

**Detailed Plan Request
Substance Use Disorder Services - SAPT Crosswalk, Exhibit D-3**

<p>The Public Health Service Act (42 USC 300x-21 through 300x-66) authorized the Substance Abuse Prevention and Treatment (SAPT) Block Grant and specifies requirements attached to the use of these funds. The SAPT funds are annually authorized under separate appropriations by Congress.</p> <p>According to the Office of Management and Budget (OMB) Circular A-133, DBHR is considered a primary pass-through entity and the Behavior Health Organizations and Tribes become secondary pass-through entities having the same responsibility for enforcing the audit requirement among their subcontractors.</p>				
SAPT Item	Brief Description of Federal Requirement	DBHR is required to describe	Contractors/Partners will need to describe	Tools Used to Monitor
<p>State Plan- Intended Use Substance Abuse Prevention and Treatment Block Grant Funds- This section documents the States plan to use the Federal Substance Abuse Prevention and Treatment Block Grant. States are encouraged to incorporate information on needs assessment, resource availability and State priorities in their plan. The State uses the local Needs Assessments of secondary pass-through entities for state planning purposes.</p>				
<p>Planning - Needs Assessment Summary</p>	<p>Each fiscal year, the State Plan shall submit a statewide assessment of need. 42 U.S.C. 300x-29, 45 C.F.R. 96.122(g)(13) and 45 C.F. R. 96.133.</p>	<ul style="list-style-type: none"> • What areas have the highest incidence, prevalence, and greatest need? • How data is collected and how it is used in making these decisions. Any biases of the data should be included, and how the reliability and validity of data will be improved. • What monitoring processes are in place to assure programs serve communities with the highest prevalence and need. • How advisory councils are utilized. The State Epidemiological Outcomes Workgroup (SEOW) role in the planning process for treatment planning. • How the evaluation process is completed on activities related treatment efforts, such as performance data, programs, policies and practices, and how this data is produced and used for planning. • What the State priorities and activities are as they relate to State and Federal priorities and requirements. • What criteria are used in deciding how to allocate block grant funds. 	<p>N/A</p>	<p>Strategic Plan</p>
<p>Goal 1</p>	<p>The State shall expend block grant funds to maintain a continuum of substance abuse treatment services that meet these needs for the services identified by the State. Describe the continuum of block grant-funded treatment services available. (42 USC 300x-21(b) and 45 CFR 96.122 (f)(g))</p>	<ul style="list-style-type: none"> • What types of comprehensive services are available in the State. • How the specialty program(s) are supported; • How contracts are developed and maintained; • How local appropriations are determined; • What training and/or technical assistance is available for the contractor. 	<ul style="list-style-type: none"> • How a continuum of treatment services (including specialized services) are provided • How the Contracts are processed • How services are or will be implemented and maintained. 	<p>Annual Report</p>
<p>Goal 2</p>	<p>N/A for BHO's</p>			
<p>Goal 3</p>	<p>An agreement to expend not less than an amount equal to the amount expended by the State for FY1994 to</p>	<ul style="list-style-type: none"> • What types of projects or services are provided specifically for serving pregnant women and women with 	<ul style="list-style-type: none"> • What are the providers doing differently when serving the PPW population (from the regular adult 	<p>Annual Report Fiscal Tracking</p>

**Detailed Plan Request
Substance Use Disorder Services - SAPT Crosswalk, Exhibit D-3**

	<p>establish new programs or expand the capacity of existing programs to make available treatment services designed for pregnant women and women with dependent children; and, directly or through arrangements with other public or nonprofit entities, to make available prenatal care to women receiving such treatment services, and while the women are receiving services, child care.</p> <p>The State is required to expend at least 5 percent of the block grants to increase the availability of treatment services designed for pregnant women and women with dependent children. (42 USC 300x-22(b)(1)(c) and 45 CFR 96.124 (c)(e))</p>	<p>dependent children, to include</p> <ul style="list-style-type: none"> • Prenatal Care; • Residential Treatment; • Case Management; • Outpatient Services; • Childcare Services; • Outreach Services <ul style="list-style-type: none"> • How compliance ensured. • What methods are used to monitor the adequacy of efforts to meet the special needs of pregnant women and women with dependent children • What sources of data are used in estimating treatment capacity and utilization by pregnant women and women with dependent children? • How funds are used to establish new programs or expand the capacity of existing programs for pregnant women and women with dependent children. 	<p>population);</p> <ul style="list-style-type: none"> • What special methods are in place to monitor the adequacy of efforts to meet the special needs of pregnant women and women with dependent children. 	
<p>Goal 4- IVDU Services</p>	<p>An agreement to provide treatment to intravenous drug abusers that fulfills the 90 percent capacity reporting, 14-120 day performance requirement, interim services, outreach activities and monitoring requirements. (42 USC 300x-23and 45 CFR 96.126)</p>	<ul style="list-style-type: none"> • How the State defines IVDUs in need of treatment services. • Who notified the State when they reached 90% capacity. • How the State ensures programs are in compliance with the 14-120 day performance requirement. • How the State ensures that outreach activities directed toward IVDUs are accomplished. • The strategies developed for monitoring compliance. • The problems identified and corrective actions taken. <p>Activities or initiatives related to the provision of:</p> <ul style="list-style-type: none"> • Interim services; • Outreach Waiting list(s); • Referrals; • Methadone maintenance; • Compliance reviews; • HIV/AIDS testing/education; • Outpatient services; • Education; • Risk reduction; • Residential services; • Detoxification; and • Assessments. 	<ul style="list-style-type: none"> • What outreach programs are available; • How the waiting list protocol works, including: <ul style="list-style-type: none"> ○ # on waiting list ○ Interim services provided • How compliance is ensured and common issues and solutions; and • How treatment admission within 14-120 days is ensured 	<p>Annual Report DATA Reporting</p>

