



**SALISH BEHAVIORAL HEALTH**  
**ADMINISTRATIVE SERVICES ORGANIZATION**  
**ADVISORY BOARD**  
**MEETING**

Providing Behavioral Health Services in  
Clallam, Jefferson and Kitsap Counties

**DATE:** Friday, February 3, 2023  
**TIME:** 10:00 AM – 12:00 PM  
**LOCATION:** Port Blakely Conference Room, Kitsap County Administration Building  
619 Division Ave, Port Orchard, WA 98366

**LINK TO JOIN BY COMPUTER OR PHONE APP:**

**\*\*Please use this link to download ZOOM to your computer or phone:**

**<https://zoom.us/support/download>.**\*\*

Join Zoom Meeting: <https://us06web.zoom.us/j/86275611791>

Meeting ID: 862 7561 1791

**USE PHONE NUMBER and MEETING ID TO JOIN BY PHONE:**

Dial by your location: 1-253-215-8782

Meeting ID: 862 7561 1791

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**A G E N D A**

**Salish Behavioral Health Administrative Services Organization – Advisory Board**

1. Call To Order
2. Announcements/Introductions
3. Opportunity to Address the Board on Agenda Topics (limited to 3 minutes each)
4. Approval of Agenda
5. Approval of SBH-ASO Advisory Board Meeting Minutes for October 7, 2022 (Attachment 5)
6. Action Items
  - a. Board Member Reappointments
  - b. SBH-ASO Advisory Board Applicants
  - c. Approval of January – June 2023 Federal Block Grant Plans (Attachments 6.c.1 and 6.c.2)
7. Informational Items
  - a. Presentation on SBH-ASO Housing Programs (Attachment 7.a)
  - b. 2023 Advisory Board Meetings
8. Opportunity for Public Comment (limited to 3 minutes each)
9. Adjournment

## ACRONYMS

<b>ACH</b>	Accountable Community of Health
<b>ASAM</b>	Criteria used to determine substance use disorder treatment
<b>BHAB</b>	Behavioral Health Advisory Board
<b>BH-ASO</b>	Behavioral Health Administrative Services Organization
<b>BHO</b>	Behavioral Health Organization, replaced the Regional Support Network
<b>CAP</b>	Corrective Action Plan
<b>CMS</b>	Center for Medicaid & Medicare Services (federal)
<b>COVID-19</b>	Coronavirus Disease 2019
<b>DBHR</b>	Division of Behavioral Health & Recovery
<b>DCFS</b>	Division of Child & Family Services
<b>DCR</b>	Designated Crisis Responder
<b>DDA</b>	Developmental Disabilities Administration
<b>DSHS</b>	Department of Social and Health Services
<b>E&amp;T</b>	Evaluation and Treatment Center (i.e., AUI, YIU)
<b>EBP</b>	Evidence Based Practice
<b>EPSDT</b>	Early and Periodic Screening, Diagnosis and Treatment
<b>EQRO</b>	External Quality Review Organization
<b>FIMC</b>	Full Integration of Medicaid Services
<b>FYSPT</b>	Family, Youth and System Partner Round Table
<b>HARPS</b>	Housing and Recovery through Peer Services
<b>HCA</b>	Health Care Authority
<b>HCS</b>	Home and Community Services
<b>HIPAA</b>	Health Insurance Portability & Accountability Act
<b>HRSA</b>	Health and Rehabilitation Services Administration
<b>IMD</b>	Institutes for the Mentally Diseased
<b>IS</b>	Information Services
<b>ITA</b>	Involuntary Treatment Act
<b>MAT</b>	Medical Assisted Treatment
<b>MCO</b>	Managed Care Organization
<b>MHBG</b>	Mental Health Block Grant
<b>MOU</b>	Memorandum of Understanding
<b>OCH</b>	Olympic Community of Health
<b>OPT</b>	Opiate Treatment Program
<b>OST</b>	Opiate Substitution Treatment
<b>PACT</b>	Program of Assertive Community Treatment
<b>PATH</b>	Programs to Aid in the Transition from Homelessness
<b>PIHP</b>	Prepaid Inpatient Health Plans
<b>PIP</b>	Performance Improvement Project
<b>P&amp;P</b>	Policies and Procedures
<b>QUIC</b>	Quality Improvement Committee
<b>RCW</b>	Revised Code Washington
<b>RFP, RFQ</b>	Requests for Proposal, Requests for Qualifications
<b>SABG</b>	Substance Abuse Block Grant
<b>SAPT</b>	Substance Abuse Prevention Treatment
<b>SBH-ASO</b>	Salish Behavioral Health Administrative Services Organization
<b>SUD</b>	Substance Use Disorder
<b>TAM</b>	Technical Assistance Monitoring
<b>UM</b>	Utilization Management
<b>VOA</b>	Volunteers of America
<b>WAC</b>	Washington Administrative Code
<b>WM</b>	Withdrawal Management
<b>WSH</b>	Western State Hospital, Tacoma

[Full listing of definitions and acronyms](#)



Salish Behavioral Health  
Administrative Services Organization

## SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION ADVISORY BOARD MEETING

Providing Behavioral Health Services in  
Clallam, Jefferson and Kitsap Counties

**February 3, 2023**

### **Action Items**

#### **A. BOARD MEMBER REAPPOINTMENTS**

The terms for Jon Stroup, Lois Hoell, and Janet Nicklaus expired on December 31, 2022. Lois and Janet have opted to not volunteer to serve another term. Jon has expressed interest in volunteering for another term.

Staff seeks the Advisory Board's recommendation regarding Jon Stoup's Re-appointment.

#### **B. SBH-ASO ADVISORY BOARD APPLICANTS**

The SBH-ASO Advisory Board Membership includes 3 representatives from each county and 2 Tribal Representatives. Current appointments include:

- Clallam County: Sandy Goodwick and 2 vacancies
- Jefferson County: Anne Dean and 2 vacancies
- Kitsap County: Helen Havens, Jon Stroup (pending reappointment) and 1 vacancy
- Tribal Representative: Stormy Howell and 1 vacancy.

Late Fall 2022, SBH-ASO Advertised Advisory Board vacancies in Clallam and Jefferson County media.

On November 19, 2022, SBH-ASO received an Advisory Board Application from Clallam County resident, May Beth Lagenaur. Ms. Lagenaur worked for many years in the field of Substance Abuse Prevention, Education and Treatment. She also has previous volunteer and committee experience.

On December 10, 2022, SBH-ASO received an Advisory Board Application from West Jefferson County resident Kay Dian Pfeifle. Ms. Pfeifle has experience with committee participation and behavioral health advocacy.

#### **C. APPROVAL OF JANUARY – JUNE 2023 FEDERAL BLOCK GRANT PLANS**

SBH-ASO is presenting updated Block Grant plans for January 1, 2023 – June 30, 2023 and seeks the Board's approval of these plans. Both plans align with the calendar year 2023 budget which was approved by the Executive Board.

## **Mental Health Block Grant (MHBG)**

MHBG plan provides funding for the crisis system and transportation. Crisis services include mobile crisis outreach and interpreter services. The plan format from HCA includes crisis categories directly. The MHBG plan also identifies an estimated of the number of people to be served in each category. SBH-ASO Administration allowance is also included. Allocations are in line with the previous 6-month allocation.

## **Substance Abuse Block Grant (SABG)**

A significant amount of funding is allocated for crisis services, which are categorized as either “brief intervention” or “engagement and referral” on this template. Brief intervention includes mobile crisis response services. Engagement and Referral includes crisis hotline funding.

Interim Services are a requirement, and the allocated funding is limited due to not historically being needed. Ten percent of SABG is required to fund PPW programs. The SABG plan includes PPW housing supports and childcare programs.

Additionally, this plan includes funding for community training, transportation and interpreter services. SBH-ASO Administration allowance is also included.

## **Informational Items**

### **A. PRESENTATION ON SBH-ASO HOUSING PROGRAMS**

The Salish BH-ASO Housing Program consists of 3 components. These three components are HARPs (Housing and Recovery through Peer Supports) services, HCA Subsidies and Community Behavioral Health Rental Assistance. A Health Care Authority contract provides for HARPS Services and HCA Subsidies. A contract with the Department of Commerce provides for Community Behavioral Health Rental Assistance.

These 3 components provide housing support services and subsidies to individuals who meet program criteria. The population served includes individuals with behavioral health needs, with priority given to individuals exiting treatment facilities. Subsidy funding is provided through Coordinated entry in all 3 counties. The HARPS service team only services Kitsap County.

Attached is the SBH-ASO Housing Program Flyer. Staff will speak in greater detail about 3 components of the SBH-ASO Housing Program and the program’s successes and challenges.

### **B. 2023 ADVISORY BOARD MEETINGS**

In 2023, Advisory Board Meetings will be hybrid must include a physical location to allow for public in-person participation. Advisory Board Member participation via Zoom is still supported. Staff is exploring reserving meeting space at the 7 Cedars Casino in Blyn. Advisory Board Meetings in 2023 are scheduled from 10am-12pm on:

- April 7<sup>th</sup>
- June 2<sup>nd</sup>
- August 4<sup>th</sup>
- October 6<sup>th</sup>
- December 1<sup>st</sup>

**MINUTES OF THE  
SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION  
ADVISORY BOARD**

**Friday, October 7<sup>th</sup>, 2022  
10:00 a.m. - 12:00 p.m.  
VIRTUAL ONLY**

**CALL TO ORDER** –Lois Hoell, SBH-ASO Behavioral Advisory Board Chair called the meeting to order at 10:02 a.m.

**INTRODUCTIONS** – Self introductions were conducted around the room.

**ANNOUNCEMENTS** – None.

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

**APPROVAL of AGENDA** –

**MOTION:** Stormy Howell moved to approve the agenda as amended. Anne Dean seconded the motion. Motion carried unanimously.

*Request for addition of item 7.c - discussion of in-person meeting to the agenda.*

**APPROVAL of MINUTES** –

**MOTION:** Helen Havens moved to approve the meeting minutes as submitted for the August 19, 2022 meeting. John Stroup seconded the motion. Motion carried unanimously.

**ACTION ITEMS**

➤ **REAPPOINTMENT OF HELEN HAVENS TO ADVISORY BOARD**

Helen Havens' current term on the Salish BH-ASO Advisory Board ends November 30, 2022. She has expressed interest in continuing to serve. Staff seeks the Advisory Board's recommendation for this re-appointment.

*Stephanie provided an overview of Helen's prior involvement in the SBH-ASO Advisory Board activities as well as her involvement in the Kitsap County 1/10<sup>th</sup> of 1% Advisory Board.*

*Appreciation expressed for Helen's willingness to continue to serve.*

**MOTION:** Lois Hoell moved to approve Reappointment of Helen Havens to the Advisory Board. Motion carried unanimously.

➤ **ADVISORY BOARD BY-LAWS UPDATE**

The Salish BH-ASO Advisory Board By-laws were originally approved by the Advisory Board on February 4, 2020. Staff is seeking the Advisory Board's recommendation on the revision to the Membership Appointment section of the By-laws. Staff's proposed edit can be found at the bottom of page 1, Section 3.a.(2).

*Staff is seeking the Advisory Board's recommendation to revise the "Membership Appointment" section of the By-Laws to include the sentence, "Subsequent terms for reappointment shall be three-year terms."*

*If approved, appointment of members to the board will be staggered thus reducing administrative burden while still maintaining overall continuity of board appointment.*

*Discussion regarding the practice of term limits for other Kitsap County Advisory Boards, including the current six-year term limit for the 1/10<sup>th</sup> of 1% Board. Discussed the value in term limits as well as the importance of membership continuity given the density of work conducted by the Board.*

**MOTION: Janet Nickolaus moved to approve recommendation to revise the Advisory Board By-Laws as discussed. Jon Stroup seconded the motion. Motion carried unanimously.**

### ➤ **BLOCK GRANT RFP**

SBH-ASO intends to release an RFP in late October 2022 for both Mental Health and Substance Abuse Block Grants. Staff seeks to confirm the Advisory Board's priorities for this RFP. Staff also seeks volunteers for the RFP Review Subcommittee. During the August 2022 Advisory Board Meeting, the Board unanimously agreed to the priorities noted below.

#### Overarching Priority

- Integrative Behavioral Health Continuum, inclusive of peer directed services.

#### Mental Health Priorities

- Housing Support Services, including access to affordable housing
- Childcare Services
- Children's Intensive Services, including inpatient
- Full spectrum of intensive services (including peer respite services, stabilization services, inpatient services)

#### Substance Use Disorder Priorities

- Housing Support Services, including access to affordable housing
- Childcare Services
- Full spectrum of intensive services (including withdrawal management, stabilization services, residential services)

*SBH-ASO is requesting volunteers to serve on the Block Grant RFP Review Subcommittee to review proposals between December 15, 2022 and February 15, 2023. A meeting to review and make final recommendations will occur between February 15, 2023 and February 25, 2023.*

*Jon Stroup, Janet Nickolaus, Anne Dean, and Helen Havens volunteered to serve on the Block Grant RFP Review Subcommittee.*

**MOTION: Stormy Howell moved to approve the appointment of volunteers to the SBH-ASO Block Grant RFP Review Subcommittee. Jon Stroup seconded the motion. Motion carried unanimously.**

*Staff provided an overview of the priorities for Mental Health Block Grant and Substance Use Block Grant as identified by the SBH-ASO Community Needs Survey. The RFP will avail \$500,000 of Substance Use Block Grant and \$225,000 Mental Health Block Grant.*

*Discussion regarding the Advisory Board's priorities for the Block Grant RFP, taking into consideration other existing resources and impacts of allowable expenses. Staff recommended removal of Housing Support Services as the first priority considering existing housing subsidies available and an inability to influence issues with housing stock within the Salish region.*

*Discussion regarding the existing housing subsidy programs administered by SBH-ASO. SBH-ASO currently has three housing subsidy programs. In the past year these programs have not been fully spent out due to an abundance of COVID funding dedicated to housing with few eligibility requirements. By contrast, SBH-ASO housing subsidy and service programs require individuals to meet certain behavioral health eligibility requirements and provide documentation, which can be a barrier.*

*Inquiry regarding limitations on the use of block grant funding for housing. Staff clarified that block grant funds cannot be used to build or renovate physical housing.*

*The Advisory Board expressed concern about removing Housing from the priority list entirely. Staff clarified that removing Housing from the priority list would not preclude the use of funding for housing, rather that it would not be weighed more heavily than other non-priority programs.*

*Staff will plan to include housing as a discussion topic at the December Advisory Board meeting, as well as present on the specific requirements related to SBH-ASO Behavioral Health Housing Programs and trends/barriers identified with current contractors. Staff will also present on what's happening at the state-level regarding housing programs. Plan to continue discussion of SBH-ASO Advisory Board efforts in advocacy for behavioral health housing related projects and inclusion of housing in future RFPs.*

*The Advisory Board recommendations for both Mental Health and Substance Use Block Grant priorities are as follows:*

- *Top priority: Full spectrum of intensive services*
- *Second priority: Childcare Services*
- *Third priority: Children's Intensive Services, including inpatient (for Mental Health Block Grant only)*

**MOTION: Janet Nickolaus moved to approve revisions to the Advisory Board's Block Grant Priorities as discussed. Jon Stroup seconded the motion. Motion carried unanimously.**

*Staff recommended weighted scoring for the identified priorities, not excluding other funding requests for items outside of the priority list. Staff also recommended setting fiscal limits on intensive services, including Stabilization and SUD Residential/Withdrawal Management based on historical usage.*

*A cap on childcare services funding was also recommended. Staff are currently researching potential avenues for providing childcare funding in Jefferson and Clallam County to determine feasibility.*

**MOTION: Helen Havens moved to approve SBH-ASO's recommendations as discussed. Stormy Howell seconded the motion. Motion carried unanimously.**

## INFORMATIONAL ITEMS

### ➤ **PEER SUPPORT TRAINING UPDATE**

Certified Peer Counselor (CPC) training access has increased statewide. HCA has expanded virtual and in-person trainings for 2023. There continues to be significant need in this area. BH-ASOs met with HCA to discuss options to support training access. SBH-ASO is working with HCA and has had success in accessing training for individuals in our region.

*Staff provided an update on efforts to support CPC training in the region. Despite expansion in the number of organizations approved in the state to provide training, applications for Certified Peer Counselor training continues to outpace training by about 50%. Applicants are prioritized based on the work that they do. Individuals working in Medicaid programs take first priority, and individuals working in other state-funding programs take second priority. Roughly 50% of applicants are either volunteers or not working in an agency. Staff have been successful in getting individuals enrolled in training quickly by providing the names of priority individuals directly to HCA.*

### ➤ **9-8-8/HB 1477 UPDATE**

On July 16, 2022, Washington joined the rest of the United States in using the 988-dialing code — the new three-digit number for call, text, or chat that connects people to the **existing** National Suicide Prevention Lifeline (NSPL). People can dial 988 if they are having thoughts of suicide, mental health or substance use crises, or any other kind of emotional distress. People can also dial 988 if they are worried about a loved one who may need crisis support. Prior to July 2022, NSPL crisis centers were accessed by calling 1-800-273-TALK (8255). This number will remain active during the transition to 988.

The addition of the 988-dialing code to reach NSPL does not change the local protocols for accessing crisis resources.

### **Salish Regional Crisis Resources and Protocols that Remain Unchanged**

- The addition of the 988 number does **not** impact the Salish Regional Crisis Line (SRCL) providing local crisis support and connection within the Salish region.
- Please continue to call the SRCL at 888-910-0416 to request local crisis support and connection with Mobile Crisis Outreach Teams across the Salish region.
- All community members including individuals, family members, community providers, first responders, law enforcement, hospitals, etc. continue to access crisis services through the Salish Regional Crisis Line. The Regional Toll-Free Crisis Line continues to function as triage, resource and referral, and dispatch of Mobile Crisis Outreach, including Designated Crisis Responders (DCRs).



Staff will share details regarding the local impact of these recent changes, as well as statewide conversations regarding crisis system reform.

*SBH-ASO Staff noted that 9-8-8 has been routing individuals based on area code, which has been identified nationally as a significant challenge as individuals are being directed/redirected outside of local access.*

*SBH-ASO Staff provided an update on HB-1477 and the proposed implementation of an integrated behavioral health crisis and suicide prevention system. Changes related to this integrated system are still pending and include on-going evaluation of crisis systems in other states and planning regarding interoperability of 9-8-8, 911, and regional crisis lines. Many legislators have expressed interest in crisis system of care in Arizona and how elements of that system may be applied in Washington State. System enhancements currently being evaluated include the expansion of “23-hour” observation units to aid in stabilizing individuals and diverting them from jail, emergency rooms, or other intensive settings as well as increasing the availability of specialized mobile crisis teams.*

*Information about what is being considered and discussed is located on the Health Care Authority website [hca.wa.gov](http://hca.wa.gov) under CRIS committee. The website has recordings of webinars, zoom meetings, and listed opportunities for public comment.*

*Discussion regarding the complexity and historical challenges of the publicly funded behavioral health system.*

*Request for information on upcoming listening sessions regarding 9-8-8 usage. SBH-ASO Staff will provide information on these listening sessions via email to Advisory Board members.*

➤ **DISCUSSION OF IN-PERSON MEETINGS**

*Discussion of Advisory Board members’ preferences for an in-person meeting and/or the need for a hybrid option, as well as challenges with each option. Discussion of intentionally planning in-person meetings around trainings or other larger events/discussions.*

*Recommendation to continue meeting virtually with a preference for annual joint Executive Board and Advisory Board meeting in-person.*

*SBH-ASO Staff will put forth additional meeting options at December meeting.*

**PUBLIC COMMENT**

- None.

**GOOD OF THE ORDER**

- ADD COMMENTS.

**ADJOURNMENT** – Consensus for adjournment at 11:35 am

**ATTENDANCE**

BOARD MEMBERS	STAFF	GUESTS
<b>Present:</b>	Stephanie Lewis, SBH-ASO Administrator	

Lois Hoell, SBH-ASO Advisory Board	Jolene Kron, SBH-ASO Deputy Administrator/Clinical Director	
Anne Dean, SBH-ASO Advisory Board	Nicole Oberg, SBH-ASO Program Specialist	
Janet Nickolaus, SBH-ASO Advisory Board		
Jon Stroup, SBH-ASO Advisory Board		
Stormy Howell, SBH-ASO Advisory Board, Tribal Representative		
<b>Excused:</b>		
Sandy Goodwick, SBH-ASO Advisory Board		

**NOTE: These meeting notes are not verbatim.**

<b>Region:</b>	Salish BHASO
<b>Current Date:</b>	11/17/2022
<b>Total MHBG Allocation:</b>	\$164,677 (January 1, 2023-June 30, 2023)
<b>Contact Person:</b>	Jolene Kron
<b>Phone Number:</b>	360-337-4832
<b>Email:</b>	jkron@kitsap.gov

Section 1 Proposed Plan Narratives	
<b>Needs Assessment</b>	<p>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.</p> <p><b>Begin writing here:</b> SBH-ASO has on-going engagement with providers, Advisory Board, Annual Monitoring, case reviews, peer reviews, client satisfaction surveys, Quality and Compliance Committee, and grievances provide additional data reflecting strengths, needs specific to the geographic location. Information is also gathered by engagement in community services groups including housing/homeless committees, local continuum of care meetings, and cross-system collaborations meetings. SBH-ASO also reviews community needs assessments as available. Strengths identified are engagement of community and cross system partnerships. Gaps are identified as challenges with access due to the rural and frontier geography within the region. Prioritized needs identified by the SBH-ASO 2020 Block Grant Needs Survey include Community Support, Intensive supports, and Out of Home supports.</p>
<b>Cultural Competence *</b>	<p>Provide a narrative summarizing how cultural competence overall, is incorporated within proposed projects. Identify what anticipated efforts will be taken to measure progress.</p> <p><b>Begin writing here:</b> SBH-ASO integrates CLAS standards in all service provision. SBH-ASO values:1. We value individual and family strengths while striving to include their participation and voice in every aspect of care and development of policies and procedures.2. We value and respect cultural and other diverse qualities of each individual.3. We value services and education that promote recovery, resiliency, reintegration, and rehabilitation.4. We work in partnership with allied community providers to provide continuity and quality care.5. We treat all people with respect, compassion, and fairness.6. We value the continuous improvement of services.7. We value flexibility and creativity in meeting the needs of each individual.The SBH-ASO will measure these projects through required FBG implementation and progress reports. The submitted monthly service reports to the SBH-ASO allow for monthly monitoring of project success, such as allocated funds being spent and projected outcomes being met.SBH-ASO continues to engage with our Tribal partners through annual crisis planning with the Tribes in our region.</p>
<b>Children's Services</b>	<p>Describe how integrated system of care will be provided for children with SED with multiple needs, including: social services, educational services, juvenile services, and substance use disorder services.</p> <p><b>Begin writing here:</b> Salish BHASO provided support to children with SED through care coordination and facilitation of the CLIP committee. Enrollment in Medicaid is the first priority in facilitating access to services. SBH-ASO continues to partner with community entities including Children's Administration, Juvenile Justice, Substance Abuse treatment, Developmental Disabilities Administration, and community providers. SBH-ASO facilitates FYSPRT meetings and work to increase avenues for youth and family feedback.</p>
<b>Public Comment/Local/ BH Advisory Board Involvement</b>	<p>Describe how integrated system of care will be provided for children with SED with multiple needs, including: social services, educational services, juvenile services, and substance use disorder services.</p> <p><b>Begin writing here:</b> SBH-ASO provides a forum for public comment at each Executive and Advisory Board meetings. SBH-ASO providers identify needs in part based on community surveys. The SBH-ASO Advisory Board uses community survey information to assist in identifying gaps and needs within the community and set priorities for future work. SBHASO staff engages with other regional behavioral health advisory boards and community organizations to encourage feedback and facilitate identification of community needs. Final feedback is incorporated into the plan development and the plan is approved by the SBH-ASO Advisory Board.</p>
<b>Outreach Services</b>	<p>Provide a description of how outreach services will target individuals who are homeless and how community-based services will be provided to individuals residing in rural areas.</p> <p><b>Begin writing here:</b> SBH-ASO staff engage with the housing continuum across the region. SBH-ASO facilitates the Housing And Recovery through Peer Supports (HARPS) Program across the region. HARPS funding is facilitated by Coordinated Entry as a means to engage our housing continuum to expand access to individuals within the community. HARPS subsidies are available in all areas of our region. These contractors provide outreach and facilitate access to The HARPS service team provides outreach in partnership with community stakeholders. SBH-ASO also provides oversight of the Peer Beidger and Recovery Navigaotr program to provide outreach to individuals in the community and provide support toward recovery and stability.</p>

