



THURSTON-MASON
Behavioral Health Organization

**ADVISORY BOARD
NEW MEMBER HANDBOOK**

**Thurston-Mason Behavioral Health Organization
412 Lilly Road NE
Olympia, WA 98506
www.tmbho.org**

**THURSTON-MASON BEHAVIORIAL HEALTH
ORGANIZATION (BHO)
ADVISORY BOARD
NEW MEMBER HANDBOOK**

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Welcome and Introduction

Welcome to the Thurston-Mason Behavioral Health Organization Advisory Board! You are providing a valuable community service by participating on this Board.

The Mission of the Thurston-Mason BHO Advisory Board is:

To advocate for consumer-driven crisis intervention and treatment services for Thurston and Mason County residents most in need of publicly funded mental health and substance use disorder services and to advise the TMBHO Governing Board to fulfill this directive.

Services shall:

Promote a sense of well-being within the natural environment of the consumer, offering services that maximize consumer choice and individualized tailored care, except as a safety issue as defined by RCW 71.05.

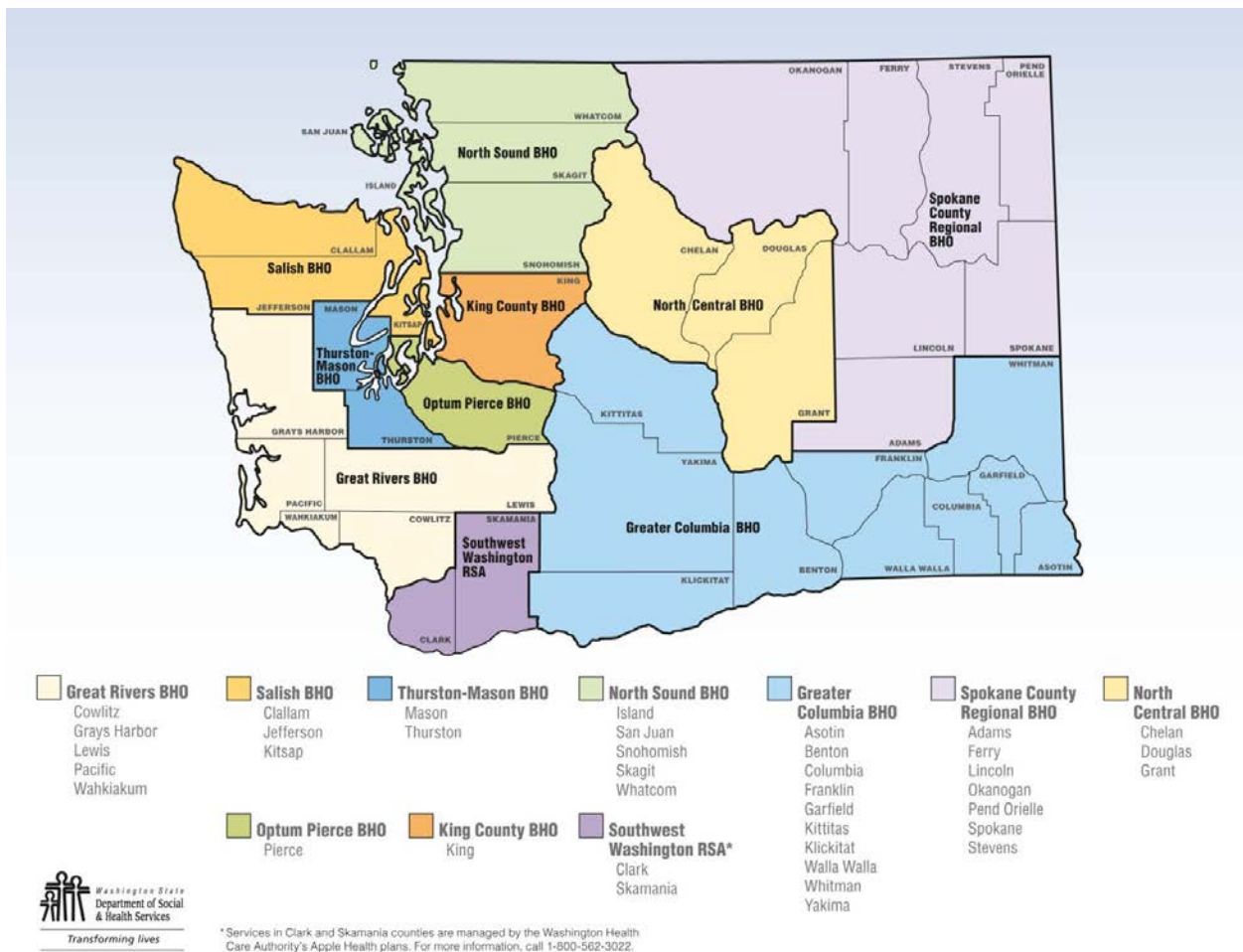
What are Behavioral Health Organizations?

In 2014 the State Legislature passed Senate Bill 6312, directing DSHS to integrate funding and oversight for behavioral health (mental health and substance use) treatment services. Beginning in 2016, the state began purchasing behavioral health services through regionally operated Behavioral Health Organizations (BHO) through a managed-care structure.

BHOs are single, local entities that assume responsibility and financial risk for providing substance use disorder treatment, and the mental health services previously managed by the Regional Service Networks (RSNs). These include inpatient and outpatient treatment, involuntary treatment and crisis services, jail proviso services, and services funded by the federal block grants.

Where are BHOs located?

BHOs are located within newly formed Regional Service Areas (RSAs). There is one BHO per RSA, except for the Southwest Washington RSA, which has a contract with the Health Care Authority for managed care plans. RSAs include contiguous counties, contain at least 60,000 people on Medicaid, possess an adequate number of health care providers, and reflect natural and behavioral health service referral patterns. The Department of Social and Health Services (DSHS) and the Health Care Authority (HCA) jointly designated them in November, 2014:



What is the Thurston-Mason BHO Advisory Board?

The Thurston-Mason Behavioral Health Organization Advisory Board is the result of integration between the Thurston-Mason Regional Support Network and Thurston-Mason Chemical Dependency Advisory Boards.

Regional Support Networks (RSNs) and Prepaid Health Plans (PHPs) are required to have an advisory board as part of its governing structures in compliance with RCW 71.24.300(8) RCW and WAC 388-865-0252. The Chemical Dependency Advisory Board existed as a result of State Law RCW 70.96A.300 (repealed in 2016) and related state regulations. Both boards are citizen advisory boards which represent the citizens of Thurston and Mason Counties.

Membership Requirements

The BHO must appoint Advisory Board members and maintain an advisory Board in order to:

- a) Promote active engagement with individuals with behavioral health disorders, their families, and behavioral health agencies; and
- b) Solicit and use members input to improve service delivery and outcome.

The BHO must appoint and maintain an Advisory Board that:

- a) Broadly represents the demographic character of the service area;

- b) Is composed of a least fifty-one (51%) representation of one or more of the following:
 - i) Persons with lived experience
 - ii) Parents or legal guardians of persons with lived experience; or
 - iii) Self-identified as persons in recovery from a behavioral health disorder
- c) Includes law enforcement representation; and
- d) Includes tribal representation, upon request of a tribe.

