



Salish Behavioral Health
Administrative Services Organization

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION

EXECUTIVE BOARD AND ADVISORY BOARD MEETING

DATE: Friday, September 17, 2021
TIME: 9:00 AM – 11:00 AM
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:

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Meeting ID: 910 6963 4743

Passcode: 117019

USE PHONE NUMBER and MEETING ID TO JOIN BY PHONE:

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

Meeting ID: 910 6963 4743

Passcode: 117019

A G E N D A

[Salish Behavioral Health Administrative Services Organization – Executive Board](#)
[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 Executive Board Meeting Minutes for July 30, 2021 ([Attachment 5](#))
6. Action Items
 - a. [Summary Enhanced Block Grant Request for Proposals \(RFP\) Process and Advisory Board General Funding Recommendations \(Attachment 6.a.1 and Attachment 6.a.2\)](#)
 - b. [Approval of Enhanced MHBG and Enhanced SABG Plans \(Attachment 6.b.1, Attachment 6.b.2, and Attachment 6.b.3\)](#)
 - c. [SBH-ASO Letter of Interest Process for Recovery Navigator Program and Approval to Proceed with Contracting](#)
7. Informational Items
 - a. [Update on HB1310 and Regional Law Enforcement Response](#)
 - b. [Update on Changes to Behavioral Health Ombuds System](#)
 - c. [Olympic Community of Health Update](#)
 - d. [Advisory Board Update](#)
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
CAP	Corrective Action Plan
CBRA	Community Behavioral Health Rental Assistance
CHPW	Community Health Plan of Washington
CMS	Center for Medicaid & Medicare Services (federal)
COVID-19	Coronavirus Disease 2019
DBHR	Division of Behavioral Health & Recovery
DCYF	Division of Children, Youth, & Families
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
FYSPT	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



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September 17, 2021

Action Items

A. SUMMARY OF ENHANCED BLOCK GRANT RFP PROCESS AND ADVISORY BOARD GENERAL FUNDING RECOMMENDATIONS (EXECUTIVE BOARD ACTION)

On May 24, 2021, SBH-ASO released email notification informing the community of an upcoming RFP for Enhanced Block Grant Funds. The notification outlined steps to be completed to be eligible for these funds if an entity wasn't a current SBH-ASO subcontractor. This notification was sent to the following entities across the 3-county region:

- Licensed Behavioral Health Agencies
- Federally Qualified Health Centers
- 7 Tribes
- Olympic Educational School District
- Current SBH-ASO subcontractors

The Enhanced MHBG and Enhanced SABG RFPs were released July 6, 2021 and closed August 5, 2021.

- No proposals were received for the \$250,000 of Enhanced MHBG funding.
- Twelve (12) proposals from four (4) agencies were received for the Enhanced SABG funding.
 - Proposals only received from agencies in Kitsap and Clallam counties
 - Enhanced SABG requests totaled \$455,631, leaving \$94,369 not requested.

The Advisory Board RFP Committee reviewed the proposals and met on August 30, 2021 to make recommendations. The recommendations are in the attached table "[Enhanced SABG RFP Summary and Recommendations](#)". The recommendation of the committee was to fund all requests fully. All votes were unanimous.

Additionally, SBH-ASO presented a plan for the \$250,000 of unrequested Enhanced MHBG and \$94,369 of unrequested Enhanced SABG. The Advisory Board RFP Committee agreed with SBH-ASO's plan. The recommendations are in the attached table "[Recommendations for Unrequested Enhanced Block Grant Funds](#)."

B. APPROVAL OF ENHANCED MHBG AND SABG PLANS (ADVISORY BOARD ACTION) The Healthcare Authority requires Advisory Board Approval of Federal Block Grant Plans. With the addition of Enhanced MHBG and Enhanced SABG funds, SBH-ASO is required to submit two additional Block Grant Plans following their approval by SBH-ASO's Advisory Board. The attached plans are for July 1, 2021 – March 31, 2023. Both plans reflect the priorities identified by the Advisory Board during the February 2021 Board Meeting and the recommendations of the RFP Review Committee.

- Enhanced MHBG Plan

As noted during the summary of the RFP process, there were no proposals received for Enhanced MHBG funds. SBH-ASO staff recommendations were presented in the attached table "[Recommendations for Unrequested Enhanced Block Grant Funds](#)" in the Agenda Item above. SBH-ASO is proposing \$125,000 of funding be allocated for Crisis Triage within Kitsap County, to include access by Jefferson residents if needed. SBH-ASO recommends allocating the remaining \$115,000 for outpatient treatment services in 2022. Staff will work with providers on a more specific plan for these outpatient treatment funds. Staff will review the attached "[Enhanced Block Grant Plans Summary](#)" and seek Advisory Board Approval. See full [Enhanced MHBG Plan](#) attachment.

- Enhanced SABG Plan

This plan reflects the RFP Committee Recommendations and SBH-ASO staff recommendations. After allocation of funding by the RFP, SBH-ASO recommends the remaining funds be allocated for withdrawal management services (\$5000) and SUD Residential (\$91,800). These two priority categories were identified as needs in the SUD Needs Survey completed by SBH-ASO in Spring 2021. Staff will review the attached "[Enhanced Block Grant Plans Summary](#)" and seek Advisory Board Approval. See full [Enhanced SABG Plan](#) attachment.

