

GREATER COLUMBIA BEHAVIORAL HEALTH, LLC BH-ASO

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June 30, 2026

Health Care Authority (HCA)
PO Box 45502
Olympia, WA 98504-5502

Dear HCA:

The Greater Columbia Behavioral Health Behavioral Health Advisory Board (BHAB) has reviewed the Substance Abuse Block Grant (SUPTRS) proposal and has collectively agreed to recommend approval of the plan. In the opinion of the BHAB, the plan meets Block Grant requirements and supports consumer/client recovery and resiliency.

We find that the plan will ensure the needed access to these much needed services for non-Medicaid individuals that will enhance their quality of life, reduce hospitalizations and enhance awareness through education.

GCBH has made best efforts to maximize the use of Block Grant dollars and has developed plans that support the mission of recovery and resiliency in our 9 county region.

Please accept this letter as a collective recommendation for approval of GCBH's SUD (SUPTRS) Block Grant as we support GCBH's efforts toward enhancing the lives of individuals who, without this funding, would not have access to these valuable services.

Sincerely,

Fawn Wagner
GCBH – Behavioral Health Advisory Board

cc: Behavioral Health Advisory Board (BHAB)
Karen Richardson, Co-Director/Finance Director
Sindi Saunders, Co-Director/Quality Manager/CCO

BH ASO: Greater Columbia Counties: Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Walla Walla, Whitman & Yakima Current Date: 17-Jun-26 Total SABG Allocation: \$1,531,901 Contact Person: Karen Richardson Phone Number: 509-737-2475 x2457 Email: karenr@scbh.org		*This amount includes annual SUPTRS and SUPTRS Co responder allocations	
Section 1 Proposed Plan Narratives			
Needs Assessment (required)	Describe what strengths, needs, and gaps were identified through a need's assessment of the geographic area of the region. To the extent available, include age, race/ethnicity, gender, and language barriers. Begin writing here : As the ASO, our responsibility is to provide Crisis Services to all individuals. However, the ASO continues to work diligently with Network Providers and Local Community Partners in our RSA to identify and address gaps in services since the implementation of Managed Care Organizations into the Behavioral Health System. As part of these needs assessments, the ASO has decided to utilize this Block Grant to address the lack of funding available to provide additional Prevention and Wellness Services, Engagement Services, Outpatient SUD Services, Recovery Housing, Transportation, and continuing educational and training opportunities for staff.		
Cultural Competence (required)	Provide a narrative summarizing how cultural competence overall, is incorporated within proposed projects. Identify what anticipated efforts will be taken to measure progress. Begin writing here : ASO Network Providers are contracted to provide services to all individuals regardless of cultural background and appropriate services are provided to address the needs of the individuals served as they meet medical necessity. All members of identified minority groups, including geriatric, child, disabled or ethnic minority, are provided with a specialist consultation that considers age and cultural variables specific to the individuals being served and provides information relevant to the individual's continuation in appropriate treatment services. GCBH requires all agencies to provide services in a culturally competent manner at all times. Audits of Network Providers are conducted that include checks for evidence of compliance with contractual requirements that include cultural competence in regards to treatment services.		
Continuing Education for Staff (required)	Describe how continuing education for employees of treatment facilities is expected to be implemented. Begin writing here : All ASO Network Providers are required to provide staff trainings such as HIPAA, Safety Fraud and Abuse, Program Integrity, Cultural Competency, along with continuing education in regards to SUD Treatment Services. Evidence of these trainings is reviewed upon the ASO's audits of these agencies. Network Providers are encouraged to continue seeking and allowing appropriate staff to continuing educational trainings.		
Charitable Choice (required)	Provide a description of how faith-based organizations will be incorporated into your network and how referrals will be tracked. Begin writing here : All network providers with the ASO RSA maintain referrals and resource availability for support services such as the Union Gospel mission, Victory Outreach, Celebrate Recovery and Teen Challenge as well as any other charitable services that may be available as a source of support for homeless and displaced individuals within the ASO RSA. Network Providers inform individuals at orientation of moral or religious objections/restrictions in regards to services provided (e.g. family planning counseling, etc.) The network provider will additionally be required to provide the ASO with copies of pertinent language and materials used at orientation upon request. During Audits, this is reviewed, and network providers ensure that religious organizations may compete on an equal footing for Federal funds for SUD Services. A faith-based organization may implement the requirements for Charitable Choice provisions of the Federal Public Health Act.		
	Provide a description of how treatment services are coordinated with the provision of other nonmedical services including health		

