



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, February 4, 2022
TIME: 10:00 AM – 12:00 PM
LOCATION: **VIRTUAL ONLY:** We will use the ZOOM virtual platform.

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

LINK TO JOIN BY COMPUTER OR PHONE APP:

Join Zoom Meeting:

<https://us06web.zoom.us/j/85817894528?pwd=RTA0U1RUZDJIS3A0NmXuTFdGWGZudz09>

Meeting ID: 858 1789 4528

USE PHONE NUMBER and MEETING ID TO JOIN BY PHONE:

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

Meeting ID: 858 1789 4528

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 December 3, 2021 (Attachment5)
6. Action Items
 - a. Election of Chair and Vice-Chair
 - b. RFP Subcommittee for Kitsap County Youth Mobile Crisis Outreach Team
 - c. RFP Subcommittee for Both R.E.A.L. and Co-Responder Programs
7. Informational Items
 - a. Ombuds Presentation
 - b. Regional Community Needs Assessment
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
EQRO	External Quality Review Organization
FIMC	Full Integration of Medicaid Services
FYSPRT	Family, Youth and System Partner Round Table
HARPS	Housing and Recovery through Peer Services
HCA	Health Care Authority
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RCW	Revised Code Washington
R.E.A.L	Recovery, Empowerment, Advocacy, Linkage
RFP, RFQ	Requests for Proposal, Requests for Qualifications
SABG	Substance Abuse Block Grant
SAPT	Substance Abuse Prevention Treatment
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SUD	Substance Use Disorder
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[Full listing of definitions and acronyms](#)



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February 4, 2022

Action Items

A. ELECTION OF CHAIR AND VICE-CHAIR

Per the Salish BH-ASO Advisory Board By-laws, the Chair and Vice-Chair shall be elected by majority vote for a one-year term.

B. RFP SUBCOMMITTEE FOR KITSAP COUNTY YOUTH MOBILE CRISIS OUTREACH TEAM

During the December 3rd Advisory Board Meeting, staff shared information regarding new funding allocated by the legislature to support the expansion of youth mobile crisis outreach teams. The legislation requires that every BH-ASO region have at least 1 youth mobile crisis outreach team by June 30, 2022.

Following an analysis of crisis service utilization trends and budget allocations, staff determined that a single youth team would be added to Kitsap County. And, that crisis agencies in Clallam and Jefferson counties would receive additional funding allocations to add Child Mental Health Specialists to their existing crisis teams. This plan was presented to and approved by the Executive Board on December 10, 2021.

On January 14th, the Kitsap County Youth Mobile Crisis Outreach Team RFP was released and will be closed on February 17th. Staff is seeking volunteers for an RFP Subcommittee to review Kitsap Youth Mobile Crisis Outreach Team proposals and make recommendations on behalf of the full Advisory Board to the Executive Board.

Staff will review the anticipated timeline and time commitments for this RFP Subcommittee.

C. RFP SUBCOMMITTEE FOR BOTH R.E.A.L. AND CO-RESPONDER PROGRAMS

R.E.A.L Program

SB5476, which is the legislative response to State v. Blake decision, requires BH-ASOs to establish a Regional Recovery Navigator Program. The Recovery Navigator Program must provide community-based outreach, intake, assessment, and connection to services to youth and adults with substance use or co-occurring needs. SBH-ASO has named its Recovery Navigator Program the REAL Program (Recovery, Empowerment, Advocacy, and Linkage).

BH-ASOs were tasked with rapidly developing and implementing this program to ensure community access and outreach support was available by November 1, 2021. SBH-ASO has contracted with 5 agencies for Year-1 funding which runs through June 30, 2022. SBH-ASO will be releasing an RFP in early March 2022 to manage Years 2 and 3 funding.

Co-Responder Program

A small allocation of funds, \$100,000 per year, has been allocated to SBH-ASO to fund a single co-responder program in the region. Funding would be awarded to a law enforcement agency or other first responder agency (Fire/EMS) to pair a mental health professional and allow for co-response to emergency calls. SBH-ASO plans to release this RFP in March 2022, as well.

RFP Subcommittee for Both R.E.A.L and Co-Responder Proposals

Staff is seeking volunteers for an RFP Subcommittee to review both of these program's proposals and make recommendations on behalf of the full Advisory Board to the Executive Board. Staff will review the anticipated timeline and time commitments for this RFP Subcommittee.

Informational Items

A. OMBUDS PRESENTATION

Presentation by Bridges Ombuds, Vivian Morey. Vivian will review Ombuds activity for 2021. She will discuss any trends, including successes and challenges. She will provide updates from the State Ombuds meetings.

B. REGIONAL COMMUNITY NEEDS ASSESSMENT

In 2020, SBH-ASO released a community needs survey to providers, stakeholders, and community partners to identify needs and priorities. Staff is planning to develop a new survey for release this spring.

This assessment will seek feedback on behavioral health needs within the community including specific information on crisis services, youth services, ability to access services, and awareness of behavioral health services. The information will assist with identifying regional priorities for calendar years 2022 and 2023.

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

**Friday, December 3, 2021
10:00 a.m. - 12:00 p.m.
VIRTUAL ONLY**

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

INTRODUCTIONS – Self introductions were conducted around the room.

ANNOUNCEMENTS – None.

OPPORTUNITY FOR PUBLIC TO ADDRESS THE BOARD ON AGENDA TOPICS –

- Janet Nickolaus, SBH-ASO Advisory Board Member, requested to address the Board. She read from a statement. She voiced that she is very grateful for the awareness of mental health issues in our community. As well as voiced concerns regarding lack of participation of the Board to make determinations on how funding was allotted in our community.
 - Kimberly Hendrickson, City of Poulsbo and Department of Housing Health and Human Services, provided response to Janet’s comments.
 - Helen Havens, SBH-ASO Advisory Board Member, referenced her past participation in committees with the SBH-ASO and Kitsap County 1/10th of 1% regarding grant funds that were available to the community. She noted that she was struck by the lack of submissions for the extra grant monies that were available. Understanding the processes are similar to the funding allotment that Janet and Kimberly are referencing. Would like to encourage review of how information is provided to agencies to ensure that it is received.
- Sandy Goodwick, SBH-ASO Advisory Board Member. Noted her participation with the board since 2017 and that she has advocated for the inclusion of peer recognition. Voiced concerns regarding the implementation of 9-8-8 and its effects on those seeking services. Inquiring how the Salish is reaching out to regional, state, and national peer organizations in relationship to 9-8-8 national implementation.

APPROVAL of AGENDA –

MOTION: Janet Nickolaus moved to approve the agenda as submitted. Jon Stroup seconded the motion. Motion carried unanimously.

APPROVAL of MINUTES –

MOTION: Helen Havens moved to approve the meeting notes as submitted for the September 17, 2021 meeting. Jon Stroup seconded the motion. Motion carried unanimously.

ACTION ITEMS

➤ **REAPPOINTMENT OF ADVISORY BOARD MEMBERS**

On November 12, 2021, Salish Staff emailed Advisory Board Members with expiring terms and inquired about interest in continuing to serve on the Board. Staff received responses from all Board Members listed below, except for Jolene Sullivan. All Board Member responses confirmed interest in continuing to serve.

The following Advisory Board Members have expiring terms:

- Sandy Goodwick, 2-year term expires 12/31/21
- Janet Nickolaus, 1-year term expires 12/31/21
- Anne Dean, 2-year term expires 12/31/21
- Helen Havens, 1-year term expires 11/30/21
- Jon Stroup, 1-year term expires 12/31/21
- Jolene Sullivan, 2-year term expires 12/31/21

Staff requests the Advisory Board make recommendations to the Executive Board regarding reappointments. These recommendations will be presented to the Executive Board on December 10, 2021.

Reviewed Jolene Sullivan's term and lack of response to staff email outreach. Discussed option of allowing term to expire on 12/31/2021 as Jolene is not present to discuss her interest in continuing to serve.

MOTION: Janet Nickolaus moved to recommend Executive Board approval of Advisory Board Reappointments for all members with expiring terms, with the exception of Jolene Sullivan. Helen Havens seconded the motion. Motion carried unanimously.

➤ **APPROVAL OF JANUARY-JUNE 2022 FEDERAL BLOCK GRANT PLANS**

SBH-ASO is presenting updated Block Grant plans for January 1, 2022 through June 30, 2022.

Mental Health Block Grant (MHBG): The plan aligns funding in accordance with the 2022 SBH-ASO budget being presented to the Executive Board on December 10, 2021. The MHBG plan provides funding for the crisis system. This includes mobile crisis, crisis hotline, and interpreter services. The plan format from HCA includes crisis categories directly. The MHBG plan also identifies an estimated of the number of people to be served in each category. SBH-ASO Administration allowance was added to the updated plan for this period. Allocations are in line with the previous 6-month allocation.

Substance Abuse Block Grant (SABG): The plan aligns funding in accordance with the 2022 SBH-ASO budget being presented to the Executive Board on December 10, 2021. It includes a new allowance for SBH-ASO Administration. Brief intervention includes mobile crisis response services. Engagement and Referral includes crisis line funding. Interim Services are a requirement and limited in funding due to not historically being needed. Ten percent of SABG is required to fund PPW programs. The SABG plan includes PPW housing supports and childcare programs. The plan includes funding to support secure withdrawal management (SUD ITA). Transportation is also addressed as this was identified as a priority in the needs assessment. The SABG plan identifies number of PPW to be served by category. The Brief treatment and Engagement and Referral PPW number reflects 10% of expected number served. Allocations are in line with the previous 6-month allocation.

Discussion regarding Department of Health (DOH) related to the warmline or crisis hotline to be staffed by peer services. Staff discussed that there were mandates for crisis hotline services provided 24/7 coverage and that the Washington Administrative Code's required certain staff credentials. Noting that there is a recognition for expanding peer services and there have been COVID enhanced block grant RFP monies that could have been opportunities to expand.

- **MOTION: Anne Dean moved to approve Approval of Calendar Year 2022 Budget: Mental Health Block Grant. Janet Nickolaus seconded the motion. Motion carried unanimously.**
- **MOTION: Anne Dean moved to approve Approval of Calendar Year 2022 Budget: Substance Abuse Block Grant. Jon Stroup seconded the motion. Motion carried unanimously.**

INFORMATIONAL ITEMS

➤ UPDATE ON NEW PROGRAMS

During the 2021 Legislative Session, a significant amount of funding was allocated to support new behavioral health programming. The majority of this new behavioral health funding is being managed by the Health Care Authority who is then contracting with BH-ASOs to develop regional programming.

Recovery Navigator Program

SB5476, which is the legislative response to State v. Blake decision, requires BH-ASOs to establish a Regional Recovery Navigator Program. The Recovery Navigator Program must provide community-based outreach, intake, assessment, and connection to services to youth and adults with substance use or co-occurring needs. SBH-ASO has named its Recovery Navigator Program the REAL Program (Recovery, Empowerment, Advocacy, and Linkage).

