



**SALISH BEHAVIORAL HEALTH**  
**ADMINISTRATIVE SERVICES ORGANIZATION**  
**ADVISORY BOARD MEETING.**

Providing Behavioral Health Services in  
Clallam, Jefferson and Kitsap Counties

**DATE:** Friday, May 3, 2024  
**TIME:** 10:00 AM – 12:00 PM  
**LOCATION:** Cedar Room, 7 Cedars Hotel  
270756 Hwy 101, Sequim, WA 98382

**LINK TO JOIN BY COMPUTER OR PHONE APP:**

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

Join Zoom Meeting: <https://us06web.zoom.us/j/88389419000>

Meeting ID: 883 8941 9000

**USE PHONE NUMBER and MEETING ID TO JOIN BY PHONE:**

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

Meeting ID: 883 8941 9000

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**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 SBHASO Advisory Board Meeting Minutes for March 1, 2024  
(Attachment 5) [page 6]
6. Action Items
  - a. Review of Salish BHASO Behavioral Health Advisory Board By-Laws [page 3]  
(Attachment 6.a) [page 10]
  - b. 2024 Advisory Board Training Recommendations [page 3] (Attachment 6.b) [page 16]
7. Informational Items
  - a. Welcome to new Advisory Board Members [page 3]
  - b. Salish BHASO Restructure / Staffing Updates [page 3] (Attachment 7.b) [page 17]
  - c. Assisted Outpatient Treatment [page 4]
  - d. Naloxone Update [page 4] (Attachment 7.d) [page 18]
  - e. SUD Summit Summary [page 5]
  - f. Kitsap Reentry Simulation [page 5] (Attachment 7.f) [page 19]
  - g. Office of Behavioral Health Advocacy (OBHA) Updates [page 5]
8. Opportunity for Public Comment (limited to 3 minutes each)
9. Adjournment

## ACRONYMS

<b>ACH</b>	Accountable Community of Health	<b>ITA</b>	Involuntary Treatment Act
<b>AOT</b>	Assisted Outpatient Treatment	<b>MAT</b>	Medical Assisted Treatment
<b>ASAM</b>	American Society of Addiction Medicine	<b>MCO</b>	Managed Care Organization
<b>BHA</b>	Behavioral Health Advocate; Behavioral Health Agency	<b>MHBG</b>	Mental Health Block Grant
<b>BHAB</b>	Behavioral Health Advisory Board	<b>MOU</b>	Memorandum of Understanding
<b>BHASO</b>	Behavioral Health Administrative Services Organization	<b>OCH</b>	Olympic Community of Health
<b>CAP</b>	Corrective Action Plan	<b>OST</b>	Opiate Substitution Treatment
<b>CMS</b>	Center for Medicaid & Medicare Services (Federal)	<b>OTP</b>	Opiate Treatment Program
<b>CPC</b>	Certified Peer Counselor	<b>PACT</b>	Program of Assertive Community Treatment
<b>CRIS</b>	Crisis Response Improvement Strategy (WA State Work Group)	<b>PATH</b>	Programs to Aid in the Transition from Homelessness
<b>DBHR</b>	Division of Behavioral Health & Recovery	<b>PIHP</b>	Prepaid Inpatient Health Plans
<b>DCR</b>	Designated Crisis Responder	<b>P&amp;P</b>	Policies and Procedures
<b>DCYF</b>	Division of Children, Youth, & Families	<b>QACC</b>	Quality and Compliance Committee
<b>DDA</b>	Developmental Disabilities Administration	<b>RCW</b>	Revised Code Washington
<b>DSHS</b>	Department of Social and Health Services	<b>R.E.A.L.</b>	Recovery. Empowerment. Advocacy. Linkage.
<b>E&amp;T</b>	Evaluation and Treatment Center (i.e., AUI, YIU)	<b>RFP, RFQ</b>	Request for Proposal, Request for Qualifications
<b>EBP</b>	Evidence Based Practice	<b>SABG</b>	Substance Abuse Block Grant
<b>FYSPRT</b>	Family, Youth, and System Partner Round Table	<b>SRCL</b>	Salish Regional Crisis Line
<b>HCA</b>	Health Care Authority	<b>SUD</b>	Substance Use Disorder
<b>HCS</b>	Home and Community Services	<b>SYNC</b>	Salish Youth Network Collaborative
<b>HIPAA</b>	Health Insurance Portability & Accountability Act	<b>TEAMonitor</b>	HCA Annual Monitoring of SBHASO
<b>HRSA</b>	Health and Rehabilitation Services Administration	<b>UM</b>	Utilization Management
<b>IMC</b>	Integration of Medicaid Services	<b>WAC</b>	Washington Administrative Code
<b>IMD</b>	Institutes for the Mentally Diseased	<b>WM</b>	Withdrawal Management
<b>IS</b>	Information Services	<b>WSH</b>	Western State Hospital, Tacoma



