Salish Behavioral Health
Administrative Services Organization

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION ADVISORY BOARD MEETING

DATE: **Friday, August 19, 2022**

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://us06web.zoom.us/j/82936692208?pwd=T2svTW1sYkwvWk0yT095ZjB5V0Npdz09

Meeting ID: 829 3669 2208

Passcode: 378632

USE PHONE NUMBER and MEETING ID TO JOIN BY PHONE:

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

Meeting ID: 829 3669 2208

AGENDA

Salish Behavioral Health Administrative Services Organization – Advisory Board

1. Call To Order
2. Announcements/Introductions
3. Opportunity to Address the Board on Agenda Topics (limited to 3 minutes each)
4. Approval of Agenda
5. Approval of SBH-ASO Advisory Board Meeting Minutes for June 3, 2022 (Attachment 5)
6. Action Items
   a. Approval of July – December 2022 Federal Block Grant Plans (Attachments 6.a.1 and 6.a.2)
   b. 2023 – 2024 Advisory Board Priorities
7. Informational Items
   a. 9-8-8 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
BHAB	Behavioral Health Advisory Board
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
SBH-ASO	Salish Behavioral Health Administrative Services 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

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SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION ADVISORY BOARD MEETING

August 19, 2022

Action Items

A. APPROVAL OF JULY – DECEMBER 2022 FEDERAL BLOCK GRANT PLANS

SBH-ASO is presenting updated Block Grant plans for July 1, 2022, through December 31, 2022, and seeks the Board's approval of these plans.

Mental Health Block Grant (MHBG)

The plan aligns funding in accordance with the 2022 SBH-ASO budget approved by the Executive Board on December 10, 2021. The MHBG plan provides funding for the 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. SBH-ASO Administration allowance is also included. Allocations are in line with the previous 6-month allocation.

Substance Abuse Block Grant (SABG)

The plan aligns funding in accordance with the 2022 SBH-ASO budget approved by the Executive Board on December 10, 2021. A significant amount of funding is allocated for crisis services, which are categorized as either "brief intervention" or "engagement and referral" on this template. Brief intervention includes mobile crisis response services. Engagement and Referral includes crisis hotline funding. Interim Services are a requirement, and the allocated funding is limited due to not historically being needed. Ten percent of SABG is required to fund PPW programs. The SABG plan includes PPW housing supports and childcare programs. The plan includes funding to support secure withdrawal management (SUD ITA) and Intensive Residential Treatment. 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. Allocations are in line with the previous 6-month allocation.

B. 2023 – 2024 ADVISORY BOARD PRIORITIES

Staff will share a preliminary summary of data collected via the SBH-ASO Community Needs Survey. This data will help support Board discussion regarding 2023-2024 Advisory Board Priorities. The Advisory Board's priorities will inform which services are prioritized in the upcoming Block Grant RFPs.

Informational Items

A. 9-8-8 UPDATE

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

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

Salish Regional Crisis Resources and Protocols that Remain Unchanged

- The addition of the 988 number does **not** impact the Salish Regional Crisis Line (SRCL) providing local crisis support and connection within the Salish region.

- Please continue to call the SRCL at 888-910-0416 to request local crisis support and connection with Mobile Crisis Outreach Teams across the Salish region.

- All community members including individuals, family members, community providers, first responders, law enforcement, hospitals, etc. continue to access crisis services through the Salish Regional Crisis Line. The Regional Toll-Free Crisis Line continues to function as triage, resource and referral, and dispatch of Mobile Crisis Outreach, including Designated Crisis Responders (DCRs).

MINUTES OF THE
SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION
ADVISORY BOARD

Friday, June 3, 2022
10:00 a.m. - 12:00 p.m.
VIRTUAL ONLY

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

INTRODUCTIONS – Self introductions were conducted around the room.

ANNOUNCEMENTS – None.