C. SBH-ASO LETTER OF INTEREST PROCESS FOR RECOVERY NAVIGATOR PROGRAM AND APPROVAL TO PROCEED WITH CONTRACTING (EXECUTIVE BOARD ACTION)

During the July 30th Executive Board Meeting, Staff provided a high-level summary of SB5476 (Blake Bill) and the role of BH-ASOs in developing new regional Recovery Navigator Programs. SBH-ASO's July 1st contract amendment with the Healthcare Authority included the requirement to plan and implement this new regional program at an extremely rapid pace. Due to the Program's staffing requirements, data reporting requirements and accelerated timeline for implementation, SBH-ASO determined that utilizing its existing contracted network within the 3-county region was the only approach to successfully launch this program by 11/1/21.

On July 29th, SBH-ASO sent email communication to its currently contracted network within the 3-county region seeking Letters of Interest for participation in this new program. Letters of interest were due by August 13, 2021. Letters of interest were received from 2 Clallam County agencies, 1 Jefferson County agency and 2 Kitsap County agencies. On August 25th, SBH-ASO received the final Uniform Program Standards and notification of its annual funding allocation of \$1,435,190. SBH-ASO has determined that the funding allocation is sufficient to support 5 subcontractors providing services within this new program. Approximate funding allocations of \$287,035 were shared with each interested agency and all agencies agreed that funds were sufficient to support their willingness to contract.

SBH-ASO is seeking Executive Board approval to proceed with contracting with the following agencies for the implementation of the Recovery Navigator Program: Reflections Counseling, Peninsula Behavioral Health, Discovery Behavioral Healthcare, Agape Unlimited and West Sound Treatment Center.

Informational Items

D. UPDATE ON HB1310 AND REGIONAL LAW ENFORCEMENT RESPONSE

During the July 30th Executive Board Meeting, Staff provided a high-level summary of HB1310 and the impact on the crisis system. SBH-ASO has taken several steps to support the local community and mitigate the risk of the breakdown of collaborative working relationships between behavioral health crisis agencies and law enforcement agencies.

On August 19th, SBH-ASO facilitated a regional meeting with law enforcement agencies surrounding the impact of HB1310 in the Salish community. SBH-ASO extended an invitation to every law enforcement jurisdiction across the region, Fire/EMS agencies and Behavioral Health Crisis Agencies. Attendance and participation far exceeded expectations. Participants expressed interest in continuing to hold this meeting on a quarterly cadence and SBH-ASO agreed to organize and facilitate.

SBH-ASO created a template for crisis teams to document their requests of law enforcement related to supporting crisis outreach and involuntary treatment investigations. The weekly tracking has indicated 21 contacts over the 5 weeks of tracking. This included 8 in Kitsap, 7 in Jefferson and 6 in Clallam (PBH). No law enforcement contacts have been reported by WEOS.

The Salish region continues to be fortunate that law enforcement jurisdictions are working with our providers to problems-solve challenges. Staff will discuss some early observations from the weekly tracking logs.

E. UPDATE ON CHANGES TO THE BEHAVIORAL HEALTH OMBUDS SYSTEM

In accordance with HB1086, the Ombuds program will be transitioning to a new state office of Behavioral Health Consumer Advocacy. This change is scheduled to fully actualize by October 1, 2022. Historically, the Regional Support Networks (RSNs), Behavioral Health Organizations (BHOs) and BH-ASOs were responsible for ensuring Behavioral Health Ombuds access within their Regional Service Area.

The Department of Commerce was tasked with the contracting for this new agency. The expected roll out will include a Request for Information (RFI) in late September/early October 2021, followed by a RFP in March 2022. Commerce expects to make a contracting decision in June 2022 for a contract start of July 1, 2022.

In a meeting on 8/30/21, it was discussed that ASO contracts will include the administration of Behavioral Health Ombuds services through October 2021 to support a smooth transition. Commerce stated that the chosen "independent non-profit" identified through the RFP will have full decision-making on how the program will be run going forward. Behavioral Health Ombuds across the state have expressed notable anxiety about the limited information being shared. Engagement of stakeholders has been limited. Current Behavioral Health Ombuds are concerned about job security and many programs have seen staff turnover this year. Planning at Commerce in partnership with HCA is still in the early stages.

F. OLYMPIC COMMUNITY OF HEALTH UPDATE

Executive Director, Celeste Schoenthaler, will provide an update on the work the Olympic Community of Health is leading in the region.

G. ADVISORY BOARD UPATE

Chair, Lois Hoell, will provide an update on behalf of the Advisory Board.

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

Friday, July 30, 2021

9:00 a.m. - 11:00 a.m.

VIRTUAL ONLY: ZOOM Virtual Platform

CALL TO ORDER – Commissioner Greg Brotherton, Chair, called the meeting to order at 9:00 a.m.

INTRODUCTIONS – Self introductions were conducted.

ANNOUNCEMENTS – None.

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

APPROVAL of AGENDA – Commissioner Greg Brotherton

MOTION: Tribal Representative Theresa Lehman moved to approve the agenda as amended. Commissioner Mark Ozias seconded the motion. Motion carried unanimously.

APPROVAL of MINUTES –

MOTION: Commissioner Robert Gelder moved to approve the meeting notes as submitted for the March 19, 2021 meeting. Tribal Representative Theresa Lehman seconded the motion. Motion carried unanimously.