Section 2 Proposed Project Summaries and Expenditures				
Category/Subcategory	Provide a plan of action for each supported activity	Proposed #Children with SED	Proposed #Adults with SMI	Proposed Total Expenditure Amount
Engagement Services – Activities associated with providing evaluations, assessments, and outreach to assist persons diagnosed with SMI or SED, including their families, to engage in mental health services:				\$0.00
Assessment	<i>Begin writing here:</i>	1	1	Enter budget allocation for these proposed activities. \$0.00
Specialized Evaluations (Psychological and Neurological)	<i>Begin writing here:</i>	1	1	\$0.00
Service Planning (including crisis planning)	<i>Begin writing here:</i>	1	1	\$0.00
Educational Programs	<i>Begin writing here:</i>	1	1	\$0.00
Outreach	<i>Begin writing here:</i>	1	1	\$0.00
Brief Motivational Interviews	<i>Begin writing here:</i>	1	1	\$0.00
Facilitated Referrals	<i>Begin writing here:</i>	1	1	\$0.00
Warm Line: Please note that ALL costs that directly serve persons with SMI/SED and their families must be tracked.	<i>Begin writing here:</i>	1	1	\$0.00
<i>Outcomes and Performance Indicators:</i>				
Outpatient Services – Outpatient therapy services for persons diagnosed with SMI or SED, including services to help their families to appropriately support them.				\$0.00
Individual Evidenced-Based Therapies	<i>Begin writing here:</i>	1	1	Enter budget allocation for these proposed activities. \$0.00

Group Therapy	<i>Begin writing here:</i>	1	1	\$0.00
Family Therapy	<i>Begin writing here:</i>	1	1	\$0.00
Multi-Family Counseling Therapy	<i>Begin writing here:</i>	1	1	\$0.00
Consultation to Caregivers	<i>Begin writing here:</i>	1	1	\$0.00

*Outcomes and Performance Indicators:*

**Medication Services – Necessary healthcare medications, and related laboratory services, not covered by insurance or Medicaid for persons diagnosed with SMI or SED to increase their ability to remain stable in the community.** **\$0.00**

Medication Management	<i>Begin writing here:</i>	1	1	Enter budget allocation for these proposed activities. \$0.00
Pharmacotherapy	<i>Begin writing here:</i>	1	1	\$0.00
Laboratory Services	<i>Begin writing here:</i>	1	1	\$0.00

*Outcomes and Performance Indicators:*

**Community Support (Rehabilitative) – Community-based programs that enhance independent functioning for persons diagnosed with SMI or SED, including services to assist their families to care for them.** **\$0.00**

Parent/Caregiver Support	<i>Begin writing here:</i>	1	1	Enter budget allocation for these proposed activities. \$0.00
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Attachment 6.c.1

Skill Building (social, daily living, cognitive)	<i>Begin writing here:</i>	1	1	\$0.00
Case Management	<i>Begin writing here:</i>	1	1	\$0.00
Continuing Care	<i>Begin writing here:</i>	1	1	\$0.00
Behavior Management	<i>Begin writing here:</i>	1	1	\$0.00
Supported Employment	<i>Begin writing here:</i>	1	1	\$0.00
Permanent Supported Housing	<i>Begin writing here:</i>	1	1	\$0.00
Recovery Housing	<i>Begin writing here:</i>	1	1	\$0.00
Therapeutic Mentoring	<i>Begin writing here:</i>	1	1	\$0.00
Traditional Healing Services	<i>Begin writing here:</i>	1	1	\$0.00
Parent Training	<i>Begin writing here:</i>	1	1	\$0.00
<i>Outcomes and Performance Indicators:</i>				
Recovery Support Services – Support services that focus on improving the ability of persons diagnosed with SMI or SED to live a self-directed life, and strive to reach their full potential.				\$0.00

Peer Support	<i>Begin writing here:</i>	1	1	Enter budget allocation for these proposed activities. \$0.00
Recovery Support Coaching	<i>Begin writing here:</i>	1	1	\$0.00
Recovery Support Center Services	<i>Begin writing here:</i>	1	1	\$0.00
Supports for Self-Directed Care	<i>Begin writing here:</i>	1	1	\$0.00
Relapse Prevention/ Wellness Recovery Support	<i>Begin writing here:</i>	1	1	\$0.00
<i>Outcomes and Performance Indicators:</i>				
Other Supports (Habilitative) – Unique direct services for persons diagnosed with SMI or SED, including services to assist their families to continue caring for them.				\$13,250.00
Personal Care	<i>Begin writing here:</i>	1	1	Enter budget allocation for these proposed activities. \$0.00
Respite	<i>Begin writing here:</i>	1	1	\$0.00
Support Education	<i>Begin writing here:</i>	1	1	\$0.00
Transportation	<i>Begin writing here: Provide for bus passes, ferry passes, gas vouchers and other transportation costs for individuals to access treatment and recovery support services.</i>	10	40	\$12,500.00
Assisted Living Services	<i>Begin writing here:</i>	1	1	\$0.00

Trained Behavioral Health Interpreters	<i>Begin writing here: Interpreters acces for individuals served within the Salish region.</i>	1	10	\$750.00
Interactive communication Technology Devices	<i>Begin writing here:</i>	1	1	\$0.00

*Outcomes and Performance Indicators:*

<b>Intensive Support Services – Intensive therapeutic coordinated and structured support services to help stabilize and support persons diagnosed with SMI or SED.</b>				<b>\$0.00</b>
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Assertive Community Treatment	<i>Begin writing here:</i>	1	1	Enter budget allocation for these proposed activities. \$0.00
Intensive Home-Based Services	<i>Begin writing here:</i>	1	1	\$0.00
Multi-Systemic Therapy	<i>Begin writing here:</i>	1	1	\$0.00
Intensive Case Management	<i>Begin writing here:</i>	1	1	\$0.00

*Outcomes and Performance Indicators:*

<b>Out of Home Residential Services – Out of home stabilization and/or residential services in a safe and stable environment for persons diagnosed with SMI or SED.</b>				<b>\$0.00</b>
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Crisis Residential/Stabilization	<i>Begin writing here:</i>	1	1	Enter budget allocation for these proposed activities. \$0.00
Adult Mental Health Residential	<i>Begin writing here:</i>	1	1	\$0.00



	<i>Begin writing here:</i>			
Children's Residential Mental Health Services		1	1	\$0.00
Therapeutic Foster Care	<i>Begin writing here:</i>	1	1	\$0.00
<i>Outcomes and Performance Indicators:</i>				
<b>Acute Intensive Services – Acute intensive services requiring immediate intervention for persons diagnosed with SMI or SED.</b>				<b>\$136,427.00</b>
Mobile Crisis	<i>Begin writing here: Provides for Mobile Crisis Outreach services for individuals.</i>	30	120	Enter budget allocation for these proposed activities. \$136,427.00
Peer-Based Crisis Services	<i>Begin writing here:</i>	1	1	\$0.00
Urgent Care	<i>Begin writing here:</i>	1	1	\$0.00
23 Hour Observation Bed	<i>Begin writing here:</i>	1	1	\$0.00
24/7 Crisis Hotline Services	<i>Begin writing here:</i>	1	1	\$0.00
<i>Outcomes and Performance Indicators:</i>				
<b>Non-Direct Activities – any activity necessary to plan, carry out, and evaluate this MHBG plan, including Staff/provider training, travel and per diem for peer reviewers, logistics cost for conferences regarding MHBG services and requirements, and conducting needs assessments.</b>				<b>\$15,000.00</b>
Workforce Development/Conferences	<i>Begin writing here: ASO Administrative costs</i>	1	1	Enter budget allocation for these proposed activities. \$15,000.00

<b>Grand Total</b>				<b>\$164,677.00</b>

## Attachment 6.c.1

Category/Subcategory	Provide a plan of action for each supported activity	Proposed #Children with SED	Proposed #Adults with SMI	Proposed Total Expenditure Amount
Co-responder funds to support grants to law enforcement and other first responders to include a mental health professional on the team of personnel responding to emergencies within regions				\$75,000
MHBG Co-responder	<i>Begin writing here: Licensed mental health professional providing co-response with Fire Department personnel</i>	3	45	Enter budget allocation to this proposed activity
				\$37,500.00

<b>Region:</b>	Salish BHASO
<b>Current Date:</b>	11/17/2022
<b>Total SABG Allocation:</b>	\$604,811 (Jan 2023-June 2023)
<b>Contact Person:</b>	Jolene Kron
<b>Phone Number:</b>	360-337-4832
<b>Email:</b>	jkron@kitsap.gov

**Section 1  
Proposed Plan Narratives**

<b>Needs Assessment (required)</b>	<p>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.</p> <p><b>Begin writing here:</b> SBH-ASO has on-going engagement with providers, Advisory Board, Annual Monitoring, case reviews, peer reviews, client satisfaction surveys, Quality and Compliance Committee, and grievances provide additional data reflecting strengths, needs specific to the geographic location. Information is also gathered by engagement in community services groups including housing/homeless committees, local continuum of care meetings, and cross-system collaborations meetings. SBH-ASO also reviews community needs assessments as available. Strengths identified are engagement of community and cross system partnerships. Gaps are identified as challenges with access due to the rural and frontier geography within the region. Prioritized needs for 2023 include housing, childcare, care across the continuum, and care specific to youth.</p>
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<b>Cultural Competence (required)</b>	<p>Provide a narrative summarizing how cultural competence overall, is incorporated within proposed projects. Identify what anticipated efforts will be taken to measure progress.</p> <p><b>Begin writing here:</b> The SBH-ASO incorporates cultural humility into the SABG projects by utilizing individuals in recovery as a steering board for the plan development. These projects target funds to address local community gaps as identified by direct service agencies to ensure overall wellness of individuals served by the public SUD system. These projects compliment the following SBH-ASO values:</p> <ol style="list-style-type: none"> <li>1. We value individual and family strengths while striving to include their participation and voice in every aspect of care development of policies and procedures.</li> <li>2. We value and respect cultural and other diverse qualities of each individual.</li> <li>3. We value services and education that promote recovery, resiliency, reintegration, and rehabilitation.</li> <li>4. We work in partnership with allied community providers to provide continuity and quality care.</li> </ol>
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<b>Continuing Education for Staff (required)</b>	<p>Describe how continuing education for employees of treatment facilities is expected to be implemented.</p> <p><b>Begin writing here:</b> SBH-ASO has strong relationships with providers. SBH-ASO meets quarterly with the provider network to provide system updates, problems solving, and training. SBH-ASO staff provide technical assistance support to all providers as needs arise. SBH-ASO encourages providers to engage in community training and provides resources as they are available. SBH-ASO provides oversight to agencies related to training plans and requirements as part of the Annual Monitoring Process. Our providers and community have identified the need from trainign for ASAM, supervision, and resilience for staff.</p>
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<b>Charitable Choice (required)</b>	<p>Provide a description of how faith-based organizations will be incorporated into your network and how referrals will be tracked.</p> <p><b>Begin writing here:</b> There are currently no faith-based BHA’s within our region. SBH-ASO will work to engage faith-based organizations involved in providing treatment and seek input regarding how they choose to be integrated into the public treatment system. Current progams coordinate with faith based organizations as needed to support individuals. Any requests for faith based services will be tracked through our care management staff.</p>
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<b>Coordination of Services (required)</b>	<p>Provide a description of how treatment services are coordinated with the provision of other appropriate services including health, social, correctional and criminal justice, education, vocational rehabilitation and employment services.</p> <p><b>Begin writing here:</b> Coordination with our provider network, community partners and MCO’s is critical to the long term success of the SBH-ASO. SBH-ASO Care Managers work to coordinate caer for individuals who recieve funded services. Outpatient providers use case managers to coordinate with community services including housing, employment, DSHS, DOC, and Children’s Administration. SBH-ASO has participated in meetings to assist with in problem solving concerns related to care coordination of services for individuals across all counties. SBH-ASO participates in regional opioid programs to assist with development of community network response and facilitate care for individuals. SBH-ASO continues to work to support community members and community partners in accessing services by facilitating and maintiaing relationship to provide coordination as needed.</p>
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	<p>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.</p>
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<p><b>Public Comment/Local Board /BH Advisory Board Involvement (required)</b></p>	<p><b>Begin writing here:</b> Advisory Board and Executive Board meetings of the SBH-ASO are all public meetings and advertised widely. There is opportunity for public comment at both venues. SBH-ASO participated and engages with 1/10th committees across our region to provide support and receive feedback regarding service gaps. SBH-ASO completes and annual community needs survey to soliciat community feedback. We continue to recruit for Behavioral health Advorsoty Board members to fill vacancies.</p>
<p><b>Program Compliance (required)</b></p>	<p>Provide a description of the strategies that will be used for monitoring program compliance with all SABG requirements.</p> <p><b>Begin writing here:</b> Contracted agencies will be required to complete monthly performance reports outlining progress on funded programs. Each program is visited at least annually to conduct an on-site assessment of the program, and verify information included in the monthly reports.</p>
<p><b>Recovery Support Services (optional)</b></p>	<p>Provide a description of how and what recovery support services will be made available to individuals in SUD treatment and their families.</p> <p><b>Begin writing here:</b> Transportation, childcare, and PPW Housing Support programs are funded in this plan. SBH-ASO providers are able to offer these services per contract. SBH-ASO Care Managers assist any individuals seeking services to connect to providers who can meet the requested need for support.</p>
<p><b>Cost Sharing (optional)</b></p>	<p>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.</p> <p><b>Begin writing here:</b></p>

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
Prevention & Wellness – Preventive services, such as drug use prevention and early intervention, are critical components of wellness:				\$389,051.00
*PPW Outreach (required)	<i>Begin writing here:Outreach and crisis intervention with Pregnant and Parenting women</i>	30	<i>Begin writing here: PPW individuals are provided intervention services. Reviewed in agency monitoring.</i>	Enter budget allocation for these proposed activities. \$9,051.00
Outreach to Individuals Using Intravenous Drugs (IUID)	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
Brief Intervention	<i>Begin writing here:Brief intervention and crisis intervention services to individuals as part of the mobile crisis outreach service spectrum.</i>	100	<i>Begin writing here: Evidence of care coordination with referral sources to provide information on treatment services. Evidence of prioritization. Individuals receive triage, referral, and coordination of care.</i>	\$380,000.00
Drug Screening	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
*Tuberculosis Screening (required)	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$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.				\$27,510.00
Assessment	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation for these proposed activities. \$0.00
*Engagement and Referral (required)	<i>Begin writing here: Providing engagement, triage and referral to services within the community upon contact.</i>	50	<i>Begin writing here: Evidence of engagement, referral, and care coordination as indicated by individual need.</i>	\$27,000.00
*Interim Services (required)	<i>Begin writing here: Provision of services for individuals on waitlist for access to treatment.</i>	5	<i>Begin writing here: Provision of services for individuals on waitlist for access to treatment. Monitor for compliance with waitlist policy and procedure.</i>	\$510.00
Educational Programs	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$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.				\$0.00
Individual Therapy	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation for these proposed activities. \$0.00
	<i>Begin writing here:</i>		<i>Begin writing here:</i>	

Attachment 6.c.2

Group Therapy		0		\$0.00
Family Therapy	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
Multi-Family Counseling Therapy	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
Medication Assisted Therapy (MAT) - Opioid Substitution Treatment	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
Community Support (Rehabilitative) – Consist of support and treatment services focused on enhancing independent functioning.				\$0.00
Case Management	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation for these proposed activities. \$0.00
Recovery Housing	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
Supported Employment	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$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.				\$30,000.00
PPW Housing Support Services	<i>Begin writing here: Housing support services in recovery house for women and children. Supportive case management services.</i>	0	<i>Begin writing here: Tracking treatment attendance, completion of treatment. Goal achievement as indicated in assessment and treatment plan.</i>	Enter budget allocation for these proposed activities. \$30,000.00
Supported Education	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
Housing Assistance	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
Spiritual/Faith-Based Support	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$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.				\$1,000.00
*Therapeutic Intervention Services for Children (required)	<i>Begin writing here: For services to children in residential treatment facilities serving PPW.</i>	0	<i>Begin writing here: For services to children in residential treatment facilities serving PPW.</i>	Enter budget allocation for these proposed activities. \$1,000.00

Attachment 6.c.2

Sobering Services	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$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.				\$0.00
Sub-acute Withdrawal Management	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation for these proposed activities. \$0.00
Crisis Services Residential/ Stabilization	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
Intensive Inpatient Residential Treatment	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
Long Term Residential Treatment	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
Recovery House Residential Treatment	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
Involuntary Commitment	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$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
Acute Withdrawal Management	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation for these proposed activities. \$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.				\$74,000.00
*Interim Services (required)	<i>Begin writing here: Identified above in Engagement section</i>	0	<i>Begin writing here:</i>	Enter budget allocation for these proposed activities. \$0.00
*Transportation for PPW (required)	<i>Begin writing here: Provide individual bus ticket, bus passes, mileage reimbursement to aid in access to treatment.</i>	12	<i>Begin writing here: Tracked by individual bus ticket, bus passes, mileage reimbursement.</i>	\$3,000.00
Transportation	<i>Begin writing here: Provide individual bus ticket, bus passes, mileage reimbursement to aid in access to treatment.</i>	300	<i>Begin writing here: Tracked by individual bus ticket, bus passes, mileage reimbursement.</i>	\$22,000.00
*Childcare Services (required)	<i>Begin writing here: Provide childcare in a licensed on-site facility to increase access to treatment services.</i>	30	<i>Begin writing here: Track number of children accessing care and cost of program. Monthly report on usage.</i>	Enter budget allocation for these proposed activities. \$49,000.00



## Attachment 6.c.2

*Other SABG activities (required) – any activity necessary to plan, carry out, and evaluate this SABG plan, including Continued Education/training, logistics cost for conferences regarding SABG services and requirements, capacity management infrastructure, and conducting needs assessments.			\$83,250.00
<i>Begin writing here: Administrative costs for ASO \$55,000; \$750 for interpreter services to meet cultural needs as indicated by individuals; \$27,500 for Regional Trainings including ASAM</i>			
<b>Grand Total</b>			<b>\$617,311.00</b>

## Attachment 6.c.2

Category/Subcategory	Provide a plan of action for each supported activity	Proposed # PPW to be served if known.	Outcomes and Performance Indicators	Proposed Total Expenditure Amount
Co-responder - funds to support grants to law enforcement and other first responders to include a mental health professional on the team of personnel responding to emergencies within regions.				\$25,000
SABG Co-responder	Licensed mental health professional providing co-response with Fire Department personnel	1	15	\$12,500.00



## Salish BH-ASO Behavioral Health Housing Program

Salish Behavioral Health Administrative Services Organization, in partnership with local Coordinated Entry Sites, provides short- and long-term financial subsidies for individuals with behavioral health disorders (mental health disorder, substance use disorder, or both) who are homeless or at risk of becoming homeless. Priority is given to individuals exiting inpatient mental health or substance use treatment settings.

*All eligibility criteria will be verified by the Coordinated Entry provider in your area and based on funds available.*

### Housing and Recovery through Peer Services (HARPS)

The HARPS program provides short-term financial subsidies and housing support services.

HARPS subsidies **MAY** provide **short-term** financial assistance with:

- Rental assistance, up to three months
- Rent and utilities in arrears
- Rental application fees, background checks, security deposits, and utility deposits
- Related costs, i.e., lot rent for RVs, parking spaces when connected to a unit, storage, rental trucks, or movers
- Pay up to 60 days rent when temporarily out of home (incarcerated or in inpatient treatment)

### **HARPS Support Services**

The HARPS team works to support individuals in recovery to access and maintain housing. This is accomplished through peer support wraparound services available only at Kitsap Mental Health Services in Kitsap County.

To find out if you are eligible for HARPS services contact **Kitsap Mental Health Services, HARPS Peer Service Team, (360) 373-5031 ext. 5811**

### Community Behavioral Health Rental Assistance (CBRA)

The CBRA program provides long-term rental subsidies intended for high-risk individuals with behavioral health conditions and their households.

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

**Contact any Coordinated Entry Site for more information about HARPS and CBRA**

## Coordinated Entry Sites - Housing Resource Centers Attachment 7.a

### Clallam County

#### Serenity House of Clallam County

2203 West 18<sup>th</sup> St, Port Angeles  
(360) 452-7224 ext. 1

583 W Washington St, Sequim  
(360) 682-9442

255 Founders Way, Forks  
(360) 670-4934

### Jefferson County

#### Olympic Community Action Program (OlyCAP)

2120 West Sims Wy, Port Townsend  
360-385-2571

<http://www.olycap.org>

### Kitsap County

#### Kitsap Community Resources

Housing Solutions Center  
1201 Park Ave, Bremerton  
(360) 473-2035  
hsc@kcr.org

3200 SE Rainshadow Ct, Port Orchard  
(360) 473-2146

#### North Kitsap Fishline

787 Liberty Ln NW, Poulsbo  
(360) 801-2564

#### Helpline House

Bainbridge Island  
(360) 801-2564

*In partnership with:*

**Coffee Oasis** (serving ages 13-25)  
837 4<sup>th</sup> Street, Bremerton  
(360) 377-5560





**SALISH BEHAVIORAL HEALTH**  
**ADMINISTRATIVE SERVICES ORGANIZATION**  
**ADVISORY BOARD**  
**MEETING**

Providing Behavioral Health Services in  
Clallam, Jefferson and Kitsap Counties

**DATE:** Friday, April 7, 2023  
**TIME:** 10:00 AM – 12:00 PM  
**LOCATION:** Cedar Room, 7 Cedars Hotel  
270756 Hwy 101, Sequim, WA 98382

**LINK TO JOIN BY COMPUTER OR PHONE APP:**

**\*\*Please use this link to download ZOOM to your computer or phone:**  
<https://zoom.us/support/download>\*\*

Join Zoom Meeting: <https://us06web.zoom.us/j/88699088141>

Meeting ID: 886 9908 8141

**USE PHONE NUMBER and MEETING ID TO JOIN BY PHONE:**

Dial by your location: 1-253-215-8782

Meeting ID: 886 9908 8141

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**A G E N D A**

[Salish Behavioral Health Administrative Services Organization – Advisory Board](#)

1. Call To Order
2. Announcements/Introductions
3. Opportunity to Address the Board on Agenda Topics (limited to 3 minutes each)
4. Approval of Agenda
5. Approval of SBH-ASO Advisory Board Meeting Minutes for February 3, 2023 (Attachment 5)
6. Informational Items
  - a. Update on Block Grant RFP
  - b. SBH-ASO 2022 Community Needs Survey Report (Attachment 6.b)
  - c. Community Summits
  - d. Staffing Update (Attachment 6.d)
  - e. New Program Update - SYNC
7. Opportunity for Public Comment (limited to 3 minutes each)
8. Adjournment

## ACRONYMS

<b>ACH</b>	Accountable Community of Health
<b>ASAM</b>	Criteria used to determine substance use disorder treatment
<b>BHAB</b>	Behavioral Health Advisory Board
<b>BH-ASO</b>	Behavioral Health Administrative Services Organization
<b>BHO</b>	Behavioral Health Organization, replaced the Regional Support Network
<b>CAP</b>	Corrective Action Plan
<b>CMS</b>	Center for Medicaid & Medicare Services (federal)
<b>COVID-19</b>	Coronavirus Disease 2019
<b>DBHR</b>	Division of Behavioral Health & Recovery
<b>DCFS</b>	Division of Child & Family Services
<b>DCR</b>	Designated Crisis Responder
<b>DDA</b>	Developmental Disabilities Administration
<b>DSHS</b>	Department of Social and Health Services
<b>E&amp;T</b>	Evaluation and Treatment Center (i.e., AUI, YIU)
<b>EBP</b>	Evidence Based Practice
<b>EPSDT</b>	Early and Periodic Screening, Diagnosis and Treatment
<b>EQRO</b>	External Quality Review Organization
<b>FIMC</b>	Full Integration of Medicaid Services
<b>FYSPT</b>	Family, Youth and System Partner Round Table
<b>HARPS</b>	Housing and Recovery through Peer Services
<b>HCA</b>	Health Care Authority
<b>HCS</b>	Home and Community Services
<b>HIPAA</b>	Health Insurance Portability & Accountability Act
<b>HRSA</b>	Health and Rehabilitation Services Administration
<b>IMD</b>	Institutes for the Mentally Diseased
<b>IS</b>	Information Services
<b>ITA</b>	Involuntary Treatment Act
<b>MAT</b>	Medical Assisted Treatment
<b>MCO</b>	Managed Care Organization
<b>MHBG</b>	Mental Health Block Grant
<b>MOU</b>	Memorandum of Understanding
<b>OCH</b>	Olympic Community of Health
<b>OPT</b>	Opiate Treatment Program
<b>OST</b>	Opiate Substitution Treatment
<b>PACT</b>	Program of Assertive Community Treatment
<b>PATH</b>	Programs to Aid in the Transition from Homelessness
<b>PIHP</b>	Prepaid Inpatient Health Plans
<b>PIP</b>	Performance Improvement Project
<b>P&amp;P</b>	Policies and Procedures
<b>QUIC</b>	Quality Improvement Committee
<b>RCW</b>	Revised Code Washington
<b>RFP, RFQ</b>	Requests for Proposal, Requests for Qualifications
<b>SABG</b>	Substance Abuse Block Grant
<b>SAPT</b>	Substance Abuse Prevention Treatment
<b>SBH-ASO</b>	Salish Behavioral Health Administrative Services Organization
<b>SUD</b>	Substance Use Disorder
<b>SYNC</b>	Salish Youth Network Collaborative
<b>UM</b>	Utilization Management
<b>VOA</b>	Volunteers of America
<b>WAC</b>	Washington Administrative Code
<b>WM</b>	Withdrawal Management
<b>WSH</b>	Western State Hospital, Tacoma

[Full listing of definitions and acronyms](#)



Salish Behavioral Health  
Administrative Services Organization

## **SALISH BEHAVIORAL HEALTH** **ADMINISTRATIVE SERVICES ORGANIZATION** **ADVISORY BOARD** **MEETING**

Providing Behavioral Health Services in  
Clallam, Jefferson and Kitsap Counties

**April 7, 2023**

### **Informational Items**

#### **A. UPDATE ON BLOCK GRANT RFP**

SBH-ASO released an RFP (request for proposal) for Federal Block Grant Funds in November 2022. The submission deadline was February 8, 2023. SBH-ASO had 7 provider agencies attend the mandatory bidders conference. All 7 of those agencies submitted proposals. Mental Health Block Grant had a single proposal. Substance Abuse Block Grant had 12 separate program proposals from 6 provider agencies. These proposals are currently under review with the RFP committee. Proposals are focused primarily in the areas of treatment, recovery supports, and transportation. The committee review follows the April Advisory Board meeting. Recommendations will be presented to the SBH-ASO Executive Board in May.