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

**May 3, 2024**

### **Action Items**

#### A. REVIEW OF SALISH BHASO BEHAVIORAL HEALTH ADVISORY BOARD BY-LAWS

Review of existing by-laws to consider changes, updates, and provide information to new members.

#### B. 2024 ADVISORY BOARD TRAINING RECOMMENDATIONS

Review and finalize training priorities put forth for consideration by the Advisory Board. Training recommendations include:

- Emotional CPR (eCPR)
- Hearing Voices
- Alternatives to Suicide
- Supporting Peer Workforce
- Trauma Sensitivity
- Resilience
- Advocacy
- Youth-focused Trainings
- Stigma
- Anti-Oppression language
- Behavioral Health System Changes
- Supervision of SUDPTs and CPCs
- BH Crisis Response for Law Enforcement / First Responders

### **Informational Items**

#### A. NEW BEHAVIORAL HEALTH ADVISORY BOARD MEMBERS

Salish BHASO Executive Board appointed all three candidates effective May 1, 2024. Welcome Kathryn Harrer (Jefferson), Lori Fleming (Jefferson), and Deputy Casey Jinks (Kitsap)!

#### B. SALISH BHASO RESTRUCTURE / STAFFING UPDATES

SBHASO continues work on internal restructuring.

Staff would like to congratulate Ilea Clauson in moving into the role of Operations Manager. The Operations Manager is a reclassification of an existing position to take on additional management duties and will supervise fiscal and data staff within SBHASO.

The Care Manager position has been filled. We would like to welcome Brian Wilson to the team.

Staff would also like to congratulate SBHASO Data Analyst, Elise Bowditch, on her retirement. Her last day with the organization is Friday, May 3.

SBHASO is currently recruiting to fill the Clinical Manager position and the Data Analyst position.

An updated Organizational Chart is attached on page 17.

#### C. ASSISTED OUTPATIENT TREATMENT

Assisted Outpatient Treatment (AOT) is in the process of development across Washington State per RCW 71.05.148.

The expansion of AOT:

- Provides for additional avenues to pursue court ordered less restrictive treatment alternatives for individuals with behavioral health disorders who meet specific criteria.
- Allows for an expanded group of petitioners to include hospitals, behavioral health providers, the individuals treating professional, designated crisis responders, release planners from corrections, or emergency room physicians.
- Allows for court ordered treatment to be initiated prior to an inpatient stay.
- Allows for up to 18 months of treatment under a single order.

Salish BHASO Staff have been working with identified providers and local courts, prosecutors, and defense in the development of this program. Each county has taken a unique approach to implementation. We are finalizing related documents and taking next steps to coordinate with additional community stakeholders in the rollout of this program.

#### D. NALOXONE UPDATE

Salish BHASO has been committed to providing support to individuals with opiate disorders. As an organization, we have been distributing naloxone to our communities over the past 5 years. This has been achieved through a partnership with Washington Department of Health and funding from our Health Care Authority Contract. Additional funding has been allocated to support continued expansion of naloxone access across the Salish region.

