unit.
    viii. Landlord incentives (provided there are written policies and/or procedures explaining what constitutes landlord incentives, how they are determined, and who has approval and review responsibilities). Subcontractor policies must be submitted to SBH-ASO for review.
    ix. Reasonable storage costs.
    x. Reasonable moving costs such as truck rental and hiring a moving company.
    xi. Hotel/motel expenses for up to 30 days if unsheltered households are actively engaged in a housing search and no other shelter option is available.
    xii. Temporary absences. If a household must be temporarily away from his or her unit, but is expected to return (e.g., participant violates conditions of their DOC supervision and is placed in confinement for 30 days or re-hospitalized), HARPS may pay for the households rent for up to 60 days. While a household is temporarily absent, he or she may continue to receive HARPS services.
    xiii. Rental payments to Oxford houses or Recovery Residences on the Recovery Residence Registry located at Workbook: Residence/Oxford House Locations (wa.gov)

3. **HARPS Housing Service Team Guidelines:**
    a. Housing and Recovery through Peer Services (HARPS) Teams' caseload size.
        i. The case mix must be such that the HARPS Teams can manage and have the flexibility to provide the intensity of services required for each individual according to Medical Necessity.
        ii. HARPS Housing Specialists must have the capacity to provide multiple contacts per week with individuals exiting or recently discharged from inpatient behavioral healthcare settings, making changes in a living situation or employment, or having significant ongoing problems maintaining housing. These multiple contacts may be as frequent as two to three times per day, seven days per week, and depend on individual need and a mutually agreed upon plan between individuals and program staff. Many, if not all, staff must share responsibility for addressing the needs of all individuals requiring frequent contact.
    b. HARPS Teams must have the capacity to rapidly increase service intensity and frequency to an individual when his or her status requires it or is requested.
        i. HARPS Teams must have a response contact time of no later than two (2) calendar days following discharge from a behavioral healthcare inpatient setting, such as an Evaluation & Treatment center, Residential Treatment Center, Withdrawal Management facility, or psychiatric hospital, including state hospitals.
    c. Operating as a continuous supportive housing service, HARPS Teams must have the capability to provide support services related to obtaining and maintaining housing. This will include direct contact with landlords on behalf of the participant. Services must minimally include the following:
        i. Hospital Liaison Coordination: The SBH-ASO's Hospital Liaison must actively coordinate the transition of individuals from behavioral healthcare inpatient treatment center discharge to the HARPS Team in the community of residence to minimize gaps in outpatient health care and housing.
        ii. Service Coordination: Service coordination must incorporate and demonstrate basic recovery values. The individual will have choice of his or her housing options, will be expected to take the primary role in developing their personal housing plan, and will play an active role in finding housing and decision-making.
        iii. Crisis Assessment and Intervention Coordination: Behavioral health crisis assessment and intervention must be available 24-hours per day, seven days per week through the SBH-ASO's Crisis System. Services must be coordinated with the assigned treatment provider. These services include telephone and face-to-face contact.

    d. Supportive housing services should include the following, as determined by medical necessity:
        i. Assess housing needs, seek out and explain the housing options in the area, and resources to obtain housing. Educate the individual on factors used by landlords to screen out potential tenants. Mitigate negative screening factors by working with the individual and landlord/property manager to clarify or explain factors that could prevent the individual from obtaining housing. Ongoing support for both

the individual and landlord/property manager to resolve any issues that might arise while the individual is occupying the rental.

ii. Each HARPS participant will be assigned a Peer Specialist or Housing Specialist who will assist in locating housing and resources to secure housing. The primary responsibilities of the Peer Specialist are to work with the individual to find, obtain and maintain housing to promote recovery, locate and secure resources related to housing and utilities, offer information regarding options and choices in the types of housing and living arrangements, and advocate for the individual's tenancy needs, rights (including ADA Accommodations), and preferences to support housing stability. Service coordination also includes coordination with community resources, including self-help and advocacy organizations that promote recovery.

iii. Each participant receiving HARPS services must have an individualized, strengths-based housing plan that includes action steps for when housing related issues occur. As with the treatment planning process, the individual will take the lead role in setting goals and developing the housing plan.