SBH-ASO is in the process of rolling out the REAL Program. This program provides in the field outreach and case management to individuals with substance use or co-occurring needs and may have frequent law enforcement contacts. This program is intended to provide support and diversion from further legal involvement for these individuals. The focus is on meeting individuals where they are at and providing peer support. The program is voluntary and driven by the individual. The program is harm-reduction focused and time delimited. The priority referral source is law enforcement, though community referrals will also be accepted.

SBH-ASO has been working with providers on the REAL Program roll out since late summer. The SBH-ASO plan was approved on November 1st. Since that time, agencies have been working diligently to get staffing in place. There are five teams across the region: Peninsula Behavioral Health and Reflections in Clallam County; Discovery

Behavioral Health in Jefferson County; and Agape and West Sound Treatment Center in Kitsap County. Each team includes a Project Manager, Outreach Coordinator/Care Manger, and Recovery Coaches. The teams will coordinate with law enforcement, existing navigator programs, and community members to provide support to individuals who have challenges accessing care in traditional settings.

Certified Peer Counselor Mobile Crisis Enhancement

Funding has been provided to add a Certified Peer Counselor (CPC) to existing Crisis teams. The CPC will be required to participate in crisis specific peer training that is being developed by DBHR. Crisis Peers may not provide the initial crisis response independently. This position may provide co-response with another crisis staff and/or peer services following a crisis event. Each of the four crisis teams across the region will add the role to their existing team.

Peer Transition from Incarceration Program

This program adds Peer services to the existing Jail Transitions Program. Peer services will be available to individuals who are exiting incarceration and up to 120 days post release. The Peer would be connected to the individual pre-release or at release to provide continuity of care through the return to community. The Peer Pathfinder will work with the individuals to bridge any barriers to returning to community. They can provide support tailored to the individuals' needs including access to community-based services, support with life skills, social support, and reintegration. They will assist the individuals with connecting to formal services as well as informal support based on individual needs and desires. The goal is to assist with transitions back to community and decrease recidivism.

Youth Mobile Crisis Team Expansion

Senate Bill 5092 appropriated funds to support the development and/or expansion of youth mobile crisis outreach teams. The bill requires that each BH-ASO region have at least 1 youth mobile crisis outreach team by June 30, 2022.

The Salish region does not currently have any mobile crisis outreach teams that only serve youth. Rather, each crisis team is responsible for serving all individuals in their assigned catchment area. This new team will be separate and distinct from current mobile crisis outreach teams. This new youth team will provide crisis outreach services and, when indicated, coordinate with existing crisis teams for involuntary treatment investigations.

Staff conducted an analysis of the number of youth served by mobile crisis and number of services rendered for the period of January 2020 – June 2021 for both Clallam and Kitsap Counties. The data reflected below suggests that only Kitsap County has the population and utilization to justify the cost of a youth mobile crisis team.

	Kitsap County	Clallam County
Jan-June 2020: Average # Youth Served	15	7
Jan-June 2020: Average # of Services	45	10
July-December 2020: Average # Youth Served	18	6
July-December 2020: Average # of Services	53	12
Jan-June 2021: Average # Youth Served	26	8
Jan-June 2021: Average # of Services	64	19

Staff estimates the cost of operating a 2-person youth mobile crisis outreach team in Kitsap County, 7 days a week between 7am-11pm, to be \$475,000. This equates to approximately 56% of the new annual funding allocated to expand youth mobile crisis outreach team capacity and aligns with Kitsap County's proportion of population in relation to Jefferson and Clallam Counties.

The remaining 44% of funding, approximately \$372,000 would then be added to Clallam and Jefferson County Crisis Providers compensation to add Child Mental Health Specialists to their mobile crisis outreach teams. Staff will present this plan to the Executive Board on December 10, 2021, prior to releasing an RFP for the Kitsap County Youth Mobile Crisis Outreach Team.

Co-Responder Program

Another new program that supports the behavioral crisis system is the Co-Responder Program. A small allocation of funds, \$100,000 per year, has been allocated to SBH-ASO to partner with law enforcement or other first responder agency (Fire/EMS) to pair a mental health professional and allow for co-response to emergency calls. SBH-ASO was prepared to release an RFP for these funds on 11/19/21 prior to receiving communication from the HCA on 11/18/21 that narrowed the entities that were eligible to submit a proposal.

Due to the number of new programs SBH-ASO is tasked with implementing over the next 6 months, Staff must proceed with implementing other new programs before returning to this program and developing a new plan.

Questions arose regarding R.E.A.L Program staffing positions of Program managers and recovery coaches specific to if they are all individuals with lived

experience. Discussion that there is no requirement that all staff are individuals with lived experience, however, the SBH-ASO advocates for this being a peer driven program. Noting that many of the staff that have been hired are individuals with lived experiences. Discussion of concerns and potential barriers regarding the requirement to only allow individuals with lived experience in these positions.

Discussion regarding liaison and coordination with housing and health, as well as other community resources. The R.E.A.L. Program staff will conduct a brief needs assessment to determine what the individual identifies as their need and that program staff will partner with them to access all resources available. The R.E.A.L. Program expectations are to empower and advocate for the individual and that will include housing and medications or any identified need.

Discussion regarding the SBH-ASO accountability for an individual's access to services and programs where they run up against challenges. The R.E.A.L. Program is a place to fill those gaps and help participants to navigate those challenges, while working with community resources and supports. Encouraged community participants to reach out if there are barriers or issues noted to the SBH-ASO.

Inquiry with regards to a Washington state contact regarding the Certified Peer Counselors (CPC), SBH-ASO staff identified Maureen "Mo" Bailey as the Health Care Authority (HCA) Peer Program contact.

During the discussion regarding Peer Transition from Incarceration Program, inquiry for other funding or programs focused on managing barriers for individuals with criminal histories accessing treatment, housing, and specifically employment. Discussed that there are programs and meetings at the state level focused on accessing these types of connections.

Inquiry regarding if SBH-ASO has information about the percentages of the youth utilizing crisis team services in relationship to the number of youth population in Kitsap County. Currently the SBH-ASO has identified the total number accessing crisis services.

Discussed the Youth Mobile Crisis Team expansion plan that will be presented to the SBH-ASO Executive Board next Friday, and that RFP will be released specific to Kitsap county to add a youth team. Both Clallam and Jefferson counties will receive additional allocations of funding to enhance existing crisis teams with child mental health specialists. Currently each of the counties have a Mobile Crisis Outreach Team and have access to a Child Mental Health Specialist (CMHS) for consultation and crisis coordination for youth crisis services. Noted concerns regarding the implementation of the Youth Mobile Crisis Team only in Kitsap and inquired about a way to collect information and share in comparison to Clallam and Jefferson counties without this type of program.

Noted that the numbers presented during the Youth Mobile Crisis Team discussion only represent those agencies and providers who are subcontracted with the SBH-ASO. Referencing that there are other youth crisis programs in the community that are not represented in these statistics.

➤ **UPDATE ON ADVISORY BOARD RECRUITMENT EFFORTS**

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

During September and October 2021, Salish Staff performed Jefferson County outreach to recruit volunteers to serve on the SBH-ASO Advisory Board. Staff utilized web and print advertising, including the Port Townsend Leader, to reach Jefferson County residents. Staff also connected with several Jefferson County entities to disseminate the Advisory Board flyer to a broad audience, including:

- Brinnon School District
- Chimacum School District
- Quilcene School District
- Jefferson County NAMI
- Jefferson County Employees
- Recovery Café Port Townsend

➤ **2022 ADVISORY BOARD MEETING SCHEDULE**

Due to the amount of new behavioral health programs being planned and implemented, staff recommends increasing the frequency of Advisory Board Meetings in 2022. In 2022, Advisory Board Meetings will be scheduled every other month on the first Friday, from 10am-12pm.

- February 4, 2022
- April 1, 2022
- June 3, 2022
- August 5, 2022
- October 7, 2022
- December 2, 2022

PUBLIC COMMENT

- *G'Nell Ashley, Reflections, appreciates the opportunity to speak and participate in these discussions today. Shared her experiences with the SBH-ASO as a substance use treatment provider, and notes SBH-ASO as always reaching out to all agencies regarding opportunities for funding and being transparent with providers. Provided feedback on John Stroup's comments earlier regarding*

- *Kate Ingman, CHPW, shared her congratulations on the myriad of program presented today and is excited for all of them.*

GOOD OF THE ORDER

- ADD COMMENTS.

ADJOURNMENT – Consensus for adjournment at 12:07 p.m.

ATTENDANCE

BOARD MEMBERS	STAFF	GUESTS
Lois Hoell, SBH-ASO Advisory Board	Stephanie Lewis, SBH-ASO Administrator	Joe Roszak, KMHS Executive Director
Sandy Goodwick, SBH-ASO Advisory Board	Jolene Kron, SBH-ASO Deputy Administrator/Clinical Director	G'Nell Ashley, Reflections
Anne Dean, SBH-ASO Advisory Board	Doug Washburn, Human Services Director	Kate Ingman, CHPW
Janet Nickolaus, SBH-ASO Advisory Board	Martiann Lewis, SBH-ASO Care Manager	Lisa Rey Thomas, UW Addiction
Helen Havens, SBH-ASO Advisory Board	Nicole Oberg, SBH-ASO Program Specialist	Kim Hendrickson, City of Poulsbo and Department of Housing Health and Human Services
Jon Stroup, SBH-ASO Advisory Board		
Excused:		
None		

NOTE: These meeting notes are not verbatim.



SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION ADVISORY BOARD MEETING

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

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

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Passcode: 001572

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6. Informational Items
 - a. Regional Community Needs Assessment
 - b. HB1477 (9-8-8 Bill) Implementation: CRIS Committee Update
 - c. Update on 2022 RFPs
 - d. SBH-ASO Staffing Update
 - e. Advisory Board Recruitment
7. Opportunity for Public Comment (limited to 3 minutes each)
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SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION ADVISORY BOARD MEETING

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

April 1, 2022

Informational Items

A. REGIONAL COMMUNITY NEEDS ASSESSMENT

Over the past 2 years, SBH-ASO has released several community surveys, to include: Block Grant Funding Priorities Survey, Criminal Justice Treatment Account (CJTA) Survey and the Family Youth Systems Partner Roundtable (FYSPRT) Survey.

Staff has been working on developing the next regional community needs assessment and plans to consolidate the three (3) above mentioned surveys, into a single survey.

This assessment will seek feedback on behavioral health needs within the community including specific information on crisis services, youth services, ability to access services, and awareness of behavioral health services.

Information gathered through this survey will assist with identifying service gaps in the community, as well as gaps in awareness of existing resources. The survey results will also assist the Advisory Board with identifying regional priorities for calendar years 2023 and 2024.

Staff will share the draft survey with the Board during this meeting and seek feedback, prior to releasing this survey in late April.

B. HB1477 (9-8-8 BILL) IMPLEMENTATION: CRIS COMMITTEE UPDATE

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

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

The CRIS Committee and its sub-committees have been progressing slowly. The CRIS Committee first convened in September 2021. In December 2021, there was an “All-subcommittee Kick-off” and most subcommittees have not re-convened since this kickoff. There continues to be many questions related to the roll out of changes and the impact to the current crisis system.

In February 2022, the CRIS Steering Committee approved the formation of an Ad Hoc Workgroup to address the vision of this work. Salish is one of two BH-ASO representatives participating in this Ad-hoc Visioning Workgroup which convened for the first time on March 1, 2022.