In 2023, SBHASO ordered ten naloxone cabinets to support ease of distribution across the three counties. To date, we have partnered with the following organizations and successfully mounted cabinets at their locations:

- Hoh Tribe, Forks
- Quileute Tribe, La Push (2 cabinets)
- Port Gamble S'Klallam Tribe, Kingston
- Reflections Counseling Services Group, Port Angeles
- West Sound Treatment Center, Port Orchard
- Agape Unlimited, Bremerton
- BAART Programs, Bremerton

In 2024, SBHASO ordered an additional 25 naloxone cabinets of various sizes. Staff continue to work with local public health departments and community partners to identify interested parties and determine additional locations to place cabinets.

E. SALISH REGIONAL SUD SUMMIT

On April 26, 2024 Salish BHASO hosted a region Substance Use Disorder Summit at John Wayne Marina in Sequim. This event provided an opportunity for SUD providers and stakeholders to engage in conversation and a work session regarding gaps in services for the SUD treatment population. Staff will provide a summary of the event.

F. KITSAP REENTRY SIMULATION

Salish BHASO is excited to be a sponsor for the 2024 Kitsap Reentry Simulation taking place at the Marvin Williams Recreation Center in Bremerton on May 31, 2024. This event is hosted by the Up From Slavery Initiative and Kitsap Strong. The event aims to foster systems change by introducing participants to the 5R's (Resilient Reentry Resources Reduces Recidivism) through presentations and a simulation. The simulation aims to provide participants with a firsthand understanding of the significant barriers individuals face upon reentering society post-incarceration. By immersing professionals in these simulations, they can gain invaluable insights into the reentry experience, thus equipping them with the knowledge to better support formerly incarcerated individuals as they reintegrate into their communities.

G. OFFICE OF BEHAVIORAL HEALTH ADVOCACY (OBHA) UPDATES

Nanine Nanette will provide additional information about the Office of Behavioral Health Advocacy and any updates on regional recruitment.

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

**Friday, March 1, 2024  
10:00 a.m. - 12:00 p.m.  
Hybrid Meeting  
Cedar Room, 7 Cedars Hotel  
270756 Hwy 101, Sequim, WA 98382**

**CALL TO ORDER** – Jon Stroup, SBH-ASO Behavioral Advisory Board Chair called the meeting to order at 10:03 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 –**

Addition of Informational Item D – OBHA Overview

**MOTION: Sandy Goodwick moved to approve the agenda as amended. Mary Beth Lagenaur seconded the motion. Motion carried unanimously.**

**APPROVAL of MINUTES –**

Minutes will be amended to reflect removal of Mental Health First Aid language under Section 2 of the Mental Health Block Grant plans, and state that Board members were asked to submit training priorities/recommendations to SBHASO Staff.

**MOTION: Helen Havens moved to approve the meeting minutes as amended for the January 5, 2024 meeting. Sandy Goodwick seconded the motion. Motion carried unanimously.**

**ACTION ITEMS**

➤ **SALISH BHASO ADVISORY BOARD APPLICANTS**

The SBHASO Advisory Board Membership includes 3 representatives from each county and 2 Tribal Representatives. Current appointments include:

- Clallam County: Sandy Goodwick, Diane Pfeifle and 2 vacancies
- Jefferson County: Anne Dean, Mary Beth Lagenaur and 2 vacancies
- Kitsap County: Helen Havens, Jon Stroup and 1 vacancy
- Tribal Representative: Stormy Howell and 1 vacancy

SBHASO received Advisory Board Applications from three individuals. Applicants were interviewed by SBHASO Administrator Jolene Kron and Advisory Board Chair Jon Stroup.

Kathryn Harrer is resident of Jefferson County. Ms. Harrer has over 30 years of nursing experience and is involved in various non-profit and community-focused programs that support the behavioral health continuum.

Lori Fleming is a resident of Jefferson County. Ms. Fleming has served on multiple Jefferson County committees and is involved in mental health advocacy, community organization efforts, and collaboration with key stakeholders across the county.