e. Housing Search and Placement: Includes services or activities designed to assist households in locating, obtaining, and retaining suitable housing. Services or activities may include tenant counseling, assisting households to understand leases, securing utilities, making moving arrangements, representative payee services concerning rent and utilities, and mediation and outreach to property owners related to locating or retaining housing.

f. Housing Stability: Includes activities for the arrangement, coordination, monitoring, and delivery of services related to meeting the housing needs of individuals exiting or at risk of entering inpatient behavioral healthcare settings and helping them obtain housing stability. Services and activities may include developing, securing, and coordinating services including:

i. Developing an individualized housing and service plan, including a path to permanent housing stability subsequent to assistance.
ii. Referrals to Foundational Community Supports (FCS) supportive housing and supported employment services
iii. Seeking out and assistance applying for long-term housing subsidies
iv. Affordable Care Act activities that are specifically linked to the household stability plan
v. Activities related to accessing Work Source employment services
vi. Referrals to vocational and educational support services such as Division of Vocational Rehabilitation (DVR)
vii. Monitoring and evaluating household progress
viii. Assuring that households' rights are protected
ix. Applying for government benefits and assistance including using the evidence-based practice SSI/SSDI through SSI/SSDI Outreach, Access, and Recovery (SOAR)

g. Education Services Linkage: Supported education related services are for individuals whose high school, college or vocational education could not start or was interrupted and made educational goals a part of their recovery (treatment) plan. Services include providing support with applying for schooling and financial aid, enrolling, and participating in educational activities, or linking to supported employment/supported education services.

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b. Contractors shall commit to prioritizing subsidies for priority populations, identified as individuals who are discharging or needing to discharge from a psychiatric hospital or other psychiatric inpatient setting

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For CBRA participants, if the complaint is not resolved to their satisfaction through the complaint process, or if the complainant has concerns that there will be repercussions for filing a complaint, they may escalate the complaint to Commerce Housing Division in any of the following ways:

- ~~Completes the online complaint submission form https://forms.office.com/g/qi63JqFCbr~~
- Emails the CBRA Program Manager at CBRAADMIN@commerce.wa.gov
- Emails the HD Quality Assurance Manager at HDComplaints@commerce.wa.gov.

For programs with federal funding, the U.S. Department of Housing and Urban Development (HUD) is also listed as a complaint submission option when all other avenues have been exhausted.

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Billing

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Billing must be in accordance with contract budget and program requirements.

WASHINGTON
RURAL HEALTH TRANSFORMATION

Partner Information

Disclaimer: The RHT Program is supported by CMS/HHS as a financial assistance award totaling $181,257,515.06 with 100 percent funded by CMS/HHS. The contents are those of the author and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.

RHT Program Overview

1. Five-year cooperative agreement under H.R. 1, authorized by Centers for Medicare & Medicaid Services (CMS).
2. Joint effort of HCA, DOH, and DSHS, in partnership with the Governor's Office.
3. RHTP funds aren't sufficient to fill the gaps caused by H.R. 1. RHTP funds can't be used to pay for covered services or increase payment rates.
4. Washington awarded over $181 million for Budget Period 1 on December 29, 2025.
5. Washington will be held accountable to delivering on the initiatives and activities spelled out in the application—we cannot add new activities or initiatives.

Federal Funding Restrictions

- Supplanting state, local, Tribal, or private funding
- Pre-award costs
- Federal or local fund matching
- Services/equipment/support that is the legal responsibility of another party
- Goods/services not allocable to the project
- Construction or building expansion
- Independent research and development
- Covered telecommunications and video surveillance equipment
- Meals, unless in limited circumstances
- Lobbying
- Duplicated payments
- Clinician salaries or wage supports for non-compete limitations
- Social Security Act 2105(c) paragraphs 1, 7, and 9

Federal Spending Direction

- **Program Duplication (universal to all grant programs):**
  - Funding under the RHTP cannot supplant or duplicate existing funding sources and government financing streams that were either planned or already paying for healthcare items and services.

- **Sustainability of RHT Program Initiatives:**
  - Use of funds must be consistent with RHT Program goals and that initiatives are sustainable past the program period.