Coordination of Services (required)	If having a responsibility for how health services are coordinated with the provision of other appropriate services including health, social, correctional and criminal justice, education, vocational rehabilitation and employment services. <i>Begin writing here:</i> The ASO and its Network Providers work with the appropriate Managed Care Organization, Inpatient Facilities or Local Community Partner to ensure that the coordination of appropriate benefits and services are provided to each individual in need.
Public Comment/Local Board /BH Advisory Board Involvement (required)	Describe how you facilitated public comment from any person, behavioral health association, individuals in recovery, families, and local boards in the development of this SABG Plan. <i>Begin writing here:</i> The ASO has a Behavioral Health Advisory Board (BHAB) whose membership is comprised of individuals and/or family of individuals, and stakeholders throughout our nine county region. The BHAB Committee receives presentations about the Executive Committee and all ASO Sub-Committees. The BHAB meets quarterly or as needed to hear updates of ASO operations. The BHAB reviews and authorizes the SUPTRS (SUD) Plan and Project Summary, as needed.
Program Compliance (required)	Provide a description of the strategies that will be used for monitoring program compliance with all SABG requirements. <i>Begin writing here:</i> ASO Network Providers will maintain clinical and fiscal records content for services provided using SUPTRS (SUD) Grant Funding as outlined in Federal Grant requirements, WAC and RCW's. The ASO will conduct audits per contract requirements for all its contracted network providers utilizing SUPTRS (SUD) Grant Funding. Audits of Network Providers include checks for evidence of compliance with the provision of this grant policy. When a need for corrective action is identified during such audits, network providers address compliance issues via their quality improvement processes and provide evidence of sustained improvement.
Recovery Support Services (optional)	Provide a description of how and what recovery support services will be made available to individuals in SUD treatment and their families. <i>Begin writing here:</i> As part of the ASO's needs assessment with its network providers, it was determined that there is a need to remove barriers such as transportation, housing support and assistance for those that are unable to pay for services with 3rd party deductibles. The ASO has opted to use SUD Funding to help ensure that individuals are receiving medically necessary qualifying services.
Cost Sharing (optional)	Provide a description of the policies and procedures established for cost-sharing, to include how individuals will be identified as eligible, how cost-sharing will be calculated, and how funding for cost-sharing will be managed and monitored. <i>Begin writing here:</i> The ASO will allow network providers to utilize cost sharing for those individuals that are Medicare and in spenddown status by following HCA guidelines. Network providers will be required to submit to Medicare each service provided to ensure that individual's services are being applied to the spenddown. Documentation of this will be required to be maintained by each network provider with their monthly invoice support documentation. During ASO Audits, this will be an area of review.