Advisory Board Bylaws require a minimum of nine (9), maximum of fifteen (15) Advisory Board members. A minimum of six (6) members will be representative of Thurston County and three (3) of Mason County with a maximum of eleven (11) Thurston County Representatives and four (4) Mason County Representatives. Each voting member is appointed to a three-year term by the TMBHO Governing Board. Members may be re-appointed to an additional term(s) to meet the composition requirements. Elected officials include a Chair and Vice-Chair, which are elected in March of every year.

Advisory Board Meetings

The Thurston-Mason BHO Advisory Board meets the fourth Monday every month at 5:30 p.m. Meetings last approximately 1.5 hours. As a voting member, your attendance is required. From the member roster of the BHO Advisory Board, smaller subcommittees may be formed to address specific issues and processes.

Staff from the Thurston-Mason BHO and the Board Chairperson will prepare an agenda for each meeting. Agendas will consistently include standing committee reports (when applicable) and a designated time for community input. TMBHO staff will also assist in preparing for Advisory Board meetings.

As a member of this Board, you have certain responsibilities and duties. This handbook has been prepared to acquaint you with these responsibilities and to provide some background information to assist you in carrying them out.

Bylaws of the BHO Advisory Board

A. AUTHORITY

The Thurston-Mason BHO Advisory Board is established in accordance with the provisions of Chapter 71.24, 70.96 and 70.96A of the Revised Code of Washington as amended and WAC 388-865-0252.

B. RESPONSIBILITIES

The BHO Advisory Board has the following powers and duties:

1. Review and evaluate the needs, facilities, services and special issues of Thurston and Mason Counties.
2. Advise the BHO Governing Board as to a program of community services that shall reflect the fullest and most feasible utilization of already existing services.
3. Request regular updates from community providers at Advisory Board meetings for the

purpose of staying current on agency programs, challenges and issues.

4. Review and discuss quarterly progress report summaries of contracted service providers prepared by BHO staff.
5. Establish priorities based on community needs and recommend the allocation of available county and state funds to meet those needs.
6. Receive and review all applications for financial support; make funding recommendations according to the priorities and allocations approved by the BHO Governing Board.
7. Advise and assist in the selection of new community mental health and substance use disorder providers through participation in the Request for Qualification (RFQ) or Request for Proposal (RFP) process, or through other allowable means to select qualified providers.
8. Keep abreast of complaints, grievances and critical incidents as reported to the BHO.
9. After adoption of a program, review the financial and service components of the program to be assured that actual expenditures and programs remain consistent with agreements contained in the application as approved.
10. Review and discuss the annual BHO Quality Work Plan and Quality Assurance and Performance Improvement (QAPI) Plan.
11. Develop and recommend to the Governing Board the budget for Thurston-Mason Counties for mental health and substance use disorder services.
12. Request a meeting with the TMBHO Governing Board to review major objectives, projects and activities of the TMBHO Advisory Board, and to listen to key goals and objectives of the Governing Board. Meetings shall be requested two (2) times per year, at a minimum. It is the responsibility of the TMBHO Advisory Board Chair to request these meetings.

C. MEMBERSHIP

1. **Body:** Each Advisory Board shall be composed of not less than nine (9) and not more than fifteen (15) members. One additional member for Mason County and one for Thurston County may be appointed to represent law enforcement. One additional slot per tribe will be available for tribal representation. The requirement for a quorum will be based on 15 members.
2. **Representation:**
 - a. Members shall be representative of the community and shall include a minimum of three (3) Mason County residents.
 - b. A minimum of 51% of the membership shall be persons, parents or legal guardians of persons, with lived experience and/or self-identified as a person in recovery from a behavioral health disorder.
 - c. At least one (1) member shall be a representative from law enforcement and/or the criminal justice system.
 - d. The Board shall have County representation (when the BHO is **not** a County operated BHO), but have no more than four (4) elected officials.
3. **Service Providers:** No persons either receiving funds by contract or employed by an

organization in receipt of funds subject to the advice of the respective Board may be appointed to that Board. On a case by case basis members of the Board may be part of a subcontracted agency only with a special vote of the existing Board. If an Advisory Board member works for a subcontracted agency the member must:

- a. Not be in a leadership position within their respective organization, or have decision-making authority on issues of budget or program design.
 - b. Recuse themselves from any vote of the Board that has to do with financing of any agency funded by the BHO; and
 - c. Publically announce the inherent conflict of interest in discussions of their agency's performance or quality improvement initiatives.
4. Tenure: Members of the Board shall serve a term that is (3) years in length, and may succeed themselves for not more than one (1) term, for a total of six (6) years. Exceptions to the tenure requirement may be granted with a vote and approval of the current Advisory Board on a case by case basis.
 5. Appointment: Members of the Thurston-Mason BHO Advisory Board are appointed by the Thurston-Mason BHO Governing Board. When notified by TMBHO, the Thurston-Mason BHO Governing Board will announce openings on the Board through a press release. Persons wishing to serve as a member of the Thurston-Mason BHO Advisory Board will send a letter of interest to TMBHO for Advisory Board and staff review. Interested applicants may also submit a letter of interest to their respective Board of County Commissioners. A representative from the respective Board of County Commissioners may then issue a letter of support on behalf of the applicant. This recommendation for appointment will be forwarded to the Thurston-Mason BHO Governing Board. Final authority for such appointments will rest with the Thurston-Mason BHO Governing Board.
 6. Qualifications: Members shall be appointed on the basis of their ability to give guidance and direction to the legal, fiscal and program aspects of the respective program activities within Thurston and Mason Counties.
 7. Compensation: Members of the Thurston-Mason BHO Advisory Board shall not be compensated for the performance of their duties as members of a Board, but may be paid subsistence and mileage. Requests for and rates of such reimbursement shall be governed by current federal per diem policy.
 8. Removal: Any Board member may be removed from his or her appointment by the Thurston-Mason BHO Governing Board for good cause. The Board may recommend the removal of a member to the Thurston-Mason BHO Governing Board by a majority vote of the Board at any regular or special meeting of the Board. Notice of the proposed removal recommendation must be sent to the member in writing one (1) week prior to the date of the meeting at which such a removal recommendation is to be voted upon. Such notice must state the cause of the proposed recommendation.
 9. Leave of Absence: A member may request a leave of absence for up to one (1) year if the member is temporarily unable to attend Board meetings and/or participate in Board activities. The request, in writing, must state the length of leave, and it must be submitted to the Advisory Board. The Advisory Board's recommended action will be forwarded to the Thurston-Mason BHO Governing Board. No more than two (2) members will be granted a leave of absence at the same time.

D. PROCEDURES

1. A quorum shall consist of fifty (50) percent plus one (1) of the active members of the Board and a quorum shall be required to transact business at any regular or special meeting.
2. Regular meetings shall be held once each month, a minimum of nine (9) months per year. Place and time of such meetings will be established by the Advisory Board and the public so informed.
3. Special meetings may be called at the request of the Chair, or at the request of at least half of the Board's membership.
4. The annual meeting shall be the regular meeting in the month of March, at which time shall be held the election of officers for the ensuing year.
5. More than three (3) consecutive unexcused absences from meetings shall cause the Board to recommend to the Thurston-Mason BHO Governing Board that a member be removed from the Board.
6. Unexpired terms: The Thurston-Mason BHO Governing Board shall be notified of persons who resign. Such vacancies shall be filled by the Thurston-Mason BHO Governing Board for the remainder of the term. If appointee serves more than 18 months, it shall be considered a full term for the purposes of tenure.
7. Specification of officers, committees, and procedures is left to the discretion of the Board. Such terms to be written and approved by quorum vote.
8. Roberts Rules of Order shall be in effect in all cases not covered by the bylaws or governed by special procedures adopted by the Board.

