

SECTION K. TECHNICAL ASSISTANCE NEEDS

There are several broad areas for which the State would appreciate technical assistance.

First, in regards to system of care development:

- Technical assistance in the construction of service concepts, practices and policies that are recovery focused and based on the needs and supports identified by consumers, family and youth. Further assist the state on how to best support the building of ROSC or Systems of Care at the local level.
- Care Management: Assistance in how to best design, monitor and evaluate delivery systems that better support coordination of care and transitions from one service modality to another.

Second, Washington recognizes the urgency of developing our behavioral health system into one that is ready for healthcare reform.

- Health Care Reform: It is critical DBHR stay informed of Health Care Reform discussions and efforts. On-going technical assistance that supports the status of national reform efforts, how the state can be best prepared over the next two years.
- DBHR would appreciate assistance in how best to engage and influence other state and federal agencies regarding purchasing decisions, benefit design, and the insurance exchange.
- It will be important to find promotion and prevention services that can be made “billable”. We need TA in this effort to “Medicaid-ize” these important services that, although highlighted in health care reform, are not currently billable.

Third, the State has continuing need to address some areas of concern that were identified in our most recent core technical review. From our SAPT Core Technical Review process several needs were identified:

- Culturally competent programs--we are not making enough progress. DBHR could benefit from expanding its efforts to ensure services provided to ethnic/cultural populations are culturally competent.
- Monitoring our capacity, to better manage increasing needs
- Reporting client-level data (services and billing). DBHR could benefit on training on how to establish policies and procedures on fiscal requirements and completion of block grant financial charts. Specifically, DBHR needs to establish a method by which agency staff completing data entry will know which clients are funded by block grant dollars and which clients are funded by other funding streams.
- Individually self-directed services.
- The issue of interactive technology--“tele-health”.

There is technical assistance that would greatly help the State in meeting the needs of youth/ adolescents/ youth-in-transition:

- For child and adolescent services there is an interest in implementing a uniform behavioral health assessment. DBHR anticipates the implementation of the Children and Adolescent Needs and Strengths (CANS). Our state system-wide integration of the CANS will be complex. Technical assistance on how to best support this implementation and how our data infrastructure can handle the CANS data.
- Assistance with integration of behavioral health services for transition age youth ranging from ages 14-25 years old. These services must include outreach for young people with a behavioral health diagnosis or co-occurring disorders, and include prevention, promotion, and early intervention services.

We want to continue expanding recovery supports and supportive systems for those engaged with our behavioral health system. We could benefit from technical assistance in these areas.

- Technical assistance on development and expansion of peer specialist training, peer programs, and peer-run organizations. A particular concern would be how to develop sustainability for these programs.
- How to coordinate better with the business community around supported employment opportunities.

Some other specific areas of need were identified, including:

- Technical assistance and training on implementing Adverse Childhood Experiences screening and potential interventions.
- How can DBHR make better use of social media?
- DBHR could benefit from developing a methodology from determining compliance using CDC TB surveillance data to calculate the percentage of TB clients who are substance abusers.
- DBHR could benefit from better identification and training of counties and providers on the contracts that contain Block Grant funds and how to comply with each requirement. (This is probably needed more since the block grant has changed)