Detailed Plan Request
Substance Use Disorder Services - SAPT Crosswalk, Exhibit D-3

<p>Goal 5 – TB -Early Intervention</p>	<p>An agreement, directly or through arrangements with other public or nonprofit private entities, to routinely make available tuberculosis services to each individual receiving treatment for substance abuse and to monitor such service delivery. (42 USC 300x-24 (a) and 45 CFR 96.127)</p>	<ul style="list-style-type: none"> • How much funding was expended for tuberculosis services. • What the procedures are for tuberculosis services. • What the Screening and Referrals process is. • The cooperative agreements that have been established. • The number and how long individuals are on waiting lists. • The type and amount of training made available to providers to ensure that tuberculosis services are routinely made available to each individual receiving treatment for substance abuse; • The linkages between IVDU outreach and the projects to deliver early intervention services for HIV. • What technical assistance has been provided. 	<ul style="list-style-type: none"> • How compliance is ensured; • What activities, initiatives or process have been implemented with other services providers; and • What training s have been provided and who participated. 	
<p>Goal 9 Pregnant Women Preferences</p>	<p>An agreement to ensure that each pregnant woman be given preference in admission to treatment facilities; and, when the facility has insufficient capacity, to ensure that the pregnant woman be referred to the State, which will refer the woman to a facility that does have capacity to admit the woman, or if no such facility has the capacity to admit the woman, will make available interim services within 48 hours, including a referral for prenatal care (See 42 USC 300x-27 and 45 CFR 96.131).</p> <p>Childcare Services (45 CFR 96.124, WAC 170-296, WAC 170-295, 42 CFR Parts 2).</p>	<p>Activities or initiatives related to the provision of:</p> <ul style="list-style-type: none"> • Priority admissions; • Publicizing availability of services • Referral to Interim services; • Prenatal care; • Provider contracts; • Routine reporting; • Waiting lists; • Screening/assessment; • Residential treatment; Counseling; • Training/TA • Educational materials; HIV/AIDS/TB Testing 	<ul style="list-style-type: none"> • How availability is publicized; • What procedures or processes are used to ensure PPWs are provided interim services within 48 hrs; • How monitoring for interim services, waiting lists is conducted, including <ul style="list-style-type: none"> ○ Waiting lists times ○ How quickly are interim provided • How referrals for prenatal care and childcare are made; • How childcare is ensured to be licensed or certified • Compliance of subcontractors 	<p>DBHR Monitoring Checklist DATA Reporting Annual Report</p>
<p>Attachment G Capacity Management - PPW</p>	<p>State’s procedures and activities, and the total of funds expended to develop capacity management and waiting list systems for intravenous drug users and pregnant women. This report should include information regarding the utilization of these systems 45 C.F.R. 96.122(f)(3)(vi) 45 C.F.R. 96.126(c) 45 C.F.R. 96.131(c)</p>	<ul style="list-style-type: none"> • Total amount of funds expended (or obligated if expenditure data is not available), to comply with the requirement to develop capacity management and waiting list systems for intravenous drug users and pregnant women • Procedures developed to reasonably implement a capacity management and waiting list system; • The role of the Single State Agency (SSA) for substance abuse prevention and treatment; • The role of intermediaries (county or regional entity), if applicable, and substance abuse treatment providers; and • The use of technology, e.g., toll-free telephone numbers, automated reporting systems, etc. 	<ul style="list-style-type: none"> • What the wait list procedures are for Pregnant Women and IVDU • How interim services are made available; • What mechanisms are in place to stay in contact with client who is on waiting list; • What types of outreach provided and how often; • How subcontractors notifying the agency when below 90% capacity; • What efforts are in place to stay in contact with client; and • What training or technical assistance has been provided. 	<p>Annual Report</p>