Board Member Responsibilities

The Thurston-Mason BHO Advisory Board is an Advisory Board whose role is to advise the Thurston-Mason BHO Governing Board on matters relating to mental health and substance use disorder services in Thurston and Mason Counties. Each member is expected to represent all citizens of the two (2) counties in their recommendations and advice.

Each Board member has the responsibility to help make the group process work. It is important that each Board member know their specific role and how they fit into the overall Board's framework.

Per RCW and WAC guidelines, Advisory Boards are to have the following role:

1. Review and comment on established State and/or Federal services goals/strategies for the development and implementation of publicly funded mental health and substance use disorder services through the Thurston-Mason BHO. The BHO Advisory Board shall review and set policies to be presented to the Thurston-Mason BHO Governing Board regarding services and Advisory Board values and priorities.
2. Forward comments to the Thurston-Mason BHO Governing Board and elected officials responsible for the mental health and substance use disorder (BHO) program.
3. Develop and implement an outcome-based biennial plan in accordance with Washington

State Department of Social and Health Services (DSHS) guidelines.

4. Periodically review the biennial plan and ensure resources are applied in support of its goals and outcomes.
5. Review Quality Assurance and Performance Improvement (QAPI) plans, Compliance Plans, Utilization Plans, and other administrative and structural plans, as mandated through State and Federal requirements or other external quality review organizations (EQRO).
6. Subcommittees can be formed as needed, either on a standing or an ad hoc basis. Additional meetings may be required for committees and during special planning times.

The responsibilities of each Board member are as follows:

1. Participate in public meetings to solicit input from Thurston and Mason County citizens, service providers and consumers of mental health/substance use disorder services regarding needs and priorities for services.
2. Review and comment on applications for funding. Recommendations will be forwarded to Thurston-Mason BHO staff and the Thurston-Mason BHO Governing Board regarding applications' relationship to the values and priorities for services that are set by the Advisory Board.
3. Review and comment on the TMBHO plan for services.
4. Participate in Board meetings regularly. Notify staff in advance if unable to attend. More than three (3) consecutive unexcused absences from meetings shall cause the Board to recommend to the Commissioners that a member be removed from the Board.
5. Be familiar with the minutes of Board meetings and of your committee assignments.
6. Provide expertise in technical areas and/or offer community perspective.
7. Be familiar with the Board's mission, goals, and objectives.
8. Expect that all committee meetings are reported on at Board meetings.
9. Be respectful of all providers and remain objective.
10. Inquire if there is something you do not understand or want more information about.
11. Avoid the substance or appearance of conflict of interest.

Specific responsibilities of the Chair/Vice Chair are as follows:

1. A Board Chair and Vice Chair shall be elected on an annual basis during the March meeting. Nominations for Board Chair and Vice Chair shall come from the at-large membership of the Advisory Board. The Board Chair and Vice Chair shall serve a maximum one (1) year term and cannot serve two (2) terms consecutively. They may, however, serve as Chair or Vice Chair again after a one-year hiatus.
2. Develop and review Board agenda with agency staff

3. Facilitate Advisory Board meetings
4. Elicit information and promote discussion from members
5. Keeping meetings on track
6. Be impartial on issues
7. Request technical assistance from agency staff, as needed
8. In the absence of the Chair, the Vice Chair will facilitate the Advisory Board meeting(s)

Specific responsibilities of the agency staff are as follows:

1. Provide complete, concise and accurate information
2. Provide technical assistance, as requested
3. Provide objective analysis, opinions and recommendations
4. Meet with Chair/Vice Chair, as needed
5. Facilitate Board requests, as needed and appropriate
6. Facilitate Advisory Board subcommittees
7. Prepare and monitor contract and state and county subcontractors
8. Liaison between providers and Board: Program/contract/technical assistance
9. Present Advisory Board issues and recommendations to the Thurston-Mason BHO Governing Board
10. Stay current on issues of mental health and substance use and update Advisory Board, as necessary
11. Facilitate membership recruitment, as needed

Involvement of Government Agencies

The following describes the flow of Thurston-Mason BHO as it relates to this Advisory Board.

THURSTON-MASON BHO GOVERNING STRUCTURE

The Thurston-Mason Behavioral Health Organization operates as a special, quasi-governmental entity with a dedicated Governing Board which holds all the risk for TMBHO operations. The Governing Board consists of three (3) elected County Commissioners; two (2) from the Thurston County Board of County Commissioners and one (1) from the Mason County Board of County Commissioners. The structure of the TMBHO Governing Board is subject to change through periodic

rotations of elected officials on the Governing Board and through the addition of additional Governing Board members at the discretion of the Board.

When the BHO Advisory Board has recommendations for the Governing Board, staff prepare and submit an agenda item summary of issues for the Board's consideration. Staff and Advisory Board members who are able to shall attend the Governing Board's meeting to present the agenda item.

The Thurston-Mason BHO Advisory Board has statutory responsibilities for planning and monitoring. These responsibilities relate to advising the Thurston-Mason BHO Governing Board concerning services in Thurston and Mason Counties and the allocation of funds to provide these services.

The Thurston-Mason BHO Governing Board have authority to approve or change the Advisory Board's recommended actions. As the contracting body for the Thurston-Mason BHO, the Thurston-Mason BHO Governing Board have administrative responsibilities for the contracted services. These administrative responsibilities are carried out by the Thurston-Mason BHO.

THURSTON COUNTY PUBLIC HEALTH AND SOCIAL SERVICES DEPARTMENT

The Thurston-Mason BHO is currently housed within the Thurston County Public Health and Social Services Department (PHSS). PHSS is organized into the following divisions: Environmental Health, Disease Control & Prevention, and Social Services. Programmatic planning, budget, contract development, monitoring and evaluation activities are carried out by each division at the program level. Historically mental health, substance use disorder and developmental disabilities services were housed within the Social Services Division at PHSS. Under the new BHO Governing Structure (formalized in 2015), this relationship is subject to change.

The Administrative Division carries out the department's administrative responsibilities and fiscal management. The Fiscal Department is responsible for billing the State, paying subcontractors and monitoring and reporting subcontractor and program expenditures and revenues against the annual budget.

THURSTON-MASON COUNTY SOCIAL SERVICES DIVISION

Social Services Mission Statement:

The mission of the Social Services Division is to operate in a manner that promotes, through coordination, planning, development, implementation and monitoring, the most administratively efficient and service effective use of the resources it is allocated for the population of Thurston and Mason Counties in the service areas of Mental Health, Developmental Disabilities and Substance Use.

Services will be developed to assist the individual to acquire the highest level of independent functioning possible. Constraints for optimum service development include legal, policy and fiscal limitations, as well as constraints of time, knowledge and provider availability. An array of accessible, affordable and appropriate services will be promoted. Services should be developed to address, to the maximum extent, actual client need. Staffing and administrative organization will be developed in such a manner as to best carry out the responsibilities of the Division. Service and system development is to be done in a public process through established community Advisory Boards.