Section 2 Proposed Project Summaries and Expenditures The * indicates a required component of the Proposed Project Summary and must be completed				
Category/Subcategory	Provide a plan of action for each supported activity	Proposed # PPW to be served	Outcomes and Performance Indicators	Proposed Total Expenditure Amount
Outreach and Screening – Early intervention, screening and outreach services.				\$75,000.00
*PPW Outreach (required)	Begin writing here: After assessment, provider will continue to motivate and engage PPW to complete recommended treatment. Outreach services are made available to PPW who are unable to begin treatment services immediately following assessment. Provider will coordinate with community resources such as jails, hospitals, medical providers and CA agencies to provide assessment and SUD services. Each PPW	25	Begin writing here: Provider will document all attempts to contact patient in the EHR, describing interventions used and outcome. Encounters will be submitted to the ASO. PPW patients will increase interactions and access with PCP and other community resources. Empanelment is tracked and measured by the provider.	Enter budget allocation for these proposed activities. \$0.00
Outreach to Individuals Using Intravenous Drugs (IUID)	Begin writing here: After assessment, provider will continue to motivate and engage IUID to complete recommended treatment. Outreach services are made available to IUID who are unable to begin treatment services immediately following assessment. Provider will coordinate with community resources such as jails, hospitals, medical providers and CA agencies to provide assessment and SUD services. Each IUID	25	Begin writing here: Provider will document all attempts to contact patient in the EHR, describing interventions used and outcome. Encounters will be submitted to the ASO. IUID patients will improve and increase interactions and access with PCP and other community resources. Empanelment is tracked and measured by the provider.	\$0.00
Brief Intervention	Begin writing here: After assessment, provider will continue to motivate and engage patient to complete recommended treatment. Outreach services are made available to patients who are unable to begin treatment services immediately following assessment. Provider will coordinate with community resources such as jails, hospitals, medical providers and CA agencies to provide assessment and SUD services	25	Begin writing here: Provider will document all attempts to contact patient in the EHR, describing interventions used and outcome. Encounters will be submitted to the ASO. Patients will improve and increase interactions and access with PCP and other community resources. Empanelment is tracked and measured by the provider.	\$0.00
Drug Screening	Begin writing here: Drug screens are an integral part of SUD assessment and treatment. Urinalysis or Oral Swab is used as a diagnostic tool and to assist in treatment planning and determining appropriate care.	25	Begin writing here: Case notes will document collection of specimen and outcome of testing. Screening results will be used to determine appropriate ASAM placement. ISP will be updated to include any action needed as a result of the screening.	\$0.00
*Tuberculosis Screening (required)	Begin writing here: Providers will provide verification of compliance with WAC and maintain verification of screenings and or testing in clinical file. On-site audits of network providers, conducted by GCBH, include checks for evidence of compliance with the provisions of this policy.	0	Begin writing here: Review Chart notes and treatment plans for evidence of compliance with WAC requirements	\$0.00
Engagement Services – Assessment/admission screening related to SUD to determine appropriateness of admission and levels of care. Education Services may include information and referral services regarding available resources, information and training concerning availability of services and other supports. Educational programs can include parent training, impact of alcohol and drug problems, anxiety symptoms and management, and stress management and reduction. Education services may be made available to individuals, groups, organizations, and the community in general. This is different than staff training. Treatment services must meet the criteria as set forth in Chapter 246-341 WAC.				\$200,000.00
Assessment	Begin writing here: Patients not eligible for Medicaid will be offered SUPTRS funding to pay the cost of assessment, based upon their financial eligibility. Patients who demonstrate their inability to pay will not be denied an assessment.	50	Begin writing here: Patients receiving SUD assessment have a higher likelihood of engaging in SUD treatment services. SUD treatment is known to reduce recidivism and hospital ER visits. Assessment will be recorded in EHR and reported as encounter.	Enter budget allocation for these proposed activities. \$0.00
*Engagement and Referral (required)	Begin writing here: Provider responding to SUD Crisis Services, and Providers responding to requests for other services, will offer assistance and referral to community resources for sobering support and to other providers in the event provider is unable to accommodate the individual. Peer Counselors will be assigned to individual needing assistance, with specific attention will be given to assisting patient enroll	50	Begin writing here: Provider will document all contact or attempted contact with patient in the EHR, describing interventions used and outcome. Encounters will be submitted to the ASO	\$0.00
*Interim Services (required)	Begin writing here: Interim services will be provided to every PPW and IUID individuals, not actively engaged in service, are awaiting a bed date at a residential facility, or awaiting admission at an OP agency. The purpose of interim services is to reduce the adverse health effects of such abuse, promote the health of the individual, and reduce the risk of transmission of disease. Interim services will include: screening for	30	Begin writing here: GCBH providers will develop a system to identify and capture support data to include ongoing support for interim services in the event the individual is placed on a waiting list. Time limits for the wait lists will be monitored by GCBH audit staff and clinical data will determine progress and compliance with contract requirements. On-site audits of network providers	\$0.00
Educational Programs	Begin writing here: To provide Recovery Support Group for 12 weeks to the qualifying individuals	30	Begin writing here: To reach 20-30 individuals in recovery support for substance use. Individual participants will gain increased knowledge related to recovery and sustainable plans to maintain recovery. Pre and Post tests of educational knowledge on recovery are implemented.	\$0.00
Outpatient Services – Services provided in a non-residential SUD treatment facility. Outpatient treatment services must meet the criteria as set forth in Chapter 246-341 WAC.				\$1,026,901.00
Individual Therapy	Begin writing here: Individual counseling session will be provided to any patient engaged in treatment, who does not meet Medicaid eligibility. Individual counseling will assist in development of an Individual Service Plan (ISP) directed at resolution of specific issues and in support of continued recovery	100	Begin writing here: Individuals will receive assistance in applying for Medicaid funding. Individual therapy will also be directed at development and progress with ISP. Verification of eligibility for Block Grant will be monitored throughout treatment.	Enter budget allocation for these proposed activities. \$0.00
Group Therapy	Begin writing here: Group therapy will be provided to any patient engaged in treatment, who does not meet Medicaid eligibility. Group therapy will assist in development of an Individual Service Plan (ISP) directed at resolution of specific issues and development of continued recovery.	100	Begin writing here: Individuals will receive assistance in applying for Medicaid funding. Group therapy will also be directed at development and progress with ISP. Verification of eligibility for Block Grant will be monitored throughout treatment.	\$0.00
	Begin writing here: To ensure that Opiate Substitution		Begin writing here: The ASO Contracts with Comprehensive	

