



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

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

DATE: Friday, December 18, 2020
TIME: 10:00 AM – 12:00 PM
LOCATION: **VIRTUAL ONLY:** We will use the ZOOM virtual platform.

Recommend participation by either computer or ZOOM app on your mobile phone. Please use this link to download ZOOM to your computer or phone: <https://zoom.us/support/download>.

LINK TO JOIN BY COMPUTER OR PHONE APP:

Join Zoom Meeting: <https://zoom.us/j/95165461251>

Meeting ID: 951 6546 1251

Passcode: 844454

USE PHONE NUMBER and MEETING ID TO JOIN BY PHONE:

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

Meeting ID: 951 6546 1251

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 Notes for October 2, 2020 (Attachment 5)
6. Action Items
 - a. Approval of January-June 2021 Federal Block Grant Plans (Attachments 6.a.1 & 6.a.2)
7. Informational Items
 - a. Bridges Ombuds Presentation
 - b. Regional Provider Network Update
 - c. Code of Conduct Attestation (Attachments 7.c.1 & 7.c.2)
 - d. SBH-ASO Advisory Board Meeting Calendar
8. Opportunity for Public Comment (limited to 3 minutes each)
9. Adjournment

ACRONYMS

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

[Full listing of definitions and acronyms](#)



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

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

December 18, 2020

Action Items

A. APPROVAL OF JANUARY-JUNE 2021 FEDERAL BLOCK GRANT PLANS

SBH-ASO is presenting updated Block Grant plans for January 1, 2021 through June 30, 2021. These are expected to be comparable for July 1, 2021 through December 31, 2021.

Mental Health Block Grant (MHBG): The MHBG plan provides funding for crisis system. This includes mobile crisis, crisis hotline, 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.

Substance Abuse Block Grant (SABG): The plan aligns funding in accordance with SBH-ASO budget. It also aligns with the final RFP allocations. Brief intervention includes mobile crisis response services, as well as community outreach in response to agency RFPs. Engagement and Referral includes crisis line funding, as well as agency RFP driven funding. Interim Services are a requirement and limited in funding 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. The plan includes funding to support secure withdrawal management (SUD ITA). Transportation is also addressed as this was identified as a priority in the needs assessment. The SABG plan identifies number of PPW to be served by category. The Brief treatment and Engagement and Referral PPW number reflects 10% of expected number served.

Staff will discuss the information above in greater detail.

Informational Items

A. BRIDGES OMBUDS PRESENTATION

Presentation by Bridges Ombuds Vivian Morey. Vivian will review Quarter 1 and Quarter 2 Ombuds contacts for 2020. She will discuss any trends and provide updates from the state Ombuds meetings.

B. REGIONAL PROVIDER NETWORK UPDATE

Telehealth is still the primary mode of service provision across the SBH-ASO provider network. Many agencies are providing limited in person services for specific populations or needs. Strategies have been very specific by agency. Some areas impacted include fewer in person intakes and continued limited access to group treatment. Kitsap Mental Health Services' Crisis Triage capacity decreased from 16 to 10 beds to enhance safety and physical distancing requirements. Agencies have reported COVID-19 related shutdowns and staff quarantines across the region. The agencies have been working with Public Health and managing these challenging situations.

Crisis agencies continue to provide services to our communities. The number of involuntary treatment evaluations and detentions continue to outpace the same time period in 2019. We have seen changes in the crisis leadership at Kitsap Mental Health Services, Peninsula Behavioral Health, and Discovery Behavioral Health. PBH and DBH have both hired new DCR supervisors to start in December. KMHS is still recruiting for the crisis supervisor role. These changes are not COVID related. SBH-ASO will continue to provide technical assistance through these transitions. Staff will discuss the information above in greater detail.

C. CODE OF CONDUCT ATTESTATION

The SBH-ASO is committed to ensuring that all staff, board members and volunteers conduct their SBH-ASO related 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.