Goals - The PHSS Social Services Division assumes responsibilities for these services by:

- Maintaining citizen Advisory Board involvement in service planning and program funding recommendations
- Assuring efficient management and appropriate and affordable services provided by

community agencies

- Maintaining working relationships with State and County funding source representatives
- Researching, developing and planning social services to maximize the capability to best meet the needs of the identified client population
- Analyzing and monitoring social services subcontractors to assure contract objectives are fully addressed
- Involvement in community coordination of pertinent services
- Ensuring Social Services Division staff have the opportunity to pursue further training and education in service areas

Advisory Board Committees

The following standing committee exists for the Thurston-Mason BHO Advisory Board:

ADVOCACY COMMITTEE

Purpose:

Review legislative issues regarding mental health and substance use, and educate Legislators regarding these issues. The Committee shall work with the Governing Board regarding any educative or lobbying efforts taken as the Advisory Board. The Committee shall facilitate community education to promote prevention, recovery, resiliency and stigma-reduction. In addition to Advisory Board members, membership shall include community contracted agency representatives from Thurston and Mason County with expertise in substance use and/or mental health conditions.

Duties:

- Plan and execute an annual community behavioral health forum, promoting recovery and resiliency
- Participate in community forums and Legislative events, when appropriate
- Advocate and educate the Legislature on mental health and substance use
- Recruitment and mentoring of Advisory Board members as needed.

Advisory Board Ad-Hoc Committees

The following ad-hoc committees exist for the Thurston-Mason BHO Advisory Board and can be called upon to meet should they be needed.

SERVICES & ADMINISTRATION COMMITTEE

Purpose:

Provide executive functions and coordination for the Board. The committee, consisting of the members and Board chair, works directly with BHO staff to set the agenda for the Board meeting, as well as to discuss issues and possible direction for the BHO.

Duties:

- Review and comment on reports and documents related to the BHO implementation of the plan and budget for the Medicaid prepaid health plan and other community mental health and substance use services.
- Review and comment on reports related to the monitoring of BHO contracts, monitoring/evaluation of contracted services and consumer/client concerns related to

contracted services.

- Review and comment on plans or reports related to BHO-sponsored training and/or community education/information activities.
- Recruit and screen Advisory Board applicants; submit recommendations to the Board.

FINANCE COMMITTEE

Purpose:

To provide assistance and overview of the BHO budget and contracts.

Duties:

- Understand funding issues and financial performance of the BHO.
- Provide input into the annual RFP or contract/amendment development and review process.
- Provide contract planning support to the BHO Manager or Administrator.
- Review Mental Health/Substance Use Disorder Block Grant proposals, other supplemental funding opportunities, and BHO budget and contracts.

QUALITY IMPROVEMENT COMMITTEE

Purpose:

To create, collaboratively with consumers and providers, a common understanding of quality and apply it to our regional mental health and substance use system.

Duties:

- Define quality of service, what data is required and how to hold the system accountable in order to develop and approve a Quality Management Plan.
 - Define, establish and review measurable system indicators of quality assurance.
 - Routinely review measures and make recommendations to the full Advisory Board regarding outliers, additional measure, etc.
-

Acknowledgement of Responsibilities

In order for the Citizens' Advisory Board to effectively fulfill its advisory role to the Thurston-Mason BHO Governing Board, it is important that each member is fully informed and knowledgeable regarding the diverse issues that come before the Advisory Board. Sharing responsibilities is essential to getting the job done, as no one person can do everything. As a member of the Thurston-Mason Behavioral Health Organization Advisory Board, I expect staff to provide objective analysis, options, and recommendations. Assisted by staff, I will use my best judgment in making and providing recommendations to the Thurston-Mason Behavioral Health Organization Governing Board.

As part of my commitment as an Advisory Board member, I agree to the following:

- Commit to 2-7 hours per month of active participation in BHO Advisory Board activities (meetings, outreach and preparation).
- Prepare for Advisory Board meetings by studying the meeting agenda and supplemental materials before every meeting. If I have a question or want more information regarding an issue, I will contact BHO staff or other Advisory Board members to obtain this information.
- My only contact with contracted service providers regarding contract service provision will be during Advisory Board-sponsored meetings.
- Attend all Advisory Board meetings, as I understand that my attendance is crucial to Board activity. If unable to attend a particular meeting, I will notify staff. I understand that three unexcused absences is cause for removal from the Board.
- I will be an active participant in at least one standing or ad-hoc committee of the BHO Advisory Board.

Listed below is my address and phone number(s):

Name (please print)

Street Address

Mailing Address (if different from above)

Email Address

Home Phone

City

City

Work Phone

Zip Code

Zip Code

I have read and understand the Advisory Board Bylaws and Board Handbook materials and acknowledge my responsibilities and role as a Thurston-Mason BHO Advisory Board Member.

Advisory Board Member Signature

Date

Advisory Board Member Roster

BOARD MEMBER NAME	COUNTY REPRESENTED	TERM APPOINTMENT	TERM EXPIRATION
Lorraine Barton-Haas, MD	Thurston	November 2016	November 2019
Jenna Cook	Thurston	<i>Reappointed</i> September 2016	September 2019
Mary Galvez	Thurston	July 2014	July 2017
Collene Hawes	Thurston	May 2015	May 2017
Kathy Geist	Mason	September 2016	September 2019
Jill Himlie	Mason	November 2016	November 2019
Cassey Spencer	Thurston	July 2015	July 2018
Madison Larsen	Mason	September 2016	September 2019
Mandi Maycumber	Thurston	November 2016	November 2019
Nancy Murphy	Thurston	October 2014	October 2017
Lloyd Peterson	Thurston	October 2014	October 2017
Kristalene Pitts-Palmerton	Thurston	November 2016	November 2019
Jeanne Rehwaldt	Mason	September 2016	September 2019
Gurinder Sodhi	Thurston	March 2014	March 2017
Nancy Young	Thurston	<i>Reappointed</i> November 2016	November 2019

BOARD CHAIRPERSON: CASSEY JANKOWIAK		BOARD VICE-CHAIR: JENNA COOK	
ADVOCACY COMMITTEE Chair: Gurinder Sodhi Members: Collene Hawes, Nancy Young, Cassey Spencer, Mary Galvez, Jeanne Rehwaldt		THURSTON-MASON BHO STAFF TO ADVISORY BOARD Mark Freedman, TMBHO Administrator Joe Avalos, TMBHO Chief Operating Officer Tara Smith, TMBHO Fiscal Manager Tina Gehrig, TMBHO Program Assistant	
GOVERNING BOARD Walter (Bud) Blake, Thurston County Commissioner; Thurston-Mason BHO Chair Terri Jeffreys, Mason County Commissioner; Thurston-Mason BHO Vice-Chair John Hutchings, Thurston County Commissioner			