Deputy Casey Jinks is a resident of Kitsap County. Deputy Jinks has served as the Kitsap County Sheriff's Office Crisis Intervention Coordinator since 2021. He has prior experience in both military and civilian crisis work and has interest in coordination of services across the behavioral health spectrum.

*Applicants shared information about their background, interests, and desire to serve on the Salish BHASO Advisory Board.*

*Gratitude shared for the current volunteers, noting their diverse experience and perspectives.*

*Discussion around lived experience in the context of representation on the Advisory Board. The Salish BHASO Advisory Board is required to have 51% membership of individuals with lived experience.*

*Recommendations for Advisory Board appointments will be presented to the Executive board for final approval in April 2023.*

*Staff will continue to recruit for Advisory Board volunteers to fill remaining open seats.*

**MOTION: Mary Beth Lagenaur moved to recommend the appointment of Kathryn Harrer, Lori Fleming, and Deputy Casey Jinks to the SBHASO Advisory Board. Diane Pfeifle seconded the motion. Motion carried unanimously.**

## INFORMATIONAL ITEMS

### ➤ **OVERVIEW OF 2024 SALISH BHASO BUDGET**

At the request of the Advisory Board, Staff will review the Executive Board approved Medicaid and non-Medicaid 2024 budgets.

*Staff reviewed budgeted Medicaid Revenues and Expenditures for January 1 – December 31, 2024. Medicaid funding comes from Washington State Managed Care Organizations (MCOs) including Community Health Plan of Washington (CHPW), Coordinated Care Washington, Molina Healthcare, United Healthcare, and Wellpoint (formerly Amerigroup). Revenue is estimated as it is paid on a per member per month (PMPM) basis by each MCO. This funding is specific to support individuals in the crisis service sector. A portion of these funds go to fund the Salish Regional Crisis Line, as well as regional Mobile Crisis Response Teams, and BHASO Administration.*

*The Salish Regional Crisis Line is contracted with Volunteers of America of Western Washington. Currently there are approximately 30 staff providing 24-hour crisis line services who are trained on the specific needs of the Salish region. The crisis line is the primary conduit for accessing the crisis system.*

*Staff reviewed budgeted non-Medicaid Revenues and Expenditures for January 1 – December 31, 2024. Non-Medicaid revenues come primarily from Health Care Authority (HCA) and is split into multiple program and service-specific funding streams. The majority of services funded are non-negotiable services that the SBHASO is required to administer across Clallam, Jefferson, and Kitsap Counties.*

*Discussion around Involuntary Treatment (ITA) Services. An Involuntary Treatment Investigation is a process wherein an individual assessed by a Designated Crisis Responder is determined to be a risk to themselves, others, property, or meet grave disability requirements. These individuals can be detained and placed in a hospital on a 120-hour hold.*

*Question regarding oversight of court processes related to involuntary treatment. Salish BHASO and governing boards provide oversight of the providers facilitating ITA and Assisted Outpatient Treatment (AOT) services. Concern raised about additional oversight by individuals with lived experience who have a history of involvement in court-ordered involuntary treatment processes. Behavioral Health Advocates are in place to support individuals related to behavioral health services they receive, which extends to AOT. Staff will outreach to the State-level AOT coordinator for additional information regarding oversight. Staff noted that AOT is intended to reduce involuntary inpatient stays thereby reducing trauma associated with involuntary treatment.*

#### ➤ **ADVISORY BOARD TRAINING PRIORITY DISCUSSION**

*Opportunity to discuss Advisory Board training priorities. Areas of interest have included supporting peer workforce, trauma sensitivity, resilience, and advocacy. Other areas of consideration include youth-focused trainings, stigma, anti-oppression language, and training related to behavioral health system changes.*

*Historically, SBHASO has provided and/or funded trainings on suicide prevention, ethics, ASAM, Motivational Interviewing, Certified Peer Trainings, recovery-focused trainings, diversity training, among others.*