In order to support this commitment, SBH-ASO requests that Board Members review and attest to the SBH-ASO Code of Conduct on an annual basis. The Code of Conduct has been included in the Board packet for review and discussion. Following the Board Meeting, staff will email the attached Code of Conduct Policy and Attestation to each Board Member for review and signature.

D. 2021 BHAB MEETING CALENDAR

In 2021, the SBH-ASO Executive Board is scheduled to meet every other month. Staff is recommending that the BHAB meeting quarterly and during a month that does not also have an Executive Board Meeting. The suggested schedule below also allows for one joint meeting with the Executive Board. Staff recommends the following schedule for BHAB Meetings in 2021:

1st Friday, February 5th

1st Friday, June 4th

3rd Friday, September 17th (Joint with Executive Board)

1st Friday, December 3rd

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

**Friday, October 2, 2020
10:00 a.m. - 12:00 p.m.
VIRTUAL ONLY**

CALL TO ORDER –Lois Hoell, Board Chair called the meeting to order at 10:03 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: Anne Dean moved to approve the agenda as submitted. Sandy Goodwick seconded the motion. Motion carried unanimously.

APPROVAL OF JUNE 2, 2020 MINUTES

MOTION: Anne Dean moved to approve the June 2, 2020 minutes as submitted. Jon Stroup seconded the motion. Motion carried unanimously.

ACTION ITEMS

➤ **KITSAP COUNTY SBH-ASO BH ADVISORY BOARD APPLICANT**

On June 12, 2020, SBH-ASO received an application for appointment to the SBH-ASO Behavioral Health Advisory Board. The application is for the remaining Kitsap County seat. A brief summary of information shared by the applicant, Helen Havens, is outlined below for the Advisory Board's consideration.

Helen Havens has been a resident of Kitsap County since 1977. Helen has a bachelor's degree in psychology and extensive training in mental health treatment, addiction treatment, crisis intervention and client-centered treatment planning. Helen is now retired after working for many years as a co-occurring disorders therapist.

Helen has previously served on numerous committees including the Solid Waste Advisory Committee and the Transportation Advisory Committee. Helen currently serves on both the Kitsap Housing and Homelessness Coalition and Kitsap County Mental Health, Chemical Dependency and Therapeutic Court Citizen's Advisory Committee. Helen was appointed to the Kitsap County Mental Health, Chemical Dependency and Therapeutic Court Citizen's Advisory Committee in March of this year and serves to represent the Salish Behavioral Health Administrative Services Organization.

Helen spoke of her interest and reasons for wanting to participate in the SBH-ASO BH Advisory Board. The current SBH-ASO BH Advisory Board members appreciated her activism and candor.

MOTION: Sandy Goodwick moved to approve Helen Havens as a Kitsap County SBH-ASO BH Advisory Board member as submitted. Anne Dean seconded the motion. Motion carried unanimously.

INFORMATIONAL ITEMS

➤ **SBH-ASO REGIONAL PROVIDER UPDATE**

Behavioral Health Service Delivery during COVID-19.

- Agencies are working diligently to safely provide behavioral health services within our communities. Telehealth is still the primary mode of service provision across many providers. Many agencies have also worked with HCA to access additional cell phones and minutes for client use, as well as, agency Zoom subscriptions to facilitate telehealth access. Staff are hearing reports from agencies that some individuals are starting to experience fatigue with remote options and seeking return to in-person treatment. Some providers are starting to experience a decrease in engagement via electronic platforms.
- Agencies have reported challenges with staff feeling uncomfortable reporting to work, requiring leave due to children at home, and out of work due to quarantine. There is a significant increase in staff stress across all providers as in many work arenas. In a field where staff burnout is not uncommon, the increased stress due to COVID has increased the need for staff support.

Substance use disorder (SUD) treatment agencies are reporting an increase in SUD service request across all payors. One provider in Kitsap reported a nearly 25% increase across all payors.

Requests and referrals for Crisis Outreach Services, in general, decreased briefly in March and April. In May, requests and referrals to local crisis teams began to increase and the volume of calls to the Regional Crisis Hotline notably increased.