Outpatient Mental Health and Substance Use Disorder Services Network Providers		
<u>ALTERNATIVES PROFESSIONAL COUNSELING</u> 2000 Lakeridge Drive SW, Olympia	360-786-5510 x 6075 360-754-3355	Adult Substance Use Disorder Correctional Only
<u>BEHAVIORAL HEALTH RESOURCES</u> 3857 Martin Way E, Olympia 6128 Capitol Blvd. SE, Tumwater 110 West K Street, Shelton	360-704-7170 800-825-4820	Adult Mental Health Youth Mental Health Pregnant/Parenting Women Substance Use Disorder
<u>CASCADE MENTAL HEALTH</u> 2428 West Reynolds Ave, Centralia	360-330-9044	Adult Mental Health Youth Mental Health Adult Substance Use Disorder
<u>CATHOLIC COMMUNITY SERVICES FAMILY PRESERVATION</u> 1011 10th Avenue SE, Olympia 601 W. Franklin St, Shelton	360-878-8248 888-322-7156	Children's Mental Health Wraparound & Crisis Services
<u>COMMUNITY YOUTH SERVICES</u> 711 State Avenue NE, Olympia	360-943-0780	Youth Mental Health Multisystemic Therapy
<u>EVERGREEN TREATMENT SOUTH SOUND CLINIC</u> 6700 Martin Way East, Suite 117, Olympia	360-413-6910 888-764-7243	Opiate Substitution Treatment (Methadone)
<u>NORTHWEST RESOURCES</u> 2708 Westmoor Court SW, Olympia 3773 Martin Way E Suite A-105, Olympia 235 S. 3rd, Shelton	360-943-8810 360-688-7312 360-426-0890	Adult Substance Use Disorder Adult Mental Health Intensive Case Management
<u>PIERCE COUNTY ALLIANCE (THURSTON COUNTY DRUG COURT)</u> 2400 Bristol Court SW Suite B, Olympia	360-357-3482	Adult Substance Use Disorder Thurston County Drug Court Only
<u>PROVIDENCE ST. PETER HOSPITAL</u> 413 Lilly Road NE, Olympia <u>CHEMICAL DEPENDENCY CENTER</u> 4800 College Street, Lacey	360-493-7060 360-456-7575 800-332-0465	Adult & Older Adult Mental Health Adult Substance Use Disorder Youth Substance Use Disorder
<u>SEA MAR COMMUNITY HEALTH CENTERS</u> 6334 Littlerock Road SW, Tumwater 202 Cullens St NW, Yelm	360-704-7590 360-400-4860	Adult/Children's Mental Health Adult Substance Use Disorder Spanish speaking
<u>TRUE NORTH STUDENT ASSISTANCE & TREATMENT (ESD 113)</u> 6005 Tyee Drive SW, Tumwater 1315 Yelm Hwy, Yelm 807 West Pine St, Shelton	360-464-6870	Youth Substance Use Disorder Youth Mental Health

Other Services ~ Network Providers		
<u>CAPITAL RECOVERY CENTER</u> 1000 Cherry St SE, Olympia	360-357-2582	Peer support
<u>CRISIS CLINIC</u> (Confidential location) PO Box 13453, Olympia	360-586-5800 800-627-2211 360-586-2777	24 Hour Phone Information & Referral Youth Help Line
<u>FAMILY EDUCATION AND SUPPORT SERVICES</u> 1202 Black Lake Blvd Suite B, Olympia	360-754-7629 877-813-2828	Parenting Classes
<u>NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI)</u> 4305 Lacey Blvd Suite 28, Lacey	360-493-6021	Support groups, education, and advocacy
Inpatient Mental Health Crisis Network Providers		
<u>EVALUATION AND TREATMENT CENTER</u> (Operated by Behavioral Health Resources) 3436 Mary Elder Road, Olympia	360-528-2590 360-754-1338	Involuntary Treatment Crisis Resolution
<u>TELECARE THURSTON-MASON CRISIS TRIAGE</u> 3285 Ferguson Street SW, Tumwater	360-943-1907 360-943-1932	Adults ages 18 and older Crisis inpatient
<p>TMBHO provides psychiatric inpatient care through:</p> <ul style="list-style-type: none"> • Local Community Hospitals (primarily Providence St. Peters Hospital for Voluntary admissions) • Evaluation and Treatment Facility (E&T) which is owned by Thurston County, but operated by BHR. The E&T provides: Crisis Services, Triage, Crisis Stabilization, Evaluation and Treatment services, Involuntary Commitment Evaluations (DMHPs) and Crisis Response. Also located at the facility is the Court for Involuntary Treatment. 		

Definitions

Access to Care Standards:	Minimum standards and criteria for clinical eligibility for behavioral health services for the Behavioral Health Organization (BHO) care delivery system. Medicaid enrollees are eligible for all outpatient clinical services and residential levels of care in the Medicaid State Plan based on medical necessity and the Access to Care Standards that now include qualifying substance use diagnoses and the American Society of Addiction Medicine (ASAM) Criteria.
Accountable Responsibility:	Refers to the contractor for achieving defined outcomes, goals and contract obligations.
ACHS:	Association of County Human Services. This organization is an affiliate of Washington Association of Counties. ACHS represents chemical dependency, mental health, and developmental disability programs at the statewide level.
Action: (MH)	<ol style="list-style-type: none"> 1. The denial or limited authorization of a requested service including the type or level of service; 2. The reduction, suspension, or termination of a previously authorized service; 3. The denial, in whole or in part, of payment for a service; 4. The failure to provide services in a timely manner, as defined by the state; and 5. The failure to act within the timeframes provided in section 42 CFR § 438.408(b), WAC 388-877A-0420, WAC 388-877A-0450.
Addiction: (SUD)	Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.
Administrative Cost:	Costs for the administration of a Contract for general operation. These activities are not identified with a specific direct service or direct services support function as defined in the Fiscal Requirements.
Administrative Hearing:	For individuals who have completed the grievance or appeal process at the BHO level, and are not satisfied. Provided through the Office of Administrative Hearings
Advance Directive: (MH)	A written document that describes what treatment you want or don't want in the event of crisis or hospitalization. It can also identify a person you have chosen to make decisions for you.
Alcohol & Other Drug Use Disorder: (SUD)	The use of alcohol or other drugs that interfere with the mental or physical well-being of users.
Alcohol/Drug 24 Hour Help Line: (SUD)	A statewide crisis telephone service that provides education, intervention assistance and referral.
Appeal:	A request for review of an action as defined above.
ASAM American Society of Addiction Medicine (ASAM) Criteria: (SUD)	Criteria used to evaluate an individuals need for treatment along six dimensions after systemically evaluating the severity and diagnosis of an individual, and then utilize a fixed combination rule to determine which of four levels of care a substance abusing Individual will respond to with the greatest success.
Assessment:	Diagnostic service provided by a health provider to evaluate treatment needs and make necessary referrals and completion of forms. See WAC 388-877.

Behavioral Health Agency (BHA):	An agency licensed by the State of Washington to provide mental health and/or substance use disorder services and subcontracted to provide services.
Behavioral Health Services:	Prevention, treatment, and recovery from substance use disorders and mental health disorders.
Capitation Payment:	A payment the Department of Social and Health Services (DSHS) makes monthly to a Prepaid Inpatient Health Plan on behalf of each recipient enrolled in Medicaid behavioral health services.
CFR:	Code of Federal Regulations.
Chemical Dependency Professional: (SUD)	A person certified as a chemical dependency professional by the Washington State Department of Health under 18.205 RCW.
Chemical Dependency Professional Trainee: (SUD)	A person certified as a chemical dependency professional trainee by the Washington State Department of Health under 18.205 RCW.
Children’s Long Term Inpatient Programs (CLIP): (MH)	The state appointed authority for policy and clinical decision-making regarding admission to and discharge from Children’s Long Term Inpatient Programs.
Child Study and Treatment Center (CSTC): (MH)	A state-operated and funded psychiatric hospital for children and youth ages 5-18.
Children’s Mental Health Wraparound with Intensive Services (WISE): (MH)	Provides comprehensive behavioral health services and supports to Medicaid eligible youth in their home and community, up to 21 years of age, with complex behavioral health needs. Services include: crisis planning and face-to-face crisis interventions.
Client:	A person receiving mental health or substance use disorder services. For a child under the age of 13, or for a child age 13 or older whose parents or legal representatives are involved in the treatment plan, the definition of Client includes parents or legal representatives.
Co-occurring Disorders:	The coexistence of both a mental health and a substance use disorder.
Contractor:	The Contractor, its employees, agents and subcontractors.
Cost Effective:	The benefits and harms relative to costs represent an economically efficient use of resources. Cost effective does not necessarily mean lowest price.
Criminal Justice Treatment Account (CJTA): (SUD)	State funding for treatment services for those who are under the supervision of the courts.
Cultural Competence:	A culturally competent system of care acknowledges and incorporates all levels the importance of language and culture, assessment of cross-cultural relations, knowledge and acceptance of dynamics of cultural differences, expansion of cultural knowledge and adaptation of services to meet culturally unique needs.
Deliverable:	Items that are required for submission to the Thurston-Mason BHO or DSHS to satisfy the work requirements of an agreement.
Denial:	The decision by a BHO, or their formal designee, not to authorize a covered Medicaid behavioral health service that has been requested by a provider on behalf of an eligible Medicaid Enrollee. It is also a denial if an intake is not provided upon request by a Medicaid Enrollee
Designated Chemical Dependency Specialist: (SUD)	A person designated by the BHO to perform the involuntary commitment duties described in RCW 70.96A.140 .