Medication Assisted Therapy (MAT) - Opioid Substitution Treatment	Treatment services are available to consumers that are not Medicaid eligible.	100	Healthcare for their Opiate Treatment Program. They provide the daily dosing of medication to help opiate users quit using opiates.	\$0.00
Community Support (Rehabilitative) – Consists of support and treatment services focused on enhancing independent functioning.				\$140,000.00
Recovery Housing	Begin writing here: Provider will make available assistance for recovery housing to any eligible low income patient in need of clean and sober housing. Patient must be actively engaged in treatment services with this provider.	30	Begin writing here: Review individual service plans for information pertaining to consumers needs regarding housing support. Monitor services by reviewing data submitted to GCBH and reviewing clinical files periodically	\$0.00
Other Support (Habilitative) – Structured services provided in segments of less than 24 hours using a multi-disciplinary team approach to develop treatment plans that vary in intensity of services and the frequency and duration of services based on the needs of the client.				\$5,000.00
PPW Housing Support Services	Begin writing here: Supported Housing services, which will include; eligibility screening, monitoring harm reduction activities, housing stabilization, crisis management, case consultation and referral services for the purpose of linking individuals to support services will be provided to individuals who are being discharged from a residential setting, or individuals in a clean and sober living environment	10	Begin writing here: Review individual service plans for information pertaining to consumers needs regarding housing support. Monitor services by reviewing data submitted to GCBH and reviewing clinical files periodically	Enter budget allocation for these proposed activities. \$0.00
Intensive Support Services – Services that are therapeutically intensive, coordinated and structured group-oriented. Services stabilize acute crisis and clinical conditions, utilizing recovery principles to help return individuals to less intensive outpatient, case management, and/or other recovery based services.				\$0.00
Out of Home Residential Services – 24 hour a day, live-in setting that is either housed in or affiliated with a permanent facility. A defining characteristic is that they serve individuals who need safe and stable living environments in order to develop their recovery skills. Treatment services must meet the criteria as set forth in Chapter 246-341 WAC.				\$80,000.00
Sub-acute Withdrawal Management	Begin writing here: ASO will use these SUPTRS (SUD) Funds to treat individuals who are presented at Detox (WM Facilities) Non-Medicaid Coverage or TTP funding to assist them.	40	Begin writing here: To ensure that clients receive the appropriate care, and assist them into the Inpatient Service, once they have detoxed and it can be determined the level of care that they are needing.	Enter budget allocation for these proposed activities. \$0.00
Intensive Inpatient Residential Treatment	Begin writing here: ASO will use the SUPTRS (SUD) funds to treat individuals who are in need of SUD Residential Treatment and unable to pay through another funding source and meet medical necessity	15	Begin writing here: Review ongoing assessments and individual service plans for information pertaining to consumers needs regarding extended stays. Monitor services by reviewing authorization requests submitted to GCBH and reviewing clinical files periodically	\$0.00
Acute Intensive Services -24-hour emergency services that provide access to a clinician. The range of emergency services available may include but are not limited to direct contact with clinician, medication evaluation, and hospitalization. Services must meet the criteria as set forth in Chapter 246-341 WAC.				\$0.00
Recovery Supports –A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Recovery emphasizes the value of health, home, purpose, and community to support recovery.				\$5,000.00
*Transportation for PPW (required)	Begin writing here: Patient will be directed to HCA broker when eligible and timely. Otherwise, where possible, provider will arrange for transportation to and from a Residential IIP SUD facility and OP SUD services locally when patient has no resources to attend. Provider may utilize private licensed transportation, public transportation, fuel vouchers, bus passes and Peer Support services to ensure patient has access to SUD	10	Begin writing here: In rural areas transportation is a known barrier to outpatient SUD treatment. Legal issues may make driving impossible for the patient. SUD treatment often occurs in the evening when public transportation is no longer available. SUPTRS (SUD) Transportation services will improve outcomes by allowing consistent participation and overall access to care	\$0.00
Transportation	Begin writing here: Patient will be directed to HCA broker when eligible and timely. Otherwise, where possible, provider will arrange for transportation to and from a Residential IIP SUD facility and OP SUD services locally when patient has no resources to attend. Provider may utilize private licensed transportation, public transportation, fuel vouchers, bus passes and Peer Support services to ensure patient has access to SUD	10	Begin writing here: In rural areas transportation is a known barrier to outpatient SUD treatment. Legal issues may make driving impossible for the patient. SUD treatment often occurs in the evening when public transportation is no longer available. SUPTRS (SUD) Transportation services will improve outcomes by allowing consistent participation and overall access to care	\$0.00
*Other SUD activities (required) – any activity necessary to plan, carry out, and evaluate this SUD plan, including Continued Education/training, logistics cost for conferences regarding SUD services and requirements, capacity management infrastructure, and conducting needs assessments.				\$0.00
Begin writing here: To allow the ASO Contracted Network Providers the ability to cover costs of continuing education, trainings, and infrastructure changes related to provide the appropriate SUD Services to individuals.				
Grand Total				\$1,531,901.00