#### **B. SBH-ASO 2022 COMMUNITY NEEDS SURVEY REPORT**

SBH-ASO developed and distributed a community needs survey to solicit information from the communities served by the behavioral health system, including the identification of strengths, needs, and service gaps within the community.

The survey was released on May 25, 2022 and remained open to the community through June 24, 2022. A survey link was shared across SBH-ASO Boards (Advisory and Executive), treatment providers, community-based organizations, and community groups. Partners were encouraged to further post and share the survey link, and the survey link was posted on the SBH-ASO public website. The survey was made available in printable form, and SBH-ASO staff announced during Advisory Board and other public community meetings that SBH-ASO staff were available to assist with completion of the survey via the SBH-ASO Customer Service Line.

The Community Needs Survey Report is attached. Staff will present a summary of the survey results.

#### **C. COMMUNITY SUMMITS**

SBH-ASO Leadership is planning to facilitate several Community Summits during the Summer and Fall of 2023. The purpose of these Community Summits will be to increase awareness of the role and resources of the SBH-ASO. Staff will share additional details regarding the early planning that is underway.



#### D. STAFFING UPDATE

SBH-ASO has hired several new staff recently. Most of these new hires are related to new or expanding programs. Three staff were hired to manage the new Youth Behavioral Health Navigator Program, which SBH-ASO has named "SYNC" (Salish Youth Network Collaborative). Bryan Gross was hired as the SYNC Program Supervisor, and he started in November 2022. Danielle Jenkel and Jessie Parsons were hired as SYNC Program Coordinators, and both started in February 2023.

SBH-ASO had been recruiting for a R.E.A.L. Program Supervisor/Care Manager since May 2022. SBH-ASO has hired Kelsey Clary, who starts April 3, 2023.

SBH-ASO has one remaining active recruitment, Crisis Programs Supervisor. The Crisis Programs Supervisor will also manage the expansion of Assisted Outpatient Treatment, which was legislatively directed earlier this year.

#### E. NEW PROGRAM UPDATE - SYNC

Salish Youth Network Collaborative (SYNC) is a new SBH-ASO program intended to provide support and coordination to youth and families with complex behavioral health needs. Priority will be given to any youth/family being housed in an emergency department. This team of three is officed at the Salish BH-ASO and will serve families in all three counties. A steering committee of community partners will assist with development of parameters for this program based on needs within our communities. The team will provide coordination in a Multi-Disciplinary Team (MDT) model. This will include the engagement of community partners to coordinate care and wrap services around families.

**MINUTES OF THE  
SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION  
ADVISORY BOARD**

**Friday, February 3, 2023  
10:00 a.m. - 12:00 p.m.  
Hybrid Meeting  
Port Blakely Conference Room  
Kitsap County Administration Building  
619 Division Ave, Port Orchard, WA 98366**

**CALL TO ORDER** – Jolene Kron, SBH-ASO Deputy Administrator/Clinical Director, called the meeting to order at 10:09 a.m.

**INTRODUCTIONS** – Self introductions were conducted around the room.

**ANNOUNCEMENTS** – None.

**OPPORTUNITY FOR PUBLIC TO ADDRESS THE BOARD ON AGENDA TOPICS –**

- Sandy Goodwick, SBH-ASO Advisory Board member, addressed the Board, SBH-ASO Staff, and Public regarding the importance of sufficient communicative access for persons with disabilities in all publicly held meetings, stating that it is an ADA requirement. Sandy urged Staff to communicate this requirement as needed and resolve accessibility issues prior to the next meeting. Sandy noted that closed captioning should be made available as the audio in the current location is very poor for individuals with hearing loss.

**APPROVAL of AGENDA –**

*Request to add Recommendations for Advisory Board Chair and Co-Chair for 2023 as item 6.a.1 to the current agenda.*

**MOTION: Helen Havens moved to approve the agenda as amended. Stormy Howell seconded the motion. Motion carried unanimously.**

**APPROVAL of MINUTES –**

**MOTION: Anne Dean moved to approve the meeting minutes as submitted for the October 7, 2022 meeting. Helen Havens seconded the motion. Motion carried unanimously.**

**ACTION ITEMS**

➤ **BOARD MEMBER REAPPOINTMENTS**

The terms for Jon Stroup, Lois Hoell, and Janet Nicklaus expired on December 31, 2022. Lois and Janet have opted to not volunteer to serve another term. Jon has expressed interest in volunteering for another term.

Staff seeks the Advisory Board’s recommendation regarding Jon Stroup’s Re-appointment.

**MOTION: Sandy Goodwick moved to recommend re-appointment of Jon Stroup to the SBH-ASO Advisory Board. Anne Dean seconded the motion. Motion carried unanimously.**



➤ **RECOMMENDATIONS FOR BOARD CHAIR AND CO-CHAIR**

*Staff requested recommendations or volunteers from the Board for Chair and Co-Chair for 2023.*

*Jon Stroup expressed interest in serving in either the role of Chair or Co-Chair.*

**MOTION: Anne Dean moved to recommend Jon Stroup as the SBH-ASO Advisory Board Chair for 2023. Sandy Goodwick seconded the motion. Motion carried unanimously.**

*Staff requested recommendations or volunteers for 2023 Advisory Board Co-Chair.*

*Discussion regarding the scope of role as Co-Chair. Staff prepares all materials and provide significant support to the Chair and Co-Chair.*

*Sandy Goodwick served as Co-Chair last year and would again if no other volunteers.*

*Stormy Howell volunteered to serve as the Board Co-Chair for 2023.*

**MOTION: Anne Dean moved to recommend Stormy Howell as the SBH-ASO Advisory Board Co-Chair for 2023. Jon Stroup seconded the motion. Motion carried unanimously.**

➤ **SBH-ASO ADVISORY BOARD APPLICANTS**

A The SBH-ASO Advisory Board Membership includes 3 representatives from each county and 2 Tribal Representatives. Current appointments include:

- Clallam County: Sandy Goodwick and 2 vacancies
- Jefferson County: Anne Dean and 2 vacancies
- Kitsap County: Helen Havens, Jon Stroup (pending reappointment) and 1 vacancy
- Tribal Representative: Stormy Howell and 1 vacancy.

Late Fall 2022, SBH-ASO Advertised Advisory Board vacancies in Clallam and Jefferson County media.

On November 19, 2022, SBH-ASO received an Advisory Board Application from Clallam County resident, Mary Beth Lagenaur. Ms. Lagenaur worked for many years in the field of Substance Abuse Prevention, Education and Treatment. She also has previous volunteer and committee experience.

On December 10, 2022, SBH-ASO received an Advisory Board Application from West Jefferson County resident Kay Diane Pfeifle. Ms. Pfeifle has experience with committee participation and behavioral health advocacy.

*Mary Beth discussed her background in Behavioral Health. She previously worked for a non-profit that provided drug and alcohol treatment and education for the State of Arkansas. She now teaches swimming lessons at the YMCA and volunteers at a local animal shelter. She applied to volunteer for the Advisory Board as it is relevant to her professional experience.*

*Mary Beth learned about the Advisory Board volunteer opportunity in the newspaper.*

*Gratitude expressed for Mary Beth's application to serve on the board, as her background and experience would be a good addition to the Board.*

**MOTION: Helen Havens moved to recommend the appointment of Mary Beth Lagenaur to the SBH-ASO Advisory Board. Sandy Goodwick seconded the motion. Motion carried unanimously.**

*Diane shared her experience related to Behavioral Health. She previously volunteered with the National Alliance of Mental Illness (NAMI). She is a family member of an individual with mental health challenges who is stable and would like to see others achieve the same. She also participated in the Ballard Ecumenical Homeless Ministry serving houseless individuals with mental health challenges in Seattle for 15 years.*

*Diane learned about the Advisory Board volunteer opportunity in the Forks Forum newspaper.*

*Expression of support in having Diane's perspective on the Board representing Jefferson County.*

**MOTION: Anne Dean moved to recommend the appointment of Diane Pfeifle to the SBH-ASO Advisory Board. Jon Stroup seconded the motion. Motion carried unanimously.**

*Recommendations for Advisory Board appointments will be presented to the Executive Board for final approval in March 2023.*

*Staff will continue to recruit for Advisory Board volunteers, including upcoming recruitment efforts in Kitsap County.*

#### ➤ **APPROVAL OF JANUARY – JUNE 2023 FEDERAL BLOCK GRANT PLANS**

SBH-ASO is presenting updated Block Grant plans for January 1, 2023 – June 30, 2023 and seeks the Board's approval of these plans. Both plans align with the calendar year 2023 budget which was approved by the Executive Board.

##### Mental Health Block Grant (MHBG)

MHBG plan provides funding for the crisis system and transportation. Crisis services include mobile crisis outreach and interpreter services. The plan format from HCA includes crisis categories directly. The MHBG plan also identifies an estimated of the number of people to be served in each category. SBH-ASO Administration allowance is also included. Allocations are in line with the previous 6-month allocation.

##### Substance Abuse Block Grant (SABG)

A significant amount of funding is allocated for crisis services, which are categorized as either "brief intervention" or "engagement and referral" on this template. Brief intervention includes mobile crisis response services. Engagement and Referral includes crisis hotline funding.

Interim Services are a requirement, and the allocated funding is limited due to not historically being needed. Ten percent of SABG is required to fund PPW programs. The SABG plan includes PPW housing supports and childcare programs.

Additionally, this plan includes funding for community training, transportation, and interpreter services. SBH-ASO Administration allowance is also included.

*Funding mirrors what was approved in the previous six-month period and includes previous RFP allocations, extending them for the next six months. Designated Co-Responder funding is also listed in the plans and includes funding allocation from both Mental Health Block Grant and Substance Abuse Block Grant separate from regular allocation.*

*Review of Substance Abuse Block Grant funding allocations for January through June 2023.*

**MOTION: Stormy Howell moved to recommend approval of Substance Abuse Block Grant Plans for January – June 2023 as presented. Jon Stroup seconded the motion. Motion carried unanimously.**

*Review of Mental Health Block Grant funding allocations for January through June 2023.*

*Question regarding any other requests for RFP holdover funds. SBH-ASO has not received any additional requests for funding from the Mental Health Block Grant holdover funds.*

**MOTION: Helen Havens moved to recommend approval of Mental Health Block Grant Plans for January – June 2023 as presented. Jon Stroup seconded the motion. Motion carried unanimously.**

## INFORMATIONAL ITEMS

### ➤ **PRESENTATION ON SBH-ASO HOUSING PROGRAMS**

A The Salish BH-ASO Housing Program consists of 3 components. These three components are HARPs (Housing and Recovery through Peer Supports) services, HCA Subsidies and Community Behavioral Health Rental Assistance. A Health Care Authority contract provides for HARPS Services and HCA Subsidies. A contract with the Department of Commerce provides for Community Behavioral Health Rental Assistance.

These 3 components provide housing support services and subsidies to individuals who meet program criteria. The population served includes individuals with behavioral health needs, with priority given to individuals exiting treatment facilities. Subsidy funding is provided through Coordinated entry in all 3 counties. The HARPS service team only services Kitsap County.

Attached is the SBH-ASO Housing Program Flyer. Staff will speak in greater detail about 3 components of the SBH-ASO Housing Program and the program's successes and challenges.

*Community Behavioral Health Rental Assistance (CBRA) funding was formerly administered by HCA and referred to as "Long-Term HARPS". The Department of Commerce now contracts directly with the SBH-ASO for this long-term permanent subsidy program, leading to a significant increase in funding to the region.*

*Review and discussion of regional subsidy funding for HARPS, SUD HARPS, CBRA, and Governor's Funding, as well as funding specific to the HARPS Service Team, CBRA Operations funding, and HARPS Recovery Supports.*

*Staff provided an overview of individuals served, noting the priority population of individuals exiting inpatient mental health or substance use treatment settings. Staff also reviewed funding parameters, including eligible expenses.*

*Review of current contractors in Clallam, Jefferson, and Kitsap Counties. Discussion surrounding strategic partnership with Coordinated Entry agencies in the Salish region to maximize access of funds to the community and opportunities to braid funding. Use of Coordinated Entry is unique to the Salish region. SBH-ASO has been very successful by utilizing this approach.*

*Discussion surrounding regional funding for the HARPS Service Team in Kitsap County. Staff clarified that the HARPS Service team serves any individuals who are eligible for HARPS in Kitsap County. Individuals do not need to be engaged in Kitsap Mental Health Services (KMHS) for any other services. A referral pathway exists from Kitsap Community Resources for individuals seeking HARPS Services. Individuals are also able to self-refer to the HARPS Service Team without an intake at KMHS. Staff noted that engagement in HARPS Services by the participant is voluntary.*

*Question about how individuals are accessing CBRA funding. CBRA is accessed through Coordinated Entry, via the same pathway as someone would access HARPS. CBRA is still referred to as “Long-Term HARPS” in many settings. Staff is encouraging subcontractors to refer to the program as Behavioral Health Housing. Individuals accessing funding through Coordinated Entry should be screened for all eligible programs so they can braid funding to best meet the individual’s needs.*

*Discussion surrounding recent delays in subsidies being issued by Coordinated Entry. Staff responded that this delay in funding has been witnessed statewide and likely reflects infrastructure and workforce challenges broadly impacting social services.*

*Question regarding utilization of funds. Funding has been underutilized statewide, but Salish continues to spend out a high percentage of funds. Staff noted that expanded low-barrier funding during COVID has had an impact on spending. Many of these programs are ending soon. Salish is meeting with subcontractors to strategize spending and has increased fiscal oversight to ensure maximum utilization of funds.*

*Comment regarding potential lack of community awareness of available programs, noting the importance of continuing to share information regarding housing subsidy resources. Staff is currently working on a community education plan to include housing programs. The R.E.A.L. Teams have also worked to improve community awareness of available programs and continues to connect individuals to resources.*

*Housing stock continues to be a significant challenge impacting utilization of funding.*

### ➤ **2023 ADVISORY BOARD MEETINGS**

In 2023, Advisory Board Meetings will be hybrid must include a physical location to allow for public in-person participation. Advisory Board Member participation via Zoom is still supported. Staff is exploring reserving meeting space at the 7 Cedars Casino in Blyn. Advisory Board Meetings in 2023 are scheduled from 10am-12pm on:

- April 7<sup>th</sup>
- June 2<sup>nd</sup>
- August 4<sup>th</sup>
- October 6<sup>th</sup>
- December 1<sup>st</sup>

*Staff will ensure that closed captioning is available at the remaining 2023 meetings. Advisory Board members can request mileage reimbursement to attend meetings in person.*

**PUBLIC COMMENT**

- Kate Jasonowicz noted that the Apple Health redetermination process is beginning. Individuals who joined Apple Health during the pandemic and did not have to go through the application process to prove eligibility will need to do so over the next year. The Health Care Authority is anticipating that some individuals will lose coverage. If anyone is working with individuals who received a renewal notice, please encourage them complete it. There are options for individuals who may no longer qualify for Apple Health.
- Jolene Kron noted that there are resources available to train social service staff and volunteers to assist individuals in the redetermination process with the goal of keeping as many individuals eligible as possible.

**GOOD OF THE ORDER**

- Gratitude expressed to Staff for providing a thorough housing presentation.
- Staff will provide the Board with similar presentations on other SBH-ASO programs, including the Salish Youth Network Collaborative (SYNC).

**ADJOURNMENT** – Consensus for adjournment at 11:28 p.m.

**ATTENDANCE**

<b>BOARD MEMBERS</b>	<b>STAFF</b>	<b>GUESTS</b>
<b><i>Present:</i></b>	Jolene Kron, SBH-ASO Deputy Administrator/Clinical Director	Kate Jasonowicz, Community Health Plan of Washington
Jon Stroup, SBH-ASO Advisory Board	Nicole Oberg, SBH-ASO Program Specialist	Mary Beth Lagenaur, Clallam County
Sandy Goodwick, SBH-ASO Advisory Board	Bryan Gross, SBH-ASO SYNC Program Supervisor	Diane Pfeifle, West Jefferson County
Anne Dean, SBH-ASO Advisory Board		Vivian Morey, Office of Behavioral Health Advocacy
Stormy Howell, SBH-ASO Advisory Board		Barb Jones, Jefferson County Public Health
Helen Havens, SBH-ASO Advisory Board		G'Nell Ashley, Reflections Counseling Services Group
<b><i>Excused:</i></b>		
None		

**NOTE: These meeting notes are not verbatim.**



**Salish Behavioral Health  
Administrative Services Organization**

**2022**

# Community Needs Survey Results

Stephanie J. Lewis, LMFT, Administrator  
Survey Dates: May 25 – June 24, 2022  
12/27/2022

## Overview

The Salish Behavioral Health Administrative Services Organization (SBH-ASO) developed and distributed a community needs survey to solicit information from the communities served by the behavioral health system, including the identification of strengths, needs, and service gaps within the community.

The survey was released on May 25, 2022 and remained open to the community through June 24, 2022. A survey link was shared across SBH-ASO Boards (Advisory and Executive), treatment providers, community-based organizations, and community groups. Partners were encouraged to further post and share the survey link, and the survey link was posted on the SBH-ASO public website. The survey was made available in printable form, and SBH-ASO staff announced during Advisory Board and other public community meetings that SBH-ASO staff were available to assist with completion of the survey via the SBH-ASO Customer Service Line.

Respondents were informed that their responses were anonymous, and all questions provided a response option of “prefer not to answer”.

## Survey Respondents

A total of 144 survey responses were returned across the 3-county region (Clallam, Jefferson, and Kitsap County). The majority of survey responses (49.3%) were from respondents identifying as Clallam County residents. Specific county submissions are reflected below in Table 1.

County	Responses		Population
	<i>Number</i>	<i>% Of Total</i>	<i>Compared to % of Regional Population</i>
Clallam	70	49.3%	20.0%
Jefferson	10	7.0%	8.5%
Kitsap	62	43.7%	71.5%
Prefer not to Answer	2		

Table 1

## **Demographics**

Demographic information solicited from respondents included gender identification, age group, racial and/or ethnic group identification, highest level of education and family category/composition.

### *Gender*

The majority of survey respondents across all three counties, identified as female. Regional and specific county responses are reflected below in Table 2.

Gender	All	Clallam	Jefferson	Kitsap
Female	75.2%	81.2%	60%	70.5%
Male	22%	17.4%	40%	24.6%
Gender Variant/Nonconforming/Nonbinary	1.4%	0%	0%	3.3%
Transgender Female	0.7%	1.4%	0%	0%
Transgender Male	0.7%	0%	0%	1.6%

Table 2

### Age

Respondents were provided the option of eight age range categories. Two of those categories, “under 13” and “13-17” were not selected by any respondent. Regional and specific county submissions are reflected below in Table 3.

Age Group	All	Clallam	Jefferson	Kitsap
18-24 years	0.7%	0%	0%	1.6%
25-34 years	22.4%	12.9%	10%	33.9%
35-44 years	15.4%	11.4%	20%	19.4%
45-54 years	27.3%	25.7%	50%	25.8%
55-64 years	19.6%	22.9%	10%	17.7%
65 + years	14.7%	27.1%	10%	1.6%

Table 3

### Group Identification

Respondents were provided the following list of population groups and asked which group best described them (White, Asian, American Indian/Alaskan Native, Black, Native Hawai’ian/Pacific Islander, Other). The selection of “other” provided the respondent with a write-in option. Examples of write-in responses include: “Asian/White”, “White/Black” and “American Indian/Alaskan Native and White”. Regional and specific county submissions are reflected below in Table 4.



	All	Clallam	Jefferson	Kitsap
American Indian/Alaska Native	3.5%	5.7%	0%	1.6%
Asian	0.7%	1.4%	0%	0%
Black	2.8%	1.4%	0%	4.9%
Native Hawai'ian/Pacific Islander	0%	0%	0%	0%
White	86.5%	88.7%	100%	83.6%
Other	6.5%	2.8%	0%	9.9%

Table 4

### Education

Respondents' highest level of education was collected. Survey results indicate that the majority of respondents in each county have a bachelor's degree or higher, with Clallam County at 68.1%, Jefferson County at 80% and Kitsap County at 68.2%. Regional and specific county submissions are reflected below in Table 5.

Highest Level of Education	All	Clallam	Jefferson	Kitsap
Less than High School Completion	0.7%	0.0%	0.0%	1.6%
High School/GED/High School Completion	7.7%	7.2%	0.0%	9.7%
Some College	2.1%	2.9%	0.0%	1.6%
Associate Degree	18.3%	20.3%	20.0%	14.5%
Trade School	2.8%	1.4%	0.0%	4.8%
Bachelor's Degree	40.1%	36.2%	70.0%	40.3%
Master's Degree	23.9%	26.1%	10.0%	24.2%
Ph.D. or Other Advanced Degree	4.2%	5.8%	0.0%	3.2%

Table 5

### Family Category/Composition

Respondents were asked which family category/categories they identified with from the list provided. Responses to this survey question were used to identify a subset of survey responses and evaluate the needs of youth and families within the SBH-ASO Community. Regional and specific county responses are reflected below in Table 6.

	All	Clallam	Jefferson	Kitsap
Families of School Age Youth	24.6%	18.9%	42.9%	28.1%
Families of Children with Special Needs	7.5%	7.4%	14.3%	6.7%
Families of Individuals Accessing Behavioral Health Services	20.1%	22.1%	21.4%	18.0%
Pregnant and Parenting Women (PPW)	3.5%	4.2%	0.0%	3.4%
Single Parent Families	11.6%	8.4%	14.3%	14.6%
None of the Above	31.2%	37.9%	7.1%	27.0%
Other	1.5%	1.1%	0.0%	2.2%

Table 6

### **Information and Utilization**

In addition to demographic information, respondents were asked to identify where they have gained information about available behavioral health services in their community and if they have utilized or attempted to utilize behavioral health services in the past 3 years.

### **Information about Behavioral Health Services**

Respondents were asked where they obtain information about behavioral health services in their community. A list of 15 options were provided, in addition to a write-in box. Survey responses indicate that Clallam and Kitsap County respondents are accessing information about behavioral health services through similar means. Jefferson County respondents reported similar themes, however, the percentage of responses that indicated gaining information about behavioral health services through the "Recovery Community" was significantly higher than in both Clallam and Kitsap Counties. Additionally, Jefferson County respondents affirmed a much lower percentage of "The Internet" as the means of gaining this information. Regional and specific county responses are reflected below in Table 7.

Information about Behavioral Health Services	All	Clallam	Jefferson	Kitsap
The Internet	15.6%	17.3%	9.8%	14.9%
Family and Friends	13.6%	13.5%	11.8%	14%
Behavioral Health Provider	11.4%	11.3%	11.8%	11.5%
Social Media (Facebook/Instagram etc.)	9.6%	12%	5.9%	7.7%
Primary Care Provider	9.2%	10.2%	7.8%	8.5%
Community Outreach Providers	9.2%	8.3%	7.8%	10.6%
Recovery Community	7.4%	6%	15.7%	7.2%

Table 7

### **Services Utilized or Attempted by Respondents in Past 3 Years**

Respondents were asked what services, if any, they had utilized or attempted to utilize in the past 3 years. Survey results indicate that the majority of respondents have utilized or attempted to utilize behavioral health services in the past 3 years. Regional and specific county submissions are reflected below in Table 8.