ACTION ITEMS

➤ **SBH-ASO INTERLOCAL AGREEMENT**

While electing officers at the January 15, 2021, Executive Board Meeting, the Board commented on the lack of utility of having a Second and Third Vice-Chairs. With the term of the Interlocal Agreement ending on 12/31/2021, the July Board Meeting is an opportunity to take action on amending the terms of the SBH-ASO Interlocal Agreement.

The Interlocal Agreement has been attached in track changes. The only edits made by staff are the elimination of Second and Third Vice-Chairs in Sections D and E of Article VI.

MOTION: Tribal Representative Theresa Lehman moved to approve **SBH-ASO Interlocal Agreement**. Commissioner Robert Gelder seconded the motion. Motion carried unanimously.

➤ **SBH-ASO BUDGET UPDATE**

Changes in several SBH-ASO Revenue Contracts necessitated a mid-year budget update. There are several new funding sources included in SBH-ASO's July 1st HCA Contract Amendment. Additionally, there was a significant increase in revenue within SBH-ASO's Community Behavioral Health Rental Assistance Contract with the Department of Commerce. Staff has summarized changes in its annual revenue in the "Summary of Non-Medicaid Revenue" attachment. The blue column identifies anticipated revenue shared at and approved during the January 15, 2021, Executive Board Meeting. The grey column is an updated annual estimate for calendar year 2021 revenue.

Planned changes in SBH-ASO Expenditures is summarized in “Non-Medicaid Expenditure Summary”. The middle column of the attachment reflects expenditures approved during the January 15, 2021, Executive Board Meeting. The far-right column reflects updated expenditures to align with changes in revenue.

Staff anticipates receiving at least 2 off-cycle amendments from HCA before the end of the calendar year. The proposed budget does not include this anticipated revenue as sufficient details has not yet been provided by the HCA.

Staff will provide additional details surrounding the proposed non-Medicaid budget and seek the Board’s approval.

Reviewed the significant increase in revenue within SBH-ASO’s Community Behavioral Health Rental Assistance (CBRA) Contract with the Department of Commerce. Salish is unique that we contract with Coordinated Entry sites for these housing funds and that Salish the highest spending region in the state.

Discussed that there is more structure in some housing programs, and there are priorities of those who are discharging from inpatient settings or individuals at risk of homelessness and have a documented behavioral health condition. Originally HCA rolled out HARPS for short term subsidies, the general and SUD subsidies are continued through HCA. HCA contracted with Department of Commerce for the long-term subsidy. CBRA will be funded by Department of Commerce and HARPS will be funded under HCA.

Reviewed Attachments 6.b.1 and 6.b.2.

Inquiry regarding if these additional funds would address gaps in our 2020 budget and any foreseeable gaps in the future. SBH-ASO was expecting enhanced COVID Block Grant Funds but were not aware that there would be subcategories within the funds. Additionally, the Peer Pathfinders from incarceration from the block grant funds were not expected. Noted that there are funds allocated for SBH-ASO to sponsor trainings across the region. SBH-ASO is developing a plan for 2022 implementation for the crisis services block grant funds. . SBH-ASO is continuing to wait for more details about the additional crisis outreach funds from the HCA. Responding specifically to the potential for foreseeable gaps, the SBH-ASO will know more towards the end of the calendar year, 2021. Discussed that the services gaps will likely be reducing based upon these additional funds being contracted to agencies, however, the challenge with procuring sufficient qualified workforce to provide the services is an on-going challenge. There are still additional funds from the American Rescue Plan to be contracted by the HCA to ASO’s, likely not to be distributed until 2023.

Inquiry regarding SBH-ASO administrative funding and if there is a strain with new funding sources and programming. SBH-ASO will be staffed appropriately with additional staff covering the SB5476 implementation and Program Specialist, which is in active recruitment to provide some support to the team to successfully manage the new funding and programs.

MOTION: Commissioner Rob Gelder moved to approve the SBH-ASO Budget Update. Commissioner Mark Ozias seconded the motion. Motion carried unanimously.

➤ **SBH-ASO POLICIES AND PROCEDURES**

Changes in the January 1, 2021 HCA/BHASO Contract, necessitated Policy and Procedure updates. A spreadsheet has been included which summarizes the changes made to these Policies and Procedures.

The following policies have been included for the Board's approval:

AD101 Policy Development and Review

AD102 Provider Network Selection and Management

AD105 Customer Service

CL205 Monitoring of Conditional Release, Less Restrictive and Assisted Outpatient Treatment Orders

CP301 Compliance and Program Integrity

CP303 Fraud, Waste and Abuse Compliance Reporting Standards

QM701 Quality Management Plan

UM802 Notice Requirements

UM803 Authorization for Payment of Psychiatric Inpatient Services

PS908 Workstation and Portable Computer Use

PS909 Protected Health Information Data, E-mail and Internet Security

PS910 Password Protection

PS911 Administrative Requirements Documentation

Inquiry regarding policies and procedures related to telework and information security. As Kitsap County is the oversight for policies related to telework, the Kitsap County is continuing to evaluate and provide updates.

SBH-ASO's information security is managed by Kitsap County. The Kitsap County Information Services Department is working to ensure the safe management and security of our information and SBH-ASO noted no concerns regarding our information security.

MOTION: Commissioner Robert Gelder moved to approve SBH-ASO Policies and Procedures. Tribal Representative Theresa Lehman seconded the motion. Motion carried unanimously.