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

APPROVAL of AGENDA –

> **MOTION: Anne Dean moved to approve the agenda as submitted. Sandy Goodwick seconded the motion. Motion carried unanimously.**

APPROVAL of MINUTES –

> **MOTION: Helen Havens moved to approve the meeting minutes as submitted for the April 1, 2022 meeting. Jon Stroup seconded the motion. Motion carried unanimously.**

ACTION ITEMS

- **SBH-ASO ADVISORY BOARD APPLICANT**

  On May 23, 2022, SBH-ASO received an application, from Stormy Howell, for appointment to the SBH-ASO Behavioral Health Advisory Board. If recommended by the Advisory Board and appointed by the Executive Board, Stormy Howell would fill one of the Tribal Representative seats.

  Stormy has lived in Clallam County since 2006. She is employed by the Lower Elwha Klallam Tribe as a Treatment Program Manager. Stormy also currently serves on the Olympic Community of Health (OCH) Board of Directors.

  Stormy will join the Advisory Board Meeting to share a little about herself and respond to questions Board Members may have when considering recommending Stormy for a 2-year appointment.

Stormy provided an overview of her professional background, spending the last four years as a Treatment Program Manager for Klallam Counseling Services, as well as time spent as a drug court coordinator and deputy prosecuting attorney for Clallam County. Stormy discussed her passion for working with individuals suffering from substance use disorder and expressed excitement for the opportunity to serve on the Advisory Board as a tribal representative.

Advisory Board members expressed gratitude and excitement for Stormy's willingness to serve on the committee.

Inquiry about maintaining a majority percentage of Advisory Board members with lived experience. Salish Staff responded that the Advisory Board has exceeded the 51% threshold for members with lived experience prior to receipt of Stormy's application and will maintain a majority following Stormy's appointment.

MOTION: Anne Dean moved to approve the appointment of Stormy Howell to the Salish Behavioral Health Administrative Services Advisory Board. John Stroup seconded the motion. <u>Motion carried unanimously.</u>

INFORMATIONAL ITEMS

- **<u>HB 1477 (9-8-8 BILL) IMPLEMENTATION: CRIS COMMITTEE UPDATE</u>**

In October 2020, Congress passed the National Suicide Hotline Designation Act of 2020 which changes the National Suicide Prevention Lifeline (NSPL) number and Veteran's crisis line number from 1-800-273-8255, to 9-8-8. This change will go into effect on July 16, 2022. Legislation passed by Congress permits states to add a tax to telecom bills to pay for expected increase in call volume associated with the change to 9-8-8. 9-8-8 calls can only be routed to call centers accredited by the National Suicide Prevention Lifeline (NSPL).

In Washington, HB1477 (2021) was, in part, a legislative response to federal legislation. This allows anyone in Washington to utilize 9-8-8 when wishing to reach a suicide prevention line. HB1477 (2021) directs significant changes to and expansion of the behavioral health crisis response system. HB1477 established the Crisis Response Improvement Strategy (CRIS) Committee and CRIS Steering Committee.

The CRIS Committee and its sub-committees have been progressing slowly. The CRIS Committee first convened in September 2021. In December 2021, there was an "All-subcommittee Kick-off". There continues to be many questions related to the roll out of changes and the impact to the current crisis system.

It is anticipated that the only change in July 2022 will be the addition of 9-8-8 as a contact number for the NSPL, and additional work towards implementing an integrated crisis response and suicide prevention system is in the planning phases.

Staff reiterated that the only change being implemented on July 16th, is the addition of the number 9-8-8 as an additional way to reach existing National Suicide Prevention Lifeline call center.

Discussion regarding lack of support from the lived experience community as a community which has worked to significantly improved mental healthcare for the past sixty years.

Discussion about ongoing evaluation of crisis systems in other states. In early May Stephanie Lewis along with roughly 40 people including legislators and CRIS committee members traveled to Arizona to learn about their crisis system. During the trip to Arizona, staff noted visitors' interest with the ease of law enforcement drop off, without medical clearance, at crisis facilities. Salish Staff noted that there are critical differences between Arizona and Washington, including Arizona's ITA laws and the flow of Medicaid funding dollars. Staff spoke to the importance of understanding these critical regulatory differences in other states when considering a redesign of how individuals in Washington access behavioral health care.