Designated Mental Health Professional: (MH)	A mental health professional designated by the BHO to perform the duties of the Involuntary Treatment Acts RCW 71.05.020(6) and RCW 71.34.020(4).
Detoxification: (SUD)	See withdrawal management.
Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5): (MH)	The 2013 update to the American Psychiatric Association's classification and diagnostic tool that serves as a universal authority for psychiatric diagnosis in the United States.
Discharge Planning:	The process of developing a care regimen for a mental health or substance use disorder client leaving inpatient care, including appropriate residential treatment/housing supports and community support services prior to the client leaving inpatient care.
Division of Behavioral Health and Recovery (DBHR):	The DSHS-designated state behavioral health authority to administer the state and Medicaid funded behavioral health programs authorized by RCW chapters 71.05, 71.24, and 71.34.
Early Periodic Screening, Diagnostic and Treatment (EPSDT):	Medicaid program that provides a comprehensive array of prevention, diagnostic, and treatment services for low-income infants, children and adolescents under age 21.
Emergent Care: (MH)	Services provided for a person, that, if not provided, would likely result in the need for crisis intervention or hospital evaluation due to concerns of potential danger to self, others, or grave disability according to RCW 71.05
Emergent Inpatient Admission: (MH)	Voluntary admission to inpatient psychiatric care when an individual meets the criteria of the Involuntary Treatment Act (RCW 71.05 or RCW 71.34) and whose health and bodily functions are in serious and imminent jeopardy due to medication or chemical reactions.
Emerging Best Practice or Promising Practice:	A practice that presents, based on preliminary information, potential for becoming a research-based or consensus-based practice.
Enrollee:	A Medicaid recipient who is enrolled in a Pre-paid Inpatient Health Plan (PIHP).
Evidence-Based Practices (EBP):	A program or practice that has had multiple site random controlled trials across heterogeneous populations demonstrating that the program or practice is effective for the population.
Fair Hearing:	A hearing before the Washington State Office of Administrative Hearing.
Family:	<ul style="list-style-type: none"> ▪ For adult Enrollees, family means those the individual defines as family or those appointed/assigned (e.g., guardians, siblings, caregivers, and significant others) to the individual ▪ For children, family means a child's biological parents, adoptive parents, foster parents, guardian, legal custodian authorized pursuant to Title 26 RCW, a relative with whom a child has been placed by the department of social and health services, or a tribe.
Family Hardship: (SUD)	Funds to assist families of youth receiving residential substance use disorder services with transportation costs and lodging.
Federally Recognized Tribe:	Self-governing American Indian and Alaska Native governments recognized under applicable federal and common law. Because of their unique sovereign status, Federally Recognized Tribes have the inherent power to make and enforce laws on their lands, and to create governmental entities.

Fee for Service:	A negotiated fixed rate of pay based on performance of a defined unit of service such as per treatment, per hour or per session.
First Episode Psychosis: (MHD)	A special pilot to serve Transition Age Youth (TAY), ages 15-25, experiencing a first episode of psychosis utilizing the New Journey's curriculum. The intent is to recognize early signs and symptoms of psychosis so that effective treatment can be started promptly.
Fiscal/Program Requirements:	The most current version of DBHR's Substance Use Disorder Supplementary Instructions and Fiscal Policy Standards for Reimbursable Costs as used by DBHR.
Global Appraisal of Individual Needs (GAIN):	Tool used to conducting an integrated comprehensive screening of substance use disorder and mental health issues.
Gravely Disabled: (SUD)	A person, as a result of the use of alcohol or other psychoactive chemicals: <ol style="list-style-type: none"> 1. Is in danger of serious physical harm resulting from a failure to provide for his or her essential human needs of health or safety; or 2. Manifests severe deterioration in routine functioning evidenced by a repeated and escalating loss of cognition or volitional control over his or her actions and is not receiving care as essential for his or her health or safety.
Grievance:	An expression of dissatisfaction made by or on behalf of an individual and referred to the agency or BHO, as applicable, for resolution.
High Risk: (MH)	Persons who are not Medicaid eligible but are determined to meet the criteria for "state priority populations" as defined in RCW 71.05, 71.24, 71.34 or any successors, e.g., who meet the Federal Poverty Level, are at risk for inpatient and jail, and at imminent risk of psychiatric hospitalization or jail due to their disorder or just released.
ICD-10 (International Classification of Diseases, Tenth Edition):	Standard diagnostic tool for epidemiology, health management and clinical purposes and contains codes for diseases, signs and symptoms and other causes of injury or diseases.
Incapacitated by Alcohol: (SUD)	A person, as a result of the use of alcohol or other psychoactive chemicals, is gravely disabled or presents a likelihood of serious harm to himself or herself, to any other person, or to property.
Indigent:	Persons receiving a DSHS income assistance grant (e.g., TANF) or WA Apple Health, usually identified by a Medicaid identification card.
Indirect Costs:	Costs incurred for activities other than those that qualify as direct cost such as: activities, staff, tools, depreciation and equipment, transportation, education or training related to financial, facilities, or data management, quality management, resource management.
Inpatient Services Coordinator (ISC): (MH)	A mental health professional (WAC 388-865-0150) employed by or contracted with the BHO to certify inpatient hospital care, respite care for children, partial hospitalization, and/or acute diversion services. A children's mental health specialist shall be employed by or contracted by the BHO to certify inpatient hospital care, acute diversion and respite services for children under 18 years of age.
Institute for Mental Disease (IMD):	Per P.L. 100-360, an institution for mental diseases such as a hospital, nursing facility, or other institution of more than sixteen (16) beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care, and related services. The term "mental disease" includes alcoholism and substance use disorder.