INFORMATIONAL ITEMS

➤ **HB1310 AND CRISIS SYSTEM IMPACT**

High Level Summary of HB1310

- Replaces existing use of force statute with a new provision that authorizes the use of physical force when necessary to: protect against criminal conduct where there is probable cause to make an arrest; effect an arrest; or prevent escape as defined under chapter 9A.76 RCW; or

protect against an imminent threat of bodily injury to the peace officer, another person, or the person against whom force is being used.

- Authorizes a law enforcement officer to use deadly force only when necessary to protect against an imminent threat of serious physical injury or death.
- Establishes a Duty of Reasonable Care for law enforcement officers:
 - When possible, exhaust available and appropriate de-escalation tactics prior to using any physical force,
 - When using physical force, use the least amount of physical force necessary to overcome resistance under the circumstances,
 - Terminate the use of physical force as soon as the necessity for such force ends,
 - When possible, use available and appropriate less lethal alternatives before using deadly force, and
 - Make less lethal alternatives issued to the officer reasonably available for their use.
- By July 1, 2022, the Attorney General will develop and publish a model policy on law enforcement use of force and de-escalation tactics.
- Requires law enforcement agencies to submit their use of force policies to the Attorney General.

Crisis System Impact

Law enforcement has a long-standing role supporting the safe delivery of crisis services, including involuntary treatment services, in the community. Crisis teams across the state have been supported by law enforcement when conducting community-based crisis outreaches. Law enforcement also assists with transporting individuals that meet criteria for involuntary detention (ITA).

On a routine basis, law enforcement has provided support to Designated Crisis Responders (DCRs) in the community by securing the scene, supporting EMS for transport, and providing direct transport. Law enforcement has also picked up individuals who had court orders mandating inpatient care. Independent of crisis teams, law enforcement would also transport someone they encountered who was in distress and transport to an emergency department, if they felt that was appropriate.

Expected changes due to HB1310 will, and in many cases already has, disrupted the current process. Law enforcement interpretation on this law is currently in flux. The consequences seen so far include jurisdictions that will not respond to any behavioral health call, jurisdictions responding but acting in an observational role, or jurisdictions responding but leaving if no crime is being committed or imminent risk identified. Law enforcement will no longer provide transport or respond for pick up orders. This has also impacted EMS response in some areas as they will not transport without law enforcement participation.

These changes have led to crisis teams across the state expressing concerns about being able to complete community outreaches in a safe manor. This leaves crisis teams in situations where the person may meet criteria for involuntary detention but cannot be transported and therefore, must be left in the community. Crisis teams and law enforcement are working to develop plans and protocols in a continuously changing landscape.

Staff will discuss this in greater detail, including actions taken to support crisis teams and the local community.

SBH-ASO coordinated with all the law enforcement jurisdictions, including Tribal police, Fire, EMS, and National Park Rangers across the Salish region, to solicit the current stance and response to behavioral health dispatch related to HB 1310. Noted that within Salish region, there is only one law enforcement jurisdiction that indicated they would not respond when a behavioral health dispatch is requested. SBH-ASO has noted that some law enforcement jurisdictions will respond only in coordination with co-response of a mental health professional. Some law enforcement will provide response and support only if they have identified a felony being committed. Some law enforcement will arrive on scene but leave when there is not imminent risk identified. Law enforcement agencies are concerned about creating a situation where they are causing an escalation of behaviors.

Discussed concerns regarding community response from our Mobile Crisis Outreach Teams (MCOT) as law enforcement agencies may not respond. SBH-ASO and MCOT have concerns from how an individual can be transported safely to a hospital for medical clearance for an involuntary treatment evaluation or the inability to execute a non-emergent order (i.e.: pick up order) without law enforcement if the individual is not voluntary. Our regional behavioral health crisis teams are coordinating with law enforcement agencies regarding HB 1310 implementation.

Washington Sheriff and Police Chiefs (WASPC) drafted a letter to the bill sponsor representative, Jesse Johnson, requesting that Representative Johnson reach out directly to the Attorney General for more guidance. SBH-ASO inquired as to whether the Health Care Authority (HCA) had any intentions or plans to directly reach out to the Attorney General's office. The HCA noted that they were in conversations but had no plan to request guidance. The SBH-ASO is not an entity that can request guidance from the Attorney General. At this time SBH-ASO is not aware that the Attorney General has been asked to weigh in and provide any guidelines.

SBH-ASO is requesting regional crisis behavioral health agencies track requests to law enforcement and document the response to the request for support. SBH-ASO created a standard template for crisis agencies to utilize for this reporting.

The SBH-ASO is not requesting any action at this time and will provide updates at our next Executive Board meeting. Request to identify regional information related to law enforcement response and situations that reflect the impact of HB 1310.

➤ **SB5476 (STATE V BLAKE) AND THE ROLE OF BH-ASO**

SB5476 is the Legislature's response to the *State v. Blake* decision. Prior to this decision, a person could be found guilty of felony possession of controlled substance without proof that the defendant knew they had possessed the substance. In the *State v. Blake*, the Washington Supreme Court found this statute to be unconstitutional, holding that the Legislature's criminalization of passive conduct with no requirement to prove criminal intent is a violation of due process.