**Detailed Plan Request
Substance Use Disorder Services - SAPT Crosswalk, Exhibit D-3**

		<ul style="list-style-type: none"> • How interim services are made available to individuals awaiting admission to treatment; • The mechanism(s) utilized by programs for maintaining contact with individuals awaiting admission to treatment; and • Technical assistance. 		
Goal 10 Referral Process	An agreement to improve the process in the State for referring individuals to the treatment modality that is most appropriate for the individual (see 42 USC 300x-28(a) and 45 CFR 96.132 (a)).	<p>Activities or initiatives related to the provision of:</p> <ul style="list-style-type: none"> • Implementation of ASAM criteria • Use of Standardized assessments; • Patient placement using levels of care; • Monitoring visits/inspections; • Information systems; • Reporting mechanisms; • Training/TA 	<ul style="list-style-type: none"> • How subcontractors refer clients; and • What training regarding referrals has been provided 	Annual Report
Goal 11 Continuing Education	An agreement to provide continuing education for the employees of facilities which provide activities or treatment services (or both as the case may be) (See 42 USC 300x-28(b) and 45 CFR 96.132 (b)).	<p>Activities or initiatives related to the provision of:</p> <ul style="list-style-type: none"> • Counselor certification; • Co-occurring training; • Motivational interviewing training; HIV/AIDS/TB training; • Ethics training; • Confidentiality and privacy training; • Special populations training; • Case management training; • Train-the-trainer model; • Domestic violence training; • Faith-based training; • Suicide prevention training; • Crisis intervention training. 	<ul style="list-style-type: none"> • What efforts have been made to ensure that training is made available to treatment staff; • What types of training have been provided; • How many attended; • How many subcontract sent staff; • How subcontractors are monitored; and • Compliance issues 	Annual Report
Goal 12 Coordinate Services	An agreement to coordinate treatment services with the provision of other appropriate services (See 42 USC 300x-28(c) and 45 CFR 96.132(c)).	<p>Activities or initiatives related to the provision of:</p> <ul style="list-style-type: none"> • Convened work groups/task force/councils; Partnering with association(s)/other agencies; • Coordination of treatment activities; • Convening routine meetings; • Development of polices for coordination; Convening meetings to raise public awareness; Implementation of evidence-based services. 	<ul style="list-style-type: none"> • If there are MOAs with other entities; and • What work groups, task forces, or councils have been established for better coordination, include <ul style="list-style-type: none"> • Outcomes/Challenges • Successes/weaknesses 	Annual Report Annual Strategic Plan and Updates
Goal 13 Assessment of Need	An agreement to submit an assessment of the need for both treatment and prevention in the State for authorized activities, both by locality and by the State in general (See 42 USC 300x-29 and 45 CFR 96.133).	<p>Activities or initiatives related to the provision of:</p> <ul style="list-style-type: none"> • Data-based planning; • Statewide surveys; • Youth survey(s); • Archival/social indicator data; 	<ul style="list-style-type: none"> • What data is used; including <ul style="list-style-type: none"> • Biases of data • Gaps • Priorities 	Annual Strategic Plan

Detailed Plan Request
Substance Use Disorder Services - SAPT Crosswalk, Exhibit D-3