Intensive Outpatient: (SUD)	A concentrated, non-residential program of individual and group counseling, education, and activities for individuals and their families, and is based on ASAM Criteria.
Intoxication: (SUD)	Acute alcohol or other drug poisoning or temporary impairment of a person's mental or physical functioning caused by alcohol and/or drugs in the system.
Involuntary Treatment Act – Mental Health: (MH)	Allows for individuals to be committed by court order to a mental hospital or institution for a limited period of time. Involuntary civil commitments are meant to provide for the evaluation and treatment of Individuals with a mental disorder and who may be either gravely disabled or pose a danger to themselves or others, and who refuse or are unable to enter treatment on their own.
Involuntary Treatment Act – Substance Use Disorder: (SUD)	Allows for individuals to be committed by court order to an approved treatment program for a limited period of time. Involuntary civil commitments are meant to provide for the treatment of Individuals with a substance use disorder and who may be either gravely disabled or pose a danger to themselves or others, and who refuse or are unable to enter treatment on their own.
Level of Care Guidelines:	Criteria the BHO uses in determining the scope, duration, and intensity of services to be provided for each individual who meets medical necessity and Access to Care Standards.
Medicaid Funds:	Funds provided by CMS (Centers for Medicare & Medicaid Services) Department of Health and Human Services (DHHS), which are state operated and provide medical benefits for certain indigent and low-income individuals.
Medical Necessity:	A requested service which is reasonably calculated to prevent, diagnose, correct, cure, alleviate or prevent the worsening of conditions in the recipient that endanger life, or cause suffering or pain, or result in illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and there is no other equally effective, more conservative or substantially less costly course of treatment available or suitable for the person requesting service.
Mental Health Block Grant (MHBG): (MH)	Funds granted by the Secretary of the DHHS, through the Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA), to states to establish or expand an organized community-based system for providing mental health services for adults with SMI and children with SED. Awarded MHBG funds must be used to carry out the State plan contained within the application, to evaluate programs and services set in place under the plan, and to conduct planning, administration, and educational activities related to the provision of services under the plan.
Mental Health Professional: (MHP)	A psychiatrist, psychologist, psychiatric advanced registered nurse practitioner (ARNP), or social worker as defined in chapters 71.05 and 71.34 RCW.
Mental Illness: (MH)	Mental illness refers to a wide range of mental health conditions — disorders that affect your mood, thinking and behavior. Examples of mental illness include depression, anxiety disorders, schizophrenia, eating disorders and addictive behaviors.
Network Provider:	A Behavioral Health Agency, Professional Service, or other identified service that is contracted directly with Thurston-Mason BHO for the delivery, or support of delivery, of mental health and substance use disorder services in the Provider Network.
Ombuds:	The Ombuds assists clients in filing and resolving grievances, appeals, and Administrative Hearings.

Opiate Substitution Treatment: (SUD)	Provision of treatment services and medication management (Methadone, Suboxone, etc.) to individuals addicted to opiates.
Oxford House: (SUD)	Peer run homes for clean and sober adults in recovery.
Parity:	The equivalent number of minority service recipients receiving medically necessary integrated community support mental health and substance use disorder services.
Peer Counselor:	A person recognized by DBHR who: Is a self-identified consumer of mental health services, is a registered counselor under RCW 18.19, has successfully completed specialized training through DBHR and passed an examination, and received written notification from DBHR.
Prepaid Inpatient Health Plan (PHIP): (MH)	Provides behavioral health services to Medicaid Enrollees, on the basis of prepaid capitation payments and provides, arranges for, or otherwise has responsibility for the provision of any inpatient hospital or institutional services for its Enrollees.
ProviderOne:	State Medicaid Authority's Medicaid Management Information System for billing and claims.
Quality Assurance:	A focus on compliance to minimum requirements (e.g. rules, regulations, and Contract terms) as well as reasonably expected levels of performance, quality, and practice.
Quality Improvement:	A focus on activities to improve performance above minimum standards/ reasonably expected levels of performance, quality, and practice.
RCW:	Revised Code of Washington. All references to RCW chapters or sections shall include any successor, amended, or replacement statute.
Ready for Discharge: (MH)	A psychiatrist has determined the client is clinically ready for discharge from the state hospital and that necessary assessments have been completed and the required financial application for placement has been completed and determination made.
Recovery:	The process in which people are able to live, work, learn, and participate fully in their communities.
Recovery House: (SUD)	A program of care and treatment with social, vocational and recreational activities to aid in patient adjustment to abstinence and to aid in job training, employment, or other types of community activities.
Residential: (SUD)	A comprehensive program of individual counseling, group counseling, and education, provided in a 24 hour-a day supervised facility.
Resilience:	The personal and community qualities that enable individuals to rebound from adversity, trauma, tragedy, threats, or other stresses, and to live productive lives.
RFP and RFQ:	Request for Proposal and Request for Qualifications. A document prepared by funding agencies (BHO) which communicates either a desire to fulfill a pre-determined need in the community (RFP), or is asking the community to propose a new program in the community (RFQ). Both are subject to BHO bidding processes and rules.
Routine Services: (MH)	Services that are designed to alleviate symptoms, to stabilize, sustain and facilitate progress toward mental health. These services do not meet the definition of urgent or emergent care.

Serious Emotionally Disturbed Child (SED):	Children experiencing a mental disorder as defined in chapter 71.34 RCW, including those mental disorders that result in a behavioral or conduct disorder, that is clearly interfering with the child's functioning in family or school or with peers and who meets additional criteria, such as inpatient, involuntary commitment, involvement with other child-serving systems, at risk of escalation due to chronic family dysfunction, change in custodial adults, etc.
Seriously Disturbed persons:	Is gravely disabled or presents a likelihood of serious harm to himself or herself or others, or to the property of others, as a result of a mental disorder as defined in chapter 71.05 RCW and who has been hospitalized, has a mental disorder which causes major impairment, exhibits suicidal preoccupation.
Subcontract: (MH and SUD)	A Contract between an individual or entity ("Subcontractor") to perform all or a portion of the duties and obligations which the Contractor is obligated to perform pursuant to an Agreement.
Substance Use Disorder: (SUD)	A problematic problem of substance abuse leading to clinically significant impairment or distress, ranging in severity from mild, moderate, or severe.
Suspension: (MH)	The decision by a BHO, or their formal designee, to temporarily stop previously authorized covered Medicaid mental health services described in their Level of Care Guidelines.
Temporary Assistance for Needy Families (TANF):	Treatment services for mental health and/or chemically dependent TANF clients to help them become self-sufficient by overcoming barriers to employment. As parents with children, TANF clients are a priority population for the provision of substance use disorder services.
Title XIX: (MH and SUD)	Provides for treatment services as an allowable Medicaid service through the Medical Assistance Administration.
Treatment: (MH)	Any combination of the following: intake evaluation, crisis services, individual treatment services, medication management and monitoring, group treatment services, peer support, family treatment, evaluation and treatment/community hospitalization, stabilization services, residential services, etc.
Treatment: (SUD)	Any combination of the following: assessment, withdrawal management, outpatient treatment, intensive outpatient treatment, residential treatment, opiate substitution treatment services, and case management.
Urgent Care: (MH)	A service to be provided to persons approaching a mental health crisis. If services are not received within 24 hours of the request, the person's situation is likely to deteriorate to the point that emergent care is necessary.
WAC:	The Washington Administrative Code. All references to WAC chapters or sections shall include any successor, amended, or replacement regulation.
Washington State Behavioral Health Advisory Council:	Includes consumers, providers, advocates, government representatives, and other private and public entities. The membership represents the state's population with respect to race, ethnicity, disability, and age, urban and rural. The Council partners with the Division of Behavioral Health and Recovery to make decisions that will best serve citizens in need of behavioral health services.
Withdrawal Management (Detox): (SUD)	A set of interventions aimed at managing intoxication and withdrawal provided in a non-hospital setting.