This workgroup facilitated by Health Management Associates (HMA) was developed to assist in creating a vision statement for the Integrated Crisis Response and Suicide Prevention System. Concern has been expressed by many, that a clear vision needs to be in place to be able to move the work of the CRIS committee and subcommittees forward. It is anticipated that the only change in July 2022 will be the addition of 9-8-8 as a contact number for the NSPL, and additional work towards implementation of statewide changes is pending.

C. UPDATE ON 2022 RFPS

Youth Mobile Crisis RFP

During the December 2021 Advisory and Executive Board Meetings, staff briefed the Boards on the new Youth Mobile Crisis Outreach funding that was added to SBH-ASO’s revenue contract, effective 11/1/21. The briefing included a summary of SBH-ASO’s plan to release an RFP in January 2022 for a Kitsap County Youth Mobile Crisis Outreach Team and to add funding to Clallam and Jefferson County crisis agencies to enhance their youth focused crisis services.

SBH-ASO released the Youth Mobile Crisis Outreach Team RFP on January 14, 2022. During the HCA/ASO Leadership Meeting on January 27th, HCA shared that they were in the early phases of developing the statewide model for youth mobile crisis outreach teams. The information HCA shared regarding several of the desired core elements of this model are notably different from the current scope of the crisis system under Integrated Managed Care. SBH-ASO opted to terminate the procurement process until additional information about the HCA’s new model is available to be evaluated.

Recovery Navigator/ R.E.A.L. Program RFP

The RFP for Years 2 and 3 of R.E.A.L. Program funding was released on March 8th and will close on April 14, 2022. An Advisory Board RFP Review Sub-committee has been formed and their recommendations will be presented to the Executive Board during the May 27th Board Meeting.

Behavioral Health Co-Responder RFP

Behavioral Health Co-Responder funding provides for a single team, a licensed mental health professional paired with law enforcement officer or first responder

(Fire/EMS), to respond to behavioral health emergencies within the community. The RFP released March 18th and closes April 21st, and provides for a single year of funding, July 1, 2022- June 30, 2023. An Advisory Board RFP Review Sub-committee has been formed and their recommendations will be presented to the Executive Board during the May 27th Board Meeting.

Eligible applicants include law enforcement and first responder agencies operating within Clallam, Jefferson and/or Kitsap Counties.

D. SBH-ASO STAFFING UPDATE

Per the directive in SB 5476 and the additional Recovery Navigator Administrator Funding from HCA, SBH-ASO began recruitment for an additional Care Manager/Program Supervisor in September 2021. SBH-ASO is excited to welcome Melinda Garcia to the team. Melinda started with SBH-ASO on February 28, 2022.

Another staffing change at SBH-ASO includes the resignation of Care Manager, Martiann Lewis. After 5 years of dedicated service, Martiann will be departing SBH-ASO in mid-April.

This departure prompted an evaluation of current SBH-ASO Team credentials and expertise. SBH-ASO must hire a licensed mental health professional, as the 2 remaining Care Managers are substance use disorder professionals. It is also preferable to add a team member with children's program experience. SBH-ASO is currently recruiting for a Children's Care Manager and Systems Coordinator.

E. ADVISORY BOARD RECRUITMENT

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

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

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

Staff is broadening its focused recruitment efforts this spring and would like to discuss potential strategies with the Board.

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

**Friday, February 4, 2022
10:00 a.m. - 12:00 p.m.
VIRTUAL ONLY**

CALL TO ORDER – Sandy Goodwick, SBH-ASO Behavioral Advisory Board Vice-Chair called the meeting to order at 10:08 a.m.

INTRODUCTIONS – Self introductions were conducted around the room.

ANNOUNCEMENTS – *Request from Stephanie Lewis to add one more item to today's agenda as 7c: Process for adding agenda items in the future in advance of the meeting.*

Request from Janet Nickolaus to add discussion of Advisory Board review of RFPs prior to sending them out to agencies. Stephanie Lewis noted that the current agenda includes discussion of RFP subcommittees which can be expanded upon to include Janet's request.

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

APPROVAL of AGENDA –

MOTION: Sandy Goodwick moved to approve the agenda as amended. Motion carried by show of hands from board members.

APPROVAL of MINUTES –

MOTION: Jon Stroup moved to approve the meeting minutes as submitted for the December 3, 2021 meeting. Janet Nickolaus seconded the motion. Motion carried unanimously.

ACTION ITEMS

➤ **ELECTION OF CHAIR AND VICE-CHAIR**

Per the Salish BH-ASO Advisory Board By-laws, the Chair and Vice-Chair shall be elected by majority vote for a one-year term.

Current Chair Lois Hoell and Vice Chair Sandy Goodwick are interested in continuing to serve in their current Advisory Board Roles.

MOTION: Anne Dean moved to reappoint Lois Hoell as SBH-ASO Advisory Board Chair and Sandy Goodwick as SBH-ASO Advisory Board Vice Chair. Helen Havens seconded the motion. Motion carried unanimously.

➤ **RFP SUBCOMMITTEE FOR KITSAP COUNTY YOUTH MOBILE CRISIS OUTREACH TEAM**

During the December 3rd Advisory Board Meeting, staff shared information regarding new funding allocated by the legislature to support the expansion of youth mobile crisis outreach teams. The legislation requires that every BH-ASO region have at least 1 youth mobile crisis outreach team by June 30, 2022.

Following an analysis of crisis service utilization trends and budget allocations, staff determined that a single youth team would be added to Kitsap County. And, that crisis agencies in Clallam and Jefferson counties would receive additional funding allocations to add Child Mental Health Specialists to their existing crisis teams. This plan was presented to and approved by the Executive Board on December 10, 2021.

On January 14th, the Kitsap County Youth Mobile Crisis Outreach Team RFP was released and will be closed on February 17th. Staff is seeking volunteers for an RFP Subcommittee to review Kitsap Youth Mobile Crisis Outreach Team proposals and make recommendations on behalf of the full Advisory Board to the Executive Board.

Staff will review the anticipated timeline and time commitments for this RFP Subcommittee.

SBH-ASO staff requested that two separate RFP subcommittees be formed, noting that the formation of two separate subcommittees better distributes the workload of volunteering and helps mediate potential conflict of interests given the nature of the RFPs.

Inquiry regarding what role will peers have in the RFPs that are being put forward. The Youth Mobile Crisis Outreach Program requires one staff to be an MHP but allows flexibility for other staff members to be peers. There have been some guardrails around use of peers in crisis services, as outlined in the Washington Administrative Code (WAC). Peers cannot be a primary response in a crisis that is mandated but can be a secondary response. There are additional challenges with a recent requirement of peers to be certified, including a significant backlog of peers seeking certification. Salish BH-ASO has encouraged the use of peers as much as possible in their programming as allowed by the Medicaid state plan.

The Youth Mobile Crisis Team RFP has an accelerated timeline, with an implementation date of June 30th. The RFP is limited to Kitsap County and remaining funding will be used to enhance existing teams in other catchment areas.

MOTION: Advisory Board Chair Lois Hoell appointed Janet Nickolaus, Helen Havens, Jon Stroup, and Anne Dean for the Youth Mobile Crisis Outreach Team RFP Subcommittee.

➤ **RFP SUBCOMMITTEE FOR BOTH R.E.A.L. AND CO-RESPONDER PROGRAMS**

R.E.A.L Program

SB5476, which is the legislative response to State v. Blake decision, requires BH-ASOs to establish a Regional Recovery Navigator Program. The Recovery Navigator Program must provide community-based outreach, intake, assessment, and connection to services to youth and adults with substance use or co-occurring needs. SBH-ASO has named its Recovery Navigator Program the REAL Program (Recovery, Empowerment, Advocacy, and Linkage).

BH-ASOs were tasked with rapidly developing and implementing this program to ensure community access and outreach support was available by November 1, 2021. SBH-ASO has contracted with 5 agencies for Year-1 funding which runs through June 30, 2022. SBH-ASO will be releasing an RFP in early March 2022 to manage Years 2 and 3 funding.

Co-Responder Program

A small allocation of funds, \$100,000 per year, has been allocated to SBH-ASO to fund a single co-responder program in the region. Funding would be awarded to a law enforcement agency or other first responder agency (Fire/EMS) to pair a mental health professional and allow for co-response to emergency calls. SBH-ASO plans to release this RFP in March 2022, as well.

RFP Subcommittee for Both R.E.A.L and Co-Responder Proposals

Staff is seeking volunteers for an RFP Subcommittee to review both of these program's proposals and make recommendations on behalf of the full Advisory Board to the Executive Board. Staff will review the anticipated timeline and time commitments for this RFP Subcommittee.

Questions arose regarding the potential for a conflict of interest. Staff will not know with certainty whether there is a conflict of interest until the RFP applications are received. The expectation is that the RFP Subcommittee volunteer would recuse themselves if there were any awareness that an agency with which they are affiliated is likely to submit a proposal. This would include involvement in the development of the RFP itself. To avoid a conflict of interest but still provide input for the creation of the RFP, one could submit information in writing for consideration by the RFP subcommittee.

Inquiry regarding limited funding for the Co-Responder program, and the potential of continued funding after one year. Discussed challenges with last-minute changes to the program guidelines leading to funds going unused. Limited funding amount and duration may influence who is willing to respond to the RFP.

Inquiry regarding the rationale for funding focused on law enforcement, considering problems related to law enforcement responding to mental health crises. Law enforcement is currently responding to mental health crises in the community; a licensed mental health professional would bring additional expertise to support first responders (law enforcement, EMS, and/or fire) who respond to crisis situations enabling them to deescalate more successfully.

Discussion of Crisis Intervention Training offered in each county to create Crisis Intervention Officers. The 40-hour training has included law enforcement, EMS, and Fire. The training involves peers, community partners, and psychiatrists, and provides extensive training on de-escalation. Includes training for interaction with individual presenting substance use and mental health disorders. CIT trainings are very interactive and ends in a panel discussion. Trainings have resulted in a lot of follow-up and coordination.

Discussion of previous crisis response training and their inadequacy in including individuals with lived experience. Concern expressed about trainings not supporting strategic law enforcement response in line with a peer recovery model.

Review of RFP timeline and volunteer commitment, and plan to continue discussion of recusing oneself, should the need arise. Staff noted the potential for a volunteer to recuse themselves from only one of the two programs included in this subcommittee.

Discussion of subcommittee input on the RFP prior to release. Salish Staff will convene a single subcommittee meeting to review a draft of the RFP with an opportunity for editing.

Inquiry regarding the hiring of a Navigator in the Sequim area related to the MAT clinic and how this might fit into the proposed RFPs. Salish staff noted the creation of a policy workgroup and operations workgroup for the R.E.A.L. program which aims to involve all of these partners and facilitate information sharing across new and existing programs in the Salish region.

MOTION: Advisory Board Chair Lois Hoell appointed herself, Jon Stroup, Janet Nickolaus, Sandy Goodwick, Anne Dean, and Helen Havens as volunteers for the R.E.A.L. Program and Co-Responder Program RFP Subcommittee.