Crisis System and Involuntary Treatment Update

- As noted above, the number of calls to the Regional Crisis Line significantly increased in May. Required call metrics for crisis line have continued to be a challenge. The volume of calls has slowly started to decrease since the month of May but has not returned to the lower volume that was previously forecasted. And, while the volume of calls is slowly decreasing, the length of call, or “talk time” has continued to increase. Staff increased this contractor’s funding to support the increase in volume.

Salish’s Crisis Hotline contractor, Volunteers of America, reports challenges with staffing due to COVID call outs (due to illness, anxiety, and/or quarantine). With the increase in funding from SBH-ASO, VOA has hired new staff who are close completing training and going live on the hotline. They are also working on a cloud platform that will allow for individuals to work from home. Currently, call center staff are required to work on-site. Staff will review current crisis hotline metrics compared to contract requirements.

Questions regarding call tracing and/or calling 9-1-1 response to concerns for safety, as well as those that result in ITA treatment. The SBH-ASO has not requested the call tracing and/or 9-1-1 requests. Since the Salish Regional Crisis Line (SRCL) provides dispatch, the regional crisis providers would be the one’s to determine an ITA.

- Staff has seen an increase in Involuntary Psychiatric Inpatient Treatment stays since March 2020. There was a pause in April, presumed to be due to COVID. Then, there was a significant jump in the number of authorized bed days in May. Since May, the inpatient utilization has remained at that higher level. Providers report the acuity of symptoms in individuals they encounter is higher. This may be due to not accessing regular treatment, avoidance of hospital stays due to COVID, and families and the community not seeking assistance as early as they may have in the past.

Staff will review involuntary treatment investigation data for January-June 2019 versus January-June 2020.

Reviewed attachment 7.a.

Discussion regarding the reasons why the involuntary treatment investigations are increasing. One of the reasons for this increase is due to COVID-19, such as required quarantine, increases in isolation, etc.

Discussion from members regarding the need for support for trained peers to participate in crisis interventions, such as peer lead trainings or support in crisis situations.

➤ **SBH-ASO 2020 BUDGET UPDATE**

The initial SBH-ASO 2020 budget which was approved by the Executive Board in November 2019 included \$1,300,000 for Involuntary Psychiatric Inpatient Treatment. The budget update approved by the Board in May, increased the budget for Involuntary Psychiatric Inpatient Treatment to \$1,490,000 for the calendar year. Many Evaluation and Treatment Centers and Community Hospitals have not been following SBH-ASO's Utilization Management requirements and have not been submitting notification requests when serving a Salish BH-ASO individual at their facility. This has made it exceptionally difficult to monitor ITA Inpatient Treatment Utilization and Expenses. SBH-ASO is required to pay for Involuntary Treatment Services regardless of a facilities compliance with these standard requirements.

The SBH-ASO ITA Inpatient Authorized Bed Days as of the end of August were: January (145), February (136), March (170), April (75), May (208), June (245), and July (220). If Utilization continues steady at July's rate, the SBH-ASO could have as much as \$2,200,000 in ITA Psychiatric Inpatient expenses for calendar year 2020.

Staff believes that the additional ITA Inpatient expenses can be covered this year without cutting additional behavioral health services in 2020. This can be accomplished by using the unspent HCA administrative allowances from January-June 2020 to pay for inpatient treatment costs. Due to allocating a portion of Salish's administrative expenses back to the SBHO for closeout activities, additional SBH-ASO Administrative Funds remain. SBH-ASO also reduced its administrative expenses beginning in September, by a reduction in force. One SBH-ASO staff member, Richelle Jordan, was laid off in August. Lastly, SBH-ASO will utilize \$196,000 in January-June 2020 proviso funds to pay for Inpatient Treatment.

Discussion of individuals who have repeat stays or ways in which to capture the success of those individuals who have repeat stays. Reviewed that the data does indicate repeat stays for some individuals, as well as the barriers to access resources to reduce those repeat stays. There are currently fewer resources available for individuals without Medicaid or other insurance..