Discussion about the interoperability of 9-8-8 and 9-1-1. There have been two state level meetings to look at mapping how 9-1-1 and 9-8-8 would cooperate in the process of dispatch. The initial meeting was spent in conversation about how the current crisis system works and how to move forward. Meetings so

far have focused on information sharing with some discussion of technology and geolocation, specifically whether geolocation should be used by 9-8-8 as it is currently being used by 9-1-1 and how to protect individuals' privacy.

Discussion about the high utilization of peers for staffing within the Arizona crisis system. Washington's Health Care Authority has also allocated additional funding to increase peer workforce.

Request from the Advisory Board for a list of the seven CRIS sub-committees and attendees. A link to the subcommittee list was provided in the chat:

https://www.hca.wa.gov/about-hca/behavioral-health-recovery/crisis-response-improvement-strategy-cris-committees

Brief discussion of May 24th Seattle Times article, "What Arizona Can Teach Us About Treating Mental Health".

Inquiry about what sort of crisis prevention services are being considered in the redesign of crisis systems. Salish staff responded that HB 1477 legislation directs a redesign that will integrate suicide prevention and crisis response. Agreement that preventative approaches should be a key part of the redesign.

Discussion about the challenges and complexities related to crisis system redesign. HB 1477 will remain topic of conversation at future Advisory Board meetings in the next year or two.

- **NEW PROGRAMS UPDATE**

Expansion of Assisted Outpatient Treatment

In 2022, the Legislature passed SHB1773 which directed the expansion of existing RCW regarding Assisted Outpatient Treatment. This bill also directed BH-ASOs to employ an "Assisted Outpatient Treatment Program Coordinator" to oversee system coordination. SBH-ASO's July 2022 Revenue Amendment with HCA will include additional funding to support the addition of this staff.

Review of recent increase in monitoring of Least Restrictive (LR) Alternative orders by individual ASOs. In partnership with the courts, the SBH-ASO is notified of any individual who has been placed on a least restrictive or conditional release. The SBH-ASO then shares this information with the individual's assigned MCO or with their assigned ASO if they are out of our region. SHB1773 will expand upon this coordination and designate a program coordinator to oversee system coordination and legal compliance.

Review of additional changes related to the expansion of Assisted Outpatient treatment as outlined in SHB1773

The SBH-ASO will begin recruitment in Fall for the individual to start at the beginning of calendar year 2023. The AOT coordinator will focus on community engagement, developing training and work with the superior court to operationalize court will help Develop training, and work with courts to operationalize this process.

Youth Inpatient Navigator Team

The Fiscal Year 2023 Budget, passed by the legislature, included funding to expand upon a pilot program called "Youth Inpatient Navigator" which currently has only been operating in one Regional Service Area.

The purpose of this new program is to develop a regional multidisciplinary team designed to

improve access to and coordination of services for children and youth experiencing behavioral health crises. Youth boarding in emergency departments secondary to lack of placement are the priority focus of the multidisciplinary team.

The budget proviso directs that every Regional Service Area have a one of these multidisciplinary teams. The HCA outreached ASOs and requested that three (3) regions volunteer for the coming fiscal year, as this program will be phased in across the state over the next three fiscal years. SBH-ASO volunteered to join the first year of expansion as this would allow for increased influence on implementation and increased technical assistance. Draft contract language is attached.

Salish Staff noted that while this program does assist with coordination for high-needs or high-risk youth, it does not address the issue of capacity. Expressed hope that future system changes will address the lack of capacity.

Further discussion of capacity across the state, noting that Fairfax recently closed their youth inpatient unit. There are currently only two or three facilities that will serve youth under the age of 12. Consensus that the state does not have the infrastructure to adequately serve youth experiencing mental health crises. Salish Staff noted that the addition of a multidisciplinary team will assist with coordination of care for youth to receive services potentially outside of inpatient hospitalization.