Services Utilized in the Past 3 Years	All	Clallam	Jefferson	Kitsap
Mental Health Treatment Services	36.1%	39.8%	35.7%	32.5%
Substance Use Disorder Services	7.2%	6.0%	7.1%	8.4%
Crisis Line and/or Crisis Outreach Services	6.6%	4.8%	7.1%	8.4%
Opioid Use Disorder Treatment	3.3%	2.4%	7.1%	3.6%
Emergency Department for Behavioral Health Needs	2.7%	1.2%	7.1%	3.6%
School-based Behavioral Health Services	2.2%	2.4%	0%	2.4%
Family Youth System Partner Roundtable (FYSPRT)	1.6%	0%	0%	3.6%
Therapeutic Treatment Court Participation	2.2%	1.2%	0%	3.6%
Other	1.6%	1%	0%	2.4%
None	36.1%	41%	35.7%	31.3%

Table 8

### **Areas of Identified Unmet Behavioral Health Need**

Respondents were asked “How are Behavioral Health (mental health/substance use) treatment and recovery support needs being met in your community?” A list of 26 types of behavioral health treatment services and recovery support services were provided. Respondents were provided with a 5-point scale related to level of perceived unmet or met need: Need Unmet (1), Need Somewhat Unmet (2), Neutral/Unsure (3), Need Somewhat Met (4), Need Met (5).

When aggregating survey responses of “Need Unmet” and “Need Somewhat Unmet”, the top 5 areas of unmet behavioral health needs were identified as: withdrawal management, inpatient mental health treatment, childcare to support treatment, housing support services and residential substance use disorder treatment. Table 9 reflects the percent of responses of either Need Unmet or Need Somewhat Unmet.

<b>Top 5 Areas of Unmet Behavioral Health Needs Identified</b>	
Withdrawal Management	70.7%
Inpatient Mental Health Treatment	68.8%
Childcare to Support Treatment	65.5%
Housing Support Services (Rents and/or Deposits)	65.2%
Residential Substance Use Disorder Treatment	64.7%

Table 9

Respondents were asked to identify what role(s) they had related to the behavioral health system. Examples of answer options included: “an individual with past/current mental health needs”, “parent, family, significant other of someone with substance use needs”, “community member”, “social services provider”, and “behavioral health system administrator/provider”. Survey responses related to perceived community behavioral health needs were organized into two groups: 1) Community Members and Individuals/families with behavioral health needs and 2) Professionals (health care providers/EMS/Legal System). Survey results indicate both groups identified similar unmet needs, with only slight variability. Table 9.a reflects the Top 10 Unmet Needs identified by Individuals, Families and Community Members, while Table 9.b, reflects the Top 10 Unmet Needs identified by Professionals.

<b>Unmet Needs- Identified by Individuals, Families, Other Community Members</b>
Withdrawal Management (“detox”)
Inpatient Mental Health Treatment
Childcare to Support Treatment
Residential (Inpatient) Substance Use Disorder Treatment
Housing Support Services (Rent and/or Deposits)
Life Skills (Budgeting, Self-care, Housekeeping, etc.)
Crisis Stabilization
Youth Substance Use Disorder Services
Transportation
Case Management

Table 9.a

<b>Unmet Needs – Identified by Professionals/Legal</b>
Withdrawal Management (“detox”)
Childcare to Support Treatment
Inpatient Mental Health Treatment
Housing Support Services (Rent and/or Deposits)
Life Skills (Budgeting, Self-care, Housekeeping, etc.)
Transportation
Residential (Inpatient) Substance Use Disorder Treatment
Youth Substance Use Disorder Services
Crisis Stabilization
Relapse Prevention / Wellness

Table 9.b

When reviewing responses by county, there is slight variability in the ranking of unmet need. For example, as reflected in Table 10, Kitsap County respondents did not identify “Residential Substance Use Disorder Treatment” in the list of Top 5 Unmet Needs. Additionally, Kitsap County respondents identified “Life Skills” as a Top 5 Unmet Need, which is not identified as a Top 5 Unmet Need in either Clallam or Jefferson Counties.

<b>Top 5 Unmet Behavioral Health Needs by County</b>		
<b>Clallam</b>	<b>Jefferson</b>	<b>Kitsap</b>
Inpatient Mental Health Treatment	Withdrawal Management (“detox”)	Withdrawal Management (“detox”)
Residential (Inpatient) Substance Use Disorder Treatment	Inpatient Mental Health Treatment	Inpatient Mental Health Treatment
Housing Support Services (Rent and/or Deposits)	Childcare to Support Treatment	Housing Support Services (Rent and/or Deposits)
Withdrawal Management (“detox”)	Residential (Inpatient) Substance Use Disorder Treatment	Childcare to Support Treatment
Childcare to Support Treatment	Crisis Stabilization	Life Skills (Budgeting, Self-care, Housekeeping, etc.)

Table 10

#### *Unmet Needs Identified by Specialized Populations*

Twenty-six percent (26%) of respondents identified as being a member of a rural and/or frontier community. When reviewing survey responses completed by respondents who identified as being a member of a rural and/or frontier community, the identified top 5 unmet behavioral health needs are similar. Notable differences are the exclusion of Residential Substance Use Disorder Treatment, and the inclusion of both “Youth Substance Use Disorder Services” and “Outpatient Mental Health Treatment”, which tied for the fifth greatest unmet need. Table 11 below reflects the top 5 unmet behavioral health needs identified by rural/frontier community members.

<b>Rural and Frontier Community – Top 5 Unmet Behavioral Health Needs</b>
Inpatient Mental Health Treatment
Childcare to Support Treatment
Housing Support Services (Rent and/or Deposits)
Withdrawal Management (“detox”)
TIED: Youth Substance Use Disorder Services
TIED: Outpatient Mental Health Treatment

Table 11

When reviewing survey responses completed by respondents who identified as being part of a family category that included children, the Top 5 unmet behavioral health needs remain similar to top 5 Unmet Needs Identified in Table 9. The main difference noted is the inclusion of “Crisis Stabilization” services. Table 12 below reflects the Top 5 Unmet Behavioral Health Needs identified by families with children.

<b>Families with Children – Top 5 Unmet Behavioral Health Needs</b>
Withdrawal Management (“detox”)
Childcare to Support Treatment
Inpatient Mental Health Treatment
Crisis Stabilization
Residential (Inpatient) Substance Use Disorder Treatment

Table 12

### **Substances of Concern**

Respondents were asked “How concerned are you about the following substances in your community?” A list of 15 substances were provided. Respondents were provided with a 5-point scale related to level of concern: Not Concerned (1), Somewhat Concerned (2), Neutral/Unsure (3), Somewhat Concerned (4), Very Concerned (5). When reviewing responses of “very concerned”, both Opioids and Methamphetamine ranked either number one or number two for all three counties. Alcohol, benzodiazepines and vaping complete the list for the top 5 substances that respondents were “very concerned” about in their community. Regional and specific county submissions are reflected below in Table 13.

<b>Top 5 Substances: Very Concerned</b>				
	All	Clallam	Jefferson	Kitsap
Opioids (Heroin, Fentanyl, Prescription, etc.)	86.7%	88.2%	77.8%	87.5%
Methamphetamine	83.9%	84.3%	60.0%	88.5%
Alcohol	46.2%	45.7%	50.0%	45.9%
Benzodiazepines (i.e.: Valium, Xanax, Klonopin, Diazepam, Clonazepam, Halcion, Triazolam)	35.7%	32.9%	30.0%	41.0%
Vaping	35.0%	40.0%	30.0%	31.1%

Table 13

## Survey Summary and Observations

- I. Observation: There is a disproportionate over-representation of survey responses from Clallam County, with a similar under-representation from Kitsap County (Table 1).

Follow-up: Discuss with Advisory Board and Provider system. Are these differences due to distribution or a need to seek additional forms of communication (such as community press, public service announcements, etc.)?

- II. Observation: There is an under-representation of Jefferson County respondents who identified themselves as being a Person of Color (Table 4). While the percentages are already low in this County, the absence of individuals self-identifying and other than Caucasian is notable.

Follow-up: Similar to Observation I, this finding should be discussed with the Advisory Board and Provider Network. Is there a gap in how Salish BH-ASO is communicating with People of Color? Is this a data gathering issue or reflective of a greater healthcare inequity? Solutions may be found by reaching out to organizations (such as Faith Communities or non-English speaking broadcasting stations) to assess the access to the behavioral health system for People of Color?

- III. Observation: Within Jefferson County, it is noted that in Table 7, a lower-than-average number of respondents indicated the use of the Internet as a way of obtaining information about Behavioral Health. Also, in Jefferson County more people obtained information about Behavioral Health from their "Recovery Community" than from any other sources.

Follow-up: As noted above this observation should be discussed with the Advisory Board and the Provider Network. When taken as a group, do Observation II and Observation III reflect a communication gap or inequity in Jefferson County? Given the impact of Social Determinants of Health, it is important to assure that members of the community are not being inadvertently marginalized.

Also, given the higher use of Recovery Communities to disseminate information in Jefferson County, there may be an opportunity to leverage this by targeting these groups as key partners in communicating issues of interest/concern around Behavioral health issues (especially if communicated in audience appropriate messaging). This also may be considered throughout the 3 Counties.

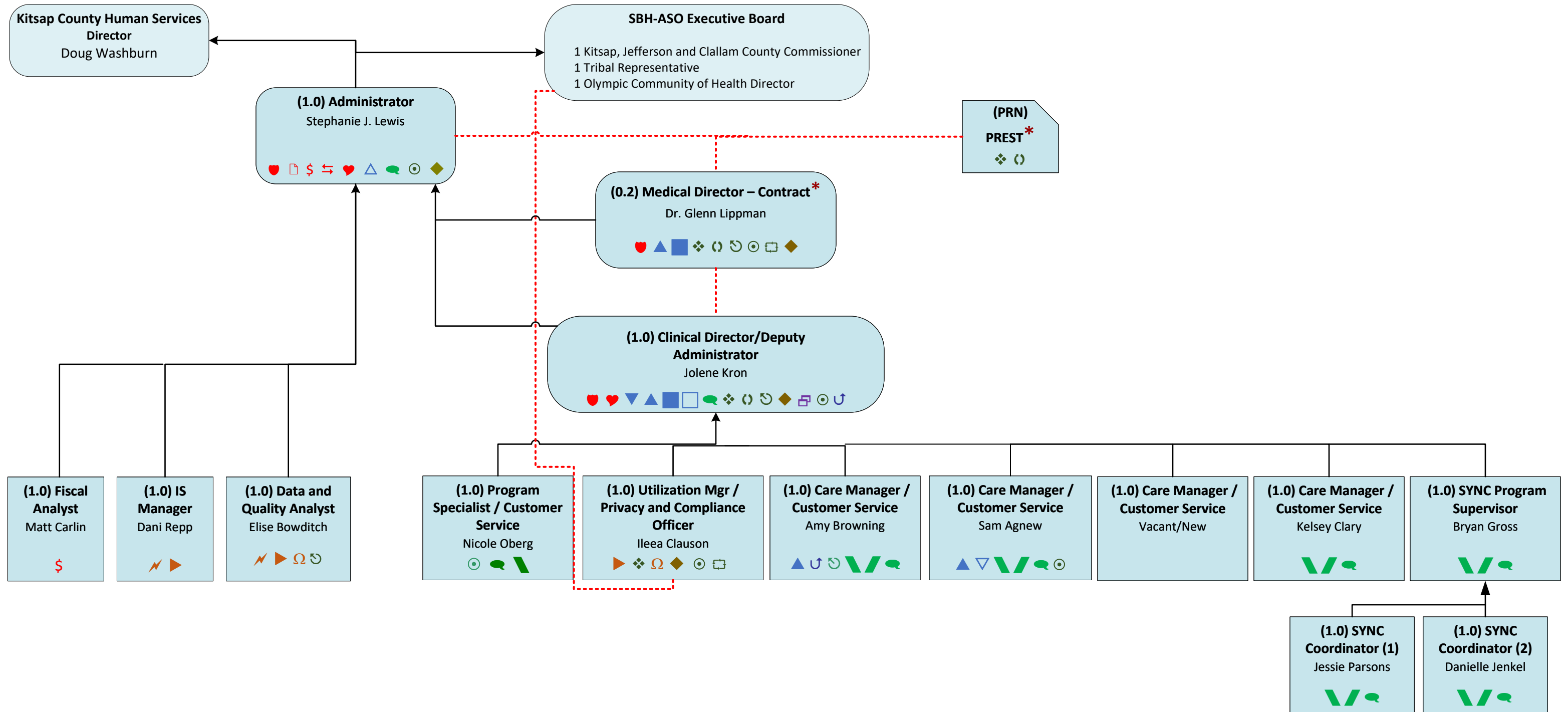
- IV. Observation: There was a relative consistency across regions, backgrounds (professionals versus community members) related to unmet needs. Withdrawal Management and Inpatient Mental Health Treatment were generally within the highest tier of identified needs. Within the cohort of Rural Respondents, Child Care Assistance and Housing Support Services rose slightly above Withdrawal management as a concern.

Follow-up: Given the relatively different prioritization within the Rural respondents, Salish BH-ASO should look to identify programming that might address the needs of more isolated areas. Additionally, SBH-ASO can ensure a robust housing programs informational campaign to ensure all communities are aware of the support services and behavioral health housing subsidies available.

- V. Observation: Opioids and methamphetamines received the highest number of “very concerned” responses in all 3-counties, rating as the top two (2) substances of concern. Table 13 did not break out Fentanyl as a discrete choice. Hence, Opiates as a group may not reflect the current concern about this high-risk agent.

Follow-up: Consider amending the table in 2023 to break out Fentanyl as a substance of concern.





Symbols Keys

**Additional Details:** ——— Solid lines indicate direct supervision - - - - - Red lines indicate direct communication channels | Administrative services are the responsibility of all employed staff.

♥ Leadership Team	▼ Clinical Director	🗨️ General information, referral, and overall customer service	⚡ Utilization Management	Ω Data Analytics	◆ Staff and Provider Training
📄 Network Development and Contracting	▲ Care Management/Care Coordination	🗨️ Specific information, referral, and customer service on BH clinical services	⏸️ Grievance and Appeal	⚡ Information Services	📄 Federal Block Grant Reporting
💰 Financial Planning, Analytics and Reporting	■ Crisis response system, including oversight of VOA	🗨️ Member Services	🕒 Quality Management	▶️ Claims, Encounters and Supplemental Data Processing	* Contractor
↔️ Government and Community Liaison	□ Crisis Triage Administration		🕒 Credentialing		
♥ Provider Relations	△ Child Specialist		🗨️ Program Integrity; Fraud and Abuse		
	▽ Addiction Specialist				
	🔄 Tribal Liaison				



Salish Behavioral Health  
Administrative Services Organization

## SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION ADVISORY BOARD MEETING

Providing Behavioral Health Services in  
Clallam, Jefferson and Kitsap Counties

**DATE:** Friday, August 4, 2023  
**TIME:** 10:00 AM – 12:00 PM  
**LOCATION:** Cedar Room, 7 Cedars Hotel  
270756 Hwy 101, Sequim, WA 98382

### LINK TO JOIN BY COMPUTER OR PHONE APP:

**\*\*Please use this link to download ZOOM to your computer or phone:**

<https://zoom.us/support/download>\*\*

Join Zoom Meeting: <https://us06web.zoom.us/j/84209311168>

Meeting ID: 842 0931 1168

### USE PHONE NUMBER and MEETING ID TO JOIN BY PHONE:

Dial by your location: 1-253-215-8782

Meeting ID: 842 0931 1168

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## A G E N D A

### Salish Behavioral Health Administrative Services Organization – Advisory Board

1. Call To Order
2. Announcements/Introductions
3. Opportunity to Address the Board on Agenda Topics (limited to 3 minutes each)
4. Approval of Agenda
5. Approval of SBH-ASO Advisory Board Meeting Minutes for April 7, 2023 (Attachment 5)
6. Action Items
  - a. Approval of Federal Block Grant Plans (Attachments 6.a.1, 6.a.2, 6.a.3, and 6.a.4)
  - b. Co-Responder RFP Review Committee
7. Informational Items
  - a. Expansion of Assisted Outpatient Treatment (AOT)
  - b. Community Resource Fairs/Behavioral Health Summits (Attachments 7.b.1, 7.b.2, 7.b.3, and 7.b.4)
8. Opportunity for Public Comment (limited to 3 minutes each)
9. Adjournment

## ACRONYMS

<b>ACH</b>	Accountable Community of Health
<b>ASAM</b>	Criteria used to determine substance use disorder treatment
<b>BHAB</b>	Behavioral Health Advisory Board
<b>BH-ASO</b>	Behavioral Health Administrative Services Organization
<b>BHO</b>	Behavioral Health Organization, replaced the Regional Support Network
<b>CAP</b>	Corrective Action Plan
<b>CMS</b>	Center for Medicaid & Medicare Services (federal)
<b>COVID-19</b>	Coronavirus Disease 2019
<b>DBHR</b>	Division of Behavioral Health & Recovery
<b>DCFS</b>	Division of Child & Family Services
<b>DCR</b>	Designated Crisis Responder
<b>DDA</b>	Developmental Disabilities Administration
<b>DSHS</b>	Department of Social and Health Services
<b>E&amp;T</b>	Evaluation and Treatment Center (i.e., AUI, YIU)
<b>EBP</b>	Evidence Based Practice
<b>EPSDT</b>	Early and Periodic Screening, Diagnosis and Treatment
<b>EQRO</b>	External Quality Review Organization
<b>FIMC</b>	Full Integration of Medicaid Services
<b>FYSPT</b>	Family, Youth and System Partner Round Table
<b>HARPS</b>	Housing and Recovery through Peer Services
<b>HCA</b>	Health Care Authority
<b>HCS</b>	Home and Community Services
<b>HIPAA</b>	Health Insurance Portability & Accountability Act
<b>HRSA</b>	Health and Rehabilitation Services Administration
<b>IMD</b>	Institutes for the Mentally Diseased
<b>IS</b>	Information Services
<b>ITA</b>	Involuntary Treatment Act
<b>MAT</b>	Medical Assisted Treatment
<b>MCO</b>	Managed Care Organization
<b>MHBG</b>	Mental Health Block Grant
<b>MOU</b>	Memorandum of Understanding
<b>OCH</b>	Olympic Community of Health
<b>OPT</b>	Opiate Treatment Program
<b>OST</b>	Opiate Substitution Treatment
<b>PACT</b>	Program of Assertive Community Treatment
<b>PATH</b>	Programs to Aid in the Transition from Homelessness
<b>PIHP</b>	Prepaid Inpatient Health Plans
<b>PIP</b>	Performance Improvement Project
<b>P&amp;P</b>	Policies and Procedures
<b>QUIC</b>	Quality Improvement Committee
<b>RCW</b>	Revised Code Washington
<b>RFP, RFQ</b>	Requests for Proposal, Requests for Qualifications
<b>SABG</b>	Substance Abuse Block Grant
<b>SAPT</b>	Substance Abuse Prevention Treatment
<b>SBH-ASO</b>	Salish Behavioral Health Administrative Services Organization
<b>SUD</b>	Substance Use Disorder
<b>SYNC</b>	Salish Youth Network Collaborative
<b>UM</b>	Utilization Management
<b>VOA</b>	Volunteers of America
<b>WAC</b>	Washington Administrative Code
<b>WM</b>	Withdrawal Management
<b>WSH</b>	Western State Hospital, Tacoma

[Full listing of definitions and acronyms](#)



Salish Behavioral Health  
Administrative Services Organization

## SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION ADVISORY BOARD MEETING

Providing Behavioral Health Services in  
Clallam, Jefferson and Kitsap Counties

**August 4, 2023**

### **Action Items**

#### **A. APPROVAL OF FEDERAL BLOCK GRANT PLANS**

##### **Standard Block Grant**

SBH-ASO is presenting updated Block Grant plans for July 1, 2023 – December 31, 2023, and seeks the Board's approval of these plans. Both plans align with the calendar year 2023 budget which was approved by the Executive Board.

##### **Mental Health Block Grant (MHBG)**

MHBG plan provides funding for the crisis system and transportation. Crisis services include crisis hotline and interpreter services. The plan format from HCA includes crisis services under the "Acute Intensive Services" category. The MHBG plan also identifies an estimated of the number of people to be served in each category. SBH-ASO Administration allowance is also included. Allocations are in line with the previous 6-month allocation. MHBG Co-Responder is a required category, and the allocation amount is pre-set by the Health Care Authority.

##### **Substance Abuse Block Grant (SABG)**

PPW (Pregnant and Parenting Women) Outreach is a required category for all SABG plans. A significant amount of funding is allocated for crisis services, which is categorized under "brief intervention" on this template. Brief intervention includes mobile crisis outreach services.

Interim services is a required category for all SABG Plans. This line item is limited as there has not historically been a need for interim services in the Salish region. Therapeutic Intervention Services for Children is also a required category and specifically intended for services to children in residential facilities serving Pregnant and Parenting Women (PPW).

Funding is also allocated to both Sub-acute withdrawal management and Intensive Inpatient Residential Treatment which are line items under the "Out of Home Residential Services" category.

Under the "Recovery Supports" category, the following line items are allocated funding, Transportation for PPW, Transportation and Childcare Services. Both Transportation for PPW and Childcare Services are required categories.

Under the “Other SABG activities” funding is allocated to for Interpreter Services and SBH-ASO Administrative allowance. SABG Co-Responder is a required category, and the allocation amount is pre-set by the Health Care Authority.

### **ARPA Block Grant**

American Rescue Plan Act (ARPA) Block Grant is an additional one-time allocation of block grant funding. This additional funding is driven by federal legislation passed in response to the COVID-19 pandemic. This funding is awarded for July 1, 2023, to September 1, 2025. The plans presented today are an estimate of anticipated activities and investments to occur over the next 2 years. These plans will likely be amended at least once during this 2-year period.

### ARPA MHBG

A significant amount of funding has been allocated to Assisted Outpatient Treatment (AOT) Services. This is a unique category included in response to recent state legislation directing the statewide expansion of AOT. Funding is allocated to Individual Evidenced-based therapies which encompasses outpatient treatment services. A small allocation is set aside for transportation. The final category of Workforce Development/Conferences includes the RFP award for Peninsula Behavioral Health, SBH-ASO sponsored trainings and SBH-ASO Administrative costs.

The Crisis Services Set-aside, Peer Pathfinders and Addition of CPC to MCR Team (Certified Peer Counselor addition to Mobile Crisis Teams) are required categories with allocations pre-set by the Health Care Authority.

### ARPA SABG

The majority of ARPA SABG funding, \$300,000 of \$383,000, was awarded to providers via the recent block grant RFP. These RFP awards span multiple outpatient treatment and recovery support categories within this block grant plan.

Funding is allocated to Expansion of Peer-Based Recovery Support Services, in accordance with RFP awards. Under Prevention and Wellness, the line items of PPW Outreach and Tuberculosis Screening are required. Under Engagement Services, the 3 lines items of Assessment, Engagement and Referral, and Interim Services, are allocated in accordance with RFP awards. Under Outpatient Services, both Individual Therapy and Group Therapy are allocated in accordance with the RFP awards. Under Community Support, the line item of Supported Employment is allocated in accordance with the RFP Award. Therapeutic Intervention Services for Children is a required category. Under Out of Home Residential Services, Intensive Inpatient Residential Treatment is allocated.

Under Recovery Supports, Transportation for PPW, Transportation and Childcare Services are allocated. Under Other SABG Activities, SBH-ASO Administrative Costs and Provider Training are included.

Peer Pathfinders is a required category with a pre-set allocation by the Health Care Authority.

**B. CO-RESPONDER RFP COMMITTEE**

On June 8, 2023, SBH-ASO released a request for proposals (RFP) for a Behavioral Health Co-Responder Program within Clallam, Jefferson or Kitsap Counties. SBH-ASO intends to contract with a law enforcement or first responder (Fire or EMS) agency to provide a Behavioral Health Co-Responder Program staffed with a mental health professional within the 3-county region (Clallam, Jefferson, or Kitsap) served by Salish BH-ASO.

The proposal submission deadline was July 27, 2023. SBH-ASO is seeking volunteers to serve on the RFP review committee. The RFP review committee will receive copies of the proposals on August 7th. SBH-ASO will convene committee members between August 16 – August 22 to discuss the proposals and make funding recommendations to the Executive Board.

**Informational Items**

**A. EXPANSION OF ASSISTED OUTPATIENT TREATMENT**

In 2022, the Legislature passed SHB1773 which directed the expansion of existing RCW regarding Assisted Outpatient Treatment. This bill also directed BH-ASOs to employ an “Assisted Outpatient Treatment Program Coordinator” to oversee system coordination. Staff will provide an update on the regional planning around AOT Expansion.

**B. COMMUNITY RESOURCE FAIRS/BEHAVIORAL HEALTH SUMMITS**

SBH-ASO is planning to facilitate several Community Resource Fairs during the Summer and Fall of 2023. The purpose of these Community Resource Fairs is to increase awareness of the role and resources of the SBH-ASO. Upcoming events are noted below, and flyers for each event are included as attachments.