Ombuds asked how to assist individuals to access Medicaid when they have spenddowns that have been met due to medical expenses that exceed their spenddown. Discussion that DSHS processes these requests and due to COVID-19 there have slowed response. Participants discussed their personal experiences and offered suggestions. SBH-ASO staff will follow up with Ombuds to help provide comprehensive recommendations and ways in which they can support the Ombuds and client's needs.

Reviewed that across the state all ASO's are reporting an increase in all ITA stays.

Discussion regarding whether budget changes would be sufficient to cover the shortfall. Staff noted that this does cover the shortfall as far as currently projecting. Discussed the workload from reducing by one (1) staff within the SBH-ASO.

➤ **UPDATE ON STATEWIDE BEHAVIORAL HEALTH FORECAST (7.C)**

In August, Washington State Department of Health updated its report: *High-Level Analysis of Forecasted Behavioral Health Impacts from COVID-19*. This WA DOH analysis has been attached for the Board's reference. Staff will provide a brief summary of key takeaways, timelines and SBH-ASO efforts to respond to the concerning forecast.

Reviewed attachment 7.c.

Comment regarding how much the federal government has provided any support or direction towards COVID-19. WA DOH does indicate that the current political climate is affecting the progression of COVID-19 as well as the heightened symptomology.

Board member recommended a peer lead and evidence-based training, "Alternatives to Suicide," and may reduce inpatient utilization.

➤ **PRELIMINARY SBH-ASO 2021 BUDGET**

Staff created a preliminary 2021 budget based upon current funding allocations in SBH-ASO's contract with HCA. In order to prevent an SBH-ASO fiscal crisis related to continued increases in involuntary treatment costs, the SBH-ASO must refocus on its core responsibilities and mission when budgeting for 2021.

Per contract, SBH-ASO's core responsibilities include:

- Crisis Services (Crisis Hotline, Mobile Crisis Outreach and Involuntary Treatment Investigations)
- Involuntary Treatment (ITA Psychiatric Inpatient, ITA Withdrawal Management, and LRA Monitoring)
- Special Programs with dedicated funding (HARPS, FYSPRT, Peer Bridger's etc.)

In order to prepare for a likely surge in utilization of crisis services and involuntary treatment, additional funding must be budgeted for these expenses in 2021. After this adjustment, there is only \$126,000 remaining for non-mandatory or discretionary services in 2021, and these funds are allocated by the 2021 Substance Use Disorder RFP, which is reviewed later in this agenda packet.

The preliminary 2021 budget planning process has been exceptionally difficult and results in additional cuts to non-mandatory services. These cuts must include: withdrawal management,

substance use disorder residential, mental health residential, and facility-based crisis stabilization/triage services. In order to balance the 2021 budget, staff had to also reduce SBH-ASO's administrative/operating expenses, even though these expenses were already below the HCA contract limits.

Staff will discuss this process in greater detail and share other potential short-term grant opportunities that could temporarily fund some of the service cuts identified above.

Discussion regarding research related to the impact of reducing the lower level services on the usage of higher-level services. Members asked how to advocate to increase funding to these lower level services. Referred to advocacy groups and reaching out to government officials.

➤ **SBH-ASO 2021 SUD REQUEST FOR PROPOSAL RESULTS (7.E)**

SBH-ASO released an RFP on July 1, 2020. The RFP encompassed youth and adult substance use disorder treatment and treatment supports for calendar year 2021. The initial funds available for allocation was \$403,000. However, due to increasing non-Medicaid crisis and involuntary treatment expenses, staff reduced the funds available for allocation to \$126,000.

Four Advisory Board Members volunteered to serve on the RFP Review Committee and the Advisory Board supported the Review Committee's recommendations serving as the entire Board's recommendations.