- **ADVISORY BOARD RECRUITMENT**

The Advisory Board currently has 1 Clallam, 2 Jefferson and 2 Tribal Representative vacancies.

Per Advisory Board By-laws, membership is comprised of 3 representatives from each county and 2 Tribal Representatives. To have a quorum, a member from each of the 3 counties must be present. For this reason, staff focused its initial recruitment efforts first on Jefferson County, as there are 2 vacant Jefferson County seats.

In October 2021, Staff performed Jefferson County outreach to recruit volunteers to serve on the SBH-ASO Advisory Board. Staff utilized web and print advertising, including the Port Townsend Leader, to reach Jefferson County residents. Staff also connected with several Jefferson County entities to disseminate the Advisory Board flyer to a broad audience, including several school districts, Jefferson County NAMI and the Recovery Café of Port Townsend.

In March 2022, Staff began direct outreach to local Tribes. Staff is broadening its focused recruitment efforts this spring and would like to discuss potential strategies with the Board.

Salish Staff provided a reminder of the current membership requirements for the Advisory Board.

Advisory Board members provided recommendations for recruitment, including outreach to the Washington Recovery Alliance, Recovery Café, NAMI in Jefferson County, and Jefferson County Facebook groups.

- **REGIONAL COMMUNITY NEEDS ASSESSMENT SURVEY**

After incorporating the Advisory Board feedback provided during the April Board Meeting, Staff finalized its Regional Community Needs Assessment Survey. The survey was publicly released the week of May 23rd and will remain active until June 25th.

A link to the survey was provided in the chat. For individuals who are unable to complete the survey online, they can call the SBH-ASO Customer Service line to complete the survey over the phone, or the SBH-ASO would be open to mailing the survey.

Reminder that all populations are encouraged to complete the survey.

https://www.cognitoforms.com/SalishBehavioralHealthOrganization1/salishbhasobehavioralhealthcommunityneedssurvey2022

PUBLIC COMMENT

- Jolene Kron relayed information regarding the Ombuds system. Peer Washington has been awarded the RFP through Department of Commerce's department of consumer advocacy. Expressed appreciation for Vivian for her commitment to continuing to support individuals in our region.

- Stephanie Lewis and Jolene Kron voiced appreciation to the Advisory Board for their hard work and involvement in the most recent RFP cycle, as well as their involvement in the May Executive Board meeting.

GOOD OF THE ORDER

- None.

ADJOURNMENT – Consensus for adjournment at 11:32 a.m.

ATTENDANCE

BOARD MEMBERS	STAFF	GUESTS
Present:	Stephanie Lewis, SBH-ASO Administrator	Joe Roszak, CEO KMHS
Lois Hoell, SBH-ASO Advisory Board	Jolene Kron, SBH-ASO Deputy Administrator/Clinical Director	Stormy Howell, Klallam Counseling Services
Sandy Goodwick, SBH-ASO Advisory Board	Nicole Oberg, SBH-ASO Program Specialist	Barb Santos, Director of Friends and Family Center for Suquamish Tribe
Anne Dean, SBH-ASO Advisory Board		Vivian Morey, DRC Ombuds
Helen Havens, SBH-ASO Advisory Board		
Jon Stroup, SBH-ASO Advisory Board		
Excused:		
Janet Nickolaus		

NOTE: These meeting notes are not verbatim.