INFORMATIONAL ITEMS

➤ OMBUDS PRESENTATION

Presentation by Bridges Ombuds, Vivian Morey. Vivian will review Ombuds activity for 2021. She will discuss any trends, including successes and challenges. She will provide updates from the State Ombuds meetings.

Review of call metrics with discussion of excluded data, such as providers that call, wrong number calls, or multiple calls from the same individual.

Inquiry regarding the lack of calls from CHPW and whether this reflects better handling of problems internally. CHPW has a small footprint and is new to our region, as they were not in the original rollout of MCOs to the Salish region. Future data should reflect an increase as CHPW (and CCW) expands throughout the region.

Many incoming calls are sales calls, requests for counseling, and individuals seeking 2-1-1 services or other community resources. Vivian noted a trend earlier in the year of calls from parents seeking crisis services for their children. Calls of this nature declined after in-person school resumed. In the new year there has been a shift from calls related to dignity and respect to calls regarding access.

Review of outreach activity, including Zoom meetings and mass brochure distribution. Discussed plans to do more hospital and social worker Zoom meetings providing education around advance directives.

Lois Hoell offered to connect Vivian with the Chief Nurse of Common Spirit Healthcare to discuss current state of healthcare operations in the region.

Review of current challenges experienced by Ombuds, including impacts of COVID on processes and client outreach, lack of access to in-person interpreter services, and inaccuracy of Medicare provider lists. Many locations on the lists do not have open Medicare slots and/or are not taking new patients. Similarly, lists from MCOs tend to be inaccurate and difficult to navigate.

Discussion of more robust peer involvement with assisting individuals to navigate access to care and the benefit of involving peers who have utilized services themselves. Ombuds are staffed by peers, receive peer training, and work with peer networks.

Concerns raised regarding access to Ombuds services overall, and how that is reflected in the call data presented. Recommendation for additional coordination with MCO, Salish staff and Advisory Board, and DRC. SBH-ASO has raised concerns about how the system is difficult to navigate to the state and advocated for change for many years.

Review of upcoming changes to Ombuds services following legislation mandating the creation of a statewide agency for consumer advocacy. The state agency would provide oversight of ombuds services in every region, removing ombuds from regional ASO oversight. RFP will be released in March, for close in April and contract effective July. Mandate requires all to be in place by October 2022. There are many concerns on behalf of the ASO and current Ombuds staff related to upcoming changes, including the shift to a volunteer system for Mental Health Ombuds.

Discussion regarding upcoming changes to Advanced Directives, more changes are coming in July.

Vivian provided her contact information to the Advisory Board as follows: 360-692-1582, Vivian@kitsapdrc.org

REGIONAL COMMUNITY NEEDS ASSESSMENT

In 2020, SBH-ASO released a community needs survey to providers, stakeholders, and community partners to identify needs and priorities. Staff is planning to develop a new survey for release this spring.

This assessment will seek feedback on behavioral health needs within the community including specific information on crisis services, youth services, ability to access services, and awareness of behavioral health services. The information will assist with identifying regional priorities for calendar years 2022 and 2023.

Salish staff are preparing for the next community needs survey, planning to develop a survey for the Spring. Request for Advisory Board members to share the survey within their communities.

Inquiry regarding the focus of the survey, whether it is behavioral health services administered by Salish BH-ASO or behavioral health services in general. The survey will seek feedback on community behavioral health needs as well as feedback specific to Salish BH-ASO programs. The needs assessment will assist with developing regional priorities for 2023 and 2024. Salish will also produce a written report that includes data to be shared with the community.

Inquiry regarding Advisory Board review of the assessment tool prior to distribution. Staff will plan to develop the assessment and convene interested members of the Advisory Board to review prior to sending out.

Discussion of the process for requesting agenda items for future meetings. Review of current process and associated timelines. Inquiry about adding items to the agenda after the packet has been finalized, noting that occasionally board members have additional topics for discussion that arise after the meeting packet is finalized. Currently there is opportunity after the start of the meeting for the board to voice a comment or concern should something not make it onto the meeting agenda. If a board member has something they'd like to add to the agenda, sending it to Stephanie two weeks prior will allow time for research to support robust conversation. Members of the public have an opportunity to present an agenda item for consideration during public comment.

Sandy Goodwick provided a statement outlining concern about the implementation of 9-8-8 and associated risk to consumers of the crisis hotline by utilization of geolocation services and covert tracing of calls. This statement requested that Salish BH-ASO publicly share their decision of whether they will accept covert line tracing as part of their current contract and any future contracts for the Salish Crisis Line. Request was also made to include this topic on the agenda for the next Advisory Board meeting.

PUBLIC COMMENT

- None.

GOOD OF THE ORDER

- ADD COMMENTS.

ADJOURNMENT – Consensus for adjournment at 12:06p.m.

ATTENDANCE

BOARD MEMBERS	STAFF	GUESTS
Present:	Stephanie Lewis, SBH-ASO Administrator	Colleen Bradley, PAVE
Lois Hoell, SBH-ASO Advisory Board	Jolene Kron, SBH-ASO Deputy Administrator/Clinical Director	G'Nell Ashley, Reflections
Sandy Goodwick, SBH-ASO Advisory Board	Martiann Lewis, SBH-ASO Care Manager	Kate Ingman, CHPW
Anne Dean, SBH-ASO Advisory Board	Nicole Oberg, SBH-ASO Program Specialist	Vivian Morey, DRC
Janet Nickolaus, SBH-ASO Advisory Board		Joe Roszak, KMHS Executive Director
Jon Stroup, SBH-ASO Advisory Board		
Helen Havens, SBH-ASO Advisory Board		
Excused:		
None		

NOTE: These meeting notes are not verbatim.



SALISH BEHAVIORAL HEALTH
ADMINISTRATIVE SERVICES ORGANIZATION
ADVISORY BOARD
MEETING

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

DATE: Friday, June 3, 2022
TIME: 10:00 AM – 12:00 PM
LOCATION: **VIRTUAL ONLY:** We will use the ZOOM virtual platform.

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

LINK TO JOIN BY COMPUTER OR PHONE APP:

Join Zoom Meeting:

<https://us06web.zoom.us/j/85817894528?pwd=RTA0U1RUZDJIS3A0NmXuTFdGWGZudz09>

Meeting ID: 858 1789 4528

Passcode: 001572

USE PHONE NUMBER and MEETING ID TO JOIN BY PHONE:

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

Meeting ID: 858 1789 4528

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 1, 2022 (Attachment 5)
6. Action Items
 - a. SBH-ASO Advisory Board Applicant
7. Informational Items
 - a. HB1477 (9-8-8 Bill) Implementation: CRIS Committee Update
 - b. New Programs Update (Attachment 7.b)
 - c. Advisory Board Recruitment
 - d. Regional Community Needs Assessment Survey
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
TAM	Technical Assistance Monitoring
UM	Utilization Management
VOA	Volunteers of America
WAC	Washington Administrative Code
WM	Withdrawal Management
WSH	Western State Hospital, Tacoma

[Full listing of definitions and acronyms](#)



Salish Behavioral Health
Administrative Services Organization

SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION ADVISORY BOARD MEETING

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

June 3, 2022

Action Items

A. SBH-ASO ADVISORY BOARD APPLICANT

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

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

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

Informational Items

A. HB1477 (9-8-8 BILL) IMPLEMENTATION: CRIS COMMITTEE UPDATE

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

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

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

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

B. NEW PROGRAMS UPDATE

Expansion of Assisted Outpatient Treatment

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

Youth Inpatient Navigator Team

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

The purpose of this new program is to develop a regional multidisciplinary team designed to improve access to and coordination of services for children and youth experiencing behavioral health crises. Youth boarding in emergency departments secondary to lack of placement are the priority focus of the multidisciplinary team.

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

C. ADVISORY BOARD RECRUITMENT

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

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

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

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

D. REGIONAL COMMUNITY NEEDS ASSESSMENT SURVEY

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

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

**Friday, April 1, 2022
10:00 a.m. - 12:00 p.m.
VIRTUAL ONLY**

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

INTRODUCTIONS – Self introductions were conducted around the room.

ANNOUNCEMENTS – Melinda Garcia recently joined the SBH-ASO team as a Care Manager.

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

APPROVAL of AGENDA –

MOTION: Jon Stroup moved to approve the agenda as submitted. Anne Dean seconded the motion. Motion carried unanimously.

APPROVAL of MINUTES –

MOTION: Jon Stroup moved to approve the meeting minutes as submitted for the February 4, 2022 meeting. Helen Havens seconded the motion. Motion carried unanimously.

INFORMATIONAL ITEMS

➤ **REGIONAL COMMUNITY NEEDS ASSESSMENT**

Over the past 2 years, SBH-ASO has released several community surveys, to include: Block Grant Funding Priorities Survey, Criminal Justice Treatment Account (CJTA) Survey and the Family Youth Systems Partner Roundtable (FYSPRT) Survey.

Staff has been working on developing the next regional community needs assessment and plans to consolidate the three (3) above mentioned surveys, into a single survey. This assessment will seek feedback on behavioral health needs within the community including specific information on crisis services, youth services, ability to access services, and awareness of behavioral health services.

Information gathered through this survey will assist with identifying service gaps in the community, as well as gaps in awareness of existing resources. The survey results will also assist the Advisory Board with identifying regional priorities for calendar years 2023 and 2024.

Staff will share the draft survey with the Board during this meeting and seek feedback, prior to releasing this survey in late April.

Reviewed draft of survey. Salish Staff requested feedback from BHAB on content and language. The survey will help determine priorities for existing and future programs.

Discussion of the significant amount of funding being spent across various agencies and programs for analysis. Inquiry regarding whether SBH-ASO has access to similar data collected for other projects. Salish Staff responded that while they have access to some data, the lens by which it is analyzed varies. By meaningfully consolidating surveys administered by SBH-ASO, the goal is to reduce financial burden going forward.

Reviewed demographic questions, including gender identity, age, location, racial identity. Noted that Prefer Not to Answer is an option for all questions.

Inquiry regarding youth sample and inclusion of respondents under 13. Discussion about leveraging existing connections with schools, such as OESD 114 and via FYSPRT, to distribute the survey to youth.

Advisory Board Members provided recommendations for revisions to the survey in the following areas:

- *Add write-in option to racial demographics section.*
- *Remove Developmental/Intellectual Disability; add "Disability Community" with a write-in option to the group demographics section.*
- *Add specificity to language in question 11 to reflect identified roles in behavioral health system. Add write-in option.*
- *Specify a three-year time frame and add "attempted to utilize" to question regarding individual utilization of behavioral health services. Add "Other" and write-in to list of response options.*
- *For consistency, add time frame and "Other" with write-in option to question 13 regarding family of individual accessing behavioral health services.*
- *Add "mental health or substance use" in parentheses next to "Behavioral Health" for clarity.*
- *Revise the list of substances in question regarding community concern:*
 - o *Change "cannabinoids" to marijuana/THC/CBD for clarity.*
 - o *Add examples to opioids, including fentanyl, heroin, etc.*
 - o *Add vaping, benzodiazepines (common types in parentheses), cocaine, and designer drugs (examples in parentheses)*
- *Write out abbreviation for Substance Use Treatment, add "drugs and alcohol" in parentheses.*
- *Add withdrawal management and detox to list of treatment.*
- *Provide examples to Life Skills*
- *Add schools, faith community and recovery community to list of sources of behavioral health information.*

Discussion regarding outreach effort. SBH-ASO will communicate survey to agencies via email. The survey will be available for six to seven weeks, and a reminder email will be sent out partway through the submission window. Salish Staff urged Advisory Board members to engage in outreach efforts in their communities.