- **Adherence to RHT Application:**
  - All services using RHT funding must be directly connected to the initiatives and activities as explained in the project narrative and consistent with the CMS approved application.

Budget reporting and performance period

Period	Budget	Performance	Reporting	Report Due
#1	12/29/2025-10/30/26	12/29/25-9/30/27	12/29/2025-07/31/2026	08/30/2026
#2	10/31/2026-10/30/27	10/31/26-9/30/28	8/1/2026-07/31/2027	08/30/2027
#3	10/31/2027-10/30/28	10/31/27-9/30/29	8/1/2027-07/31/2028	08/30/2028
#4	10/31/2028-10/30/29	10/31/28-9/30/30	8/1/2028-07/31/2029	08/30/2029
#5	10/31/2029-10/30/30	10/31/29-9/30/31	8/1/2029-07/31/2030	08/30/2030

The last day of the budget period is the final obligation date for that period's contracts.
The last day of the performance period is the final spend date for that period's funds.

Initiative 6.1

Initiative 6.1: Expand Mobile Crisis Supports

$7.9 million per year of RHT program funds should be invested in:

- Rural mobile crisis response and mobile stabilization services
- Leveraging and expanding multidisciplinary teams

Expected outcomes of mobile crisis support expansion:

- Improve rural behavioral health outcomes
- Reduce the strain on rural hospitals from emergency room utilization from behavioral health crisis
- Increase mobile crisis units

HCA (DBHR) Spending Guidance

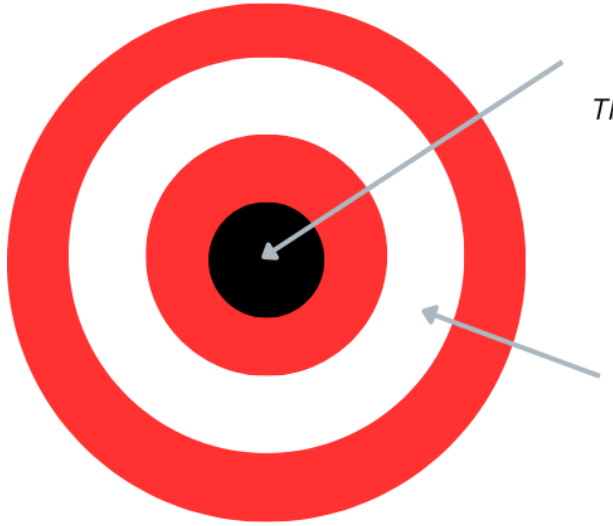
- Funding cannot be used for DCRs or ITA services
- Funding must support programming that:
  - **Contributes** to mobile crisis response and mobile stabilization services
  - **Expands** multidisciplinary teams for mobile behavioral health crisis response care
  - **Increases** the number of mobile crisis units among the rural communities it serves
  - Is **measurable** and can be reported on by grant subrecipients
- Key considerations:
  - How the program is sustained once the program funding period ends (5 years) and can maintain long term expansion and sustainability

Washington State Health Care Authority

DBHR Spending Parameters

The core metric that HCA is responsible for delivering with "expansion of mobile crisis supports" is an **increase in the number of mobile crisis units** in rural areas across the state.

Rural Health Transformation Objectives



Core objective for Performance Year 1:

Add MRRCT and MRSS teams to expand coverage in rural counties that don't already have the coverage.

DCRs and ITA services cannot be funded by this grant funding. This is in support of the goal that clinicians will not be in a dual role as DCRs and MHPs on MRRCTs.

Supplemental activities if core objective is achieved in region:

- Provide supplemental resources to support MRRCT and MRSS teams that currently exist.
- Add or expand FACT teams to serve rural areas.

Washington State Health Care Authority

Next Steps

- DBHR to partner with BH-ASOs on spending approach based on the parameters outlined in this presentation
- BH-ASOs to submit a proposal to DBHR on spending approach
- Upon proposal approval, funding to be obligated to BH-ASOs before the 10/30/2026 deadline
- Funds to be spent by 9/30/2027

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Thank you!