The SUD RFP Committee convened on the morning of September 4th. The committee included representation from all three counties. The committee reviewed the RFP requirements. The committee discussed the expected funding available and the revised funding available. The committee considered requests proposal scores, community needs, and funds available to meet those needs. The discussion focused on concerns about the quality of some proposals compared to others, utilization reported in the proposals, community need, and regional funding allocation.

Youth services were requested by only one provider. With the recommendation to fully fund the single youth services proposal, \$13,700 of youth funding remains unallocated. All funds were allocated as indicated in the attached table.

The Advisory Board's recommendations were presented to the Executive Board on September 18th and the Executive Board unanimously approved awarding the funds per the Advisory Board's recommendations.

Reviewed attachment 7.e.

Appreciation was given to the committee participants from the SBH-ASO members.

The percentages by county for these services were determined by county population and need.

➤ **EARLY WARNING SYSTEM WORKGROUP AND DEVELOPMENT OF NEW REGIONAL IMC FORUM**

The Early Warning System (EWS) Workgroup was a Health Care Authority required activity for BHOs and BH-ASOs. The purpose of the EWS was to create a process for identifying and resolving early system issues related to the transition to Integrated Managed Care (IMC). A steering committee was created in mid-2019 and included a diverse group of stakeholders. The

EWS workgroup convened monthly, beginning in February and concluding in July. During each meeting, data and provider feedback was reviewed from the previous month.

General themes from EWS included: provider concerns about the timeliness of Managed Care Organization's responding to concerns about payment delays and/or incorrect payment amounts, provider concerns about percentage of claims being denied by MCOs and the overall increase in complexity and administrative burden under the IMC structure. At the conclusion of the EWS, many of these provider concerns remained.

In early August, staff reached out to its provider network to inquire about their interest in convening an Integrated Managed Care Problem Solving Forum. Staff suggested that Interlocal Leadership Structure, that was formed in late 2018 and had not convened since the end of 2019, could be restructured to meet this need. Providers expressed interest in convening a Regional IMC Problem Solving Forum. Staff has scheduled an initial virtual meeting with provider leadership for October 9th.

PUBLIC COMMENT

- Anne Dean, SBH-ASO BH Advisory Board, and other board members appreciate the SBH-ASO staff for the way in which they present information from a broad level to a smaller level that is helpful and easier to understand.
- Helen Havens, newly appointed SBH-ASO BH Advisory Board, empathized with the board and community providers. Noted appreciation for being a part of this board.

GOOD OF THE ORDER

- The next meeting for the Salish BH-ASO Advisory Board is Friday, December 4, 2020 at 10:00 a.m.

ADJOURNMENT – Consensus for adjournment at 12:00 p.m.

ATTENDANCE

BOARD MEMBERS	STAFF	GUESTS
Present:	Stephanie Lewis, SBH-ASO Administrator	Helen Havens
Lois Hoell, SBH-ASO Advisory Board	Jolene Kron, SBH-ASO Deputy Administrator/Clinical Director	Vivian Morey, DRC Ombuds
Sandy Goodwick, SBH-ASO Advisory Board	Doug Washburn, Human Services Director	Anna McEney, Jefferson Public Health
Anne Dean, SBH-ASO Advisory Board	Martiann Lewis, SBH-ASO Care Manager	
Janet Nickolaus, SBH-ASO Advisory Board		
Jon Stroup, SBH-ASO Advisory Board		
Excused:		

Jolene Sullivan, SBH-ASO Advisory Board, Tribal Representative		
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NOTE: These meeting notes are not verbatim.

