



SALISH BEHAVIORAL HEALTH
ADMINISTRATIVE SERVICES ORGANIZATION
ADVISORY BOARD
MEETING

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

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

LINK TO JOIN BY COMPUTER OR PHONE APP:

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

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Meeting ID: 878 3876 5075

USE PHONE NUMBER and MEETING ID TO JOIN BY PHONE:

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

Meeting ID: 878 3876 5075

A G E N D A

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

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

ACRONYMS

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](#)



Salish Behavioral Health
Administrative Services Organization

SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION ADVISORY BOARD MEETING

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

October 6, 2023

Informational Items

A. SALISH REGIONAL CRISIS SYSTEM

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

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

Salish Mobile Crisis Outreach Teams by County:

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

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

B. TRUEBLOOD PHASE 3 IMPLEMENTATION

Trueblood Background

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

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

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

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

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

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

Implications for Salish Region

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

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

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

C. TRAINING OPPORTUNITIES FOR BOARD MEMBERS

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

D. MILEAGE REIMBURSEMENT TO BOARD ACTIVITIES

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

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

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

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

INTRODUCTIONS – Self introductions were conducted around the room.

ANNOUNCEMENTS – None.

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

APPROVAL of AGENDA –

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

APPROVAL of MINUTES –

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

ACTION ITEMS

➤ **APPROVAL OF FEDERAL BLOCK GRANT PLANS**

Standard Block Grant

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

Mental Health Block Grant (MHBG)

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

Substance Abuse Block Grant (SABG)

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

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

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

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

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

ARPA Block Grant

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

ARPA MHBG

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

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

ARPA SABG

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

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

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

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

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

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

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

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

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

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

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

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

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

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

➤ **CO-RESPONDER RFP COMMITTEE**

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

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

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

INFORMATIONAL ITEMS

➤ **EXPANSION OF ASSISTED OUTPATIENT TREATMENT**

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

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

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

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

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

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

Quilcene – August 1, 2023

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

Bremerton – October 3, 2023

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

Forks – September 19, 2023

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

Chimacum – October 12, 2023

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

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

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

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

PUBLIC COMMENT

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

GOOD OF THE ORDER

- None.

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

ATTENDANCE

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

NOTE: These meeting notes are not verbatim.