Acronyms

A			
AAA	Area Agency on Aging	ACHS	Association of County Human Services of WA
ABHS	American Behavioral Health Services		
ADSA	Aging and Disability Services Administration	AFH	Adult Family Home
AIS	Agenda Item Summary	ALTSA	Adult and Long-Term Support Administration
AMI	Alliance for the Mentally Ill	APS	Adult Protective Services
AVATAR	Electronic Health Record System		
B			
BAC	Blood Alcohol Content	BBA	Balanced Budget Act
BHA	Behavioral Health Agency	BHAB	Behavioral Health Advisory Board
BHR	Behavioral Health Resources	BHO	Behavioral Health Organization
Biennium	Two-year Contract Period	BOCC	Board of County Commissioners
C			
CA	Children's Administration	CAP	Corrective Action Plan
CAPT	Center for Applied Prevention Technologies	CARF	The Rehabilitation Accreditation Commission
CCCT	Children's Community Consensus Team	CCF	Congregate Care Facility
CCSNW	Catholic Community Services Northwest	CD	Chemical Dependency
CFR	Code of Federal Regulations	CHEF	Comprehensive Health Education Foundation
CHIP	Children's Health Insurance Plan	CJTA	Criminal Justice Treatment Alternative
CLIP	Children's Long-Term Inpatient Program	CM	Case Manager/Case Management
CMHP	Community Mental Health Provider	CMI	Chronically Mentally Ill
CMS	Center for Medicare & Medicaid Services	CPAA	Cascade Pacific Action Alliance
CPS	Child Protective Services	CRC	Capital Recovery Center
CRS	Crisis Resolution Services	CSAP	Center for Substance Abuse Prevention
CSAT	Center for Substance Abuse Treatment	CSS	Community Support Services
CSTC	Child Study and Treatment Center	CSTU	Crisis Stabilization and Transition Unit (E&T)
CYS	Community Youth Services		
D			
DBHR	Division of Behavioral Health & Recovery	DCFS	Department of Children and Family Services
DD	Developmentally Disabled	DDD	Division of Developmental Disabilities
DMHP	Designated Mental Health Professionals	DMIO	Dangerous Mentally Ill Offender
DOC	Department of Corrections	DOH	Department of Health
DSHS	Department of Social & Health Services	DSM-5	Diagnostic and Statistical Manual, Version 5
DVR	Division of Vocational Rehabilitation		
E			
E&T	Evaluation and Treatment Facility	EBP	Evidence-Based Practice
ECS	Expanded Community Services	EMAC	
EPSDT	Early & Periodic Screening, Diagnosis and Testing	EQRO	External Quality Review Organization
ESD	Educational Service District 113 True North Student Assistance Program	ETS	Evergreen Treatment Services

F			
FAE	Fetal Alcohol Effect	FAS	Fetal Alcohol Syndrome
FBG	Federal Block Grant	FEP	First Episode Psychosis
FFCMH	Federation of Families for Children's Mental Health	FFP	Federal Financial Participation
FFS	Fee for Service	FRS	Family Reconciliation Services
FTE	Full Time Equivalent	FY	Fiscal Year
FYSPRT	Family Youth System Partner Round Table		
G			
GAF	Global Assessment of Functioning	GF	General Funds
GIA	Grant In Aid (State Funding)	GT&C	General Terms and Conditions
H			
HARP	Housing and Recovery through Peer Support Services	HB	House Bill
HCA	Health Care Authority	HCS	Home and Community Services
HIPAA	Health Insurance Portability & Accountability Act		
I			
ICM	Intensive Case Management	IDU/ IVDU	Injecting/Intravenous Drug User
IP	Inpatient	ISC	Inpatient Service Coordinator
ITA	Involuntary Treatment Act	ITCP	Individualized and Tailored Care Plan
J			
JCAHO	Joint Commission on Accreditation of Healthcare Programs	JCDT	Juvenile Court and Detention Transitions
JLARC	Joint Legislation Administrative Review Committee	JRA	Juvenile Rehabilitation Agency
L			
LEIE	List of Excluded Individuals and Entities	LEP	Limited English Proficient
LOC	Level of Care	LOS	Length of Service
LRA	Least Restrictive Alternative		
M			
M&M	Medicare & Medicaid	MAA	Medical Assistance Administration
MCT	Mobile Crisis Team	MH	Mental Health
MHBG	Mental Health Block Grant	MHCP	Mental Health Care Provider
MHP	Mental Health Professional	MIO	Mentally Ill Offender
MIS	Management Information System	MOE	Maintenance of Effort
MOS	Mobile Outreach Services	MPA	Medicaid Purchasing Administration
MST	Multisystemic Therapy		
N			
NAMI	National Alliance for the Mentally Ill	NIMH	National Institutes for Mental Health
NMHA	National Mental Health Association		
O			
OIG	Office of Inspector General	OP	Outpatient
P			
PAO	Prosecuting Attorney Office	PATH	Project for Assistance to Transition from Homelessness
PBPG	Performance Based Partnership Grant	PCP	Primary Care Provider
PHI	Personal Health Information	PHSS	Public Health & Social Services
PIHP	Prepaid Inpatient Health Plan	PIP	Program (Process) Improvement Plan
PLR	Policy Level Request(s)	PPPW	Pregnant, Postpartum, Parenting Women
PSPH	Providence Saint Peter Hospital		

Q			
QA	Quality Assurance	QAPI	Quality Assurance and Performance Improvement
QI	Quality Improvement	QIC	Quality Improvement Committee
QIP	Quality Improvement Program	QIT	Quality Improvement Team
QM	Quality Management	QMB	Qualified Medical Beneficiary
QMOC	Quality Management & Oversight Committee	QRT	Quality Review Team
R			
RCL	Roads to Community Living	RCW	Revised Code of Washington
RFI	Request for Information	RFP	Request for Proposal
RFQ	Request for Qualifications	RM	Resource Management
RTF	Residential Treatment Facilities		
S			
SABG	Substance Abuse Block Grant	SAMHSA	Substance Abuse and Mental Health Services Administration
SAPT	Substance Abuse Prevention and Treatment Block Grant	SB	Senate Bill
SCHIP	State Children's Health Insurance Plan	SED	Seriously Emotionally Disturbed (children)
SILP	Semi Independent Living Program	SMM	State Medicaid Manual
SPMI	Severe and Persistently Mentally Ill	SSA	Social Security Act
SSH	Standard Service Hours	SSI	Supplemental Security Income
SSN	Social Security Number	SUD	Substance Use Disorder
T			
TANF	Temporary Assistance to Needy Families	TAY	Transitional Age youth
TBI	Traumatic Brain Injury	TCDC	Thurston County Drug Court
TST	Treatment Sales Tax (1/10 of 1% tax)	TX	Treatment
TXIX	Title 19, or T19 (Medicaid)		
U			
UM	Utilization Management	UPL	Upper Payment Lid
USC	United States Code		
W			
WAC	Washington Administrative Code	WA/PACT	Washington Program for Assertive Community Treatment
WASI	Washington Alcohol Screening Inventory	WISe	Wraparound with Intensive Services
WPAS	Washington Protective Advocacy Service	WSAC	Washington State Association of Counties
WSCH	Washington State Coalition for the Homeless	WSH	Western State Hospital
WTSC	Washington Traffic Safety Commission		