



Salish Behavioral Health
Administrative Services Organization

SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION ADVISORY BOARD MEETING

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

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

LINK TO JOIN BY COMPUTER OR PHONE APP:

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

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

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

Meeting ID: 842 0931 1168

USE PHONE NUMBER and MEETING ID TO JOIN BY PHONE:

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

Meeting ID: 842 0931 1168

A G E N D A

Salish Behavioral Health Administrative Services Organization – Advisory Board

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

ACRONYMS

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
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
SBH-ASO	Salish Behavioral Health Administrative Services Organization
SUD	Substance Use Disorder
SYNC	Salish Youth Network Collaborative
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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Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

August 4, 2023

Action Items

A. APPROVAL OF FEDERAL BLOCK GRANT PLANS

Standard Block Grant

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

Mental Health Block Grant (MHBG)

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

Substance Abuse Block Grant (SABG)

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

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

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

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

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

ARPA Block Grant

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

ARPA MHBG

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

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

ARPA SABG

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

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

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

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

B. CO-RESPONDER RFP COMMITTEE

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

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

Informational Items

A. EXPANSION OF ASSISTED OUTPATIENT TREATMENT

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

B. COMMUNITY RESOURCE FAIRS/BEHAVIORAL HEALTH SUMMITS

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

Quilcene – August 1, 2023

4:00 pm – 6:00 pm

Quilcene Community Center

294952 Hwy 101

Quilcene, WA 98376

Bremerton – October 3, 2023

4:00 pm – 6:00 pm

Marvin Williams Rec Center

725 Park Avenue

Bremerton, WA 98337

Forks – September 19, 2023

4:00 pm – 6:00 pm

Forks Community Hospital

550 5th Avenue

Forks, WA 98331

Chimacum – October 12, 2023

4:00 pm – 6:00 pm

Tri-Area Community Center

10 West Valley Road

Chimacum, WA 98325

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

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

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

INTRODUCTIONS – Self introductions were conducted around the room.

ANNOUNCEMENTS – None.

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

APPROVAL of AGENDA –

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

APPROVAL of MINUTES –

Request for future further discussion around coordinated entry.

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

INFORMATIONAL ITEMS

➤ **UPDATE ON BLOCK GRANT RFP**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

➤ **COMMUNITY SUMMITS**

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

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

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

presentation.

➤ **STAFFING UPDATE**

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

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

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

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

➤ **NEW PROGRAM UPDATE - SYNC**

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

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

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

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

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

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

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

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

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

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

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

SYNC generally serves youth up to age 18.

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

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

PUBLIC COMMENT

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

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

GOOD OF THE ORDER

- ADD COMMENTS.

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

ATTENDANCE

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

NOTE: These meeting notes are not verbatim.

BH ASO:	Salish BH-ASO
Counties:	Clallam, Jefferson and Kitsap
Current Date:	7/27/2023
Total MHBG Allocation:	\$164,677
Contact Person:	Stephanie Lewis
Phone Number:	360-337-4422
Email:	sjlewis@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.
	<p>Begin writing here : SBH-ASO gains insight into the regional strengths, needs and gaps through multiple mechanisms. This includes routine engagement with the SBH-ASO Provider Network, SBH-ASO Advisory Board, SBH-ASO Quality and Compliance Committee, each of the 3 Counties’ 1/10th of 1% Sales Tax Advisory Boards, and the Regional Office of Behavioral Health Advocacy (OBHA) for access to regional data on grievance data which reflects strengths, needs and gaps. Information is also gathered by engagement in community services groups including housing/homeless committees, local continuum of care meetings, and cross-system collaborations meetings. SBH-ASO also reviews community needs assessments as available.</p> <p>Gaps identified are access to services due to the rural and frontier geography within the region. Strengths identified are engagement of community and cross system partnerships. The SBH-ASO 2022 Community Needs Survey identified the following areas of unmet needs by survey respondents: Withdrawal management services, inpatient mental health services, childcare to support treatment, housing support and residential substance use disorder treatment. Note: The survey did not differentiate between income or insurance status.</p>

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.
	<p>Begin writing here : SBH-ASO integrates CLAS standards in all service provision. SBH-ASO values:</p> <ol style="list-style-type: none"> 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.