		<ul style="list-style-type: none"> • Data work groups; • Risk and protective factors • Household survey data utilization; Prioritization of services; • Provider surveys; • Online surveys/Web-based reporting systems; • Site visits. 		
Goal 14 Hypodermic Needle Program	An agreement to ensure that no program funded through the block grant will use funds to provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs (See 42 USC 300x-31(a)(1)(F) and 45 CFR 96.135 (a)(6)).	<p>Activities or initiatives related to the provision of:</p> <ul style="list-style-type: none"> • Prohibitions written into provider contracts; Compliance site visits; • Training/TA. 	What process is in place to ensure compliance; and What trainings have been provided.	Annual report
Goal 15 Independent Peer Review	An agreement to assess and improve, through independent peer review, the quality and appropriateness of treatment services delivered by providers that receive funds from the block grant (See 42 USC 300x-53(a) and 45 CFR 96.136).	<p>Activities or initiatives related to the provision of:</p> <ul style="list-style-type: none"> • Peer review process and/or protocols; • The role of DBHR for substance abuse treatment services in the development of operational procedures implementing independent peer review; • The role of the State Medical Director for Substance Abuse Services in the development of such procedures; • The role of the independent peer reviewers; • The role of the entity (ies) reviewed. • The number of entities reviewed during the applicable fiscal year; • Technical assistance made available to the entity(ies) reviewed; and • Technical assistance made available to the reviewers, if applicable. • Quality control/quality improvement activities as a result of peer review report. 	All contractors and chemical dependency counselors are responsible to participate in the peer review process.	
Goal 16 Disclosure of Patient Records	Ensure that the State has in effect a system to protect patient records from inappropriate disclosure. 42 U.S.C. 300x-53(b) 45 C.F.R. 96.132(e) 42 C.F.R. Part 2.	<p>Activities or initiatives related to the provision of:</p> <ul style="list-style-type: none"> • Confidentiality training/TA; • Compliance visits/inspections; • Licensure requirements/reviews; • Corrective action plans; 	<ul style="list-style-type: none"> • What process is in place to ensure compliance; and • What trainings have been provided. 	Annual Report
Goal 17 Charitable Choice	An agreement to ensure that the State has in effect a system to comply with 42 USC 300x-65 and 42 CFR part 54 (See 42 CFR 54.8(b) and 54.8(c)(4), Charitable Choice Provisions and Regulations). Under Charitable Choice, States, local governments, and	<p>How we:</p> <ul style="list-style-type: none"> • Ensure that religious organizations that are providers provide notice of their right to alternative services to all potential and actual program beneficiaries (services recipients); • Ensure that religious organizations that are providers 	<ul style="list-style-type: none"> • How clients are offered choice of providers; • How clients are referred; • How many subcontracts that are FBO; • How FBOs participate in the RFP process; • What of FBO services are available; and • What compliance efforts are in place to ensure 	Annual Report

Detailed Plan Request
Substance Use Disorder Services - SAPT Crosswalk, Exhibit D-3

	religious organizations, each as SAMHSA grant recipients, must: (1) ensure that religious organizations that are providers provide notice of their right to alternative services to all potential and actual program beneficiaries (services recipients); (2) ensure that religious organizations that are providers refer program beneficiaries to alternative services; and (3) fund and/or provide alternative services. The term “alternative services” means services determined by the State to be accessible and comparable and provided within a reasonable period of time from another substance abuse provider (“alternative provider”) to which the program beneficiary (“services recipient”) has no religious objection.	<ul style="list-style-type: none"> refer program beneficiaries to alternative services; and Fund and/or provide alternative services. Alternative services means services determined by the State to be accessible and comparable and provided within a reasonable period of time from another substance abuse provider to which the program beneficiary has not religious objection. Any training for local governments and faith-based and community organizations on these requirements. 	funding is not used for religious activities	
Spending Report	<p>42 USC 300x-52 The State involved will submit a report in such form and contain such information to be necessary for securing a record and a description of:</p> <p>(1) The purposes for which the grant received by the State for the preceding fiscal year under the program involved were expended and a description of the activities of the State under the program; and</p> <p>(2) The recipients of amount provided in the grant.</p> <p>45 CFR 96.137 Payment Schedule The Block Grant money that may be spent for Sec 96.124(c) and (e), 96.127 and 96.128 is governed by this section which ensures that the grant will be the “payment of last resort.” The entities that receive funding under the Block Grant and provides services required by the above-referenced sections shall make every reasonable effort, including the establishment of systems for eligibility determination, billing, and collection, to:</p> <p>(3) Collect reimbursement for the costs of providing such services to persons who are entitled to insurance benefits under the Social Security Act, including programs under title XVIII and title XIX, any State compensation program, any other publish assistance program for medical expenses, any grant program, any private health insurance, or any other benefit program; and</p> <p>(4) Secure from patients or clients payments for services in accordance with their ability to pay.</p>	Amount of funding expended, by funding source, for each Good and Modern Service Activity, average rate for each activity, and number of unduplicated clients supported by Block Grant funding for each activity.		A19 DATA Reporting Rates information
	•			
	Expenditures for substance abuse treatment, prevention,	Identify	Submit an A19 which identifies each treatment modality	A19

Detailed Plan Request
Substance Use Disorder Services - SAPT Crosswalk, Exhibit D-3

SA Entity Inventory	<p>services for pregnant and parenting women</p> <p>This information is required by CSAT to meet its obligations under the Federal Managers Financial Integrity Act of 1982.</p>	<ul style="list-style-type: none"> • Entities without an Inventory of Substance Abuse Treatment Services (I-SATS) ID that received funds from the FY 2015 SAPT Block Grant to provide substance abuse prevention and treatment services. • How and where each entity used SAPT Block Grant funds and State funds • How much of the funding went to substance abuse prevention (other than primary prevention) and treatment services, primary prevention activities, HIV early intervention services and services for pregnant women and women with dependent children. <p>The term “entities” is used to cover State and non-State providers, sub-recipient agencies and contractors, grantees, and other programs or entities funded by the State. It includes all direct providers of substance abuse prevention activities and treatment services.</p>	provided.	DATA Reporting