Region:	Salish
Current Date:	7/28/2022
Total MHBG Allocation:	164,677 (July 1, 2022-December 31, 2022)
Contact Person:	Jolene Kron
Phone Number:	360-337-4832
Email:	jkron@kitsap.gov

Section 1
Proposed Plan Narratives

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

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

Family Therapy	*Begin writing here:*	1	1	$0.00
Multi-Family Counseling Therapy	*Begin writing here:*	1	1	$0.00
Consultation to Caregivers	*Begin writing here:*	1	1	$0.00

Outcomes and Performance Indicators:

Medication Services – Necessary healthcare medications, and related laboratory services, not covered by insurance or Medicaid for persons diagnosed with SMI or SED to increase their ability to remain stable in the community.				$0.00
Medication Management	*Begin writing here:*	1	1	Enter budget allocation for these proposed activities. $0.00
Pharmacotherapy	*Begin writing here:*	1	1	$0.00
Laboratory Services	*Begin writing here:*	1	1	$0.00

Outcomes and Performance Indicators:

Community Support (Rehabilitative) – Community-based programs that enhance independent functioning for persons diagnosed with SMI or SED, including services to assist their families to care for them.				$0.00
Parent/Caregiver Support	*Begin writing here:*	1	1	Enter budget allocation for these proposed activities. $0.00
Skill Building (social, daily living, cognitive)	*Begin writing here:*	1	1	$0.00
Case Management	*Begin writing here:*	1	1	$0.00

Continuing Care	*Begin writing here:*	1	1	$0.00
Behavior Management	*Begin writing here:*	1	1	$0.00
Supported Employment	*Begin writing here:*	1	1	$0.00
Permanent Supported Housing	*Begin writing here:*	1	1	$0.00
Recovery Housing	*Begin writing here:*	1	1	$0.00
Therapeutic Mentoring	*Begin writing here:*	1	1	$0.00
Traditional Healing Services	*Begin writing here:*	1	1	$0.00
Parent Training	*Begin writing here:*	1	1	$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-direct life, and strive to reach their full potential.				$0.00
Peer Support	*Begin writing here:*	1	1	Enter budget allocation for these proposed activities. $0.00
Recovery Support Coaching	*Begin writing here:*	1	1	$0.00
Recovery Support Center Services	*Begin writing here:*	1	1	$0.00

Supports for Self-Directed Care	*Begin writing here:*	1	1	$0.00
Relapse Prevention/ Wellness Recovery Support	Begin writing here:	1	1	$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.				$500.00
Personal Care	*Begin writing here:*	1	1	Enter budget allocation for these proposed activities. $0.00
Respite	*Begin writing here:*	1	1	$0.00
Support Education	*Begin writing here:*	1	1	$0.00
Transportation	*Begin writing here:*	1	1	$0.00
Assisted Living Services	*Begin writing here:*	1	1	$0.00
Trained Behavioral Health Interpreters	*Begin writing here: Individuals presenting with need for interpreter services will have access.*	1	4	$500.00
Interactive communication Technology Devices	*Begin writing here:*	1	1	$0.00
Outcomes and Performance Indicators: 100% of individuals seeking services requiring interpreter services will have access to the culturally appropriate resource.				
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	*Begin writing here:*	1	1	Enter budget allocation for these proposed activities. $0.00
Intensive Home-Based Services	*Begin writing here:*	1	1	$0.00
Multi-Systemic Therapy	*Begin writing here:*	1	1	$0.00
Intensive Case Management	*Begin writing here:*	1	1	$0.00
Outcomes and Performance Indicators:				
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	*Begin writing here:*	1	1	Enter budget allocation for these proposed activities. $0.00
Adult Mental Health Residential	*Begin writing here:*	1	1	$0.00
Children's Residential Mental Health Services	*Begin writing here:*	1	1	$0.00
Therapeutic Foster Care	*Begin writing here:*	1	1	$0.00
Outcomes and Performance Indicators:				
Acute Intensive Services – Acute intensive services requiring immediate intervention for persons diagnosed with SMI or SED.				$147,710.00
Mobile Crisis	*Begin writing here:*	15	100	Enter budget allocation for these proposed activities. $94,210.00