Some of the immediate consequences of *State v. Blake* include, but are not limited to:

- Washington sentences for simple possession of a controlled substance were invalidated
- Immediate release of all pre-trial detainees who's only charged offenses are simple possession

- Remand of drug court participants who's only underlying charge is simple possession and dismiss their charges

Four key elements included in SB5476 include:

Penalty: Adults and juveniles who are in possession of a controlled substance will be subject to a misdemeanor. This has a sunset clause and unless the legislature acts by July 2023 simple possession will be decriminalized.

Law Enforcement Diversion: Law Enforcement are required to offer those in violation of simple possession a "referral to assessment and services" for at least the first two violations
Prosecutor Diversion" The "prosecutor is encouraged to divert cases under this section for assessment, treatment or other services."

Funding: the bill includes \$82,150,000 in funding for treatment of substance abuse

Additional Blake Funding is also in the operating budget (\$86,5000,000)

Role of BH-ASOs

Per SB5476, each BH-ASO must establish a recovery navigator program that provides community-based outreach, intake, assessment, and connection to services to youth and adults with substance use disorders.

SB5476 provides \$2.8mil in funding for BH-ASO staff positions to develop regional recovery navigator program plans and to establish positions focusing on regional planning to improve access to and quality of regional behavioral health services with a focus on integrated care.

SB5476 provides \$42mil in funding to expand substance use disorder services and supports including amounts for prevention, outreach, treatment, recovery supports, and grants to tribes.

Next Steps

- HCA is currently drafting program standards for the Recovery Navigator Program.
- HCA requiring BH-ASOs have a Recovery Navigator Program Administrator in place by July 31, 2021.
- HCA program standards expected to be released in August 2021.
- HCA requiring BH-ASOs to submit progress report on implementation of their regional program by September 1, 2021.
- HCA requesting that regional programs be in place by November 1, 2021.

SBH-ASO reviewed whether the Blake Decision would impact an individual's access to services. There is a significant portion of individuals in drug court that also have Medicaid and could continue to access treatment under that benefit. SBH-ASO conducted a survey of all regional drug courts and only identified one individual that would have lost access, but due to the individual already being enrolled in drug court at the time they have continued access.

The Blake Funding may not include legal financial obligations (LFO's), but some of the biennial operating budget contains funds to support program and municipalities obligations.

Indicated that change in language from SUD Navigators to Recovery Navigators as this program is intended to provide Law Enforcement with the role of a referral source for diversion. The Recovery Navigator program is expanding to a full continuum of community support and outreach services for individuals who may or may not be justice involved.

Noted that the acronym LEAD has been updated to “Let Everyone Advance with Dignity.”

➤ **2020 SBH-ASO QUALITY MANAGEMENT PROGRAM EVALUATION REPORT**

SBH-ASO completed an annual review of its Quality Management Program for calendar year 2020. Crisis Services were the focus for this review period, including crisis hotline, crisis outreach and utilization management. Critical Incidents, grievances and Ombuds service timelines and outcomes were also reviewed. The annual report is attached for the Board’s review. Staff will discuss in greater detail.

Reviewed the SBH-ASO Quality Management Program Evaluation Report. SBH-ASO reported highlights and accomplishments over the 2020 year. Noted the successful implementation of the Salish Regional Crisis Line as provided by Volunteers of America (VOA) in 2020. Reviewed that VOA as of July 2021 is within the required metrics due to staffing and education for new staff. Noted previous challenges related to COVID, staffing retention, and remote work plan implementation. Reviewed successful implementation of our Utilization Management system and SBH-ASO staff have consistently met required metrics to respond to utilization management requests within the required timelines.

SBH-ASO has received no formal grievances or appeals since the ASO’s inception. The SBH-ASO works with Ombuds related to their timelines. In discussions related to Ombuds and grievances, the SBH-ASO has requested data from the MCO’s in our region related to identified enrollee grievances in our region but have not received any response. MCO’s are required to provide this information to HCA. SBH-ASO Ombuds noted that there have been challenges in coordinating with MCO’s to support Medicaid enrollee’s due to privacy.

➤ **2022 EXECUTIVE BOARD MEETINGS**

Remaining Executive Board Meetings in 2021 include a Joint Executive/Advisory Board Meeting on September 17th and a standard Executive Board Meeting on November 19th. Both meetings are currently scheduled as Zoom only.

As many facilities continue to exercise caution and continue to suspend facility reservations, coordinating meeting space to allow for safe distancing could be challenging. Staff would like to discuss the continuance of virtual Executive Board Meetings for the remaining 2 meetings in 2021. Staff would like to discuss Board preference for in-person versus virtual meetings in calendar year 2022.

The Board commented that remaining 2021 Executive Board Meetings should be held virtually and that plans for 2022 logistics can be addressed closer to the end of the calendar year.

➤ **SBH-ASO ADVISORY BOARD UPDATE**

- Block Grant Review Committee (2 Clallam, 1 Jefferson, and 2 Kitsap volunteers)
- Proposals will be provided to the Committee members for review August 6th-30th

- Staff will convene the Review Committee the week of August 30th.
- Recommendations will be shared during the Joint Executive/Advisory Board Meeting on September 17th.

SBH-ASO noted that the RFP is closing next week. mandatory bidders conference was open to all our current contractors as well as community entities. There were 10 of our current 14 outpatient providers were present at the mandatory bidder's conference, and those 10 will be able to submit proposals. SBH-ASO will make full recommendations to the Joint Executive/Advisory Board Meeting on September 17th.