Mental Health Block Grant: 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
Prevention & Wellness – Activities that enhance the ability of persons diagnosed with SMI or SED, including their families, to effectively decrease their need for intensive mental health services:				\$0.00
Screening, Brief Intervention and Referral to Treatment	<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
Parent Training	<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
Relapse Prevention/ Wellness Recovery Support	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$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>	0	0	Enter budget allocation to this proposed activity \$0.00
<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

Outcomes and Performance Indicators:

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>	0	0	Enter budget allocation to this proposed activity \$0.00
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

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>	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>				
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>	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

Outcomes and Performance Indicators:

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>	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

Outcomes and Performance Indicators:

Attachment 6.a.1

Other Supports (Habilitative) – Unique direct services for persons diagnosed with SMI or SED, including services to assist their families to continue caring for them.				\$500.00
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:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
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: Individuals presenting with need for interpreter services will have access.</i>	1	4	Enter budget allocation to this proposed activity \$500.00
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: 100% of individuals seeking services requiring interpreter services will have access to the culturally appropriate resource.</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	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00

Services				
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.				\$0.00
Crisis Residential/Stabilization	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
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>				
Acute Intensive Services – Acute intensive services requiring immediate intervention for persons diagnosed with SMI or SED.				\$164,177.00
Mobile Crisis	<i>Begin writing here: Each individual within the Salish region will have access to Mobile Crisis Outreach services as needed.</i>	250	3000	Enter budget allocation to this proposed activity \$116,677.00
	<i>Begin writing here:</i>			Enter budget allocation to this

Peer-Based Crisis Services		0	0	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: Each individual within the Salish region will have access to toll-free crisis line services and referral.</i>	70/month	700/month	Enter budget allocation to this proposed activity \$47,500.00
<i>Outcomes and Performance Indicators:</i> Each individual within Salish region will have access as identified in reported encounters. Providers will meet response timelines as written in contract.				
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.				\$0.00
Workforce Development/Conferences	<i>Cost sharing</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Grand Total				\$164,677.00

Substance Abuse Block Grant: 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:				\$375,281.00
*PPW Outreach (required)	<i>Begin writing here: Outreach and crisis intervention with Pregnant and Parenting Women.</i>	12	<i>Begin writing here: Evidence of care coordination with referral sources to provide information on treatment and support services specific to PPW populations. Evidence of prioritization. 90% of individuals receive information.</i>	Enter budget allocation to this proposed activity \$5,000.00
Outreach to Individuals Using Intravenous Drugs (IUID)	<i>Begin writing here:0</i>	0	<i>Begin writing here:0</i>	Enter budget allocation to this proposed activity \$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>	250	<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>	Enter budget allocation to this proposed activity \$370,281.00
Drug Screening	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
*Tuberculosis Screening (required)	<i>Begin writing here: Tuberculosis screening services occur with every assessment completed. There is no additional cost outside of the assessment only or package service request.</i>	0	<i>Begin writing here: Screening is evidenced in 90% of reviewed files.</i>	Enter budget allocation to this proposed activity \$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.				\$43,550.00
Assessment	<i>Begin writing here: Assessments are completed upon request for any individual presenting for services without Medicaid and meeting low-income requirements.</i>	25	<i>Begin writing here: Assessments are completed upon request for any individual presenting for services without Medicaid and meeting low-income requirements.</i>	Enter budget allocation to this proposed activity \$3,750.00
*Engagement and Referral (required)	<i>Begin writing here: Providing engagement, triage and referral to services within the community upon contact.</i>	200	<i>Begin writing here: Evidence of engagement, referral, and care coordination as indicated by individual need.</i>	Enter budget allocation to this proposed activity \$39,275.00
*Interim Services (required)	<i>Begin writing here: Provision of services for individuals on waitlist for access to treatment.</i>	11	<i>Begin writing here: Provision of services for individuals on waitlist for access to treatment. Monitor for compliance with waitlist plicy and procedure.</i>	Enter budget allocation to this proposed activity \$525.00
Educational Programs	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$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.				\$44,450.00
Individual Therapy	<i>Begin writing here: Provide services for uninsured, under insured, low income individuals who are not eligible for Medicaid as part of service package.</i>	20	<i>Begin writing here: Evidence of treatment encounters appropriate to ASAM level of care as indicated by assessment and treatment plan.</i>	Enter budget allocation to this proposed activity \$14,750.00