Peer-Based Crisis Services	*Begin writing here:*	1	1	$0.00
Urgent Care	*Begin writing here:*	1	1	$0.00
23 Hour Observation Bed	*Begin writing here:*	1	1	$0.00
24/7 Crisis Hotline Services	*Begin writing here: Each individual within the Salish region will have access to toll-free crisis line services and referral.*	5/month	25/month	$53,500.00
Outcomes and Performance Indicators: Each individual within Salish region will havea 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.				$16,467.00
Workforce Development/Conferences	*Begin writing here: Administration costs*	1	1	Enter budget allocation for these proposed activities. $16,467.00
Grand Total				**$164,677.00**

Region:	Salis BH-ASO
Current Date:	7/28/2022
Total SABG Allocation:	$604,811 (July 1, 2022-Dec 31, 2022)
Contact Person:	Jolene Kron
Phone Number:	360-337-4832
Email:	jkron@kitsap.gov

Section 1
Proposed Plan Narratives

Needs Assessment (required)	Describe what strengths, needs, and gaps were identified through a need's assessment of the geographic area of the region. To the extent available, include age, race/ethnicity, gender, and language barriers. ***Begin writing here*: SBH-ASO has on-going engagement with providers, Advisory Board, Annual Monitoring, case reviews, peer reviews, community needs surveys, Quality and Compliance Committee, and grievances provide additional data reflecting strengths, needs specific to the geographic location. Information is also gathered by engagement in community services groups including housing/homeless committees, local continuum of care meetings, and cross-system collaborations meetings. SBH-ASO also reviews community needs assessments as available. Strengths identified are engagement of community and cross system partnerships. Gaps are identified as challenges with access due to the rural and frontier geography within the region. Prioritized needs identified include Community Support, Engagement, transportation, and Out of Home supports.**
Cultural Competence (required)	Provide a narrative summarizing how cultural competence overall, is incorporated within proposed projects. Identify what anticipated efforts will be taken to measure progress. ***Begin writing here*:** The SBH-ASO incorporates cultural humility into the SABG projects by utilizing individuals in recovery as a steering board for the plan development. These projects target funds to address local community gaps as identified by direct service agencies to ensure overall wellness of individuals served by the public SUD system. These projects compliment the following SBH-ASO values: 1.We value individual and family strengths while striving to include their participation and voice in every aspect of care development of policies and procedures. 2.We value and respect cultural and other diverse qualities of each individual. 3.We value services and education that promote recovery, resiliency, reintegration, and rehabilitation. 4.We work in partnership with allied community providers to provide continuity and quality care.
Continuing Education for Staff (required)	Describe how continuing education for employees of treatment facilities is expected to be implemented. ***Begin writing here*:** SBH-ASO has strong relationships with providers. SBH-ASO meets quarterly with the provider network to provide system updates, problems solving, and training. SBH-ASO staff provide technical assistance support to all providers as needs arise. SBH-ASO encourages providers to engage in community training and provides resources as they are available. SBH-ASO provides oversight to agencies related to training plans and requirements as part of the Annual Monitoring Process.
Charitable Choice (required)	Provide a description of how faith-based organizations will be incorporated into your network and how referrals will be tracked. ***Begin writing here*:** There are currently no faith-based BHA's within our region. SBH-ASO will work to engage faith-based organizations involved in providing treatment and seek input regarding how they choose to be integrated into the public treatment system. Current progams coordinate with faith based organizations as needed to support individuals. Any requests for faith based services will be tracked through our care management staff.
Coordination of Services (required)	Provide a description of how treatment services are coordinated with the provision of other appropriate services including health, social, correctional and criminal justice, education, vocational rehabilitation and employment services. ***Begin writing here*:** Coordination with our provider network, community partners and MCO's is critical to the long term success of the SBH-ASO. SBH-ASO Care Managers work to coordinate caer for individuals who recieve funded services. Outpatient providers use case managers to coordinate with community services including housing, employment, DSHS, DOC, and Children's Administration. SBH-ASO has participated in meetings to assist with in problem solving concerns related to care coordination of services for individuals across all counties. SBH-ASO participates i regional opioid programs to assist with development of community network response and facilitate care for individuals. SBH-ASO continues to work to support community members and community partners in accessing services by facilitating and maintiaing relationsihp to provide coordination as needed.
Public Comment/Local Board /BH Advisory Board Involvement (required)	Describe how you facilitated public comment from any person, behavioral health association, individuals in recovery, families, and local boards in the development of this SABG Plan. ***Begin writing here*:** Advisory Board and Executive Board meetings of the SBH-ASO are all public meetings and advertised widely. There is opportunity for public comment at both venues. SBH-ASO participated and engages with 1/10th committees across our region to provide support and receive feedback regarding service gaps. SBH-ASO completes and annual community needs survey to soliciat community feedback. We continue to recruit for Behavioral healht Advisorty Board members to fill vacancies.