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.
	<p>Begin writing here : SBH-ASO provides support to children with SED through care coordination activities and facilitation of the CLIP committee. Enrollment in Medicaid is the first priority in facilitating access to services. SBH-ASO continues to partner with community entities including Children’s Administration, Juvenile Justice, Developmental Disabilities Administration, and community providers. SBH-ASO facilitates FYSPT meetings and work to increase avenues for youth and family feedback.</p>

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.
	<p>Begin writing here : SBH-ASO provides a forum for public comment at each Executive and Advisory Board meetings. SBH-ASO providers identify needs in part based on community surveys. The SBH-ASO Advisory Board uses community survey information to assist in identifying gaps and needs within the community and set priorities for future work. SBH-ASO staff engages with other regional behavioral health advisory boards and community organizations to encourage feedback and facilitate identification of community needs. Final feedback is incorporated into the plan development and the plan is approved by the SBH-ASO Advisory Board.</p>

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

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

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

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

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

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

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

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

BH ASO:	Salish BH-ASO
Counties:	Clallam, Jefferson and Kitsap
Current Date:	7/21/2023
Total SABG Allocation:	604,811
Contact Person:	Stephanie Lewis
Phone Number:	360-337-4422
Email:	sjlewis@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.
	<p>Begin writing here: <i>SBH-ASO gains insight into the regional strengths, needs and gaps through multiple mechanisms. This includes routine engagement with the SBH-ASO Provider Network, SBH-ASO Advisory Board, SBH-ASO Quality and Compliance Committee, each of the 3 Counties' 1/10th of 1% Sales Tax Advisory Boards, and the Regional Office of Behavioral Health Advocacy (OBHA) for access to regional data on grievance data which reflects strengths, needs and gaps. Information is also gathered by engagement in community services groups including housing/homeless committees, local continuum of care meetings, and cross-system collaborations meetings. SBH-ASO also reviews community needs assessments as available. Gaps identified are access to services due to the rural and frontier geography within the region. Strengths identified are engagement of community and cross system partnerships.</i></p> <p><i>The SBH-ASO 2022 Community Needs Survey identified the following areas of unmet needs by survey respondents: Withdrawal management services,</i></p>

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.
	<p>Begin writing here: SBH-ASO integrates CLAS standards in all service provision. SBH-ASO values:</p> <ol style="list-style-type: none"> 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.

Continuing Education for Staff (required)	Describe how continuing education for employees of treatment facilities is expected to be implemented.
	<p>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.</p>

<p>Charitable Choice (required)</p>	<p>Provide a description of how faith-based organizations will be incorporated into your network and how referrals will be tracked.</p> <p>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 programs coordinate with faith based organizations as needed to support individuals. Any requests for faith based services will be tracked through our care management staff.</p>
<p>Coordination of Services (required)</p>	<p>Provide a description of how treatment services are coordinated with the provision of other appropriate services including health, social, correctional and criminal justice, education, vocational rehabilitation and employment services.</p> <p>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 care for individuals who receive funded services. Outpatient providers use case managers to coordinate with community services including housing, employment, DSHS, DOC, and Children's Administration. SBH-ASO has participated in meetings to assist with in problem solving concerns related to care coordination of services for individuals across all counties. SBH-ASO participates in regional opioid programs to assist with development of community network response and facilitate care for individuals. SBH-ASO continues to work to support community members and community partners in accessing services by facilitating and maintaining relationships to provide coordination as needed.</p>
<p>Public Comment/Local Board /BH Advisory Board Involvement (required)</p>	<p>Describe how you facilitated public comment from any person, behavioral health association, individuals in recovery, families, and local boards in the development of this SABG Plan.</p> <p>Begin writing here: SBH-ASO provides a forum for public comment at each Executive and Advisory Board meetings. SBH-ASO providers identify needs in part based on community surveys. The SBH-ASO Advisory Board uses community survey information to assist in identifying gaps and needs within the community and set priorities for future work. SBH-ASO staff engages with other regional behavioral health advisory boards and community organizations to encourage feedback and facilitate identification of community needs. Final feedback is incorporated into the plan development and the plan is approved by the SBH-ASO Advisory Board.</p>
	<p>Provide a description of the strategies that will be used for monitoring program compliance with all SABG requirements.</p> <p>Begin writing here: SBH-ASO works with providers to ensure adequate and timely submission of expenses reports/billing. Fiscal and Clinical components</p>