➤ **HB1477 (9-8-8 BILL) IMPLEMENTATION: CRIS COMMITTEE UPDATE**

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

change to 9-8-8. 9-8-8 calls can only be routed to call centers accredited by the National Suicide Prevention Lifeline (NSPL).

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

The CRIS Committee and its sub-committees have been progressing slowly. The CRIS Committee first convened in September 2021. In December 2021, there was an “All-subcommittee Kick-off” and most subcommittees have not re-convened since this kickoff. There continues to be many questions related to the roll out of changes and the impact to the current crisis system.

In February 2022, the CRIS Steering Committee approved the formation of an Ad Hoc Workgroup to address the vision of this work. Salish is one of two BH-ASO representatives participating in this Ad-hoc Visioning Workgroup which convened for the first time on March 1, 2022.

This workgroup facilitated by Health Management Associates (HMA) was developed to assist in creating a vision statement for the Integrated Crisis Response and Suicide Prevention System. Concern has been expressed by many, that a clear vision needs to be in place to be able to move the work of the CRIS committee and subcommittees forward. It is anticipated that the only change in July 2022 will be the addition of 9-8-8 as a contact number for the NSPL, and additional work towards implementation of statewide changes is pending.

Decision made to table the 9-8-8 discussion for the sake of time, to be discussed at the next Advisory Board meeting.

➤ **UPDATE ON 2022 RFPS**

Youth Mobile Crisis RFP

During the December 2021 Advisory and Executive Board Meetings, staff briefed the Boards on the new Youth Mobile Crisis Outreach funding that was added to SBHASO’s revenue contract, effective 11/1/21. The briefing included a summary of SBHASO’s plan to release an RFP in January 2022 for a Kitsap County Youth Mobile Crisis Outreach Team and to add funding to Clallam and Jefferson County crisis agencies to enhance their youth focused crisis services.

SBH-ASO released the Youth Mobile Crisis Outreach Team RFP on January 14, 2022. During the HCA/ASO Leadership Meeting on January 27th, HCA shared that they were in the early phases of developing the statewide model for youth mobile crisis outreach teams. The information HCA shared regarding several of the desired core elements of this model are notably different from the current scope of the crisis system under Integrated Managed Care. SBH-ASO opted to terminate the procurement process until additional information about the HCA’s new model is available to be evaluated.

Recovery Navigator/ R.E.A.L. Program RFP

The RFP for Years 2 and 3 of R.E.A.L. Program funding was released on March 8th and will close on April 14, 2022. An Advisory Board RFP Review Sub-committee has been formed and their recommendations will be presented to the Executive Board during the May 27th Board Meeting.

Behavioral Health Co-Responder RFP

Behavioral Health Co-Responder funding provides for a single team, a licensed mental health professional paired with law enforcement officer or first responder (Fire/EMS), to respond to behavioral health emergencies within the community. The RFP released March 18th and closes April 21st, and provides for a single year of funding, July 1, 2022- June 30, 2023. An Advisory Board RFP Review Sub-committee has been formed and their recommendations will be presented to the Executive Board during the May 27th Board Meeting.

Eligible applicants include law enforcement and first responder agencies operating within Clallam, Jefferson and/or Kitsap Counties.

Salish Staff provided update on RFPs. The Advisory Board subcommittee will meet on May 6th to review proposals and make recommendations for the R.E.A.L. and Behavioral Health Co-Responder RFPs.

Inquiry as to whether the available funding for the Youth Mobile Crisis Unit RFP will be lost due to the SBH-ASO's decision to terminate the procurement process. Salish Staff explained that the funding will not be lost, rather, the SBH-ASO is waiting for more information before resuming the RFP process so as to eliminate risks to potential subcontractors. If needed, an extension can also be requested.

➤ **SBH-ASO STAFFING UPDATE**

Per the directive in SB 5476 and the additional Recovery Navigator Administrator Funding from HCA, SBH-ASO began recruitment for an additional Care Manager/Program Supervisor in September 2021. SBH-ASO is excited to welcome Melinda Garcia to the team. Melinda started with SBH-ASO on February 28, 2022.

Another staffing change at SBH-ASO includes the resignation of Care Manager, Martiann Lewis. After 5 years of dedicated service, Martiann will be departing SBHASO in mid-April.

This departure prompted an evaluation of current SBH-ASO Team credentials and expertise. SBH-ASO must hire a licensed mental health professional, as the 2 remaining Care Managers are substance use disorder professionals. It is also preferable to add a team member with children's program experience. SBH-ASO is currently recruiting for a Children's Care Manager and Systems Coordinator.

Gratitude expressed for Martiann Lewis's hard work and contributions to the Salish BH-ASO.

➤ **ADVISORY BOARD RECRUITMENT**

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

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

first on Jefferson County, as there are 2 vacant Jefferson County seats.

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

Staff is broadening its focused recruitment efforts this spring and would like to discuss potential strategies with the Board.

Brief discussion regarding Advisory Board Membership and the need for recruitment. Review of membership requirements as stated in the bylaws. Inquiry regarding the Salish BH-ASO's Facebook presence. The SBH-ASO does not have a dedicated Facebook page but can provide web printed materials for Advisory Board members to share. More discussion to come at the next Advisory Board meeting. This topic will be carried forward to the next meeting to allow for more robust discussion.

PUBLIC COMMENT

- None.

GOOD OF THE ORDER

- ADD COMMENTS.

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

ATTENDANCE

BOARD MEMBERS	STAFF	GUESTS
Present:	Stephanie Lewis, SBH-ASO Administrator	Joe Roszak, CEO KMHS
Helen Havens, SBH-ASO Advisory Board	Jolene Kron, SBH-ASO Deputy Administrator/Clinical Director	G'Nell Ashley, Reflections
Sandy Goodwick, SBH-ASO Advisory Board	Doug Washburn, Human Services Director	
Anne Dean, SBH-ASO Advisory Board	Melinda Garcia, SBH-ASO Care Manager	
Jon Stroup, SBH-ASO Advisory Board	Nicole Oberg, SBH-ASO Program Specialist	
Excused:		
Lois Hoell, SBH-ASO Advisory Board		
Janet Nickolaus, SBH-ASO Advisory Board		

NOTE: These meeting notes are not verbatim.

**Youth Behavioral Health Navigator
Behavioral Health Administrative Service Organizations**

1. PURPOSE

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

2. TECHNICAL SUPPORT

- a. Participate in technical support as scheduled.
- b. Attend the monthly learning collaborative meetings as scheduled.

3. SCOPE

- a. The contractor will identify and hire program staff including:
 - i. Project Manager:
 - MSW or equivalent with at least five years' experience working in pediatric behavioral health.
 - Knowledge of community and regional resources, behavioral health funding, state law, and policy related to pediatric behavioral health.
 - Experience in group facilitation required.
 - Ability to generate public reports and communications required.
 - Strong documentation skills.
 - Familiarity with data collection and management preferred.
 - ii. Care Coordinator:
 - BSW or equivalent required, MSW or equivalent, preferred with at least three years working in behavioral health or social services.
 - Experience with care coordination required.
 - Experience with advocacy and outreach preferred.
 - iii. Navigator:
 - BSW or equivalent with three years' experience working in behavioral health or social services.
 - Strong communication and documentation skills required.
 - Knowledge of family systems preferred.
- b. Develop Community Steering Committee:
 - i. Convene regional providers with representation of significant partners, to include but not limited to:
 - child welfare,
 - schools,
 - emergency management services,
 - juvenile justice,
 - emergency departments,

- behavioral health providers,
 - social support providers,
 - community youth and family peer organizations,
 - Black Indigenous People of Color and Tribal affiliated agencies,
 - services, and community supports
 - Managed Care Organizations care coordinators, and
 - Development Disabilities Administration case managers
- ii. Develop a working agreement that defines and describes the role of the Multidisciplinary Team (MDT) participants in:
 - Developing a steering committee.
 - Prioritizing the needs of youth with complex presentations.
 - Increasing access to community resources in support of stabilization of the youth and family.
 - Developing a mission, vision, and values for the MDT.
 - iii. Plan for incentivizing and engagement of steering committee members and MDT members.
 - iv. Develop/adopt regional release of information (ROI) that all treatment entities will accept.
 - v. Develop and implement non-disclosure/confidentiality form for partners who will be MDT members.
 - vi. Build or connect to community portal where community can request multi-disciplinary team convening.
- c. Identify action strategies that are a regional priority.
 - d. Develop a regional crisis plan with the steering committee and MDT agencies/participants.
 - e. Identify a backbone organization and two-year action plan.

4. INDIVIDUALS SERVED

- a. Children and youth experiencing behavioral health crises and their families and with priority given to youth boarding in emergency departments or other non-treatment facilities.



SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION ADVISORY BOARD MEETING

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

DATE: Friday, October 7, 2022
TIME: 10:00 AM – 12:00 PM
LOCATION: **VIRTUAL ONLY:** We will use the ZOOM virtual platform.

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

LINK TO JOIN BY COMPUTER OR PHONE APP:

Join Zoom Meeting:

<https://us06web.zoom.us/j/85817894528?pwd=RTA0U1RUZDJIS3A0NmXuTFdGWGZudz09>

Meeting ID: 858 1789 4528

Passcode: 001572

USE PHONE NUMBER and MEETING ID TO JOIN BY PHONE:

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

Meeting ID: 858 1789 4528

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 19, 2022 (Attachment 5)
6. Action Items
 - a. Reappointment of Helen Havens to Advisory Board
 - b. Advisory Board By-laws Update (Attachment 6.b)
 - c. Block Grant RFP
7. Informational Items
 - a. Peer Support Training Update
 - b. 9-8-8 / HB 1477 Update
8. Opportunity for Public Comment (limited to 3 minutes each)
9. Adjournment

ACRONYMS

ACH	Accountable Community of Health
ASAM	Criteria used to determine substance use disorder treatment
BHAB	Behavioral Health Advisory Board
BH-ASO	Behavioral Health Administrative Services Organization
BHO	Behavioral Health Organization, replaced the Regional Support Network
CAP	Corrective Action Plan
CMS	Center for Medicaid & Medicare Services (federal)
COVID-19	Coronavirus Disease 2019
DBHR	Division of Behavioral Health & Recovery
DCFS	Division of Child & Family Services
DCR	Designated Crisis Responder
DDA	Developmental Disabilities Administration
DSHS	Department of Social and Health Services
E&T	Evaluation and Treatment Center (i.e., AUI, YIU)
EBP	Evidence Based Practice
EPSDT	Early and Periodic Screening, Diagnosis and Treatment
EQRO	External Quality Review Organization
FIMC	Full Integration of Medicaid Services
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
TAM	Technical Assistance Monitoring
UM	Utilization Management
VOA	Volunteers of America
WAC	Washington Administrative Code
WM	Withdrawal Management
WSH	Western State Hospital, Tacoma

[Full listing of definitions and acronyms](#)



Salish Behavioral Health
Administrative Services Organization

SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION ADVISORY BOARD MEETING

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

October 7, 2022

Action Items

A. REAPPOINTMENT OF HELEN HAVENS TO ADVISORY BOARD

Helen Havens' current term on the Salish BH-ASO Advisory Board ends November 30, 2022. She has expressed interest in continuing to serve. Staff seeks the Advisory Board's recommendation for this re-appointment.