ASO PRIMARY SUPTRS Distributions

July 2026 - June 2027

\$1,531,901

12 month funding	12 month	12 Month	6 month breakout
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SUD Services % \$ 1,171,901.00

(Includes - Prevention & Wellness, Engagement, Recovery Support, Community Support, Other Support (Habilitative) and OP Qualified Services and Training)

Asotin-QBHS	2.92%	\$	34,220.00	\$	34,220.00	\$	17,110.00
Benton Split (Comp & Merit)	28.20%	\$	330,476.00				
Comp				\$	165,238.00	\$	82,619.00
Merit				\$	165,238.00	\$	82,619.00
Franklin H.S. - Split (Comp & Merit)	13.26%	\$	155,394.00				
Comp				\$	77,697.00	\$	38,848.50
Merit				\$	77,697.00	\$	38,848.50
Columbia-(Comp)	0.51%	\$	5,977.00				
Comp				\$	5,977.00	\$	2,988.00
Garfield-QBHS	0.30%	\$	3,516.00	\$	3,516.00	\$	1,758.00
Kittitas- Split (Comp & Merit)	6.29%	\$	73,712.00				
Comp				\$	36,856.00	\$	18,428.00
Merit				\$	36,856.00	\$	18,428.00
Walla Walla -Comp	8.19%	\$	95,979.00	\$	95,979.00	\$	47,989.00
Whitman-Palouse River	6.35%	\$	74,416.00	\$	74,416.00	\$	37,208.00
Yakima-County - Split (Comp & Merit)	33.98%	\$	398,212.00				
Comp				\$	199,106.00	\$	99,553.00
Merit				\$	199,106.00	\$	99,553.00
Sub-Total	100.00%	\$	1,171,902.00			\$	585,950.00

MAT Service (Program Specific- Required) % \$ 275,000.00

**modified removing counties not using MAT

Comprehensive -	\$	275,000.00	\$	137,500.00
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SUD Residential/Sub-Acute Detox \$ 80,000.00

Sub- Acute Detox- Comprehensive	\$	80,000.00	\$	40,000.00
Intensive Inpatient Residential (ASO Auth Only)	\$	-	\$	-

Transportation (ASO Auths Only)	\$	5,000.00	\$	2,500.00
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12 Month Total Funding Available	\$	1,531,901.00	\$	765,950.50
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