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

Section 2 Proposed Project Summaries and Expenditures The * indicates a required component of the Proposed Project Summary and must be completed				
Category/Subcategory	Provide a plan of action for each supported activity	Proposed # PPW to be served	Outcomes and Performance Indicators	Proposed Total Expenditure Amount
Prevention & Wellness – Preventive services, such as drug use prevention and early intervention, are critical components of wellness:				\$413,061.00
*PPW Outreach (required)	<i>Begin writing here: Outreach and crisis intervention with Pregnant and Parenting women</i>	10	<i>Begin writing here: PPW are provided intervention services.</i>	Enter budget allocation for these proposed activities. \$5,000.00
Outreach to Individuals Using Intravenous Drugs (IUID)	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
Brief Intervention	<i>Begin writing here: Brief intervention and crisis intervention services to individuals as part of the mobile crisis outreach service spectrum.</i>	0	<i>Begin writing here: Evidence of care coordination with referral sources to provide information on treatment services. Evidence of prioritization. Individuals receive triage, referral, and coordination of care.</i>	\$408,061.00
Drug Screening	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
*Tuberculosis Screening (required)	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
Engagement Services – Assessment/admission screening related to SUD to determine appropriateness of admission and levels of care. Education Services may include information and referral services regarding available resources, information and training concerning availability of services and other supports. Educational programs can include parent training, impact of alcohol and drug problems, anxiety symptoms and management, and stress management and reduction. Education services may be made available to individuals, groups, organizations, and the community in general. This is different than staff training. Treatment services must meet the criteria as set forth in Chapter 246-341 WAC.				\$500.00
Assessment	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation for these proposed activities. \$0.00
*Engagement and Referral (required)	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
*Interim Services (required)	<i>Begin writing here: Provision of services for individuals on waitlist for access to treatment</i>	5	<i>Begin writing here: Provision of services for individuals on waitlist for access to treatment Monitor for compliance with waitlist policy and procedure.</i>	\$500.00
Educational Programs	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
Outpatient Services – Services provided in a non-residential SUD treatment facility. Outpatient treatment services must meet the criteria as set forth in Chapter 246-341 WAC.				\$0.00
Individual Therapy	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation for these proposed activities. \$0.00
Group Therapy	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00

Family Therapy	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
Multi-Family Counseling Therapy	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
Medication Assisted Therapy (MAT) - Opioid Substitution Treatment	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
Community Support (Rehabilitative) – Consist of support and treatment services focused on enhancing independent functioning.				\$0.00
Case Management	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation for these proposed activities. \$0.00
Recovery Housing	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
Supported Employment	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
Other Support (Habilitative) – Structured services provided in segments of less than 24 hours using a multi -disciplinary team approach to develop treatment plans that vary in intensity of services and the frequency and duration of services based on the needs of the client.				\$0.00
PPW Housing Support Services	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation for these proposed activities. \$0.00
Supported Education	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
Housing Assistance	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
Spiritual/Faith-Based Support	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
Intensive Support Services – Services that are therapeutically intensive, coordinated and structured group-oriented. Services stabilize acute crisis and clinical conditions, utilizing recovery principles to help return individuals to less intensive outpatient, case management, and/or other recovery based services.				\$1,000.00
*Therapeutic Intervention Services for Children (required)	<i>Begin writing here: For services to children in residential treatment facilities serving PPW.</i>	2	<i>Begin writing here: Tracking use of Therapeutic Intervention services with monthly reporting</i>	Enter budget allocation for these proposed activities. \$1,000.00
Sobering Services	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
Out of Home Residential Services – 24 hour a day, live-in setting that is either housed in or affiliated with a permanent facility. A defining characteristic is that they serve individuals who need safe and stable living environments in order to develop their recovery skills. Treatment services must meet the criteria as set forth in Chapter 246-341 WAC.				\$57,750.00
				Enter budget allocation for these proposed activities.