B. ADVISORY BOARD BY-LAWS UPDATE

The Salish BH-ASO Advisory Board By-laws were originally approved by the Advisory Board on February 4, 2022. Staff is seeking that Advisory Board's recommendation on the revision to the Membership Appointment section of the By-laws. Staff's proposed edit can be found at the bottom of page 1, Section 3.a.(2).

C. BLOCK GRANT RFP

SBH-ASO intends to release an RFP in late October 2022 for both Mental Health and Substance Abuse Block Grants. Staff seeks to confirm the Advisory Board's priorities for this RFP. Staff also seeks volunteers for the RFP Review Subcommittee. During the August 2022 Advisory Board Meeting, the Board unanimously agreed to the priorities noted below.

Overarching Priority

- Integrative Behavioral Health Continuum, inclusive of peer directed services.

Mental Health Priorities

- Housing Support Services, including access to affordable housing
- Childcare Services
- Children's Intensive Services, including inpatient
- Full spectrum of intensive services (including peer respite services, stabilization services, inpatient services)

Substance Use Disorder Priorities

- Housing Support Services, including access to affordable housing
- Childcare Services
- Full spectrum of intensive services (including withdrawal management, stabilization services, residential services)

Informational Items

A. PEER SUPPORT TRAINING UPDATE

Certified Peer Counselor (CPC) training access has increased statewide. HCA has expanded virtual and in-person trainings for 2023. There continues to be significant need in this area. BH-ASOs met with HCA to discuss options to support training access. SBH-ASO is working with HCA and has had success in accessing training for individuals in our region.

B. 9-8-8/HB 1477 UPDATE

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

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

Salish Regional Crisis Resources and Protocols that Remain Unchanged

- The addition of the 988 number does **not** impact the Salish Regional Crisis Line (SRCL) providing local crisis support and connection within the Salish region.
- Please continue to call the SRCL at 888-910-0416 to request local crisis support and connection with Mobile Crisis Outreach Teams across the Salish region.
- All community members including individuals, family members, community providers, first responders, law enforcement, hospitals, etc. continue to access crisis services through the Salish Regional Crisis Line. The Regional Toll-Free Crisis Line continues to function as triage, resource and referral, and dispatch of Mobile Crisis Outreach, including Designated Crisis Responders (DCRs).

Staff will share details regarding the local impact of these recent changes, as well as statewide conversations regarding crisis system reform.

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

**Friday, August 19, 2022
10:00 a.m. - 12:00 p.m.
VIRTUAL ONLY**

CALL TO ORDER –Sandy Goodwick, SBH-ASO Behavioral Advisory Board Vice-Chair called the meeting to order at 10:03 a.m.

INTRODUCTIONS – Self introductions were conducted around the room.

ANNOUNCEMENTS – None.

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

APPROVAL of AGENDA –

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

APPROVAL of MINUTES –

MOTION: Helen Havens moved to approve the meeting minutes as submitted for the June 3, 2022, meeting. Anne Dean seconded the motion. Motion carried unanimously.

ACTION ITEMS

➤ **APPROVAL OF JULY-DECEMBER 2022 FEDERAL BLOCK GRANT PLANS**

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

Mental Health Block Grant (MHBG)

The plan aligns funding in accordance with the 2022 SBH-ASO budget approved by the Executive Board on December 10, 2021. The MHBG plan provides funding for the crisis system. This includes mobile crisis, crisis hotline, and interpreter services. The plan format from HCA includes crisis categories directly. The MHBG plan also identifies an estimated of the number of people to be served in each category. SBH-ASO Administration allowance is also included. Allocations are in line with the previous 6-month allocation.

Reviewed MHBG Funding categories and allocation for July-December 2022, including the addendum of Co-Responder Funding.

MOTION: Stormy Howell moved to approve the July-December 2022 Mental Health Block Grant Plan. Jon Stroup seconded the motion. Motion carried unanimously.

Substance Abuse Block Grant (SABG)

The plan aligns funding in accordance with the 2022 SBH-ASO budget approved by the Executive Board on December 10, 2021. A significant amount of funding is allocated for crisis services, which are categorized as either “brief intervention” or “engagement and referral” on this template. Brief intervention includes mobile crisis response services. Engagement and Referral includes crisis hotline funding.

Interim Services are a requirement, and the allocated funding is limited due to not historically being needed. Ten percent of SABG is required to fund PPW programs. The SABG plan includes PPW housing supports and childcare programs. The plan includes funding to support secure withdrawal management (SUD ITA) and Intensive Residential Treatment. Transportation is also addressed as this was identified as a priority in the needs assessment. The SABG plan identifies number of PPW to be served by category. The Brief treatment and Engagement and Referral PPW number reflects 10% of expected number served. Allocations are in line with the previous 6-month allocation.

Reviewed SABG Funding categories and allocation for July-December 2022, including the addendum of Co-Responder Funding. Discussion of the in-region facilities that provide SUD Residential Treatment which staff noted to be Specialty Services II in Port Angeles, Pacific Hope and Recovery (KMHS) in Bremerton, and Kitsap Recovery Center in Port Orchard. Discussion surrounding the rationale for reducing the funding allocated to secure withdrawal management services. Staff explained that SBH-ASO received proviso funding for secure withdrawal management and the proviso funding has been adequate.

MOTION: Jon Stroup moved to approve the July-December 2022 Substance Abuse Block Grant Plan. Helen Havens seconded the motion. Motion carried unanimously.

➤ **2023-2024 ADVISORY BOARD PRIORITIES**

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

Summary of SBH-ASO Community Needs Survey provided. The survey was released on May 25, 2022, and closed June 24, 2022. The link was shared across all providers, partners, and community groups. We also encourage our partners to post and share the link. There were 144 responses to the survey.

Significant areas of need identified	
Withdrawal Management	70.7%
Inpatient MH Treatment	68.8%
Childcare to support treatment	65.5%
Housing Support Services (\$)	65.2%
Residential SUD Treatment	64.7%

Discussion about summarized community survey results. Discussion surrounding the need for housing support and childcare services, including the fact that much of the need ties back to lack of capacity. Staff shared that SBH-ASO has a notable amount of funding for housing support services and short- and long-term subsidies. Discussion surrounding the lack of affordable housing supply as a key challenge. Inquiry about whether Peer Respite was a type of service listed in the survey. Staff indicated that Peer Respite was not specifically identified the survey.

Discussion surrounding the Board's priorities for 2023-2024. Discussion regarding Mental Health Priorities. Discussion regarding Substance Use Disorder Priorities.

Overarching Priority

- *Integrative Behavioral Health Continuum, inclusive of peer directed services.*

Mental Health Priorities

- *Housing Support Services, including access to affordable housing*
- *Childcare Services*
- *Children's Intensive Services, including inpatient*
- *Full spectrum of intensive services (including peer respite services, stabilization services, inpatient services)*

Substance Use Disorder Priorities

- *Housing Support Services, including access to affordable housing*
- *Childcare Services*
- *Full spectrum of intensive services (including withdrawal management, stabilization services, residential services)*

MOTION: Jon Stroup moved to approve the 2023-2024 Advisory Board Priorities as outlined above. Helen Havens seconded the motion. Motion carried unanimously.

INFORMATIONAL ITEMS

➤ 9-8-8 UPDATE

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

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

PUBLIC COMMENT

- G'Nell Ashley inquired if SBH-ASO had any knowledge about whether the regional crisis line would continue to operate once 9-8-8 implementation was fully complete. She also inquired about locating the application for the Advisory Board. Staff shared that at this time, there is no current plan for the Salish Regional Crisis Line to discontinue operations. Staff shared that the Advisory Board Application is on the SBH-ASO public website.

GOOD OF THE ORDER

- ADD COMMENTS.

ADJOURNMENT – Consensus for adjournment at 11:45am

ATTENDANCE

BOARD MEMBERS	STAFF	GUESTS
Present:		
Sandy Goodwick, SBH-ASO Advisory Board	Stephanie Lewis, SBH-ASO Administrator	G'Nell Ashley, Reflections
Anne Dean, SBH-ASO Advisory Board	Jolene Kron, SBH-ASO Deputy Administrator/Clinical Director	
Stormy Howell, SBH-ASO Advisory Board		
Jon Stroup, SBH-ASO Advisory Board		
Helen Havens, SBH-ASO Advisory Board		
Excused:		
Lois Hoell, SBH-ASO Advisory Board		

NOTE: These meeting notes are not verbatim.

SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION ADVISORY BOARD

BYLAWS

1. NAME

Salish Behavioral Health Administrative Services Organization (SBHASO) Advisory Board (hereinafter Advisory Board).

2. PURPOSE

The purpose of the Salish Behavioral Health Administrative Services Organization Advisory Board is to advise the Salish Behavioral Health Administrative Services Organization Executive Board on the planning and delivery of behavioral health services in Clallam, Jefferson and Kitsap Counties by the authority granted to BH-ASOs in RCW 71.24 and under the terms of the Salish BH-ASO Interlocal Agreement.

The purpose of the Advisory Board is to:

- * a. Review and make recommendations to the Executive Board regarding the Behavioral Health Plans developed by Salish Behavioral Health Administrative Services Organization Administrative Entity.
- b. Review and make recommendations to the Executive Board regarding contracts and subcontracts that implement the services under Salish Behavioral Health Administrative Services Organization plans.
- c. Participate in the Request for Proposal (RFP) processes that implement services within the Salish Behavioral Health Administrative Services Organization.
- d. Review programs through monitoring reports, audit reports, and on-site visits as appropriate.

* Required role by RCW

3. MEMBERSHIP

a. Appointment

- (1) The Advisory Board shall be comprised of eleven members, appointed by the Salish BHASO Executive Board and who serve at the pleasure of the Executive Board.
- (2) To ensure continuity, the initial Advisory Board will be made up of six members appointed for one-year terms; three members will serve two-year terms and two members will serve three-year terms. [Subsequent terms for reappointment shall be three-year terms.](#) Individuals appointed to fill vacancies shall serve the remainder of the term.

b. Representation

The Advisory Board shall be comprised of a maximum of eleven members, with three individuals representing each participating county, and two at-large Tribal representatives. At least 51% of the membership will be made up of consumers or parents or legal guardians of individuals with lived experience with a behavioral health disorder.

4. TERMINATION

c. Resignation

Any Advisory Board member may resign by submitting written notice to the Salish Behavioral Health Administrative Services Organization Administrator.

d. Removal

Appointments to the Board may be terminated at any time by action of the Executive Board.