*Comment regarding need for additional training on behavioral health crisis response with Law Enforcement in West Jefferson County. In partnership with VOA, Staff will be increasing informational campaigns around accessing crisis services via the Salish Regional Crisis Line. Staff will plan to include outreach to law enforcement partners in that effort. There has also been expansion of legislated behavioral health crisis response training for law enforcement and first responders.*

*Other training recommendations included training and integration of peer work alongside traditional treatment models, supervision of peers and SUDPTs, youth-focused crisis training, Emotional CPR.*

*Also noted was the need for additional American Society of Addiction Medicine (ASAM) criteria training, including implementation for behavioral health and ancillary services providers. Staff noted that there will be changes to the State plan reflecting ASAM updates and anticipate training to be provided at the State level by HCA.*

*Staff will compile all training recommendations in an email to Board members for review. A vote on 2024 training priorities will take place at the May Advisory Board meeting.*



➤ **SALISH BHASO ORGANIZATIONAL STRUCTURE**

Staff will provide an update on current SBHASO programming and organizational structure.

*Salish BHASO is undergoing a restructure to ensure continued capacity to serve the region.*

*Salish BHASO is currently hiring a Clinical Manager. The Clinical Manager position, paired with an Operations Manager, will replace the Deputy Administrator position.*

➤ **OFFICE OF BEHAVIORAL HEALTH ADVOCACY (OBHA) OVERVIEW**

Nanine Nanette provided information about the Office of Behavioral Health Advocacy and her role as a Behavioral Health Advocate (BHA).

Nanine’s current position with OBHA is focused on the North Central region whilst providing additional support to the Salish region. OBHA is in the process of hiring a dedicated BHA to serve the Salish region.

*Recommendation for local representation to be included in hiring committees for the Salish region BHA role.*

*Plan to have Nanine present more information on OBHA at the May Advisory Board meeting.*

**PUBLIC COMMENT**

- None.

**GOOD OF THE ORDER**

- None.

**ADJOURNMENT** – Consensus for adjournment at 12:00pm

**ATTENDANCE**

<b>BOARD MEMBERS</b>	<b>STAFF</b>	<b>GUESTS</b>
<b>Present:</b>	Jolene Kron, SBH-ASO Administrator	Lori Fleming, Jefferson County
<b>John Stroup, Chair</b>	Nicole Oberg, SBH-ASO Program Specialist	G’Nell Ashley, Reflections Counseling Services Group
<b>Sandy Goodwick</b>	Doug Washburn, Human Services	Heidi Eisenhour, SBHASO Executive Board
<b>Stormy Howell</b>		Kate Jasonowicz, CHPW
<b>Mary Beth Lagenaur</b>		Deputy Jinks, KCSO Crisis Intervention Coordinator
<b>Diane Pfeifle</b>		Nanine Nicolette, OBHA
<b>Helen Havens</b>		Kathryn Harrer, Jefferson County
<b>Excused:</b>		Marty, Guest
None.		