**Quilcene – August 1, 2023**

4:00 pm – 6:00 pm

Quilcene Community Center

294952 Hwy 101

Quilcene, WA 98376

**Bremerton – October 3, 2023**

4:00 pm – 6:00 pm

Marvin Williams Rec Center

725 Park Avenue

Bremerton, WA 98337

**Forks – September 19, 2023**

4:00 pm – 6:00 pm

Forks Community Hospital

550 5th Avenue

Forks, WA 98331

**Chimacum – October 12, 2023**

4:00 pm – 6:00 pm

Tri-Area Community Center

10 West Valley Road

Chimacum, WA 98325

**MINUTES OF THE  
SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION  
ADVISORY BOARD**

**Friday, April 7, 2023  
10:00 a.m. - 12:00 p.m.  
Hybrid Meeting  
Cedar Room, 7 Cedars Hotel  
270756 Hwy 101, Sequim, WA 98382**

**CALL TO ORDER** –Jon Stroup, SBH-ASO Behavioral Advisory Board Chair called the meeting to order at 10:10 am

**INTRODUCTIONS** – Self introductions were conducted around the room.

**ANNOUNCEMENTS** – None.

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

**APPROVAL of AGENDA** –

**MOTION:** Helen Havens moved to approve the agenda as submitted. Diane Pfeifle seconded the motion. Motion carried unanimously.

**APPROVAL of MINUTES** –

*Request for future further discussion around coordinated entry.*

**MOTION:** Diane Pfeifle moved to approve the meeting minutes as submitted for the February 3, 2023 meeting. Helen Havens seconded the motion. Motion carried unanimously.

**INFORMATIONAL ITEMS**

➤ **UPDATE ON BLOCK GRANT RFP**

SBH-ASO released an RFP (request for proposal) for Federal Block Grant Funds in November 2022. The submission deadline was February 8, 2023. SBH-ASO had 7 provider agencies attend the mandatory bidders conference. All 7 of those agencies submitted proposals. Mental Health Block Grant had a single proposal. Substance Abuse Block Grant had 12 separate program proposals from 6 provider agencies. These proposals are currently under review with the RFP committee. Proposals are focused primarily in the areas of treatment, recovery supports, and transportation. The committee review follows the April Advisory Board meeting. Recommendations will be presented to the SBH-ASO Executive Board in May.

*Staff provided an overview of the twelve Federal Block Grant RFP proposals received from six agencies. Peninsula Behavioral Health was the only provider to submit a proposal for Mental Health Block Grant (MHBG) funding.*

*The current budget for MHBG is \$350,000 and \$300,000 for Substance Abuse Block Grant (SABG). The proposals received for SABG exceed the allocated budget significantly, totaling over \$1,000,000.*

*Staff provided comment regarding the change in anticipated budget. The last procurement cycle included COVID-enhanced Block Grant funds, which included significantly more SABG than MHBG funds. The current Block Grant includes American Rescue Plan Act (ARPA) funds, which provide more MHBG than SABG. The total Block Grant aligns with anticipated funding amounts, however, the allocation of funds across MHBG and SABG has shifted.*

*Inquiry about what will happen to the remaining unused MHBG funds. Once the procurement process is completed, remaining funds will be allocated as deemed appropriate by the SBH-ASO, similar to process used the prior year. Recommendations will be presented to the SBH-ASO Advisory Board for review.*

*Staff continue to hear from Mental Health agencies that bandwidth has impacted their decision to submit proposals. There are several requests for proposals from a number of funders statewide within the same time frame. Agencies have thus been selective and chosen RFPs for which they had enough staff bandwidth to complete. During the last procurement cycle SBH-ASO received no proposals for MHBG funds.*

*Inquiry about whether the disparity in RFP responses reflects area demographics. Staff responded that community need is evident. Agency bandwidth given the volume of RFPs from various funders is the primary factor contributing to low response.*

➤ **SBH-ASO 2022 COMMUNITY NEEDS SURVEY REPORT**

SBH-ASO developed and distributed a community needs survey to solicit information from the communities served by the behavioral health system, including the identification of strengths, needs, and service gaps within the community.

The survey was released on May 25, 2022 and remained open to the community through June 24, 2022. A survey link was shared across SBH-ASO Boards (Advisory and Executive), treatment providers, community-based organizations, and community groups. Partners were encouraged to further post and share the survey link, and the survey link was posted on the SBH-ASO public website. The survey was made available in printable form, and SBH-ASO staff announced during Advisory Board and other public community meetings that SBH-ASO staff were available to assist with completion of the survey via the SBH-ASO Customer Service Line.

The Community Needs Survey Report is attached. Staff will present a summary of the survey results.

*In late Spring of 2022, Staff presented a draft of the 2022 Community Needs Survey to the Advisory Board. The Advisory Board provided excellent feedback on language and additional items that reflect communities more accurately. Last Summer, Staff shared preliminary results to assist the Advisory Board with developing priorities for the Federal Block Grant RFP. Staff also shared preliminary results with the Criminal Justice Treatment Account (CJTA) Committees to support decision making related to CJTA-specific funds.*

*Results from the survey will also assist Staff with community education and outreach efforts, including what areas to target and what medium to use when outreaching to communities.*



Staff provided a review of survey results and key take-aways, noting the following observations:

- Clallam County comprised 49.3% of responses despite representing only 20% of the population in SBH-ASO's service region.
- Jefferson County reported a significantly lower rate of identifying the internet as a source of information about behavioral health services.
- Jefferson County reported a significantly higher rate of identifying the Recovery Community as a source of information about behavioral health services.
- Withdrawal management, inpatient mental health treatment, and residential substance use disorder treatment were listed among the top 5 areas of unmet behavioral health needs, reflecting a statewide inpatient treatment bed capacity issue.

Discussion around statewide treatment bed capacity. Staff have discussed this issue with regional treatment providers. Many report that the current funding model and reimbursement rates prevent them from having a sustainable business model to remain open for services.

Inquiry about how often individuals are turned away due to lack of proper funding. Staff responded that this is difficult to ascertain as the information that SBH-ASO receives in this regard is limited and fractured, with Medicaid data not being readily available.

Inquiry regarding outreach efforts in Kitsap County, specifically to schools. Staff have reached out to tribal partners, school partners, housing networks, CJTA groups, drug courts, and community-based organizations. Youth and family groups were outreached via the Family and Youth System Partner Roundtable (FYSPRT). The Board would like to provide more hands-on support with distribution of the next Community Needs Survey. PTA meetings and Community Centers were noted as potential avenues for outreach of the next survey.

Staff plan to conduct a Community Needs Survey every two years. Plan to begin brainstorming and strategizing distribution efforts towards the end of this year for 2024.

Review of the top 5 substances of concern in communities. The top five substances of concern included opioids (heroin, fentanyl, prescription, etc.), methamphetamine, alcohol, benzodiazepines (i.e.: Valium, Xanax, etc.), and vaping. Plan to list fentanyl separately in the next survey, as well as specify vaping of tobacco versus cannabis.

## ➤ **COMMUNITY SUMMITS**

SBH-ASO Leadership is planning to facilitate several Community Summits during the Summer and Fall of 2023. The purpose of these Community Summits will be to increase awareness of the role and resources of the SBH-ASO. Staff will share additional details regarding the early planning that is underway.

Staff plan to host summits in Port Angeles, North Kitsap, Quilcene or Brinnon, Forks, Port Townsend or Chimacum, and Bremerton. Summits will be in-person only, with a final virtual-only summit via Zoom.

Staff will share more information when dates and locations are confirmed. Staff will also be outreaching via mail to several agencies across all three counties providing the summit dates and locations, as well as inviting them to contact SBH-ASO for pamphlets or an in-person

*presentation.*

➤ **STAFFING UPDATE**

SBH-ASO has hired several new staff recently. Most of these new hires are related to new or expanding programs. Three staff were hired to manage the new Youth Behavioral Health Navigator Program, which SBH-ASO has named “SYNC” (Salish Youth Network Collaborative). Bryan Gross was hired as the SYNC Program Supervisor, and he started in November 2022. Danielle Jenkel and Jessie Parsons were hired as SYNC Program Coordinators, and both started in February 2023.

SBH-ASO had been recruiting for a R.E.A.L. Program Supervisor/Care Manager since May 2022. SBH-ASO has hired Kelsey Clary, who starts April 3, 2023.

SBH-ASO has one remaining active recruitment, Crisis Programs Supervisor. The Crisis Programs Supervisor will also manage the expansion of Assisted Outpatient Treatment, which was legislatively directed earlier this year.

*Staff provided introductions of new team members and reviewed SBH-ASO Organizational Chart.*

➤ **NEW PROGRAM UPDATE - SYNC**

Salish Youth Network Collaborative (SYNC) is a new SBH-ASO program intended to provide support and coordination to youth and families with complex behavioral health needs. Priority will be given to any youth/family being housed in an emergency department. This team of three is officed at the Salish BH-ASO and will serve families in all three counties. A steering committee of community partners will assist with development of parameters for this program based on needs within our communities. The team will provide coordination in a Multi-Disciplinary Team (MDT) model. This will include the engagement of community partners to coordinate care and wrap services around families.

*Bryan Gross, Salish Youth Network Collaborative Program Supervisor, provided a presentation on the SYNC program including legislative history, program structure and objectives, and information about the newly formed SYNC Steering Committee.*

*Question about the structure of the SYNC team as a program within SBH-ASO. Due to the speed at which the program needed to be developed and feedback from providers regarding bandwidth, the decision was made to administer the Youth Behavioral Health Navigator program directly instead of contracting within the regional provider network.*

*Question regarding Steering Committee composition and status. The SYNC Steering Committee was formed following a stakeholder meeting on March 2, 2023. The Steering Committee held its first meeting on Wednesday April 5<sup>th</sup>. The Committee will meet monthly in a hybrid format for six months, at which point future cadence will be determined. The Committee is currently comprised of Substance Use and Mental Health treatment providers from all three counties, and includes representatives from Jefferson County Juvenile Justice, Peninsula Behavioral Health, Discovery Behavioral Health, Community Health Plan of Washington, FYSPRT, Kitsap Mental Health Services Youth Mobile Crisis Outreach Program, as well as a Youth and Peer Coordinator from Clallam County. The Steering Committee is seeking additional members, particularly from Jefferson County. There were no schools*

*represented, potentially due to the meeting occurring during Spring break. Plan for additional targeted outreach to schools.*

*Discussion about continued recruitment efforts for the Steering Committee, particularly seeking representation from schools and non-profit agencies serving youth. The Department of Children, Youth, and Families (DCYF) and youth-focused non-profits were present at the March stakeholder meeting and expressed interest in serving on the Committee. SYNC Staff continue to promote and recruit for Steering Committee membership. SYNC Staff have recently presented to the Developmental Disabilities Advisory Council and Kitsap County Youth Commission. Staff are also seeking youth with lived experience to serve on the Steering Committee.*

*Discussion regarding the SYNC program focus on collaborative communication with existing community entities. SYNC aims to look at “whole picture” of what a youth and their family is experiencing and brings together community entities to wrap around them. This is not limited to treatment providers and includes other youth-focused programs that would support the youth’s specific needs.*

*The SYNC website will contain an extensive, user-friendly resource database for social services in each county. Board comment that this would greatly benefit existing and future agencies by providing a centralized, up-to-date resource guide, thus preventing the burden on community agencies to create their own.*

*Question regarding funding of program. SBH-ASO receives a set allocation of funding per year intended to pay for costs associated with the program. There is some opportunity to provide specific items for individual youth or families. Salish Staff are still strategizing what that would look like. The SYNC program goal is to educate individuals and families on how to use existing resources in their community, with the possibility of filling in gaps if necessary.*

*Question regarding serving foster youth. Foster youth can self-refer and receive coordination services from SYNC. Dependency status does not impact eligibility. DCYF is currently identified as a resource, and an MDT for foster youth might include any other foster youth supporting agencies.*

*Question regarding the priority population for SYNC. The priority population are youth “boarded” in emergency departments or other non-treatment settings. Through strategic coordination with existing services to wrap around, SYNC aims to reduce the number of youth in emergency departments, as well as break the cycle for youth who frequently end up hospitalized.*

*SYNC generally serves youth up to age 18.*

*The SYNC program does not increase the number of youth inpatient beds. There are efforts at the State level to expand the number of beds available for youth with both Substance Use and Mental Health needs.*

*Appreciation expressed for the thorough SYNC presentation and work associated with serving youth, as well as an enthusiastic welcome to new staff.*

## **PUBLIC COMMENT**

- Kate Jasonowicz shared that she is excited about community summits as the BH-ASO role continues to evolve.
- Justin Blackwell expressed gratitude, noting that this meeting was well-organized. The Office of Behavioral Health Advocacy (OBHA) has identified a final candidate for the Salish Region

Behavioral Health Advocate position. They hope to have the individual onboarded by the 24<sup>th</sup>. Justin will be presenting during the SBH-ASO Integrated Providers Meeting at 7 Cedars on April 11<sup>th</sup>.

**GOOD OF THE ORDER**

- ADD COMMENTS.

**ADJOURNMENT** – Consensus for adjournment at 11:35 a.m.

**ATTENDANCE**

<b>BOARD MEMBERS</b>	<b>STAFF</b>	<b>GUESTS</b>
<b>Present:</b>	Stephanie Lewis, SBH-ASO Administrator	Kate Jasonowicz, Community Health Plan of Washington (CHPW)
Jon Stroup, SBH-ASO Advisory Board	Jolene Kron, SBH-ASO Deputy Administrator/Clinical Director	Justin Blackwell, Office of Behavioral Health Advocacy (OBHA)
Helen Havens, SBH-ASO Advisory Board	Nicole Oberg, SBH-ASO Program Specialist	
Diane Pfeifle, SBH-ASO Advisory Board	Bryan Gross, SBH-ASO SYNC Program Supervisor	
Mary Beth Lagenaur, SBH-ASO Advisory Board	Jessie Parsons, SBH-ASO SYNC Program Coordinator	
	Danielle Jenkel, SBH-ASO SYNC Program Coordinator	
<b>Excused:</b>		
Sandy Goodwick, SBH-ASO Advisory Board		
Stormy Howell, SBH-ASO Advisory Board		

**NOTE: These meeting notes are not verbatim.**

<b>BH ASO:</b>	Salish BH-ASO
<b>Counties:</b>	Clallam, Jefferson and Kitsap
<b>Current Date:</b>	7/27/2023
<b>Total MHBG Allocation:</b>	\$164,677
<b>Contact Person:</b>	Stephanie Lewis
<b>Phone Number:</b>	360-337-4422
<b>Email:</b>	<a href="mailto:sjlewis@kitsap.gov">sjlewis@kitsap.gov</a>

**Section 1  
Proposed Plan Narratives**

<b>Needs Assessment</b>	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.
	<p><b>Begin writing here :</b> SBH-ASO gains insight into the regional strengths, needs and gaps through multiple mechanisms. This includes routine engagement with the SBH-ASO Provider Network, SBH-ASO Advisory Board, SBH-ASO Quality and Compliance Committee, each of the 3 Counties’ 1/10th of 1% Sales Tax Advisory Boards, and the Regional Office of Behavioral Health Advocacy (OBHA) for access to regional data on grievance data which reflects strengths, needs and gaps. Information is also gathered by engagement in community services groups including housing/homeless committees, local continuum of care meetings, and cross-system collaborations meetings. SBH-ASO also reviews community needs assessments as available.</p> <p>Gaps identified are access to services due to the rural and frontier geography within the region. Strengths identified are engagement of community and cross system partnerships. The SBH-ASO 2022 Community Needs Survey identified the following areas of unmet needs by survey respondents: Withdrawal management services, inpatient mental health services, childcare to support treatment, housing support and residential substance use disorder treatment. Note: The survey did not differentiate between income or insurance status.</p>

<b>Cultural Competence *</b>	Provide a narrative summarizing how cultural competence overall, is incorporated within proposed projects. Identify what anticipated efforts will be taken to measure progress.
	<p><b>Begin writing here :</b> SBH-ASO integrates CLAS standards in all service provision. SBH-ASO values:</p> <ol style="list-style-type: none"> <li>1. We value individual and family strengths while striving to include their participation and voice in every aspect of care and development of policies and procedures.</li> <li>2. We value and respect cultural and other diverse qualities of each individual.</li> <li>3. We value services and education that promote recovery, resiliency, reintegration, and rehabilitation.</li> <li>4. We work in partnership with allied community providers to provide continuity and quality care.</li> <li>5. We treat all people with respect, compassion, and fairness.</li> <li>6. We value the continuous improvement of services.</li> <li>7. We value flexibility and creativity in meeting the needs of each individual.</li> </ol>

<b>Children’s Services</b>	Describe how integrated system of care will be provided for children with SED with multiple needs, including: social services, educational services, juvenile services, and substance use disorder services.
	<p><b>Begin writing here :</b> SBH-ASO provides support to children with SED through care coordination activities and facilitation of the CLIP committee. Enrollment in Medicaid is the first priority in facilitating access to services. SBH-ASO continues to partner with community entities including Children’s Administration, Juvenile Justice, Developmental Disabilities Administration, and community providers. SBH-ASO facilitates FYSPT meetings and work to increase avenues for youth and family feedback.</p>

<b>Public Comment/Local/ BH Advisory Board Involvement</b>	Describe how integrated system of care will be provided for children with SED with multiple needs, including: social services, educational services, juvenile services, and substance use disorder services.
	<p><b>Begin writing here :</b> SBH-ASO provides a forum for public comment at each Executive and Advisory Board meetings. SBH-ASO providers identify needs in part based on community surveys. The SBH-ASO Advisory Board uses community survey information to assist in identifying gaps and needs within the community and set priorities for future work. SBH-ASO staff engages with other regional behavioral health advisory boards and community organizations to encourage feedback and facilitate identification of community needs. Final feedback is incorporated into the plan development and the plan is approved by the SBH-ASO Advisory Board.</p>

<p><b>Outreach Services</b></p>	<p>Provide a description of how outreach services will target individuals who are homeless and how community-based services will be provided to individuals residing in rural areas.</p>
	<p><b><i>Begin writing here</i></b> : SBH-ASO staff engage with the housing continuum across the region. SBH-ASO facilitates the Housing and Recovery through Peer Supports (HARPS) Program across the region. HARPS funding is facilitated by Coordinated Entry as a means to engage our housing continuum to expand access to individuals within the community. HARPS subsidies are available in all areas of our region. These contractors provide outreach and facilitate access to the HARPS service team provides outreach in partnership with community stakeholders. SBH-ASO also provides oversight of the Peer Bridger and Recovery Navigator programs to provide outreach to individuals in the community and provide support toward recovery and stability.</p>

Section 2 Proposed Project Summaries and Expenditures				
Category/Subcategory	Provide a plan of action for each supported activity	Proposed #Children with SED	Proposed #Adults with SMI	Proposed Total Expenditure Amount
Engagement Services – Activities associated with providing evaluations, assessments, and outreach to assist persons diagnosed with SMI or SED, including their families, to engage in mental health services:				\$0.00
Assessment	<i>Begin writing here:</i>	1	1	Enter budget allocation for these proposed activities. \$0.00
Specialized Evaluations (Psychological and Neurological)	<i>Begin writing here:</i>	1	1	\$0.00
Service Planning (including crisis planning)	<i>Begin writing here:</i>	1	1	\$0.00
Educational Programs	<i>Begin writing here:</i>	1	1	\$0.00
Outreach	<i>Begin writing here:</i>	1	1	\$0.00
Brief Motivational Interviews	<i>Begin writing here:</i>	1	1	\$0.00
Facilitated Referrals	<i>Begin writing here:</i>	1	1	\$0.00
Warm Line: Please note that ALL costs that directly serve persons with SMI/SED and their families must be tracked.	<i>Begin writing here:</i>	1	1	\$0.00
<i>Outcomes and Performance Indicators:</i>				
Outpatient Services – Outpatient therapy services for persons diagnosed with SMI or SED, including services to help their families to appropriately support them.				\$0.00
Individual Evidenced-Based Therapies	<i>Begin writing here:</i>	1	1	Enter budget allocation for these proposed activities. \$0.00
Group Therapy	<i>Begin writing here:</i>	1	1	\$0.00

Family Therapy	<i>Begin writing here:</i>	1	1	\$0.00
Multi-Family Counseling Therapy	<i>Begin writing here:</i>	1	1	\$0.00
Consultation to Caregivers	<i>Begin writing here:</i>	1	1	\$0.00
<i>Outcomes and Performance Indicators:</i>				
Medication Services – Necessary healthcare medications, and related laboratory services, not covered by insurance or Medicaid for persons diagnosed with SMI or SED to increase their ability to remain stable in the community.				\$0.00
Medication Management	<i>Begin writing here:</i>	1	1	Enter budget allocation for these proposed activities. \$0.00
Pharmacotherapy	<i>Begin writing here:</i>	1	1	\$0.00
Laboratory Services	<i>Begin writing here:</i>	1	1	\$0.00
<i>Outcomes and Performance Indicators:</i>				
Community Support (Rehabilitative) – Community-based programs that enhance independent functioning for persons diagnosed with SMI or SED, including services to assist their families to care for them.				\$0.00
Parent/Caregiver Support	<i>Begin writing here:</i>	1	1	Enter budget allocation for these proposed activities. \$0.00
Skill Building (social, daily living, cognitive)	<i>Begin writing here:</i>	1	1	\$0.00
Case Management	<i>Begin writing here:</i>	1	1	\$0.00



Continuing Care	<i>Begin writing here:</i>	1	1	\$0.00
Behavior Management	<i>Begin writing here:</i>	1	1	\$0.00
Supported Employment	<i>Begin writing here:</i>	1	1	\$0.00
Permanent Supported Housing	<i>Begin writing here:</i>	1	1	\$0.00
Recovery Housing	<i>Begin writing here:</i>	1	1	\$0.00
Therapeutic Mentoring	<i>Begin writing here:</i>	1	1	\$0.00
Traditional Healing Services	<i>Begin writing here:</i>	1	1	\$0.00
Parent Training	<i>Begin writing here:</i>	1	1	\$0.00
<i>Outcomes and Performance Indicators:</i>				
Recovery Support Services – Support services that focus on improving the ability of persons diagnosed with SMI or SED to live a self-directed life, and strive to reach their full potential.				\$0.00
Peer Support	<i>Begin writing here:</i>	1	1	Enter budget allocation for these proposed activities. \$0.00
Recovery Support Coaching	<i>Begin writing here:</i>	1	1	\$0.00
Recovery Support Center	<i>Begin writing here:</i>	1	1	\$0.00

Services				
Supports for Self-Directed Care	<i>Begin writing here:</i>	1	1	\$0.00
Relapse Prevention/ Wellness Recovery Support	<i>Begin writing here:</i>	1	1	\$0.00
<i>Outcomes and Performance Indicators:</i>				
Other Supports (Habilitative) – Unique direct services for persons diagnosed with SMI or SED, including services to assist their families to continue caring for them.				\$6,500.00
Personal Care	<i>Begin writing here:</i>	1	1	Enter budget allocation for these proposed activities. \$0.00
Respite	<i>Begin writing here:</i>	1	1	\$0.00
Support Education	<i>Begin writing here:</i>	1	1	\$0.00
Transportation	<i>Begin writing here: Bus tickets, bus passes or mileage reimbursement to assist with transportation to treatment.</i>	1	1	\$5,000.00
Assisted Living Services	<i>Begin writing here:</i>	1	1	\$0.00
Trained Behavioral Health Interpreters	<i>Begin writing here:</i>	1	15	\$1,500.00
Interactive communication Technology Devices	<i>Begin writing here:</i>	1	1	\$0.00
<i>Outcomes and Performance Indicators: 100% of individuals seeking services requiring interpreter services will have access to the culturally appropriate resource.</i>				

<b>Intensive Support Services – Intensive therapeutic coordinated and structured support services to help stabilize and support persons diagnosed with SMI or SED.</b>				<b>\$0.00</b>
Assertive Community Treatment	<i>Begin writing here:</i>	1	1	Enter budget allocation for these proposed activities. \$0.00
Intensive Home-Based Services	<i>Begin writing here:</i>	1	1	\$0.00
Multi-Systemic Therapy	<i>Begin writing here:</i>	1	1	\$0.00
Intensive Case Management	<i>Begin writing here:</i>	1	1	\$0.00
<i>Outcomes and Performance Indicators:</i>				
<b>Out of Home Residential Services – Out of home stabilization and/or residential services in a safe and stable environment for persons diagnosed with SMI or SED.</b>				<b>\$0.00</b>
Crisis Residential/Stabilization	<i>Begin writing here:</i>	1	1	Enter budget allocation for these proposed activities. \$0.00
Adult Mental Health Residential	<i>Begin writing here:</i>	1	1	\$0.00
Children's Residential Mental Health Services	<i>Begin writing here:</i>	1	1	\$0.00
Therapeutic Foster Care	<i>Begin writing here:</i>	1	1	\$0.00
<i>Outcomes and Performance Indicators:</i>				
<b>Acute Intensive Services – Acute intensive services requiring immediate intervention for persons diagnosed with SMI or SED.</b>				<b>\$144,177.00</b>
Mobile Crisis	<i>Begin writing here:</i>	1	1	Enter budget allocation for these proposed activities. \$0.00