Attachment 6.a.2

Group Therapy	<i>Begin writing here: Provide services for uninsured, under insured, low income individuals who are not eligible for Medicaid as part of service package.</i>	45	<i>Begin writing here: Evidence of treatment encounters appropriate to ASAM level of care as indicated by assessment and treatment plan.</i>	Enter budget allocation to this proposed activity \$29,700.00
Family Therapy	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
Multi-Family Counseling Therapy	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
Medication Assisted Therapy (MAT) - Opioid Substitution Treatment	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$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 to this proposed activity \$0.00
Recovery Housing	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
Supported Employment	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
Other Support (Habillitative) – 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.				\$25,000.00
PPW Housing Support Services	<i>Begin writing here: Housing support services in recovery house for women and children. Supportive case management services.</i>	9	<i>Begin writing here: Tracking treatment attendance, completion of treatment. Goal achievement as indicated in assessment and treatment plan.</i>	Enter budget allocation to this proposed activity \$25,000.00
Supported Education	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
Housing Assistance	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
Spiritual/Faith-Based Support	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$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.				\$5,000.00
*Therapeutic Intervention	<i>Begin writing here: For services to children in residential treatment facilities serving PPW.</i>		<i>Begin writing here: Tracking use of Therapeutic Intervention services with monthly reporting.</i>	Enter budget allocation to this proposed activity

Therapeutic Intervention Services for Children (required)		10		\$5,000.00
Sobering Services	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$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 to this proposed activity \$0.00
Crisis Services Residential/ Stabilization	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
Intensive Inpatient Residential Treatment	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
Long Term Residential Treatment	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
Recovery House Residential Treatment	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
Involuntary Commitment	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$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.				\$78,030.00
Acute Withdrawal Management	<i>Begin writing here: Secure withdrawal management services.</i>	10	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$78,030.00
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.				\$33,000.00
*Interim Services (required)	<i>Begin writing here: Addressed above in Interim services</i>	0	<i>Begin writing here: Addressed above in interim services.</i>	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>	10	<i>Begin writing here: Tracked by individual bus ticket, bus passes, mileage reimbursement.</i>	Enter budget allocation to this proposed activity \$1,000.00
Transportation	<i>Begin writing here: Provide individual bus ticket, bus passes, mileage reimbursement to aid in access to treatment.</i>	30	<i>Begin writing here: Tracked by individual bus ticket, bus passes, mileage reimbursement.</i>	Enter budget allocation to this proposed activity \$2,000.00

Attachment 6.a.2

*Childcare Services (required)	<i>Begin writing here: Provide childcare in a licensed on-site facility to increase access to treatment services.</i>	25	<i>Begin writing here: Track number of children accessing care and cost of program. Monthly report on usage.</i>	Enter budget allocation to this proposed activity \$30,000.00
*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. <i>Begin writing here: Interpreter services for individuals accessing services.</i>				\$500.00
Grand Total				\$604,811.00



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: CODE OF CONDUCT

Policy Number: CP304

Effective Date: 1/1/2020

Revision Dates:

Reviewed Date:

Executive Board Approval Dates:

PURPOSE

The Salish Behavioral Health Administrative Services Organization (SBH-ASO) is dedicated to ensuring and continually improving the delivery of quality behavioral health care so that the individuals we serve may better manage their illness, achieve their personal goals, and live, work and participate in their community.

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. We have a responsibility to each other and to the community as a whole to operate ethically and honestly.

This Code of Conduct serves to demonstrate the SBH-ASO's dedication to providing quality care to persons receiving services, and to submitting accurate claims for reimbursement to all payers. The 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. Know, articulate, and exude the SBH-ASO Mission Statement.
3. 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.
4. Professionally participate in the development, adoption, and adherence to relevant policies to be used in the management of the SBH-ASO.
5. Ensure the Individual's voice is heard and considered prior to making policy decisions.
6. Improve the public knowledge and perception of SBH-ASO and the SBH-ASO provider network.
7. 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.
8. 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 or Hotline.
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 or Hotline.
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.

Signature

Print Name

Date