Program Compliance (required)	Provide a description of the strategies that will be used for monitoring program compliance with all SABG requirements. ***Begin writing here**: Contracted agencies will be required to complete monthly performance reports outlining progress on funded programs. Each program is visited at least annually to conduct an on-site assessment of the program, and verify information included in the monthly reports.*
Recovery Support Services (optional)	Provide a description of how and what recovery support services will be made available to individuals in SUD treatment and their families. ***Begin writing here**:* Transportation, childcare, and PPW Housing Support programs are funded in this plan. SBH-ASO providers are able to offer these services per contract. SBH-ASO Care Managers assist any individuals seeking services to connect to providers who can meet the requested need for support.
Cost Sharing (optional)	Provide a description of the policies and procedures established for cost-sharing, to include how individuals will be identified as eligible, how cost-sharing will be calculated, and how funding for cost-sharing will be managed and monitored. ***Begin writing here**:*

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:				$343,281.00
*PPW Outreach (required)	*Begin writing here: Outreach and crisis intervention with Pregnant and Parenting Women.*	12	*Begin writing here:*	Enter budget allocation for these proposed activities. $5,000.00
Outreach to Individuals Using Intravenous Drugs (IUID)	*Begin writing here:*	0	*Begin writing here:*	$0.00
Brief Intervention	*Begin writing here: Brief intervention and crisis intervention services to individuals as part of the mobile crisis outreach service spectrum.*	300	*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.*	$338,281.00
Drug Screening	*Begin writing here:*	0	*Begin writing here:*	$0.00
*Tuberculosis Screening (required)	*Begin writing here:*	0	*Begin writing here:*	$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.				$38,500.00
Assessment	*Begin writing here:*	0	*Begin writing here:*	Enter budget allocation for these proposed activities. $0.00
*Engagement and Referral (required)	*Begin writing here: Providing engagement, triage and referral to services within the community upon contact.*	250	*Begin writing here: Evidence of engagement, referral, and care coordination as indicated by individual need.*	$38,000.00
*Interim Services (required)	*Begin writing here: Provision of services for individuals on waitlist for access to treatment.*	5	*Begin writing here: Provision of services for individuals on waitlist for access to treatment. Monitor for compliance with waitlist plicy and procedure.*	$500.00
Educational Programs	*Begin writing here:*	0	*Begin writing here:*	$0.00
Outpatient Services – Services provided in a non-residential SUD treatment facility. Outpatient treatment services must meet the criteria as set forth in Chapter 246-341 WAC.				$0.00
Individual Therapy	*Begin writing here:*	0	*Begin writing here:*	Enter budget allocation for these proposed activities. $0.00
Group Therapy	*Begin writing here:*	0	*Begin writing here:*	$0.00
Family Therapy	*Begin writing here:*	0	*Begin writing here:*	$0.00