Peer-Based Crisis Services	<i>Begin writing here:</i>	1	1	\$0.00
Urgent Care	<i>Begin writing here:</i>	1	1	\$0.00
23 Hour Observation Bed	<i>Begin writing here:</i>	1	1	\$0.00
24/7 Crisis Hotline Services	<i>Begin writing here: Each individual within the Salish region will have access to toll-free crisis line services and referral.</i>	60	750	\$144,177.00
<i>Outcomes and Performance Indicators: Each individual within Salish region will have access as identified in reported encounters.</i>				
Non-Direct Activities – any activity necessary to plan, carry out, and evaluate this MHBG plan, including Staff/provider training, travel and per diem for peer reviewers, logistics cost for conferences regarding MHBG services and requirements, and conducting needs assessments.				\$14,000.00
Workforce Development/Conferences	<i>Begin writing here: Administrative Costs</i>	1	1	Enter budget allocation for these proposed activities. \$14,000.00
<b>Grand Total</b>				<b>\$164,677.00</b>

Category/Subcategory	Provide a plan of action for each supported activity	Proposed #Children with SED	Proposed #Adults with SMI		Proposed Total Expenditure Amount
Co-responder funds to support grants to law enforcement and other first responders to include a mental health professional on the team of personnel responding to emergencies within regions					\$37,500
MHBG Co-responder	<i>Begin writing here: Behavioral Health Co-Responder will be paired with First Responder personnel to respond to Behavioral health calls.</i>	1	1		Enter budget allocation to this
					\$37,500.00

<b>BH ASO:</b>	Salish BH-ASO
<b>Counties:</b>	Clallam, Jefferson and Kitsap
<b>Current Date:</b>	7/21/2023
<b>Total SABG Allocation:</b>	604,811
<b>Contact Person:</b>	Stephanie Lewis
<b>Phone Number:</b>	360-337-4422
<b>Email:</b>	<a href="mailto:sjlewis@kitsap.gov">sjlewis@kitsap.gov</a>

**Section 1  
Proposed Plan Narratives**

<b>Needs Assessment (required)</b>	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.
	<p><b>Begin writing here:</b> <i>SBH-ASO gains insight into the regional strengths, needs and gaps through multiple mechanisms. This includes routine engagement with the SBH-ASO Provider Network, SBH-ASO Advisory Board, SBH-ASO Quality and Compliance Committee, each of the 3 Counties' 1/10th of 1% Sales Tax Advisory Boards, and the Regional Office of Behavioral Health Advocacy (OBHA) for access to regional data on grievance data which reflects strengths, needs and gaps. Information is also gathered by engagement in community services groups including housing/homeless committees, local continuum of care meetings, and cross-system collaborations meetings. SBH-ASO also reviews community needs assessments as available. Gaps identified are access to services due to the rural and frontier geography within the region. Strengths identified are engagement of community and cross system partnerships.</i></p> <p><i>The SBH-ASO 2022 Community Needs Survey identified the following areas of unmet needs by survey respondents: Withdrawal management services,</i></p>

<b>Cultural Competence (required)</b>	Provide a narrative summarizing how cultural competence overall, is incorporated within proposed projects. Identify what anticipated efforts will be taken to measure progress.
	<p><b>Begin writing here:</b> SBH-ASO integrates CLAS standards in all service provision. SBH-ASO values:</p> <ol style="list-style-type: none"> <li>1. We value individual and family strengths while striving to include their participation and voice in every aspect of care and development of policies and procedures.</li> <li>2. We value and respect cultural and other diverse qualities of each individual.</li> <li>3. We value services and education that promote recovery, resiliency, reintegration, and rehabilitation.</li> <li>4. We work in partnership with allied community providers to provide continuity and quality care.</li> <li>5. We treat all people with respect, compassion, and fairness.</li> <li>6. We value the continuous improvement of services.</li> </ol>

<b>Continuing Education for Staff (required)</b>	Describe how continuing education for employees of treatment facilities is expected to be implemented.
	<p><b>Begin writing here:</b> SBH-ASO has strong relationships with providers. SBH-ASO meets quarterly with the provider network to provide system updates, problems solving, and training. SBH-ASO staff provide technical assistance support to all providers as needs arise. SBH-ASO encourages providers to engage in community training and provides resources as they are available. SBH-ASO provides oversight to agencies related to training plans and requirements as part of the Annual Monitoring Process.</p>

<p><b>Charitable Choice (required)</b></p>	<p>Provide a description of how faith-based organizations will be incorporated into your network and how referrals will be tracked.</p> <p><b>Begin writing here:</b> There are currently no faith-based BHA's within our region. SBH-ASO will work to engage faith-based organizations involved in providing treatment and seek input regarding how they choose to be integrated into the public treatment system. Current programs coordinate with faith based organizations as needed to support individuals. Any requests for faith based services will be tracked through our care management staff.</p>
<p><b>Coordination of Services (required)</b></p>	<p>Provide a description of how treatment services are coordinated with the provision of other appropriate services including health, social, correctional and criminal justice, education, vocational rehabilitation and employment services.</p> <p><b>Begin writing here:</b> Coordination with our provider network, community partners and MCO's is critical to the long-term success of the SBH-ASO. SBH-ASO Care Managers work to coordinate care for individuals who receive funded services. Outpatient providers use case managers to coordinate with community services including housing, employment, DSHS, DOC, and Children's Administration. SBH-ASO has participated in meetings to assist with in problem solving concerns related to care coordination of services for individuals across all counties. SBH-ASO participates in regional opioid programs to assist with development of community network response and facilitate care for individuals. SBH-ASO continues to work to support community members and community partners in accessing services by facilitating and maintaining relationships to provide coordination as needed.</p>
<p><b>Public Comment/Local Board /BH Advisory Board Involvement (required)</b></p>	<p>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.</p> <p><b>Begin writing here:</b> SBH-ASO provides a forum for public comment at each Executive and Advisory Board meetings. SBH-ASO providers identify needs in part based on community surveys. The SBH-ASO Advisory Board uses community survey information to assist in identifying gaps and needs within the community and set priorities for future work. SBH-ASO staff engages with other regional behavioral health advisory boards and community organizations to encourage feedback and facilitate identification of community needs. Final feedback is incorporated into the plan development and the plan is approved by the SBH-ASO Advisory Board.</p>
	<p>Provide a description of the strategies that will be used for monitoring program compliance with all SABG requirements.</p> <p><b>Begin writing here:</b> SBH-ASO works with providers to ensure adequate and timely submission of expenses reports/billing. Fiscal and Clinical components</p>

<p><b>Program Compliance (required)</b></p>	<p>are reviewed in Annual Monitoring for each agency. Providers will also participate in routine SBH-ASO Quality and Compliance Committee meetings, complete monthly exclusionary reviews, and ensure signage posting to welcome reporting of any program integrity issues.</p>
<p><b>Recovery Support Services (optional)</b></p>	<p>Provide a description of how and what recovery support services will be made available to individuals in SUD treatment and their families.</p> <p><b>Begin writing here</b> : Transportation and childcare are funded in this plan. SBH-ASO providers are able to offer these services per contract. SBH-ASO Care Managers assist any individuals seeking services to connect to providers who can meet the requested need for support.</p>
<p><b>Cost Sharing (optional)</b></p>	<p>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.</p> <p><b>Begin writing here</b> : Note applicable</p>



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
Prevention & Wellness – Preventive services, such as drug use prevention and early intervention, are critical components of wellness:				\$413,061.00
*PPW Outreach (required)	<i>Begin writing here: Outreach and crisis intervention with Pregnant and Parenting women</i>	10	<i>Begin writing here: PPW are provided intervention services.</i>	Enter budget allocation for these proposed activities. \$5,000.00
Outreach to Individuals Using Intravenous Drugs (IUID)	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
Brief Intervention	<i>Begin writing here: Brief intervention and crisis intervention services to individuals as part of the mobile crisis outreach service spectrum.</i>	0	<i>Begin writing here: Evidence of care coordination with referral sources to provide information on treatment services. Evidence of prioritization. Individuals receive triage, referral, and coordination of care.</i>	\$408,061.00
Drug Screening	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
*Tuberculosis Screening (required)	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$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.				\$500.00
Assessment	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation for these proposed activities. \$0.00
*Engagement and Referral (required)	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
*Interim Services (required)	<i>Begin writing here: Provision of services for individuals on waitlist for access to treatment</i>	5	<i>Begin writing here: Provision of services for individuals on waitlist for access to treatment Monitor for compliance with waitlist policy and procedure.</i>	\$500.00
Educational Programs	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$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.				\$0.00
Individual Therapy	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation for these proposed activities. \$0.00
Group Therapy	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00

Family Therapy	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
Multi-Family Counseling Therapy	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
Medication Assisted Therapy (MAT) - Opioid Substitution Treatment	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
Community Support (Rehabilitative) – Consist of support and treatment services focused on enhancing independent functioning.				\$0.00
Case Management	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation for these proposed activities. \$0.00
Recovery Housing	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
Supported Employment	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$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.				\$0.00
PPW Housing Support Services	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation for these proposed activities. \$0.00
Supported Education	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
Housing Assistance	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
Spiritual/Faith-Based Support	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$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.				\$1,000.00
*Therapeutic Intervention Services for Children (required)	<i>Begin writing here: For services to children in residential treatment facilities serving PPW.</i>	2	<i>Begin writing here: Tracking use of Therapeutic Intervention services with monthly reporting</i>	Enter budget allocation for these proposed activities. \$1,000.00
Sobering Services	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$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.				\$57,750.00
				Enter budget allocation for these proposed activities.

Sub-acute Withdrawal Management	<i>Begin writing here: Withdrawal management services as indicated by individual need</i>	1	<i>Begin writing here: Documentation of services by bed day and clinical supporting documentation upon authorization for services</i>	\$3,250.00
Crisis Services Residential/ Stabilization	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
Intensive Inpatient Residential Treatment	<i>Begin writing here: Residential SUD services as indicated by individual need.</i>	1	<i>Begin writing here: Documentation of services by bed day and clinical supporting documentation upon authorization for services</i>	\$54,500.00
Long Term Residential Treatment	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
Recovery House Residential Treatment	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
Involuntary Commitment	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$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
Acute Withdrawal Management	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation for these proposed activities. \$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.				\$72,500.00
*Interim Services (required)	<i>Begin writing here: See information in "Interim Services" line above</i>	0	<i>Begin writing here: See information in "Interim Services" line above</i>	Enter budget allocation for these proposed activities. \$0.00
*Transportation for PPW (required)	<i>Begin writing here: Provide individual bus ticket, bus passes, mileage reimbursement to aid in access to treatment.</i>	10	<i>Begin writing here:</i>	\$2,000.00
Transportation	<i>Begin writing here: Provide individual bus ticket, bus passes, mileage reimbursement to aid in access to treatment.</i>	0	<i>Begin writing here:</i>	\$20,000.00
*Childcare Services (required)	<i>Begin writing here: Provide childcare in a licensed on-site facility to increase access to treatment services.</i>	30	<i>Begin writing here: Track number of children accessing care and cost of program. Monthly report on usage</i>	Enter budget allocation for these proposed activities. \$50,000.00
*Other SABG activities (required) – any activity necessary to plan, carry out, and evaluate this SABG plan, including Continued Education/training, logistics cost for conferences regarding SABG services and requirements, capacity management infrastructure, and conducting needs assessments.				\$60,500.00
<i>Begin writing here: Administration and Interpreter Services</i>				
<b>Grand Total</b>				<b>\$617,811.00</b>

Category/Subcategory	Provide a plan of action for each supported activity	Proposed # PPW to be served if known.	Outcomes and Performance Indicators	Proposed Total Expenditure Amount
Co-responder - funds to support grants to law enforcement and other first responders to include a mental health professional on the team of personnel responding to emergencies within regions.				\$12,500
SABG Co-responder	Begin writing here: Behavioral Health Co-Responder will be paired with First Responder personnel to respond to Behavioral health calls.	0		\$12,500.00

MHBG ARPA Funding (expended by September 30,2025) Proposed Project Summaries and Expenditures				
BH ASO: Salish		Funding amount:		\$501,140.00
Category/Subcategory	Provide a plan of action for each supported activity	Proposed # Children with SED	Proposed #Adults with SMI	Proposed Total Expenditure Amount
SAMHSA ARPA Recommended Enhancements				\$240,000.00
<b>Crisis System:</b> Develop partnerships with the emerging Suicide Lifeline (9-8-8) systems, Law Enforcement, EMS, health care providers, housing authorities, Housing and Urban Development (HUD) Continuum of Care, hospital systems, peer-based recovery organizations, and substance use specific treatment providers.	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity  \$0.00
<b>Crisis Services:</b> Comprehensive 24/7 crisis continuum for children including screening and assessment; mobile crisis response and stabilization; residential crisis services; psychiatric consultation; referrals and warm hand-offs to home- and community-based services; and ongoing care coordination. Provide increased outpatient access, including same-day or next-day appointments, for those in crisis.	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity  \$0.00
<b>Infrastructure/Equipment MH Crisis Response Services:</b> Improve information technology infrastructure, including the availability of broadband and cellular technology for providers, especially in rural and frontier areas; use of GPS, to expedite response times, and to remotely meet with the individual in crisis. Advance telehealth opportunities to expand crisis services for hard to reach locations, especially rural and frontier areas. Expand technology options for callers, including the use of texting, telephone, and telehealth. <i>Note:cannot use the funds to purchase any items for consumers/clients.</i>	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity  \$0.00
<b>Medication-Assisted Treatment:</b> Develop medication-assisted treatment (MAT) protocols to assist children and adults who are in crisis, which may leverage telehealth when possible.	<i>Begin writing here:</i>	0	0	Enter budget allocation to this  \$0.00
<b>Assisted Outpatient Treatment (AOT) services:</b> Expand Assisted Outpatient Treatment (AOT) services. Develop outpatient intensive Crisis Stabilization Teams to avert and address crisis.	<i>Begin writing here: Expand AOT Program to assist with diverting unnecessary crisis system access and assisting individuals with engagement in outpatient treatment.</i>	0	0	Enter budget allocation to this proposed activity  \$240,000.00
<i>Outcomes and Performance Indicators:</i>				

Engagement Services – Activities associated with providing evaluations, assessments, and outreach to assist persons diagnosed with SMI or SED, including their families, to engage in mental health services:				\$0.00
Assessment	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Specialized Evaluations (Psychological and Neurological)	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Service Planning (including crisis planning)	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Educational Programs	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Outreach	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Brief Motivational Interviews	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Facilitated Referrals	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Warm Line	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators:</i>				
Outpatient Services – Outpatient therapy services for persons diagnosed with SMI or SED, including services to help their families to appropriately support them.				\$100,000.00
Individual Evidenced-Based Therapies	<i>Begin writing here: Provide direct outpatient services to non-Medicaid individuals</i>	0	15	Enter budget allocation to this proposed activity \$100,000.00

Group Therapy	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Family Therapy	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Multi-Family Counseling Therapy	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Consultation to Caregivers	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators:</i> Service access for individuals who are non-Medicaid will be evaluated during annual subcontractor monitoring activities.				
<b>Medication Services – Necessary healthcare medications, and related laboratory services, not covered by insurance or Medicaid for persons diagnosed with SMI or SED to increase their ability to remain stable in the community.</b>				\$0.00
Medication Management	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Pharmacotherapy	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Laboratory Services	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators:</i>				
<b>Community Support (Rehabilitative) – Community-based programs that enhance independent functioning for persons diagnosed with SMI or SED, including services to assist their families to care for them.</b>				\$0.00

Attachment 6.a.3

Parent/Caregiver Support	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Skill Building (social, daily living, cognitive)	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Case Management	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Continuing Care	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Behavior Management	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Supported Employment	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Permanent Supported Housing	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Recovery Housing	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Therapeutic Mentoring	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Traditional Healing Services	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Facilitated Referrals	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00



<i>Outcomes and Performance Indicators:</i>				
<b>Recovery Support Services – Support services that focus on improving the ability of persons diagnosed with SMI or SED to live a self-direct life, and strive to reach their full potential.</b>				<b>\$0.00</b>
Peer Support	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Recovery Support Coaching	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Recovery Support Center Services	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Supports for Self-Directed Care	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Relapse Prevention/ Wellness Recovery Support	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators:</i>				
<b>Other Supports (Habilitative) – Unique direct services for persons diagnosed with SMI or SED, including services to assist their families to continue caring for them.</b>				<b>\$6,140.00</b>
Personal Care	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Respite	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00

Support Education	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Transportation	<i>Begin writing here: Provide bus ticket, bus pass or mileage reimbursement to reduce barriers to accessing treatment.</i>	0	20	Enter budget allocation to this proposed activity \$6,140.00
Assisted Living Services	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Trained Behavioral Health Interpreters	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Interactive communication Technology Devices	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators:</i>				
Intensive Support Services – Intensive therapeutic coordinated and structured support services to help stabilize and support persons diagnosed with SMI or SED.				\$0.00
Assertive Community Treatment	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Intensive Home-Based Services	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00

Multi-Systemic Therapy	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Intensive Case Management	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators:</i>				
Out of Home Residential Services – Out of home stabilization and/or residential services in a safe and stable environment for persons diagnosed with SMI or SED.				\$50,000.00
Crisis Residential/Stabilization	<i>Begin writing here: Provide facility based crisis stabilization services to assist individuals with connecting with non-crisis services and achieving stabilization within the community.</i>	0	20	Enter budget allocation to this proposed activity \$50,000.00
Adult Mental Health Residential	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Children’s Residential Mental Health Services	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Therapeutic Foster Care	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators:</i> Decrease in inpatient treatment needs by providing crisis stabilization. 3-5 day stay per individual. Decrease in requests for inpatient treatment.				

Acute Intensive Services – Acute intensive services requiring immediate intervention for persons diagnosed with SMI or SED.				\$0.00
Mobile Crisis	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Peer-Based Crisis Services	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Urgent Care	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
23 Hour Observation Bed	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
24/7 Crisis Hotline Services	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators:</i>				
Non-Direct Activities – any activity necessary to plan, carry out, and evaluate this MHBG plan, including Staff/provider training, travel and per diem for peer reviewers, logistics cost for conferences regarding MHBG services and requirements, and conducting needs assessments.				\$105,000.00
Workforce Development/Conferences	<i>Begin writing here: \$35,000 PBH - Workforce development consultant to develop centralized scheduling to improve access to treatment. \$50,000 for Salish Administration Costs. \$20,000 to support Provider Staff Training (CPC Training, Suicide Prevention, etc)</i>	0	0	Enter budget allocation to this proposed activity \$105,000.00
<b>Grand Total</b>				<b>\$501,140.00</b>

MHBG ARPA Crisis Set Aside Funding (expended by September 30,2025) Proposed  
 Project Summaries and Expenditures

BH ASO: Funding Amount: \$71,000.00

Category	Provide a brief plan of action for each supported activity.	Proposed # Children with SED	Proposed #Adults with SMI	Proposed Total Expenditure Amount
<b>Crisis set aside:</b> services include 24-hour-a-day emergency care services, mobile crisis, crisis line, and Designated Crisis Responders (DCR) services.				\$71,000.00
24-hour-a-day emergency care services	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Mobile Crisis Services	<i>Begin writing here: Enhancement of current mobile crisis services across the Salish region. Expansion of current capacity to continue to meet the needs of our communities.</i>	3	17	Enter budget allocation to this proposed activity \$71,000.00
Crisis Lines	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Designated Crisis Responders (DCR) services	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
<b>Grand Total</b>				<b>\$71,000.00</b>

MHBG ARPA Crisis Set Aside Funding (expended by September 30,2025)		Proposed
Project Summaries and Expenditures		
BH ASO: Salish		Funding Amount: \$79,000.00
Category/Subcategory	Provide a plan of action for each supported activity	Proposed #Adults with SMI
<b>Peer Pathfinders Transition from Incarceration</b>		
Enhance jail transition programs intended to serve those who are exiting correctional facilities in Washington state who have a suspected Substance Use Disorder (SUD) and/or Behavioral Health (BH) conditions. SUD Peer Services begin prior to release to establish relationship and upon release to support the transition to needed services.	<i>Begin writing here: Add Peer Support Services to Jail Transitions Program to support incarcerated individuals to re-integrate into the community.</i>	15

**MHBG ARPA Addition of Certified Peer Counselors to Mobile Crisis Response Teams Funding  
(expended by September 30,2025)  
Proposed Project Summaries and Expenditures**

<b>BH ASO: Salish</b>		<b>Funding Amount: \$190,900.00</b>	
Category	Provide a brief plan of action for each supported activity.	Proposed # Children with SED	Proposed #Adults with SMI
Addition of CPC to MCR Teams	<i>Begin writing here: Funding to support addition of CPC staff to mobile crisis teams.</i>	10	100

SABG ARPA Funding (expended by September 30, 2025) Proposed Project Summaries and Expenditures			
BH ASO:		Funding amount:	\$383,011.00
Category/Subcategory	Provide a plan of action for each supported activity	Proposed # PPW to be served	Proposed Total Expenditure Amount
SAMHSA ARPA Recommended Enhancements			\$22,500.00
<b>Medication/Digital Therapies:</b> Develop and expand the use of FDA-approved medications and digital therapeutics as a part of addiction treatment that can provide interactive, evidence-based behavioral therapies for the treatment of opioid use disorders, alcohol use disorders, and tobacco use disorders, along with the implementation of other evidence-based treatments and practices.	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity  \$0.00
<b>Treatment Access :</b> Provide increased access, including same-day or next-day appointments, and low barrier approaches, for those in need of SUD treatment services.	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity  \$0.00
<b>Infrastructure/Equipment SUD Services:</b> Improve information technology infrastructure, including the availability of broadband and cellular technology for providers, especially in rural and frontier areas, and use of GPS to expedite response times and to remotely meet with the individual in need of services. Advance telehealth opportunities to expand services for hard-to-reach locations, especially rural and frontier areas. Expand technology options for callers, including the use of texting, telephone, and telehealth. <i>Note: States may not use the funds to purchase any items for consumers/clients.</i>	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity  \$0.00
<b>Expansion of Peer-Based Recovery Support Services:</b> Support expansion of peer-based recovery support services to ensure a recovery orientation which expands support networks and recovery services.	<i>Begin writing here: Expanding availability of peer support services, and recovery supports in Clallam County</i>	5	Enter budget allocation to this proposed activity  \$22,500.00



<i>Outcomes and Performance Indicators:</i>			
Prevention & Wellness – Preventive services, such as drug use prevention and early intervention, are critical components of wellness:			\$0.00
*PPW Outreach (required)	<i>Begin writing here:</i>	2	Enter budget allocation to this proposed activity \$500.00
Outreach to Individuals Using Intravenous Drugs (IUID)	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
Brief Intervention	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
Drug Screening	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
*Tuberculosis Screening (required)	<i>Begin writing here: Add</i>	0	Enter budget allocation to this proposed activity \$500.00
<i>Outcomes and Performance Indicators:</i>			

<p>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.</p>			\$81,200.00
Assessment	<i>Begin writing here: Assessment for individuals who present un/underinsured.</i>	1	Enter budget allocation to this proposed activity \$8,700.00
*Engagement and Referral (required)	<i>Begin writing here: Community-based outreach to engage individuals that have not been successful with traditional treatment modalities.</i>	10	Enter budget allocation to this proposed activity \$72,500.00
*Interim Services (required)	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$500.00
Educational Programs	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators: Individuals that qualify for will have access to treatment services, within available resources.</i>			
<p>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.</p>			\$190,000.00
Individual Therapy	<i>Begin writing here:</i>	5	Enter budget allocation to this proposed activity \$40,000.00
Group Therapy	<i>Begin writing here:</i>	5	Enter budget allocation to this proposed activity \$150,000.00

Family Therapy	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
Multi-Family Counseling Therapy	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
Medication Assisted Therapy (MAT) - Opioid Substitution Treatment	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators: Individuals that qualify for will have access to treatment services, within available resources.</i>			
Community Support (Rehabilitative) – Consist of support and treatment services focused on enhancing independent functioning.			\$2,500.00
Case Management	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
Recovery Housing	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
Supported Employment	<i>Begin writing here: Provide vocational support to individuals who do not qualify for other vocational programs.</i>	1	Enter budget allocation to this proposed activity \$2,500.00
<i>Outcomes and Performance Indicators: Non-Medicaid, low-income individuals will have access to vocational assistance. Individuals will receive support and will access employment</i>			
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.			\$0.00
	<i>Begin writing here:</i>		Enter budget allocation to this proposed activity

PPW Housing Support Services		0	\$0.00
Supported Education	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
Housing Assistance	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
Spiritual/Faith-Based Support	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators:</i>			
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.			\$500.00
*Therapeutic Intervention Services for Children (required)	<i>Begin writing here: For services to children in residential treatment facilities serving PPW.</i>	1	Enter budget allocation to this proposed activity \$500.00
Sobering Services	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators:</i>			

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.			\$28,311.00
Sub-acute Withdrawal Management	Begin writing here: See Intensive Inpatient Residential Treatment for more details.	0	Enter budget allocation to this proposed activity  \$0.00
Crisis Services Residential/ Stabilization	Begin writing here:	0	Enter budget allocation to this proposed activity  \$0.00
Intensive Inpatient Residential Treatment	Begin writing here: Provide SUD residential treatment services within the region.	0	Enter budget allocation to this proposed activity  \$28,311.00
Long Term Residential Treatment	Begin writing here:	0	Enter budget allocation to this proposed activity  \$0.00
Recovery House Residential Treatment	Begin writing here:	0	Enter budget allocation to this proposed activity  \$0.00
Involuntary Commitment	Begin writing here:	0	Enter budget allocation to this proposed activity  \$0.00

Outcomes and Performance Indicators: Access to services for low-income, non-Medicaid individuals within available resources.