The Advisory Board can remove a member by majority vote of the total membership, provided that fifteen days notice of the pending action has been provided to the Advisory Board.

A member may be removed from the Advisory Board if absent from three consecutively scheduled meetings without good cause. Good cause shall be determined by the chairperson

5. ATTENDANCE

All members are expected to attend regularly scheduled meetings. More than three unexcused absences by any member during any twelve-month period may result in removal of the member by the SBHASO Executive Board. A member's absence is unexcused if the member fails to notify the SBHASO administrator in advance of a regular meeting that the member will not attend.

6. MEETINGS

a. Public Meetings Law

All meetings will be open to the public and all persons will be permitted to attend meetings of the Advisory Board. Open public meetings and open public attendance is not required at meetings when less than a quorum is present.

b. Regular Meetings

The Advisory Board shall meet at intervals established by the SBHASO Administrator or their designee. Administrative support including crafting agendas, preparing materials, arranging speakers and presentations, and

forwarding recommendations will be provided by the SBHASO staff. Regular meetings may be canceled or changed to another specific place, date and time provided that notice of the change is delivered by mail, fax, or electronic mail and posted on the SBHASO Website.

c. Notice

The Kitsap County Human Services Department will provide notice of regular meetings to Advisory Board members, interested persons, news media that have requested notice, and the general public. Notice shall include the time and place for holding regular meetings. The notice will also include a list of the primary subjects anticipated to be considered at the meeting. Distribution of meeting notices will be in a manner which maximizes the potential of the public to be aware of the proceedings and to participate.

d. Special Meetings

Special meetings may be called by the Chair with notice to all members and the general public not less than 24 hours prior to the time of the special meeting. A special meeting should be called only if necessary, to conduct business that cannot wait until the next regularly scheduled meeting. The notice will be provided as soon as possible to encourage public participation.

e. Meeting Location

Advisory Board meetings are generally held at the same location and time unless otherwise notified.

f. Quorum

A quorum shall consist of a total of not less than 50% of the membership, provided there is representation from each county.

g. Voting

Voting shall be restricted to Advisory Board members only, and each Board member shall have one vote. The chair shall vote when a tie results. Except, the chair may vote in elections. All decisions of the Advisory Board shall be made by no less than a majority vote of a quorum at a meeting where a quorum is present.

h. Minutes

The minutes of all regular and special meetings shall be recorded by administrative staff. Minutes will include time and date, meeting length, members present, motions and motion makers, recommendations and due date, if applicable. Draft minutes will be distributed to the membership not less than five days prior to the next regular monthly meeting for comment and correction, and will be formally approved at the next regular monthly meeting and submitted for posting on the Kitsap County website.

i. Agendas

Items may be placed on a meeting agenda by any member or by BHASO staff. The Chair and staff will coordinate preparation of the meeting agendas. The agenda will be distributed to members at least five days prior to a regular meeting.

j. Parliamentary Procedures

When not consistent with the provisions in these bylaws, Roberts Rules of Order will govern parliamentary procedure at regular and special meetings.

k. Decorum and Control

In the event any meeting is interrupted by an individual or individuals so as to render the orderly conduct of the meeting unfeasible and order cannot be restored by the removal of the person or persons who are interrupting the meeting, the Chair may order the meeting room cleared and continue in session or may adjourn the meeting and reconvene at another location selected by the majority vote of the members. In such a session, final disposition may only be taken on matters appearing on the agenda. The Chair may readmit an individual or individuals not responsible for disturbing the orderly conduct of the meeting.

7. OFFICERS

a. Chair and Vice Chair

The chairperson and vice chairperson shall be elected by a majority vote for a one-year term, beginning on January 1 and ending on December 31 of the calendar year following election.

b. Process

The Chair shall appoint a three-member Nominating Committee. Elections shall be held at the first regular meeting of the fourth calendar quarter from a slate presented by the Nominating Committee and nominations from the floor. Nominees must be active members who have consented to serve. All elections shall be by secret ballot unless dispensed with by a majority vote of the members present.

c. Chair Responsibilities

The Chair will lead and guide the conduct of public meetings. The Chair is the official representative of the Advisory Board and shall follow the Public Communications Guidelines established in the Kitsap County Advisory Group Handbook when acting as the official spokesperson to the media. The Chair will be the main contact between the Advisory Board and SBHASO staff.

d. Vice Chair

The Vice Chair shall assume the responsibility and authority of the chairperson in his/her absence.

e. Chair Pro Tempore

In the absence of the Chair and Vice Chair, a Chair pro tempore shall be elected by a majority of the members present to preside for that meeting only.

f. Vacancies or Removal of Officers

The SBHASO Executive Board may remove an officer when it determines that it is in the interest of the Advisory Board or the SBHASO. If the Chair position is vacated, the Vice Chair will assume the Chair's position. If the Vice Chair is vacated, members will elect a replacement.

8. SPECIAL COMMITTEES

Such committees shall be established by the Advisory Board as are necessary to effectively conduct business. The Chair of the Board shall appoint members to and designate the chair of the standing and temporary committees.

9. CONFLICTS OF INTEREST**a. Declaration**

Members are expected to declare a conflict of interest prior to consideration of any matter causing a potential or actual conflict.

b. Conflict of Interest

No Advisory Board member shall engage in any activity, including participation in the selection, award, or administration of a sub-grant or contract supported by the SBHASO revenue contracts if a conflict of interest, real or apparent, exists.

c. If a board member (or the board member's partner, or any member to the board member's family) has, or acquires, employment, or a financial interest in, an organization with an SBHASO grant or subcontract, the board member is disqualified, and must resign from the board.

10. REPRESENTATION

A member may speak for the board only when he/she represents positions officially adopted by the body.

11. COMPENSATION

Members of the Board shall serve without compensation. Reimbursement for expenses incurred while conducting official Advisory Board business may be provided for with the approval of the Director of the Kitsap County Human Services Department.

12. STAFFING

The Kitsap County Human Services Department shall have the responsibility to provide professional, technical and clerical staff as necessary, to support the activities of the Board.

13. AMENDMENT OF BYLAWS

These bylaws may be amended by a two-thirds majority vote of the members present at any regular or special meeting insofar as such amendments do not conflict with pertinent laws, regulations, ordinances, or resolutions of the Salish Behavioral Health Administrative Services Organization, state or federal governments. Proposed amendments to be in the hands of members at least ten days prior to the meeting at which the amendment is to be voted on. Any recommendations agreed upon by vote shall be forwarded to the SBHASO Executive Board for its approval.

14. ADOPTION

These bylaws and any amendments hereto, shall become effective only upon approval of the Salish Behavioral Health Administrative Services Organization Executive Board.



SALISH BEHAVIORAL HEALTH
ADMINISTRATIVE SERVICES ORGANIZATION
ADVISORY BOARD
MEETING

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

DATE: Friday, August 19, 2022
TIME: 10:00 AM – 12:00 PM
LOCATION: **VIRTUAL ONLY:** We will use the ZOOM virtual platform.

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

LINK TO JOIN BY COMPUTER OR PHONE APP:

Join Zoom Meeting:

<https://us06web.zoom.us/j/82936692208?pwd=T2svTW1sYkwwWk0yT095ZjB5V0Npdz09>

Meeting ID: 829 3669 2208

Passcode: 378632

USE PHONE NUMBER and MEETING ID TO JOIN BY PHONE:

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

Meeting ID: 829 3669 2208

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 June 3, 2022 (Attachment 5)
6. Action Items
 - a. Approval of July – December 2022 Federal Block Grant Plans (Attachments 6.a.1 and 6.a.2)
 - b. 2023 – 2024 Advisory Board Priorities
7. Informational Items
 - a. 9-8-8 Update
8. Opportunity for Public Comment (limited to 3 minutes each)
9. Adjournment

ACRONYMS

ACH	Accountable Community of Health
ASAM	Criteria used to determine substance use disorder treatment
BHAB	Behavioral Health Advisory Board
BH-ASO	Behavioral Health Administrative Services Organization
BHO	Behavioral Health Organization, replaced the Regional Support Network
CAP	Corrective Action Plan
CMS	Center for Medicaid & Medicare Services (federal)
COVID-19	Coronavirus Disease 2019
DBHR	Division of Behavioral Health & Recovery
DCFS	Division of Child & Family Services
DCR	Designated Crisis Responder
DDA	Developmental Disabilities Administration
DSHS	Department of Social and Health Services
E&T	Evaluation and Treatment Center (i.e., AUI, YIU)
EBP	Evidence Based Practice
EPSDT	Early and Periodic Screening, Diagnosis and Treatment
EQRO	External Quality Review Organization
FIMC	Full Integration of Medicaid Services
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
TAM	Technical Assistance Monitoring
UM	Utilization Management
VOA	Volunteers of America
WAC	Washington Administrative Code
WM	Withdrawal Management
WSH	Western State Hospital, Tacoma

[Full listing of definitions and acronyms](#)



Salish Behavioral Health
Administrative Services Organization

SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION ADVISORY BOARD MEETING

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

August 19, 2022

Action Items

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

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

Mental Health Block Grant (MHBG)

The plan aligns funding in accordance with the 2022 SBH-ASO budget approved by the Executive Board on December 10, 2021. The MHBG plan provides funding for the crisis system. This includes mobile crisis, crisis hotline, and interpreter services. The plan format from HCA includes crisis categories directly. The MHBG plan also identifies an estimated of the number of people to be served in each category. SBH-ASO Administration allowance is also included. Allocations are in line with the previous 6-month allocation.

Substance Abuse Block Grant (SABG)

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

B. 2023 – 2024 ADVISORY BOARD PRIORITIES

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

Informational Items

A. 9-8-8 UPDATE

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

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

Salish Regional Crisis Resources and Protocols that Remain Unchanged

- The addition of the 988 number does **not** impact the Salish Regional Crisis Line (SRCL) providing local crisis support and connection within the Salish region.
- Please continue to call the SRCL at 888-910-0416 to request local crisis support and connection with Mobile Crisis Outreach Teams across the Salish region.
- All community members including individuals, family members, community providers, first responders, law enforcement, hospitals, etc. continue to access crisis services through the Salish Regional Crisis Line. The Regional Toll-Free Crisis Line continues to function as triage, resource and referral, and dispatch of Mobile Crisis Outreach, including Designated Crisis Responders (DCRs).

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

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

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

INTRODUCTIONS – Self introductions were conducted around the room.

ANNOUNCEMENTS – None.

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

APPROVAL of AGENDA –

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

APPROVAL of MINUTES –

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

ACTION ITEMS

➤ **SBH-ASO ADVISORY BOARD APPLICANT**

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

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

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

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

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

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

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

INFORMATIONAL ITEMS

➤ **HB 1477 (9-8-8 BILL) IMPLEMENTATION: CRIS COMMITTEE UPDATE**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

➤ **NEW PROGRAMS UPDATE**

Expansion of Assisted Outpatient Treatment

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

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

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

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

Youth Inpatient Navigator Team

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

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

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

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

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

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

➤ **ADVISORY BOARD RECRUITMENT**

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

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

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

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

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

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

➤ **REGIONAL COMMUNITY NEEDS ASSESSMENT SURVEY**

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

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

Reminder that all populations are encouraged to complete the survey.