Sub-acute Withdrawal Management	<i>Begin writing here: Withdrawal management services as indicated by individual need</i>	1	<i>Begin writing here: Documentation of services by bed day and clinical supporting documentation upon authorization for services</i>	\$3,250.00
Crisis Services Residential/ Stabilization	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
Intensive Inpatient Residential Treatment	<i>Begin writing here: Residential SUD services as indicated by individual need.</i>	1	<i>Begin writing here: Documentation of services by bed day and clinical supporting documentation upon authorization for services</i>	\$54,500.00
Long Term Residential Treatment	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
Recovery House Residential Treatment	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
Involuntary Commitment	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
Acute Intensive Services -24-hour emergency services that provide access to a clinician. The range of emergency services available may include but are not limited to direct contact with clinician, medication evaluation, and hospitalization. Services must meet the criteria as set forth in Chapter 246-341 WAC.				\$0.00
Acute Withdrawal Management	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation for these proposed activities. \$0.00
Recovery Supports –A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Recovery emphasizes the value of health, home, purpose, and community to support recovery.				\$72,500.00
*Interim Services (required)	<i>Begin writing here: See information in "Interim Services" line above</i>	0	<i>Begin writing here: See information in "Interim Services" line above</i>	Enter budget allocation for these proposed activities. \$0.00
*Transportation for PPW (required)	<i>Begin writing here: Provide individual bus ticket, bus passes, mileage reimbursement to aid in access to treatment.</i>	10	<i>Begin writing here:</i>	\$2,000.00
Transportation	<i>Begin writing here: Provide individual bus ticket, bus passes, mileage reimbursement to aid in access to treatment.</i>	0	<i>Begin writing here:</i>	\$20,000.00
*Childcare Services (required)	<i>Begin writing here: Provide childcare in a licensed on-site facility to increase access to treatment services.</i>	30	<i>Begin writing here: Track number of children accessing care and cost of program. Monthly report on usage</i>	Enter budget allocation for these proposed activities. \$50,000.00
*Other SABG activities (required) – any activity necessary to plan, carry out, and evaluate this SABG plan, including Continued Education/training, logistics cost for conferences regarding SABG services and requirements, capacity management infrastructure, and conducting needs assessments.				\$60,500.00
<i>Begin writing here: Administration and Interpreter Services</i>				
Grand Total				\$617,811.00

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

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

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

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

Attachment 6.a.3

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

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

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

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

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

BH ASO: Funding Amount: \$71,000.00

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

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

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

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

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

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

<p>Engagement Services – Assessment/admission screening related to SUD to determine appropriateness of admission and levels of care. Education Services may include information and referral services regarding available resources, information and training concerning availability of services and other supports. Educational programs can include parent training, impact of alcohol and drug problems, anxiety symptoms and management, and stress management and reduction. Education services may be made available to individuals, groups, organizations, and the community in general. This is different than staff training. Treatment services must meet the criteria as set forth in Chapter 246-341 WAC.</p>			\$81,200.00
Assessment	<i>Begin writing here: Assessment for individuals who present un/underinsured.</i>	1	Enter budget allocation to this proposed activity \$8,700.00
*Engagement and Referral (required)	<i>Begin writing here: Community-based outreach to engage individuals that have not been successful with traditional treatment modalities.</i>	10	Enter budget allocation to this proposed activity \$72,500.00
*Interim Services (required)	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$500.00
Educational Programs	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators: Individuals that qualify for will have access to treatment services, within available resources.</i>			
<p>Outpatient Services – Services provided in a non-residential SUD treatment facility. Outpatient treatment services must meet the criteria as set forth in Chapter 246-341 WAC.</p>			\$190,000.00
Individual Therapy	<i>Begin writing here:</i>	5	Enter budget allocation to this proposed activity \$40,000.00
Group Therapy	<i>Begin writing here:</i>	5	Enter budget allocation to this proposed activity \$150,000.00

Family Therapy	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
Multi-Family Counseling Therapy	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
Medication Assisted Therapy (MAT) - Opioid Substitution Treatment	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators: Individuals that qualify for will have access to treatment services, within available resources.</i>			
Community Support (Rehabilitative) – Consist of support and treatment services focused on enhancing independent functioning.			\$2,500.00
Case Management	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
Recovery Housing	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
Supported Employment	<i>Begin writing here: Provide vocational support to individuals who do not qualify for other vocational programs.</i>	1	Enter budget allocation to this proposed activity \$2,500.00
<i>Outcomes and Performance Indicators: Non-Medicaid, low-income individuals will have access to vocational assistance. Individuals will receive support and will access employment</i>			
Other Support (Habilitative) – Structured services provided in segments of less than 24 hours using a multi -disciplinary team approach to develop treatment plans that vary in intensity of services and the frequency and duration of services based on the needs of the client.			\$0.00
	<i>Begin writing here:</i>		Enter budget allocation to this proposed activity