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
Acute Withdrawal Management	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity  \$0.00
<i>Outcomes and Performance Indicators:</i>			
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.			\$13,000.00
*Interim Services (required)	<i>Begin writing here: See Interim Services line item above</i>	0	Enter budget allocation to this proposed activity  \$0.00
*Transportation for PPW (required)	<i>Begin writing here: Provide individual bus ticket, bus passes, mileage reimbursement to aid in access to treatment.</i>	0	Enter budget allocation to this proposed activity  \$500.00
Transportation	<i>Begin writing here: Provide individual bus ticket, bus passes, mileage reimbursement to aid in access to treatment.</i>	0	Enter budget allocation to this proposed activity  \$2,500.00
*Childcare Services (required)	<i>Begin writing here: Provide childcare in a licensed on-site facility to increase access to treatment services.</i>	10	Enter budget allocation to this proposed activity  \$10,000.00
<i>Outcomes and Performance Indicators: Transportation is not a barrier to access treatment services. Individuals will have access to supports within available resources.</i>			
*Other SABG activities (required) – any activity necessary to plan, carry out, and evaluate this SABG plan, including Continued Education/training, logistics cost for conferences regarding SABG services and requirements, capacity management infrastructure, and conducting needs assessments.			\$45,000.00

*Begin writing here: ASO Administrative Costs (35,000), Provider training (10,000).*

<b>Grand Total</b>	<b>\$383,011.00</b>
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**SABG ARPA Funding  
(expended by September 30, 2025)**

## BH ASO:

Category/Subcategory	Provide a plan of action for each supported activity	Proposed # Adults	Proposed Total Expenditure Amount
<b>Peer Pathfinders Transition from Incarceration Pilot</b>			\$79,000.00
Enhance jail transition programs with SUD peers services to individuals who upon release will be homeless. SUD Peer Services begin prior to release to establish relationship and upon release to support the transition to needed services	<i>Begin writing here: Add Peer Support Services to Jail Transiti</i>	0	Enter budget allocation to  \$79,000.00



BEHAVIORAL HEALTH

# COMMUNITY RESOURCE FAIR



*Make your voice heard!*

Interested in learning more about community resources in your area? Join us for the opportunity to meet with local community-based organizations and engage in discussion around behavioral health services!



**TUESDAY  
AUGUST 1, 2023**



**4:00 PM TO  
6:00 PM**



**QUILCENE COMMUNITY CENTER  
294952 HWY 101  
QUILCENE, WA 98376**



**HOSTED BY:**



Salish Behavioral Health  
Administrative Services Organization

**For more info contact Nicole Oberg  
noberg@kitsap.gov or 360-337-4829**

# BEHAVIORAL HEALTH COMMUNITY RESOURCE FAIR

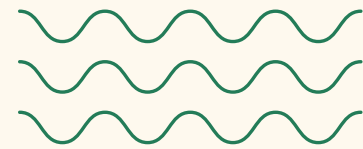
Attachment 7.b.2

HOSTED BY:



Salish Behavioral Health  
Administrative Services Organization

For more info contact Nicole Oberg  
[noberg@kitsap.gov](mailto:noberg@kitsap.gov) or 360-337-4829



## FORKS

### SEPTEMBER 19, 4PM-6PM

Interested in learning more about community resources in your area? Join us for the opportunity to meet with local community-based organizations and engage in discussion around behavioral health services!

**Open to all!**

**Forks Community Hospital  
Lee Merrick Conference Room  
550 5th Ave  
Forks, WA 98331**



# BEHAVIORAL HEALTH

Attachment 7.b.3

# COMMUNITY

# RESOURCE

# FAIR

## HOSTED BY:



Salish Behavioral Health  
Administrative Services Organization

For more info contact Nicole Oberg  
[noberg@kitsap.gov](mailto:noberg@kitsap.gov) or 360-337-4829

# BREMERTON

OCTOBER 3, 4PM-6PM

Interested in learning more about community resources in your area? Join us for the opportunity to meet with local community-based organizations and engage in discussion around behavioral health services!

**Open to all!**

**Marvin Williams  
Recreation Center  
725 Park Avenue  
Bremerton, WA 98337**

# BEHAVIORAL HEALTH

# COMMUNITY RESOURCE FAIR



***Make your voice heard!***

Interested in learning more about community resources in your area? Join us for the opportunity to meet with local community-based organizations and engage in discussion around behavioral health services!



**THURSDAY  
OCTOBER 12, 2023**



**4:00 PM TO  
6:00 PM**



**TRI-AREA COMMUNITY CENTER  
10 WEST VALLEY ROAD  
CHIMACUM, WA 98325**



**HOSTED BY:**



**Salish Behavioral Health  
Administrative Services Organization**

**For more info contact Nicole Oberg  
[noberg@kitsap.gov](mailto:noberg@kitsap.gov) or 360-337-4829**



## SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION ADVISORY BOARD MEETING.

Providing Behavioral Health Services in  
Clallam, Jefferson and Kitsap Counties

**DATE:** Friday, December 1, 2023  
**TIME:** 10:00 AM – 12:00 PM  
**LOCATION:** Cedar Room, 7 Cedars Hotel  
270756 Hwy 101, Sequim, WA 98382

**LINK TO JOIN BY COMPUTER OR PHONE APP:**

**\*\*Please use this link to download ZOOM to your computer or phone:**  
<https://zoom.us/support/download>\*\*

Join Zoom Meeting: <https://us06web.zoom.us/j/88389419000>

Meeting ID: 883 8941 9000

**USE PHONE NUMBER and MEETING ID TO JOIN BY PHONE:**

Dial by your location: 1-253-215-8782

Meeting ID: 883 8941 9000

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## **A G E N D A**

Salish Behavioral Health Administrative Services Organization – Advisory Board

1. Call To Order
2. Announcements/Introductions
3. Opportunity to Address the Board on Agenda Topics (limited to 3 minutes each)
4. Approval of Agenda
5. Approval of SBH-ASO Advisory Board Meeting Minutes for August 4, 2023  
(Attachment 5)
6. Action Items
  - a. Advisory Board Member Term Extension
7. Informational Items
  - a. Review of 2024 Meetings
  - b. January – June 2024 Block Grant Plans
  - c. Annual Code of Ethics Training and Document Review (Attachments 8.c.1 & 8.c.2)
  - d. Washington State COD Conference Discussion – led by Helen Havens
  - e. Reimbursement Process for Board Members
  - f. Board Member Recruitment
  - g. Naloxone Update
8. Opportunity for Public Comment (limited to 3 minutes each)
9. Adjournment



## ACRONYMS

<b>ACH</b>	Accountable Community of Health
<b>ASAM</b>	Criteria used to determine substance use disorder treatment
<b>BHAB</b>	Behavioral Health Advisory Board
<b>BH-ASO</b>	Behavioral Health Administrative Services Organization
<b>BHO</b>	Behavioral Health Organization, replaced the Regional Support Network
<b>CAP</b>	Corrective Action Plan
<b>CMS</b>	Center for Medicaid & Medicare Services (federal)
<b>COVID-19</b>	Coronavirus Disease 2019
<b>DBHR</b>	Division of Behavioral Health & Recovery
<b>DCFS</b>	Division of Child & Family Services
<b>DCR</b>	Designated Crisis Responder
<b>DDA</b>	Developmental Disabilities Administration
<b>DSHS</b>	Department of Social and Health Services
<b>E&amp;T</b>	Evaluation and Treatment Center (i.e., AUI, YIU)
<b>EBP</b>	Evidence Based Practice
<b>EPSDT</b>	Early and Periodic Screening, Diagnosis and Treatment
<b>EQRO</b>	External Quality Review Organization
<b>FIMC</b>	Full Integration of Medicaid Services
<b>FYSPT</b>	Family, Youth and System Partner Round Table
<b>HARPS</b>	Housing and Recovery through Peer Services
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<b>P&amp;P</b>	Policies and Procedures
<b>QUIC</b>	Quality Improvement Committee
<b>RCW</b>	Revised Code Washington
<b>RFP, RFQ</b>	Requests for Proposal, Requests for Qualifications
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[Full listing of definitions and acronyms](#)



Salish Behavioral Health  
Administrative Services Organization

## SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION ADVISORY BOARD MEETING

Providing Behavioral Health Services in  
Clallam, Jefferson and Kitsap Counties

**December 1, 2023**

### **Action Items**

#### A. ADVISORY BOARD MEMBER TERM EXTENSION

Sandy Goodwick's current term expires on December 31, 2023. Sandy has expressed interest in continuing her service. She would be eligible for a three (3) year extension of service (January 1, 2024 – December 31, 2026). Seeking board approval for the extension.

### **Informational Items**

#### A. REVIEW OF 2024 BEHAVIORAL HEALTH ADVISORY BOARD MEETING SCHEDULE

The Advisory Board is scheduled to meet on the following dates in 2024:

Friday, March 1

Friday, May 3

Friday, July 12

Friday, September 13

Friday, November 1

#### B. JANUARY 2024 TO JUNE 2024 BLOCK GRANT PLANS

Block Grant Plans are reviewed and approved every 6 months due to contract changes. We are unable to provide the plans today due to pending budget information. We do not anticipate significant changes as the funding approved during the RFP process is reflected in these plans. We anticipate plans being completed by mid-December. The next Behavioral Health Advisory Board Meeting is scheduled in March. We have 2 options:

1. Call a meeting in January specifically to review and approve the plans
2. Review at the March meeting for approval

#### C. ANNUAL CODE OF ETHICS TRAINING AND DOCUMENT REVIEW

The Behavioral Health Advisory Board is due for annual Code of Ethics training. Each BHAB member is asked to sign and return the agreement upon review of documents provided.

D. WASHINGTON STATE COD CONFERENCE DISCUSSION

Helen Havens attended the Washington State Behavioral Health Conference. Helen will share information gathered with the full board.

E. REIMBURSEMENT PROCESS FOR BOARD MEMBERS

The new form for reimbursement is available. This allows for easy submission of requests for mileage or other approved reimbursement. Receipts can be photographed on a cell phone or scanned and attached.

F. BOARD MEMBER RECRUITMENT

Opportunity to discuss ideas for recruitment of Board members.

Current Advisory Board Openings:

- 1 in Clallam County
- 2 in Jefferson County
- 1 in Kitsap County
- 1 Tribal Representative

G. NALOXONE UPDATE

Salish BHASO has 10 naloxone cabinets to distribute around the region. We are working to identify current resources and partnerships. To date, interest has been expressed by Quileute Tribe and Kitsap Transit.



**MINUTES OF THE  
SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION  
ADVISORY BOARD**

**Friday, August 4, 2023  
10:00 a.m. - 12:00 p.m.  
Hybrid Meeting  
Cedar Room, 7 Cedars Hotel  
270756 Hwy 101, Sequim, WA 98382**

**CALL TO ORDER** –Jon Stroup, SBH-ASO Behavioral Advisory Board Chair called the meeting to order at 10:14 am

**INTRODUCTIONS** – Self introductions were conducted around the room.

**ANNOUNCEMENTS** – None.

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

**APPROVAL of AGENDA** –

**MOTION:** Sandy Goodwick moved to approve the agenda as presented. Diane Pfeifle seconded the motion. Motion carried unanimously.

**APPROVAL of MINUTES** –

**MOTION:** Helen Havens moved to approve the meeting minutes as submitted for the April 7, 2023 meeting. Mary Beth Lagenaur seconded the motion. Motion carried unanimously.

**ACTION ITEMS**

➤ **APPROVAL OF FEDERAL BLOCK GRANT PLANS**

**Standard Block Grant**

SBH-ASO is presenting updated Block Grant plans for July 1, 2023 – December 31, 2023, and seeks the Board’s approval of these plans. Both plans align with the calendar year 2023 budget which was approved by the Executive Board.

**Mental Health Block Grant (MHBG)**

MHBG plan provides funding for the crisis system and transportation. Crisis services include crisis hotline and interpreter services. The plan format from HCA includes crisis services under the “Acute Intensive Services” category. The MHBG plan also identifies an estimated of the number of people to be served in each category. SBH-ASO Administration allowance is also included. Allocations are in line with the previous 6-month allocation. MHBG Co-Responder is a required category, and the allocation amount is pre-set by the Health Care Authority.

**Substance Abuse Block Grant (SABG)**

PPW (Pregnant and Parenting Women) Outreach is a required category for all SABG plans. A significant amount of funding is allocated for crisis services, which is categorized under “brief intervention” on this template. Brief intervention includes mobile crisis outreach services.

Interim services is a required category for all SABG Plans. This line item is limited as there has not historically been a need for interim services in the Salish region. Therapeutic Intervention Services for Children is also a required category and specifically intended for services to children in residential facilities serving Pregnant and Parenting Women (PPW).

Funding is also allocated to both Sub-acute withdrawal management and Intensive Inpatient Residential Treatment which are line items under the “Out of Home Residential Services” category.

Under the “Recovery Supports” category, the following line items are allocated funding, Transportation for PPW, Transportation and Childcare Services. Both Transportation for PPW and Childcare Services are required categories.

Under the “Other SABG activities” funding is allocated to for Interpreter Services and SBH-ASO Administrative allowance. SABG Co-Responder is a required category, and the allocation amount is pre-set by the Health Care Authority

### **ARPA Block Grant**

American Rescue Plan Act (ARPA) Block Grant is an additional one-time allocation of block grant funding. This additional funding is driven by federal legislation passed in response to the COVID-19 pandemic. This funding is awarded for July 1, 2023, to September 30, 2025. The plans presented today are an estimate of anticipated activities and investments to occur over the next 2 years. These plans will likely be amended at least once during this 2-year period.

### **ARPA MHBG**

A significant amount of funding has been allocated to Assisted Outpatient Treatment (AOT) Services. This is a unique category included in response to recent state legislation directing the statewide expansion of AOT. Funding is allocated to Individual Evidenced-based therapies which encompasses outpatient treatment services. A small allocation is set aside for transportation. The final category of Workforce Development/Conferences includes the RFP award for Peninsula Behavioral Health, SBH-ASO sponsored trainings and SBH-ASO Administrative costs.

The Crisis Services Set-aside, Peer Pathfinders and Addition of CPC to MCR Team (Certified Peer Counselor addition to Mobile Crisis Teams) are required categories with allocations pre-set by the Health Care Authority.

### **ARPA SABG**

The majority of ARPA SABG funding, \$300,000 of \$383,000, was awarded to providers via the recent block grant RFP. These RFP awards span multiple outpatient treatment and recovery support categories within this block grant plan.

Funding is allocated to Expansion of Peer-Based Recovery Support Services, in accordance with RFP awards. Under Prevention and Wellness, the line items of PPW Outreach and Tuberculosis Screening are required. Under Engagement Services, the 3 lines items of Assessment, Engagement and Referral, and Interim Services, are allocated in accordance with RFP awards. Under Outpatient Services, both Individual Therapy and Group Therapy are allocated in accordance with the RFP awards. Under Community Support, the line item of Supported Employment is allocated in accordance with the RFP Award. Therapeutic Intervention Services for Children is a required category. Under Out of Home Residential Services, Intensive Inpatient Residential Treatment is allocated.

Under Recovery Supports, Transportation for PPW, Transportation and Childcare Services are allocated. Under Other SABG Activities, SBH-ASO Administrative Costs and Provider Training are included.

Peer Pathfinders is a required category with a pre-set allocation by the Health Care Authority.

*Staff reviewed each Block Grant Plan, including anticipated budget allocations.*

*Discussion around co-response services in West Jefferson County specific to a recent incident involving an individual in crisis. Concern raised about training provided to police departments on available resources, including accessing the Salish Regional Crisis Line. Staff have provided a significant amount of outreach to the area. Plan for Staff to follow-up with the Sherriff's Office to ensure they have the information needed. Staff noted that the SRCL is the conduit for accessing mobile crisis outreach services.*

*Inquiry around historical accuracy of allocation budgets based on use of funds in each service category, and whether there are certain categories consistently underspent. 100% of budgeted funds for crisis services are expended each year. Similarly, budgets for residential services, interpreter services, administration, and training are nearly expended each year. Some categories deemed mandatory by the Health Care authority are routinely underspent. A very small allocation is set aside for these categories to mitigate underspending. Staff also monitor and adjust budgets around the third quarter of the assigned period for funds to reduce regional underspending.*

*Questions raised regarding AOT services, including how many individuals in the Salish region are engaged in services and of those, how many are first-time clients versus repeat clients; whether medication is a mandatory element of AOT services; and how do AOT service providers measure patient satisfaction. Staff will follow-up with data around individuals engaged in existing AOT services, which primarily support those on Least Restrictive Alternative (LRA) orders. Medication is determined on an individual basis as to whether it is compelled by the court or optional, however, medication management is a common element of LRA orders. Historically agencies providing services monitor patient satisfaction. SBH-ASO can include patient satisfaction as an element when rolling out new and more robust programming related to AOT.*

*Request for an independent, Peer-respected entity to provide development and monitoring of AOT services, ensuring an objective assessment of whether AOT and similar programs that compel medication are helpful to individuals. Staff noted that an external quality review organization (EQRO) has previously provided standalone oversight of programs in*

*Washington State and is in the process of being reestablished. Staff will provide more information about reinstatement of an EQRO as it comes available.*

*Question regarding whether there is inclusion of peer experience in suicide prevention training. Existing suicide prevention trainings provided by SBH-ASO have focused on fulfilling state licensing requirements for individuals in the field. Staff are looking into Question Persuade Refer (QPR) community-facing training. This was provided by SBH-ASO prior to the COVID-19 pandemic. SBH-ASO also provides support for Youth Mental Health First Aid training.*

*Recommendation for SBH-ASO and associated agencies to consider offering Alternatives to Suicide training, an internationally recognized training program led by people with lived experience related to suicide. Staff encouraged Board members to also share this information with the Suicide Prevention Task Force, as peer voice would be very beneficial. Staff will provide information about the Suicide Prevention Task Force event in Kitsap County for Suicide Awareness Day.*

*Staff provided an update on the Peer Pathfinders Transition from Incarceration pilot. The pilot supported funding for a .5 FTE peer support role to be added to existing jail transitions programs within the region. The program goal is to provide peer-focused support for 90 days pre-release and 120 days post-release.*

**MOTION: Mary Beth Lagenaur moved to approve the Federal Block Grant plans as submitted. Helen Havens seconded the motion. Motion carried unanimously.**

➤ **CO-RESPONDER RFP COMMITTEE**

On June 8, 2023, SBH-ASO released a request for proposals (RFP) for a Behavioral Health Co-Responder Program within Clallam, Jefferson or Kitsap Counties. SBH-ASO intends to contract with a law enforcement or first responder (Fire or EMS) agency to provide a Behavioral Health Co-Responder Program staffed with a mental health professional within the 3-county region (Clallam, Jefferson, or Kitsap) served by Salish BH-ASO.

The proposal submission deadline was July 27, 2023. SBH-ASO is seeking volunteers to serve on the RFP review committee. The RFP review committee will receive copies of the proposals on August 7th. SBH-ASO will convene committee members between August 16 – August 22 to discuss the proposals and make funding recommendations to the Executive Board.

**MOTION: Jon Stroup, Advisory Board Chair, approved Mary Beth Lagenaur, Helen Havens, Diane Pfeifle, and himself as volunteers for the Co-Responder RFP Review Committee.**

**INFORMATIONAL ITEMS**

➤ **EXPANSION OF ASSISTED OUTPATIENT TREATMENT**

In 2022, the Legislature passed SHB1773 which directed the expansion of existing RCW regarding Assisted Outpatient Treatment. This bill also directed BH-ASOs to employ an

“Assisted Outpatient Treatment Program Coordinator” to oversee system coordination. Staff will provide an update on the regional planning around AOT Expansion.

*Question about the volume of involuntary treatment time individuals spend in hospitals and facilities not designed for that type of treatment, such as emergency rooms. Staff will send a link to Board members for the state dashboard which contains information about the number of individuals not being served directly in a licensed psychiatric facility.*

*Comment regarding Treatment Advocacy Center (TAC) providing technical assistance for the expansion of AOT. The recovery peer movement opposes TAC and it is concerning that the organization has been selected by the State. Staff responded that TAC does not have control over the development of AOT expansion, nor drive treatment. TAC is only providing technical support as an entity that has some expertise and knowledge of how similar programs have been rolled out elsewhere in the United States.*

### ➤ **COMMUNITY RESOURCE FAIRS/BEHAVIORAL HEALTH SUMMITS**

SBH-ASO is planning to facilitate several Community Resource Fairs during the Summer and Fall of 2023. The purpose of these Community Resource Fairs is to increase awareness of the role and resources of the SBH-ASO. Upcoming events are noted below, and flyers for each event are included as attachments.

#### **Quilcene – August 1, 2023**

4:00 pm – 6:00 pm  
Quilcene Community Center  
294952 Hwy 101  
Quilcene, WA 98376

#### **Bremerton – October 3, 2023**

4:00 pm – 6:00 pm  
Marvin Williams Rec Center  
725 Park Avenue  
Bremerton, WA 98337

#### **Forks – September 19, 2023**

4:00 pm – 6:00 pm  
Forks Community Hospital  
550 5th Avenue  
Forks, WA 98331

#### **Chimacum – October 12, 2023**

4:00 pm – 6:00 pm  
Tri-Area Community Center  
10 West Valley Road  
Chimacum, WA 98325

*A resource fair via Zoom will be scheduled for any community members who were unable to attend in-person events.*

*Staff will send out the PowerPoint shared at the Community Resource Fairs as well as a table outlining agencies that tabled at each event.*

*Question regarding what types of questions and concerns have been raised by community members at the events. The primary areas of concern expressed have been behavioral health and general support services for the aging population. Cross-conversation between agencies and community members has also been lively and valuable.*

### **PUBLIC COMMENT**

- Lori Fleming provided comment about the Quilcene event, stating that it was very well done, and it was exciting to hear the interaction that went on. The conversation went very organically but was very informational. It was exciting to see agencies and community members gather in a space where you wouldn't have expected it.

**GOOD OF THE ORDER**

- None.

**ADJOURNMENT** – Consensus for adjournment at 11:33 a.m.

**ATTENDANCE**

<b>BOARD MEMBERS</b>	<b>STAFF</b>	<b>GUESTS</b>
<b><i>Present:</i></b>	Stephanie Lewis, SBH-ASO Administrator	Kate Jasonowicz, Community Health Plan of Washington (CHPW)
Jon Stroup, Chair, SBH-ASO Advisory Board	Jolene Kron, SBH-ASO Deputy Administrator/Clinical Director	Shawn Hendel, Office of Behavioral Health Advocacy
Helen Havens, SBH-ASO Advisory Board	Nicole Oberg, SBH-ASO Program Specialist	Lori Fleming, Jefferson County CHIP
Diane Pfeifle, SBH-ASO Advisory Board	Doug Washburn, Kitsap County Human Services	G'Nell Ashley, Reflections Counseling Services Group
Mary Beth Lagenaur, SBH-ASO Advisory Board		
Sandy Goodwick, SBH-ASO Advisory Board		
Stormy Howell, SBH-ASO Advisory Board		
<b>Excused: None</b>		

**NOTE: These meeting notes are not verbatim.**



## SALISH BH-ASO POLICIES AND PROCEDURES

**Policy Name:** CODE OF CONDUCT

**Policy Number:** CP304

**Effective Date:** 1/1/2020

**Revision Dates:**

**Reviewed Date:** 3/22/2023

**Executive Board Approval Dates:** 1/15/2021

### PURPOSE

To outline the scope, responsibilities, operational guidelines, and activities employed by the Salish Behavioral Health Administrative Services Organization (SBH-ASO) to ensure maintenance of an environment that facilitates ethical decision making in accordance with federal and state laws and regulations.

### POLICY

The SBH-ASO is committed to ensuring that all staff and associates conduct their activities professionally, ethically, and in compliance with all applicable state and federal statutes, regulations, and guidelines applicable to Federal Health Care programs and with all SBH-ASO Policies and Procedures.

SBH-ASO establishes this Code of Conduct to ensure that the SBH-ASO community, which includes employees (paid and volunteer) and board members, will know and understand expectation of behavior.

This Code is not meant to answer every question that might arise in daily activities; however, it does provide guidelines, direction, and resources that can be used to respond to matters and circumstances in the course of SBH-ASO duties. No set of guidelines, including these, can ever substitute for the sound judgment, common sense, and personal integrity required to meet the challenges of the job.