PUBLIC COMMENT

- G'Nell Ashley, Reflections, discussed frustrations of not having enough clinical staff to fill the roles of these new innovative programs, let alone continue to keep the employees currently employed at a wage that is respectable. Requested more support and funding for SUD services. Noted that she is struggling to keep their doors open and pay our staff a reasonable wage.
 - Theresa Lehman, Tribal Representative, provided feedback specific to Clallam County. Theresa noted that Clallam County has significant struggles with finding professionals and a high number of professionals in the area are retiring. Discussed encouraging coordination with local colleges to help educate and promote new professionals.
 - Zoom Chat noted appreciation for G'Nell providing her comment.
- Lori Fleming, Jefferson County's Community Health, Appreciated the coordination with SBH-ASO and the Behavioral Health Consortium in Jefferson County. Highlighted that the Behavioral Health Consortium is directly benefiting from Jolene participating and provide updates every year. She offered that the Behavioral Health Consortium can provide support as needed or requested by the SBH-ASO.

GOOD OF THE ORDER

- Joe Roszak, KMHS, commented in Zoom Chat appreciation to SBH-ASO staff for their coordination with regards to HB1310 and providing updates

ADJOURNMENT – Consensus for adjournment at 11:12 a.m.

ATTENDANCE

BOARD MEMBERS	STAFF	GUESTS
Commissioner Mark Ozias	Stephanie Lewis, SBH-ASO Administrator	Lois Hoell, SBHASO Advisory Board
Commissioner Greg Brotherton	Jolene Kron, SBH-ASO Deputy Admin/Clinical Director	Helen Havens, SBHASO Advisory Board and 1/10 th of 1% Advisory Board
Commissioner Robert Gelder	Doug Washburn, Kitsap Human Services Director	Lori Fleming, Jefferson County's Community Health
Theresa Lehman, Tribal Representative	Dr. Glenn Lippman, SBH-ASO Medical Director	Joe Roszak, KMHS
Celeste Schoenthaler, OCH Executive Director	Martiann Lewis, SBH-ASO Care Manager	Lisa Rey Thomas, UW Addictions, Drug and Alcohol Institute

None Excused.

G'Nell Ashley, Reflections

NOTE: These meeting notes are not verbatim.

Enhanced SABG RFP Summary and Recommendations

County	Agency	Program	Priority	Program Description/ Major Features	Number Served	Amount of Request	Comments	Recommendations
Kitsap						\$259,100.00		
	Agape	Treatment Services	Adult	Un/Underinsured outpatient services to 126 individuals including 12	126	\$89,100.00	\$700 monthly case rate, \$75 per assessment	Reasonable cost, recommend full costs
	West Sound Treatment Center	SABG Treatment Services	Adult		12/month	\$80,000.00	\$700 monthly case rate, \$150 assessment only, \$25 per peer session; 30% IUID; approx 14% PPW	Recommend full funding
		SABG Recovery Supports	Transportation and employment support	Vocational services and transportation	66	\$30,000.00	\$25/hr vocational services; \$20/30 minutes of transportation (\$200 annual max per person)	Recommend full funding
		PPW Housing	PPW	Rental subsidies for sober living program	9	\$30,000.00	\$350/month per individual	Recommend full funding
		Vocational Services	Innovative	Vocational Navigator program support funding (ID, training costs, GED,	40	\$20,000.00	\$500 cap per individual	Recommend full funding
		ACES Training	Training	Training to 27 staff	N/A	\$10,000.00	Kitsap Strong to provide the training for agency staff, billed on an hourly basis	Recommend full funding
Clallam						\$196,530.56		
	Reflections	Under/Non-insured Treatment	Adult and youth	Covers uninsured individuals as well as individuals with insurance but cannot afford	13-18 per month, including 1 youth	\$90,000.00	\$750 monthly case rate; \$150 assessment only	Recommend full funding
		Mindful Body Recovery Support	Recovery Support and PPW	Client driven support services including passes to facilities	20 clients per month	\$18,000.00	\$1000 per month/\$50/individual	Recommend full funding
		SENSIIST	Innovative	Automated messaging platform to support treatment participation	up to 500 users	\$11,150.00	\$485 per month; \$2400 development	Recommend full funding
		Staff Training	Training	1. Person-Centered Experiential Therapy; 2. LGBTQ+ Youth; 3. "Essential-Self" Care	N/A	\$2,541.56	Cost per training. 10 staff for #1 and #2. 3 staff for #3	Recommend full funding
	True Star	True Star Treatment Services	Youth	3-5 youth per month in treatment including UA services	25-35	\$69,369.00	\$700 monthly case rate	Recommend full funding
		True Star Recovery Supports	Recovery supports and Transportation	Transportation including bus passes and communication support	5/month for 18 months	\$5,470.00		Recommend full funding
Jefferson								
Total Enhanced SABG Requested						\$455,630.56		

Recommendations for Unrequested Enhanced Block Grant Funds

Enhanced MHBG Recommendations for Unrequested Funds		
Crisis Stabilization	\$125,000	\$25,000 per quarter 10/2021-3/2023 (Kitsap and Jefferson)
Outpatient Treatment for 2022	\$115,574	
SBH-ASO Sponsored Training	\$35,000	Peer Certification, Diversity, Clinical
SBH-ASO Administration	\$30,619	
Total	\$306,193	