<https://www.cognitofrms.com/SalishBehavioralHealthOrganization1/salishbhasobehavioralhealthcommunityneedssurvey2022>

PUBLIC COMMENT

- Jolene Kron relayed information regarding the Ombuds system. Peer Washington has been awarded the RFP through Department of Commerce’s department of consumer advocacy. Expressed appreciation for Vivian for her commitment to continuing to support individuals in our region.
- Stephanie Lewis and Jolene Kron voiced appreciation to the Advisory Board for their hard work and involvement in the most recent RFP cycle, as well as their involvement in the May Executive Board meeting.

GOOD OF THE ORDER

- None.

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

ATTENDANCE

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

NOTE: These meeting notes are not verbatim.

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

Section 1 Proposed Plan Narratives	
Needs Assessment	<p>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> <p>Begin writing here: SBH-ASO has on-going engagement with providers, Advisory Board, Annual Monitoring, case reviews, peer reviews, client satisfaction surveys, Quality and Compliance Committee, and grievances provide additional data reflecting strengths, needs specific to the geographic location. Information is also gathered by engagement in community services groups including housing/homeless committees, local continuum of care meetings, and cross-system collaborations meetings. SBH-ASO also reviews community needs assessments as available. Strengths identified are engagement of community and cross system partnerships. Gaps are identified as challenges with access due to the rural and frontier geography within the region. Prioritized needs identified by the SBH-ASO 2020 Block Grant Needs Survey include Community Support, Intensive supports, and Out of Home supports.</p>
Cultural Competence *	<p>Provide a narrative summarizing how cultural competence overall, is incorporated within proposed projects. Identify what anticipated efforts will be taken to measure progress.</p> <p>Begin writing here: SBH-ASO integrates CLAS standards in all service provision. SBH-ASO values:1. We value individual and family strengths while striving to include their participation and voice in every aspect of care and development of policies and procedures.2. We value and respect cultural and other diverse qualities of each individual.3. We value services and education that promote recovery, resiliency, reintegration, and rehabilitation.4. We work in partnership with allied community providers to provide continuity and quality care.5. We treat all people with respect, compassion, and fairness.6. We value the continuous improvement of services.7. We value flexibility and creativity in meeting the needs of each individual. The SBH-ASO will measure these projects through required FBG implementation and progress reports. The submitted monthly service reports to the SBH-ASO allow for monthly monitoring of project success, such as allocated funds being spent and projected outcomes being met. SBH-ASO continues to engage with our Tribal partners through annual crisis planning with the Tribes in our region.</p>
Children's Services	<p>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> <p>Begin writing here: Salish BHASO provided support to children with SED through care coordination and facilitation of the CLIP committee. Enrollment in Medicaid is the first priority in facilitating access to services. SBH-ASO continues to partner with community entities including Children's Administration, Juvenile Justice, Substance Abuse treatment, Developmental Disabilities Administration, and community providers. SBH-ASO facilitates FYSPT meetings and work to increase avenues for youth and family feedback.</p>
Public Comment/Local/ BH Advisory Board Involvement	<p>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> <p>Begin writing here: SBH-ASO provides a forum for public comment at all Executive and Advisory Board meetings. SBH-ASO providers identify needs in part based on community surveys. The SBH-ASO Advisory Board uses community survey information to assist in identifying gaps and needs within the community and set priorities for future work. SBH-ASO staff engage with other regional behavioral health advisory boards and community organizations to encourage feedback and facilitate identification of community needs. Final feedback is incorporated into the plan development and the plan is approved by the SBH-ASO Advisory Board.</p>
Outreach Services	<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>Begin writing here: SBH-ASO staff engage with the housing continuum across the region. SBH-ASO facilitates the Housing And Recovery through Peer Supports (HARPS) Program across the region. HARPS funding is facilitated by Coordinated Entry as a means to engage our housing continuum to expand access to individuals within the community. HARPS subsidies are available in all areas of our region. These contractors provide outreach and facilitate access to The HARPS service team provides outreach in partnership with community stakeholders. SBH-ASO also provides oversight of the Peer Beidger and Recovery Navigaotr program 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.				
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-direct 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 Services	<i>Begin writing here:</i>	1	1	\$0.00

Supports for Self-Directed Care	Begin writing here:	1	1	\$0.00
Relapse Prevention/ Wellness Recovery Support	Begin writing here:	1	1	\$0.00
<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.				\$500.00
Personal Care	Begin writing here:	1	1	Enter budget allocation for these proposed activities. \$0.00
Respite	Begin writing here:	1	1	\$0.00
Support Education	Begin writing here:	1	1	\$0.00
Transportation	Begin writing here:	1	1	\$0.00
Assisted Living Services	Begin writing here:	1	1	\$0.00
Trained Behavioral Health Interpreters	Begin writing here: Individuals presenting with need for interpreter services will have access.	1	4	\$500.00
Interactive communication Technology Devices	Begin writing here:	1	1	\$0.00
<i>Outcomes and Performance Indicators:</i> 100% of individuals seeking services requiring interpreter services will have access to the culturally appropriate resource.				
Intensive Support Services – Intensive therapeutic coordinated and structured support services to help stabilize and support persons diagnosed with SMI or SED.				\$0.00

Assertive Community Treatment	<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.				\$147,710.00
Mobile Crisis	<i>Begin writing here:</i>	15	100	Enter budget allocation for these proposed activities. \$94,210.00

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>	5/month	25/month	\$53,500.00
<i>Outcomes and Performance Indicators:</i> Each individual within Salish region will have access as identified in reported encounters. Providers will meet response timelines as written in contract.				
Non-Direct Activities – any activity necessary to plan, carry out, and evaluate this MHBG plan, including Staff/provider training, travel and per diem for peer reviewers, logistics cost for conferences regarding MHBG services and requirements, and conducting needs assessments.				\$16,467.00
Workforce Development/Conferences	<i>Begin writing here: Administration costs</i>	1	1	Enter budget allocation for these proposed activities. \$16,467.00
Grand Total				\$164,677.00

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

**Section 1
Proposed Plan Narratives**

Needs Assessment (required)	<p>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> <p>Begin writing here: <i>SBH-ASO has on-going engagement with providers, Advisory Board, Annual Monitoring, case reviews, peer reviews, community needs surveys, Quality and Compliance Committee, and grievances provide additional data reflecting strengths, needs specific to the geographic location. Information is also gathered by engagement in community services groups including housing/homeless committees, local continuum of care meetings, and cross-system collaborations meetings. SBH-ASO also reviews community needs assessments as available. Strengths identified are engagement of community and cross system partnerships. Gaps are identified as challenges with access due to the rural and frontier geography within the region. Prioritized needs identified include Community Support, Engagement, transportation, and Out of Home supports.</i></p>
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Cultural Competence (required)	<p>Provide a narrative summarizing how cultural competence overall, is incorporated within proposed projects. Identify what anticipated efforts will be taken to measure progress.</p> <p>Begin writing here: The SBH-ASO incorporates cultural humility into the SABG projects by utilizing individuals in recovery as a steering board for the plan development. These projects target funds to address local community gaps as identified by direct service agencies to ensure overall wellness of individuals served by the public SUD system. These projects compliment the following SBH-ASO values: 1. We value individual and family strengths while striving to include their participation and voice in every aspect of care development of policies and procedures. 2. We value and respect cultural and other diverse qualities of each individual. 3. We value services and education that promote recovery, resiliency, reintegration, and rehabilitation. 4. We work in partnership with allied community providers to provide continuity and quality care.</p>
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Continuing Education for Staff (required)	<p>Describe how continuing education for employees of treatment facilities is expected to be implemented.</p> <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>
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Charitable Choice (required)	<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>
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Coordination of Services (required)	<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 relationship to provide coordination as needed.</p>
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Public Comment/Local Board /BH Advisory Board Involvement (required)	<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: Advisory Board and Executive Board meetings of the SBH-ASO are all public meetings and advertised widely. There is opportunity for public comment at both venues. SBH-ASO participated and engages with 1/10th committees across our region to provide support and receive feedback regarding service gaps. SBH-ASO completes an annual community needs survey to solicit community feedback. We continue to recruit for Behavioral health Advisory Board members to fill vacancies.</p>
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<p>Program Compliance (required)</p>	<p>Provide a description of the strategies that will be used for monitoring program compliance with all SABG requirements.</p> <hr/> <p><i>Begin writing here: Contracted agencies will be required to complete monthly performance reports outlining progress on funded programs. Each program is visited at least annually to conduct an on-site assessment of the program, and verify information included in the monthly reports.</i></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> <hr/> <p><i>Begin writing here: Transportation, childcare, and PPW Housing Support programs are funded in this plan. SBH-ASO providers are able to offer these services per contract. SBH-ASO Care Managers assist any individuals seeking services to connect to providers who can meet the requested need for support.</i></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> <hr/> <p><i>Begin writing here:</i></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:				\$343,281.00
*PPW Outreach (required)	<i>Begin writing here: Outreach and crisis intervention with Pregnant and Parenting Women.</i>	12	<i>Begin writing here:</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>	300	<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>	\$338,281.00
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.				\$38,500.00
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: Providing engagement, triage and referral to services within the community upon contact.</i>	250	<i>Begin writing here: Evidence of engagement, referral, and care coordination as indicated by individual need.</i>	\$38,000.00
*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.				\$25,000.00
PPW Housing Support Services	<i>Begin writing here: Housing support services in recovery house for women and children. Supportive case management services.</i>	9	<i>Begin writing here: Tracking treatment attendance, completion of treatment. Goal achievement as indicated in assessment and treatment plan.</i>	Enter budget allocation for these proposed activities. \$25,000.00
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.				\$50,000.00
Sub-acute Withdrawal Management	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation for these proposed activities. \$0.00
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>	0	<i>Begin writing here: Documentation of services by bed day and clinical supporting documentation upon authorization for services.</i>	\$50,000.00
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.				\$35,049.00
Acute Withdrawal Management	<i>Begin writing here: Secure withdrawal management services</i>	0	<i>Begin writing here: Documentation of court order requiring secure withdrawal management</i>	Enter budget allocation for these proposed activities. \$35,049.00
Recovery Supports –A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Recovery emphasizes the value of health, home, purpose, and community to support recovery.				\$51,000.00
*Interim Services (required)	<i>Begin writing here: See above</i>	0	<i>Begin writing here:</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: Tracked by individual bus ticket, bus passes, mileage reimbursement.</i>	\$1,000.00
Transportation	<i>Begin writing here: Provide individual bus ticket, bus passes, mileage reimbursement to aid in access to treatment.</i>	30	<i>Begin writing here: Tracked by individual bus ticket, bus passes, mileage reimbursement.</i>	\$2,000.00
*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. \$48,000.00
*Other SABG activities (required) – any activity necessary to plan, carry out, and evaluate this SABG plan, including Continued Education/training, logistics cost for conferences regarding SABG services and requirements, capacity management infrastructure, and conducting needs assessments. <i>Begin writing here: Administration \$60,481; \$500 for interpreter services to meet cultural needs as indicated by individual.</i>				\$60,981.00
Grand Total				\$604,811.00