All SBH-ASO employees (paid and volunteer) and board members are responsible for understanding and adhering to this Code of Conduct. Inherent in this Code are the following principles by which all employees (paid and volunteer) and board members, as applicable, will abide:

Principle 1 - Legal Compliance and Ethical Business Practices

- 1.1 Business conducted complies with all relevant local, state, and federal laws, rules, and ordinances.
- 1.2 Business practices are conducted truthfully, fairly, and without deception.
- 1.3 Facilities and resources are used solely for the benefit of the SBH-ASO.
- 1.4 The SBH-ASO does not discriminate. The SBH-ASO believes in the fair and equitable treatment of Individuals, providers, employees (paid and volunteer), and board members.
- 1.5 SBH-ASO employees (paid and volunteer) and board members conduct all activities in accordance with the highest ethical standards.
- 1.6 SBH-ASO cooperates with government inquiries and investigations as required by law.

#### Principle 2 – Confidentiality

- 2.1 Employees (paid and volunteer) and board members abide by the Health Insurance Portability and Accountability Act (HIPAA), applicable policies and procedures, and 42 CFR Part 2. The confidentiality of all medically and clinically sensitive and personal and proprietary information is protected.
- 2.2 Proprietary information is protected and only shared with employees (paid and volunteer) and board members having a need to know such information to perform their job responsibilities.

#### Principle 3 - Avoid Real and Apparent Conflicts of Interest

- 3.1 All SBH-ASO employees (paid and volunteer) and board members are obligated to avoid situations or conduct that could influence (or appear to influence) objective decisions in the performance of assigned duties and responsibilities—or that could raise questions as to the honesty and integrity of SBH-ASO or negatively impact its reputation.
- 3.2 Business transactions with vendors, contractors, and other third parties shall be transacted free from offers or solicitation of gifts and favors or other improper inducements in exchange for influence or assistance in a transaction.

#### Principle 4 - Protection of Assets

- 4.1 All SBH-ASO employees (paid and volunteer) and board members will strive to preserve and protect the assets of SBH-ASO by making prudent and effective use of the SBH-ASO's resources and properly and accurately reporting its financial condition.

### **PROCEDURE**

All employees (paid and volunteer) and board members are responsible to:

1. Know the existing laws, regulations, and ordinances relevant to the management of a multi-member government behavioral health system.



2. Conduct business in a professional manner that respects the rights and decisions of others, fosters cooperation and integration, respects diversity and is in the best interest of the SBH-ASO.
3. Professionally participate in the development, adoption, and adherence to relevant policies to be used in the management of the SBH-ASO.
4. Ensure the Individual's voice is heard and considered prior to making policy decisions.
5. Improve the public knowledge and perception of SBH-ASO and the SBH-ASO provider network.
6. This Code of Conduct Policy and Procedure, which clearly reflects the standards of conduct, will be reviewed on an annual basis and updated as necessary.
7. All SBH-ASO employees (paid and volunteer) and board members will review and attest to this Code of Conduct by signing an attestation annually.

### **MONITORING**

1. Consequences for noncompliance by SBH-ASO employees (paid and volunteer) will rely on Kitsap County Personnel Policies and Procedures.
2. All parties are encouraged to suggest changes or additions to this Code. The Code augments, but does not limit, specific policies and procedures of the SBH-ASO.
3. Reports of any concerns may be made to a manager, supervisor, or to the Compliance Officer.
4. Managers and supervisors are further required to report allegations reported to them and to report any known or suspected violations of any laws, acts, statutes or regulations that they discover in the performance of their supervisory duties. Reports can be made to the Compliance Officer.
5. If you know of a violation but fail to report it, you could be considered a party to the violation.
6. Anyone who ever feels retaliated against for making a report should contact the Compliance Officer immediately.



## Salish Behavioral Health Administrative Services Organization Code of Conduct Attestation

Attestation/Affirmation for all Board Members and Employees (paid and volunteer):

I attest and affirm that I will strictly follow the policies and guidelines of the Code of Conduct of the Salish Behavioral Health Administrative Services Organization (SBH-ASO) as they apply to me. My observance of these policies and guidelines is a condition of my working with or participating in the SBH-ASO.

- I hereby acknowledge that I have received, on the date below, a copy of the SBH-ASO Code of Conduct Policy and Procedure CP304.
- I have read the document, understand its meaning, and agree to conduct myself in accordance with these policies and guidelines.
- I understand that violations of the Code of Conduct, or failure to take action mandated by this Code of Conduct are grounds for disciplinary action.

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Signature

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Print Name

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Date

Reviewed: 3/22/2023



Salish Behavioral Health  
Administrative Services Organization

**SALISH BEHAVIORAL HEALTH**  
**ADMINISTRATIVE SERVICES ORGANIZATION**  
**ADVISORY BOARD**  
**MEETING**

Providing Behavioral Health Services in  
Clallam, Jefferson and Kitsap Counties

**DATE:** Friday, October 6, 2023  
**TIME:** 10:00 AM – 12:00 PM  
**LOCATION:** Cedar Room, 7 Cedars Hotel  
270756 Hwy 101, Sequim, WA 98382

**LINK TO JOIN BY COMPUTER OR PHONE APP:**

**\*\*Please use this link to download ZOOM to your computer or phone:**

**<https://zoom.us/support/download>.**\*\*

Join Zoom Meeting: <https://us06web.zoom.us/j/87838765075>

Meeting ID: 878 3876 5075

**USE PHONE NUMBER and MEETING ID TO JOIN BY PHONE:**

Dial by your location: 1-253-215-8782

Meeting ID: 878 3876 5075

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**A G E N D A**

**[Salish Behavioral Health Administrative Services Organization – Advisory Board](#)**

1. Call To Order
2. Announcements/Introductions
3. Opportunity to Address the Board on Agenda Topics (limited to 3 minutes each)
4. Approval of Agenda
5. Approval of SBH-ASO Advisory Board Meeting Minutes for August 4, 2023  
(Attachment 5)
6. Informational Items
  - a. Salish Regional Crisis System
  - b. Trueblood Phase 3 Implementation
  - c. Training Opportunities for Board Members
  - d. Mileage Reimbursement for Travel to Board Activities
7. Opportunity for Public Comment (limited to 3 minutes each)
8. Adjournment

## ACRONYMS

<b>ACH</b>	Accountable Community of Health
<b>ASAM</b>	Criteria used to determine substance use disorder treatment
<b>BHAB</b>	Behavioral Health Advisory Board
<b>BH-ASO</b>	Behavioral Health Administrative Services Organization
<b>BHO</b>	Behavioral Health Organization, replaced the Regional Support Network
<b>CAP</b>	Corrective Action Plan
<b>CMS</b>	Center for Medicaid & Medicare Services (federal)
<b>COVID-19</b>	Coronavirus Disease 2019
<b>DBHR</b>	Division of Behavioral Health & Recovery
<b>DCFS</b>	Division of Child & Family Services
<b>DCR</b>	Designated Crisis Responder
<b>DDA</b>	Developmental Disabilities Administration
<b>DSHS</b>	Department of Social and Health Services
<b>E&amp;T</b>	Evaluation and Treatment Center (i.e., AUI, YIU)
<b>EBP</b>	Evidence Based Practice
<b>EPSDT</b>	Early and Periodic Screening, Diagnosis and Treatment
<b>EQRO</b>	External Quality Review Organization
<b>FIMC</b>	Full Integration of Medicaid Services
<b>FYSPT</b>	Family, Youth and System Partner Round Table
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[Full listing of definitions and acronyms](#)



Salish Behavioral Health  
Administrative Services Organization

## SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION ADVISORY BOARD MEETING

Providing Behavioral Health Services in  
Clallam, Jefferson and Kitsap Counties

**October 6, 2023**

### **Informational Items**

#### **A. SALISH REGIONAL CRISIS SYSTEM**

SBH-ASO is responsible for oversight of the behavioral health crisis response system for Clallam, Jefferson, and Kitsap Counties. This includes crisis services for any individuals in the three-county area with a self-identified behavioral health crisis. Crisis services include Salish Regional Crisis Line (SRCL) services, mobile crisis outreach services, and involuntary treatment investigations. The single point of contact for crisis response in the Salish region is the Salish Regional Crisis line at 888-910-0416. All services are provided by local teams that are trained and aware of resources within the local community. Crisis teams also provide crisis response to Tribal partners in accordance with Tribal Crisis Agreements that are currently facilitated by the Health Care Authority.

SRCL is provided by Volunteers of America of Western Washington. (888-910-0416)

Salish Mobile Crisis Outreach Teams by County:

- West Clallam and West Jefferson Counties: West End Outreach Services (WEOS) in Forks, WA
- East Clallam County: Peninsula Behavioral Health (PBH) in Port Angeles, WA
- East Jefferson County: Discovery Behavioral Health (DBH) in Port Townsend, WA
- Kitsap County: Kitsap Mental Health Services (KMHS) in Bremerton, WA

Staff anticipate a significant amount of change to the crisis system statewide over the next 3-5 years. Washington State Legislators have a significant interest in increasing access to crisis care. This has led to additional funding and legislation intended to better support Washington residents. This includes the addition of 988 as a centralized access point, additional crisis response team funding, increase in access to stabilization services, and other new/updated programming changes.

#### **B. TRUEBLOOD PHASE 3 IMPLEMENTATION**

##### Trueblood Background

All criminal defendants have the constitutional right to assist in their own defense. If a court believes a mental disability may prevent a defendant from assisting in their own defense, the court has the authority to put the criminal case on hold while an evaluation is completed to determine the defendant's competency.

Generally, if the evaluation finds the defendant competent and the court agrees, they are returned to stand trial. If the court finds the evaluation shows the person is not competent, the court will order the defendant to receive mental health treatment to restore competency.

In April 2015, a federal court found that the Department of Social and Health Services was taking too long to provide these competency evaluation and restoration services.

As a result of the case Trueblood v. DSHS, the state has been ordered to provide court-ordered in-jail competency evaluations within 14 days and inpatient competency evaluation and restoration services within seven days of receipt of a court order. These Trueblood timeframes apply to people who are detained in jails awaiting a competency evaluation or restoration services. Many of the programs created because of Trueblood, however, also target people who have previously received competency evaluation and restoration services, who are released and at risk for re-arrest or re-institutionalization.

People who get the treatment and support they need when they need it are more likely to avoid becoming involved with the criminal system. Accordingly, increased demand for competency evaluations can be avoided if more individuals receive community-based treatment and support during times of crisis. Major goals of many of the programs covered in this report include providing variable levels of care to prevent overuse of the highest and most intensive level of care and providing care in the community whenever possible and appropriate.

On Dec. 11, 2018, the court approved an agreement related to contempt findings in this case. The Trueblood Contempt Settlement Agreement (Settlement Agreement or Agreement) is designed to move the state closer to compliance with the court's injunction. The Agreement includes a plan for phasing in programs and services. Roll out of such services during Phases 1 and 2 was guided by Final Implementation Plans. This Phase 3 Preliminary Implementation Plan establishes a framework from which Trueblood partners can draft a subsequent final implementation plan for Phase 3, as was done during other phases.

### Implications for Salish Region

Salish and Thurston/Mason have been identified as a Phase 3 Regions. Based upon preliminary conversations with HCA, SBH-ASO staff anticipate HCA will pursue Trueblood related contracts with both SBH-ASO and local behavioral health providers.

SBH-ASO anticipates receiving a contract from HCA to orchestrate coordination efforts of the Trueblood Phase 3 Settlement Agreement Projects with the Salish Region. Annual funding in the amount of \$100,000 is anticipated to support this community coordination work. Additionally, SBH-ASO anticipates receiving funding in its core contract with HCA for "crisis enhancements" targeted to support Trueblood Class Members. SBH-ASO has been in communication with its contracted crisis providers regarding these funds and is collaborating with these providers in the development of a meaningful plan for use of these crisis enhancement funds.

HCA plans to directly contract with behavioral health providers for outpatient competency restoration programs (“OCRPs”), intensive case management (“FPATH”), and residential supports as described in the Contempt Settlement Agreement (such as “FHARPS”) in 2024.

C. TRAINING OPPORTUNITIES FOR BOARD MEMBERS

SBH-ASO has funding to support training and conference attendance for Board Members. Board Members that are interested in attending a behavioral health related event should reach out to the SBH-ASO Administrator in advance of the event to seek approval. An example of an upcoming event that may be of interest is the 2023 Co-occurring Disorders and Treatment Conference in Yakima.

D. MILEAGE REIMBURSEMENT TO BOARD ACTIVITIES

Board members may request reimbursement for the cost of travel to Board activities. This includes in-person attendance at Board meetings. Staff is developing a simple on-line form for reimbursement requests.

**MINUTES OF THE  
SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION  
ADVISORY BOARD**

**Friday, August 4, 2023  
10:00 a.m. - 12:00 p.m.  
Hybrid Meeting  
Cedar Room, 7 Cedars Hotel  
270756 Hwy 101, Sequim, WA 98382**

**CALL TO ORDER** –Jon Stroup, SBH-ASO Behavioral Advisory Board Chair called the meeting to order at 10:14 am

**INTRODUCTIONS** – Self introductions were conducted around the room.

**ANNOUNCEMENTS** – None.

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

**APPROVAL of AGENDA** –

**MOTION: Sandy Goodwick moved to approve the agenda as presented. Diane Pfeifle seconded the motion. Motion carried unanimously.**

**APPROVAL of MINUTES** –

**MOTION: Helen Havens moved to approve the meeting minutes as submitted for the April 7, 2023 meeting. Mary Beth Lagenaur seconded the motion. Motion carried unanimously.**

**ACTION ITEMS**

➤ **APPROVAL OF FEDERAL BLOCK GRANT PLANS**

**Standard Block Grant**

SBH-ASO is presenting updated Block Grant plans for July 1, 2023 – December 31, 2023, and seeks the Board’s approval of these plans. Both plans align with the calendar year 2023 budget which was approved by the Executive Board.

**Mental Health Block Grant (MHBG)**

MHBG plan provides funding for the crisis system and transportation. Crisis services include crisis hotline and interpreter services. The plan format from HCA includes crisis services under the “Acute Intensive Services” category. The MHBG plan also identifies an estimated of the number of people to be served in each category. SBH-ASO Administration allowance is also included. Allocations are in line with the previous 6-month allocation. MHBG Co-Responder is a required category, and the allocation amount is pre-set by the Health Care Authority.

**Substance Abuse Block Grant (SABG)**



PPW (Pregnant and Parenting Women) Outreach is a required category for all SABG plans. A significant amount of funding is allocated for crisis services, which is categorized under “brief intervention” on this template. Brief intervention includes mobile crisis outreach services.

Interim services is a required category for all SABG Plans. This line item is limited as there has not historically been a need for interim services in the Salish region. Therapeutic Intervention Services for Children is also a required category and specifically intended for services to children in residential facilities serving Pregnant and Parenting Women (PPW).

Funding is also allocated to both Sub-acute withdrawal management and Intensive Inpatient Residential Treatment which are line items under the “Out of Home Residential Services” category.

Under the “Recovery Supports” category, the following line items are allocated funding, Transportation for PPW, Transportation and Childcare Services. Both Transportation for PPW and Childcare Services are required categories.

Under the “Other SABG activities” funding is allocated to for Interpreter Services and SBH-ASO Administrative allowance. SABG Co-Responder is a required category, and the allocation amount is pre-set by the Health Care Authority

### **ARPA Block Grant**

American Rescue Plan Act (ARPA) Block Grant is an additional one-time allocation of block grant funding. This additional funding is driven by federal legislation passed in response to the COVID-19 pandemic. This funding is awarded for July 1, 2023, to September 30, 2025. The plans presented today are an estimate of anticipated activities and investments to occur over the next 2 years. These plans will likely be amended at least once during this 2-year period.

### **ARPA MHBG**

A significant amount of funding has been allocated to Assisted Outpatient Treatment (AOT) Services. This is a unique category included in response to recent state legislation directing the statewide expansion of AOT. Funding is allocated to Individual Evidenced-based therapies which encompasses outpatient treatment services. A small allocation is set aside for transportation. The final category of Workforce Development/Conferences includes the RFP award for Peninsula Behavioral Health, SBH-ASO sponsored trainings and SBH-ASO Administrative costs.

The Crisis Services Set-aside, Peer Pathfinders and Addition of CPC to MCR Team (Certified Peer Counselor addition to Mobile Crisis Teams) are required categories with allocations pre-set by the Health Care Authority.

### **ARPA SABG**

The majority of ARPA SABG funding, \$300,000 of \$383,000, was awarded to providers via the recent block grant RFP. These RFP awards span multiple outpatient treatment and recovery support categories within this block grant plan.

Funding is allocated to Expansion of Peer-Based Recovery Support Services, in accordance with RFP awards. Under Prevention and Wellness, the line items of PPW Outreach and Tuberculosis Screening are required. Under Engagement Services, the 3 lines items of Assessment, Engagement and Referral, and Interim Services, are allocated in accordance with RFP awards. Under Outpatient Services, both Individual Therapy and Group Therapy are allocated in accordance with the RFP awards. Under Community Support, the line item of Supported Employment is allocated in accordance with the RFP Award. Therapeutic Intervention Services for Children is a required category. Under Out of Home Residential Services, Intensive Inpatient Residential Treatment is allocated.

Under Recovery Supports, Transportation for PPW, Transportation and Childcare Services are allocated. Under Other SABG Activities, SBH-ASO Administrative Costs and Provider Training are included.

Peer Pathfinders is a required category with a pre-set allocation by the Health Care Authority.

*Staff reviewed each Block Grant Plan, including anticipated budget allocations.*

*Discussion around co-response services in West Jefferson County specific to a recent incident involving an individual in crisis. Concern raised about training provided to police departments on available resources, including accessing the Salish Regional Crisis Line. Staff have provided a significant amount of outreach to the area. Plan for Staff to follow-up with the Sherriff's Office to ensure they have the information needed. Staff noted that the SRCL is the conduit for accessing mobile crisis outreach services.*

*Inquiry around historical accuracy of allocation budgets based on use of funds in each service category, and whether there are certain categories consistently underspent. 100% of budgeted funds for crisis services are expended each year. Similarly, budgets for residential services, interpreter services, administration, and training are nearly expended each year. Some categories deemed mandatory by the Health Care authority are routinely underspent. A very small allocation is set aside for these categories to mitigate underspending. Staff also monitor and adjust budgets around the third quarter of the assigned period for funds to reduce regional underspending.*

*Questions raised regarding AOT services, including how many individuals in the Salish region are engaged in services and of those, how many are first-time clients versus repeat clients; whether medication is a mandatory element of AOT services; and how do AOT service providers measure patient satisfaction. Staff will follow-up with data around individuals engaged in existing AOT services, which primarily support those on Least Restrictive Alternative (LRA) orders. Medication is determined on an individual basis as to whether it is compelled by the court or optional, however, medication management is a common element of LRA orders. Historically agencies providing services monitor patient satisfaction. SBH-ASO can include patient satisfaction as an element when rolling out new and more robust programming related to AOT.*

*Request for an independent, Peer-respected entity to provide development and monitoring of AOT services, ensuring an objective assessment of whether AOT and similar programs that compel medication are helpful to individuals. Staff noted that an external quality review organization (EQRO) has previously provided standalone oversight of programs in*

*Washington State and is in the process of being reestablished. Staff will provide more information about reinstatement of an EQRO as it comes available.*

*Question regarding whether there is inclusion of peer experience in suicide prevention training. Existing suicide prevention trainings provided by SBH-ASO have focused on fulfilling state licensing requirements for individuals in the field. Staff are looking into Question Persuade Refer (QPR) community-facing training. This was provided by SBH-ASO prior to the COVID-19 pandemic. SBH-ASO also provides support for Youth Mental Health First Aid training.*

*Recommendation for SBH-ASO and associated agencies to consider offering Alternatives to Suicide training, an internationally recognized training program led by people with lived experience related to suicide. Staff encouraged Board members to also share this information with the Suicide Prevention Task Force, as peer voice would be very beneficial. Staff will provide information about the Suicide Prevention Task Force event in Kitsap County for Suicide Awareness Day.*

*Staff provided an update on the Peer Pathfinders Transition from Incarceration pilot. The pilot supported funding for a .5 FTE peer support role to be added to existing jail transitions programs within the region. The program goal is to provide peer-focused support for 90 days pre-release and 120 days post-release.*

**MOTION: Mary Beth Lagenaur moved to approve the Federal Block Grant plans as submitted. Helen Havens seconded the motion. Motion carried unanimously.**

➤ **CO-RESPONDER RFP COMMITTEE**

On June 8, 2023, SBH-ASO released a request for proposals (RFP) for a Behavioral Health Co-Responder Program within Clallam, Jefferson or Kitsap Counties. SBH-ASO intends to contract with a law enforcement or first responder (Fire or EMS) agency to provide a Behavioral Health Co-Responder Program staffed with a mental health professional within the 3-county region (Clallam, Jefferson, or Kitsap) served by Salish BH-ASO.

The proposal submission deadline was July 27, 2023. SBH-ASO is seeking volunteers to serve on the RFP review committee. The RFP review committee will receive copies of the proposals on August 7th. SBH-ASO will convene committee members between August 16 – August 22 to discuss the proposals and make funding recommendations to the Executive Board.

**MOTION: Jon Stroup, Advisory Board Chair, approved Mary Beth Lagenaur, Helen Havens, Diane Pfeifle, and himself as volunteers for the Co-Responder RFP Review Committee.**

**INFORMATIONAL ITEMS**

➤ **EXPANSION OF ASSISTED OUTPATIENT TREATMENT**

In 2022, the Legislature passed SHB1773 which directed the expansion of existing RCW regarding Assisted Outpatient Treatment. This bill also directed BH-ASOs to employ an

“Assisted Outpatient Treatment Program Coordinator” to oversee system coordination. Staff will provide an update on the regional planning around AOT Expansion.

*Question about the volume of involuntary treatment time individuals spend in hospitals and facilities not designed for that type of treatment, such as emergency rooms. Staff will send a link to Board members for the state dashboard which contains information about the number of individuals not being served directly in a licensed psychiatric facility.*

*Comment regarding Treatment Advocacy Center (TAC) providing technical assistance for the expansion of AOT. The recovery peer movement opposes TAC and it is concerning that the organization has been selected by the State. Staff responded that TAC does not have control over the development of AOT expansion, nor drive treatment. TAC is only providing technical support as an entity that has some expertise and knowledge of how similar programs have been rolled out elsewhere in the United States.*

### ➤ **COMMUNITY RESOURCE FAIRS/BEHAVIORAL HEALTH SUMMITS**

SBH-ASO is planning to facilitate several Community Resource Fairs during the Summer and Fall of 2023. The purpose of these Community Resource Fairs is to increase awareness of the role and resources of the SBH-ASO. Upcoming events are noted below, and flyers for each event are included as attachments.

#### **Quilcene – August 1, 2023**

4:00 pm – 6:00 pm  
Quilcene Community Center  
294952 Hwy 101  
Quilcene, WA 98376

#### **Bremerton – October 3, 2023**

4:00 pm – 6:00 pm  
Marvin Williams Rec Center  
725 Park Avenue  
Bremerton, WA 98337

#### **Forks – September 19, 2023**

4:00 pm – 6:00 pm  
Forks Community Hospital  
550 5th Avenue  
Forks, WA 98331

#### **Chimacum – October 12, 2023**

4:00 pm – 6:00 pm  
Tri-Area Community Center  
10 West Valley Road  
Chimacum, WA 98325

*A resource fair via Zoom will be scheduled for any community members who were unable to attend in-person events.*

*Staff will send out the PowerPoint shared at the Community Resource Fairs as well as a table outlining agencies that tabled at each event.*

*Question regarding what types of questions and concerns have been raised by community members at the events. The primary areas of concern expressed have been behavioral health and general support services for the aging population. Cross-conversation between agencies and community members has also been lively and valuable.*

### **PUBLIC COMMENT**

- Lori Fleming provided comment about the Quilcene event, stating that it was very well done, and it was exciting to hear the interaction that went on. The conversation went very organically but was very informational. It was exciting to see agencies and community members gather in a space where you wouldn't have expected it.

**GOOD OF THE ORDER**

- None.

**ADJOURNMENT** – Consensus for adjournment at 11:33 a.m.

**ATTENDANCE**

<b>BOARD MEMBERS</b>	<b>STAFF</b>	<b>GUESTS</b>
<b><i>Present:</i></b>	Stephanie Lewis, SBH-ASO Administrator	Kate Jasonowicz, Community Health Plan of Washington (CHPW)
Jon Stroup, Chair, SBH-ASO Advisory Board	Jolene Kron, SBH-ASO Deputy Administrator/Clinical Director	Shawn Hendel, Office of Behavioral Health Advocacy
Helen Havens, SBH-ASO Advisory Board	Nicole Oberg, SBH-ASO Program Specialist	Lori Fleming, Jefferson County CHIP
Diane Pfeifle, SBH-ASO Advisory Board	Doug Washburn, Kitsap County Human Services	G'Nell Ashley, Reflections Counseling Services Group
Mary Beth Lagenaur, SBH-ASO Advisory Board		
Sandy Goodwick, SBH-ASO Advisory Board		
Stormy Howell, SBH-ASO Advisory Board		
<b>Excused: None</b>		

**NOTE: These meeting notes are not verbatim.**