PPW Housing Support Services		0	\$0.00
Supported Education	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
Housing Assistance	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
Spiritual/Faith-Based Support	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators:</i>			
Intensive Support Services – Services that are therapeutically intensive, coordinated and structured group-oriented. Services stabilize acute crisis and clinical conditions, utilizing recovery principles to help return individuals to less intensive outpatient, case management, and/or other recovery based services.			\$500.00
*Therapeutic Intervention Services for Children (required)	<i>Begin writing here: For services to children in residential treatment facilities serving PPW.</i>	1	Enter budget allocation to this proposed activity \$500.00
Sobering Services	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators:</i>			

Out of Home Residential Services – 24 hour a day, live-in setting that is either housed in or affiliated with a permanent facility. A defining characteristic is that they serve individuals who need safe and stable living environments in order to develop their recovery skills. Treatment services must meet the criteria as set forth in Chapter 246-341 WAC.			\$28,311.00
Sub-acute Withdrawal Management	<i>Begin writing here: See Intensive Inpatient Residential Treatment for more details.</i>	0	Enter budget allocation to this proposed activity \$0.00
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 within the region.</i>	0	Enter budget allocation to this proposed activity \$28,311.00
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

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

Acute Intensive Services -24-hour emergency services that provide access to a clinician. The range of emergency services available may include but are not limited to direct contact with clinician, medication evaluation, and hospitalization. Services must meet the criteria as set forth in Chapter 246-341 WAC.			\$0.00
Acute Withdrawal Management	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators:</i>			
Recovery Supports –A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Recovery emphasizes the value of health, home, purpose, and community to support recovery.			\$13,000.00
*Interim Services (required)	<i>Begin writing here: See Interim Services line item above</i>	0	Enter budget allocation to this proposed activity \$0.00
*Transportation for PPW (required)	<i>Begin writing here: Provide individual bus ticket, bus passes, mileage reimbursement to aid in access to treatment.</i>	0	Enter budget allocation to this proposed activity \$500.00
Transportation	<i>Begin writing here: Provide individual bus ticket, bus passes, mileage reimbursement to aid in access to treatment.</i>	0	Enter budget allocation to this proposed activity \$2,500.00
*Childcare Services (required)	<i>Begin writing here: Provide childcare in a licensed on-site facility to increase access to treatment services.</i>	10	Enter budget allocation to this proposed activity \$10,000.00
<i>Outcomes and Performance Indicators: Transportation is not a barrier to access treatment services. Individuals will have access to supports within available resources.</i>			
*Other SABG activities (required) – any activity necessary to plan, carry out, and evaluate this SABG plan, including Continued Education/training, logistics cost for conferences regarding SABG services and requirements, capacity management infrastructure, and conducting needs assessments.			\$45,000.00

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

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

BH ASO:

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

BEHAVIORAL HEALTH

COMMUNITY RESOURCE FAIR



Make your voice heard!

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



**TUESDAY
AUGUST 1, 2023**



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



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



HOSTED BY:



Salish Behavioral Health
Administrative Services Organization

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

BEHAVIORAL HEALTH COMMUNITY RESOURCE FAIR

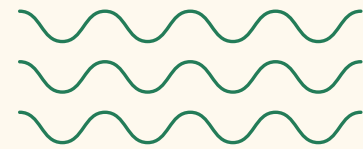
Attachment 7.b.2

HOSTED BY:



Salish Behavioral Health
Administrative Services Organization

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



FORKS

SEPTEMBER 19, 4PM-6PM

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

Open to all!

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



BEHAVIORAL HEALTH

Attachment 7.b.3

COMMUNITY

RESOURCE

FAIR

HOSTED BY:



Salish Behavioral Health
Administrative Services Organization

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

BREMERTON

OCTOBER 3, 4PM-6PM

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

Open to all!

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

BEHAVIORAL HEALTH

COMMUNITY RESOURCE FAIR



Make your voice heard!

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



**THURSDAY
OCTOBER 12, 2023**



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



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



HOSTED BY:



**Salish Behavioral Health
Administrative Services Organization**

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