Multi-Family Counseling Therapy	*Begin writing here:*	0	*Begin writing here:*	$0.00
Medication Assisted Therapy (MAT) - Opioid Substitution Treatment	*Begin writing here:*	0	*Begin writing here:*	$0.00
Community Support (Rehabilitative) – Consist of support and treatment services focused on enhancing independent functioning.				$0.00
Case Management	*Begin writing here:*	0	*Begin writing here:*	Enter budget allocation for these proposed activities. $0.00
Recovery Housing	*Begin writing here:*	0	*Begin writing here:*	$0.00
Supported Employment	*Begin writing here:*	0	*Begin writing here:*	$0.00
Other Support (Habilitative) – Structured services provided in segments of less than 24 hours using a multi -disciplinary team approach to develop treatment plans that vary in intensity of services and the frequency and duration of services based on the needs of the client.				$25,000.00
PPW Housing Support Services	*Begin writing here: Housing support services in recovery house for women and children. Supportive case management services.*	9	*Begin writing here: Tracking treatment attendance, completion of treatment. Goal achievement as indicated in assessment and treatment plan.*	Enter budget allocation for these proposed activities. $25,000.00
Supported Education	*Begin writing here:*	0	*Begin writing here:*	$0.00
Housing Assistance	*Begin writing here:*	0	*Begin writing here:*	$0.00
Spiritual/Faith-Based Support	*Begin writing here:*	0	*Begin writing here:*	$0.00
Intensive Support Services – Services that are therapeutically intensive, coordinated and structured group-oriented. Services stabilize acute crisis and clinical conditions, utilizing recovery principles to help return individuals to less intensive outpatient, case management, and/or other recovery based services.				$1,000.00
*Therapeutic Intervention Services for Children (required)	*Begin writing here: For services to children in residential treatment facilities serving PPW.*	2	*Begin writing here: Tracking use of Therapeutic Intervention services with monthly reporting.*	Enter budget allocation for these proposed activities. $1,000.00
Sobering Services	*Begin writing here:*	0	*Begin writing here:*	$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.				$50,000.00
Sub-acute Withdrawal Management	*Begin writing here:*	0	*Begin writing here:*	Enter budget allocation for these proposed activities. $0.00
Crisis Services Residential/ Stabilization	*Begin writing here:*	0	*Begin writing here:*	$0.00

Intensive Inpatient Residential Treatment	*Begin writing here: Residential SUD services as indicated by individual need*	0	*Begin writing here:vDocumentation of services by bed day and clinical supporitng documentation upon authorization for services.*	$50,000.00
Long Term Residential Treatment	*Begin writing here:*	0	*Begin writing here:*	$0.00
Recovery House Residential Treatment	*Begin writing here:*	0	*Begin writing here:*	$0.00
Involuntary Commitment	*Begin writing here:*	0	*Begin writing here:*	$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.				$35,049.00
Acute Withdrawal Management	*Begin writing here: Secure withdrawal management services*	0	*Begin writing here: Documentation of court order requiring secure withdrawal management*	Enter budget allocation for these proposed activities. $35,049.00
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.				$51,000.00
*Interim Services (required)	*Begin writing here: See above*	0	*Begin writing here:*	Enter budget allocation for these proposed activities. $0.00
*Transportation for PPW (required)	*Begin writing here: Provide individual bus ticket, bus passes, mileage reimbursement to aid in access to treatment.*	10	*Begin writing here: Tracked by individual bus ticket, bus passes, mileage reimbursement.*	$1,000.00
Transportation	*Begin writing here: Provide individual bus ticket, bus passes, mileage reimbursement to aid in access to treatment.*	30	*Begin writing here: Tracked by individual bus ticket, bus passes, mileage reimbursement.*	$2,000.00
*Childcare Services (required)	*Begin writing here: Provide childcare in a licensed on-site facility to increase access to treatment services.*	30	*Begin writing here: Track number of children accessing care and cost of program. Monthly report on usage.*	Enter budget allocation for these proposed activities. $48,000.00
*Other SABG activities (required) – any activity necessary to plan, carry out, and evaluate this SABG plan, including Continued Education/training, logistics cost for conferences regarding SABG services and requirements, capacity management infrastructure, and conducting needs assessments.				$60,981.00
Begin writing here: Administration $60,481; $500 for interpeter services to meet cultural needs as indicated by individual.				
Grand Total				**$604,811.00**