Enhanced SABG Recommendations for Unrequested Funds		
Withdrawal Management	\$5,000	Funding for 5-8 individuals treatment
SUD Residential	\$91,800	Funding for 15 individuals treatment
Total	\$96,800	

Enhanced Block Grant Plans Summary			
	Recommendation	Funding	Comments
Mental Health Block Grants			
MHBG	SBH-ASO Sponsored Training	\$35,000	Peer Certification, Diversity, Clinical
	Crisis Stabilization	\$125,000	\$25,000 per quarter (Kitsap and Jefferson)
	Outpatient Treatment for 2022	\$115,574	
	SBH-ASO Administration	\$30,619	
Total MHBG		\$306,193	
Crisis MHBG	Mobile Crisis Outreach	\$67,010	
MHBG Peer Pathfinder	Peer Support Services to Jail Transitions programs	\$71,000	
Substance Abuse Block Grants			
SABG	RFP to Providers and Community Partners	\$455,693	Allocated as indicated in RFP Summary
	Training	\$24,406	Peer, Diversity, ASAM
	Withdrawal Management	\$5,000	
	SUD Residential	\$91,800	
	SBHASO Administration	\$64,099	
Total SABG		\$640,998	
SABG Peer Pathfinder	Peer Support Services to Jail Transitions programs	\$71,000	

**MHBG Covid Supplemental Funding
(expended by March 31, 2023)
Proposed Project Summaries and Expenditures**

BH ASO: Salish Funding amount: \$306,193.00

Category/Subcategory	Provide a plan of action for each supported activity	Proposed # Children with SED	Proposed #Adults with SMI	Proposed Total Expenditure Amount
Mental Health Block Grant Waiver Provisions/SAMHSA Recommendations:				\$0.00
Crisis Line: Operation of an access line, crisis line, or warm lines to address any mental health issues for individuals.	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Training/Equipment MH Crisis Response Services: Training of staff and equipment that supports enhanced mental health crisis response and services.	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Mental Health Awareness training for first responders and others.	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Hire of outreach and peer support workers for regular check-ins for people with SMI/SED.	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Prison and jail re-entry and enhanced discharge from inpatient settings in order to reduce risks of COVID-19 transmission.	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators:</i>				
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.				\$115,574.00
Individual Evidenced-Based Therapies	<i>Begin writing here: Provide direct outpatient services to non-Medicaid individuals.</i>	1	13	Enter budget allocation to this proposed activity \$115,574.00
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: Service access for individuals who are non-Medicaid evaluated during monitoring review.				
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
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>	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>			Enter budget allocation to this proposed activity

		0	0	\$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:

Other Supports (Habilitative) – Unique direct services for persons diagnosed with SMI or SED, including services to assist their families to continue caring for them.				\$0.00
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:</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

Outcomes and Performance Indicators:

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>			Enter budget allocation to this proposed activity

		0	0	\$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.				\$125,000.00
Crisis Residential/Stabilization	<i>Begin writing here: To provide funding for non-Medicaid facility-based crisis stabilization in Kitsap County for Kitsap and Jefferson residents at \$25,000 per quarter</i>	0	63	Enter budget allocation to this proposed activity \$125,000.00
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.				\$65,619.00
Workforce Development/Conferences	<i>Begin writing here: Funding to support implementation and monitoring of this MHBG plan. \$35,000 to support regional Peer Certification training, diversity training, and directed staff training.</i>	0	0	Enter budget allocation to this proposed activity \$65,619.00
Grand Total				\$306,193.00

Covid Enhancement MHBG - Crisis Services Set Aside (expended by March 31, 2023)

Funding Amount: \$67,010.00

Category	Provide a brief plan of action for each supported activity.	Proposed # Children with SED	Proposed #Adults with SMI	Proposed Total Expenditure Amount
Crisis set aside - services include 24-hour-a-day emergency care services, mobile crisis, crisis line, and Designated Crisis Responders (DCR) services				\$67,010.00
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>	2	18	Enter budget allocation to this proposed activity \$67,010.00
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
Grand Total				\$67,010.00

MHBG Covid Supplemental Funding (expended by March 31, 2023) Proposed Project Summaries and Expenditures

Funding Amount: \$71,000

Category/Subcategory	Provide a plan of action for each supported activity	Proposed #Adults with SMI	Proposed Total Expenditure Amount
Peer Pathfinders Transition from Incarceration Pilot			\$71,000.00
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: Provide for the additional of peer staff to support jail transitions programs in supporting incarcerated individuals to re-integrate into the community.</i>	15	Enter budget allocation to this proposed activity \$71,000.00

SABG Covid Supplemental Funding (expended by March 31, 2023)			
BH ASO:		Salish	Funding amount: \$640,998.00
Category/Subcategory	Provide a plan of action for each supported activity	Proposed # PPW to be served	Proposed Total Expenditure Amount
Substance Abuse Block Grant Waiver Provisions/SAMHSA Recommendations:			
INTERVENTION			\$0.00
In order to respond to overdose deaths during the pandemic a particular area of focus may be the purchase of Naloxone and the materials necessary to assemble overdose kits and the dissemination of such kits to users of cocaine, methamphetamine, and benzodiazepines given the contamination of these substances with illicitly manufactured fentanyl and counterfeit pills to prevent increasing overdose trends among individuals with SUD.	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
TREATMENT			\$0.00
Integrated SUD treatment with health and family service agencies with a focus on pregnant women and new mothers.		0	Enter budget allocation to this proposed activity \$0.00
Medication assisted treatment (MAT) using FDA - approved medications and accompanying psychosocial and recovery supports: Opioid use disorder (OUD), e.g., buprenorphine, methadone and naltrexone.	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
Medication assisted alcohol treatment (MAT) using FDA - approved medications and accompanying psychosocial and recovery supports.	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
SUD crisis services that have the capacity to respond, de-escalate, and provide follow through to transition individuals in crisis onto a path of recovery.	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
Operation of an access line, crisis phone line or warm lines by treatment providers.	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
Purchase of technical assistance.	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
COVID-19 related expenditures including: COVID-19 testing/vaccines (including transportation) for those with SUD.	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators:</i>			
RECOVERY SUPPORT SERVICES			\$38,000.00
Recovery community organizations and peer-run organizations to ensure a recovery orientation which expands support networks and recovery services.	<i>Begin writing here: Provision of recovery services within community organizations to support development of recovery skills.</i>	0	Enter budget allocation to this proposed activity \$18,000.00
Peer recovery specialist training, funding, and evaluation, including peer recovery specialist certification.	<i>Begin writing here: Sponsoring a Certified Peer training within our region.</i>	0	Enter budget allocation to this proposed activity \$20,000.00
Operation of an access line, crisis phone line or warm lines by recovery support providers.	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity

			\$0.00
<i>Outcomes and Performance Indicators:</i> Train as minimum of 15 individuals in the satte approved certified peer training, including access to testing.			
INFRASTRUCTURE			\$12,050.00
Purchase of Personal Protective Equipment for staff and persons receiving SUD services.	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
Purchase of increased connectivity, Wi-Fi, and other related technologies and equipment to improve service delivery.	<i>Begin writing here: Development of technology for client follow-up to support treatment .</i>	100	Enter budget allocation to this proposed activity \$12,050.00
Hiring of outreach workers for regular check-in for people with SUD.	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
Provision of workforce support.	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators:</i> Individuals will have reminders and tracking of terament goals by app if desired. Increase efficacy of treatment for these individuals.			
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>	0	Enter budget allocation to this proposed activity \$0.00
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:</i>	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators:</i>			
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.			\$4,369.00
Assessment	<i>Begin writing here: Assessment for individuals who present un or under insured.</i>	30	Enter budget allocation to this proposed activity \$3,469.00
*Engagement and Referral (required)	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$900.00

*Interim Services (required)	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
Educational Programs	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators: Individuals have access to assessments in real time, within available resources.</i>			
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.			\$325,000.00
Individual Therapy	<i>Begin writing here:</i>	150	Enter budget allocation to this proposed activity \$110,000.00
Group Therapy	<i>Begin writing here:</i>	150	Enter budget allocation to this proposed activity \$215,000.00
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 who qualify have access to treatment services, within available resources.</i>			
Community Support (Rehabilitative) – Consist of support and treatment services focused on enhancing independent functioning.			\$36,500.00
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 toher vocational programs.</i>	40	Enter budget allocation to this proposed activity \$36,500.00
<i>Outcomes and Performance Indicators: Non-Medicaid, low-income individuals have access to vocational assistance. Individuals will receive support and 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.			\$30,000.00
PPW Housing Support Services	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$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: Housing subsidies for PPW housing program</i>	9	Enter budget allocation to this proposed activity \$30,000.00
Spiritual/Faith-Based Support	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators: PPW access to clean and sober housing program.</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.			\$0.00
*Therapeutic Intervention Services for Children (required)	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
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.			\$96,800.00
Sub-acute Withdrawal Management	<i>Begin writing here: Provides funding for withdrawal management for non-Medicaid individuals</i>	5	Enter budget allocation to this proposed activity \$5,000.00
Crisis Services Residential/ Stabilization	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
Intensive Inpatient Residential Treatment	<i>Begin writing here: Provide SUD residential treatment services in the 3 facilities within the Salish region.</i>	0	Enter budget allocation to this proposed activity \$91,800.00
Long Term Residential Treatment	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
Recovery House Residential Treatment	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00

Involuntary Commitment	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators: Access to services for low-income, non-Medicaid individuals within available resources.</i>			
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.			\$17,568.00
*Interim Services (required)	<i>Begin writing here:</i>		Enter budget allocation to this proposed activity \$0.00
*Transportation for PPW (required)	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
Transportation	<i>Begin writing here:Provide bus passes and gas vouchers to support access to treatment and recovery supports.</i>	85	Enter budget allocation to this proposed activity \$17,568.00
*Childcare Services (required)	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators: Transportation is not a barrier to access to treatment services. Individuals have access to support 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.			\$80,712.00
<i>Begin writing here: funds for administration and monitoring of the block grant plan. \$4406 for additional training.</i>			
Grand Total			\$640,999.00

**SABG Covid Supplemental Funding
(expended by March 31, 2023)**

BH ASO:

\$71,000.00

Category/Subcategory	Provide a plan of action for each supported activity	Proposed # Adults	Proposed Total Expenditure Amount
Peer Pathfinders Transition from Incarceration Pilot			\$71,000.00
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 Transitions</i>	15	Enter budget allocation to this proposed activity \$71,000.00