**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**

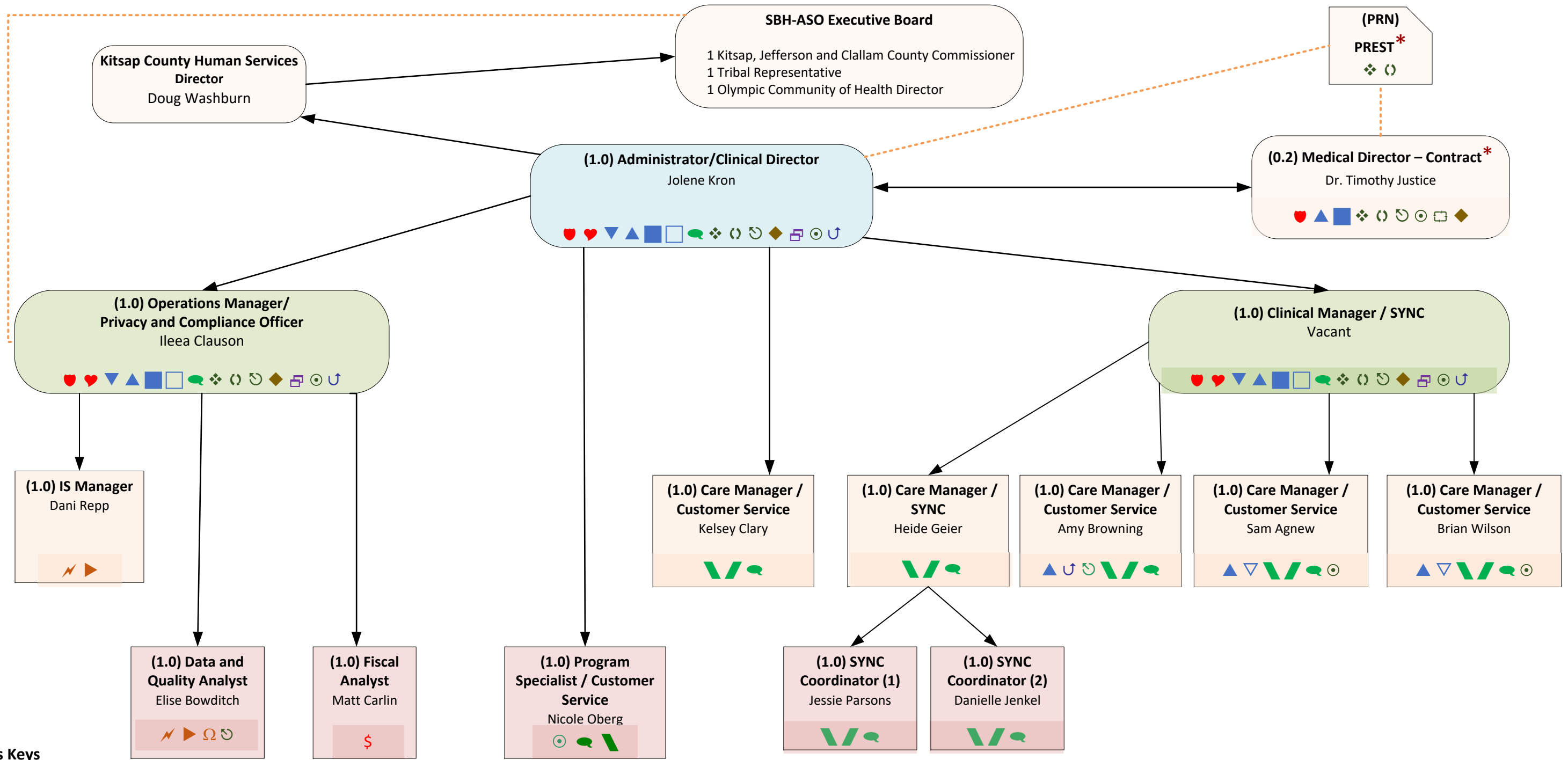
These bylaws may be amended by a two-thirds majority vote of the members present at any regular or special meeting insofar as such amendments do not conflict with pertinent laws, regulations, ordinances, or resolutions of the Salish Behavioral Health Administrative Services Organization, state or federal 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.

Training Recommendations	Target Population (Youth, Adult, MH, SUD, etc.)
Emotional CPR (eCPR)	
Hearing Voices	
Alternatives to Suicide	
Supporting Peer Workforce	
Trauma Sensitivity	
Resilience	
Advocacy	
Youth-focused Trainings	
Stigma	
Anti-Oppression language	
Behavioral Health System Changes	
Supervision of SUDPTs and CPCs	
BH Crisis Response for Law Enforcement / First Responders	





Symbols Keys

Additional Details: ————Solid lines indicate direct supervision - - - - - Red lines indicate direct communication channels | Administrative services are the responsibility of all employed staff.

♥ Leadership Team	▼ Clinical Director	🗨️ General information, referral, and overall customer service	❖ Utilization Management	Ω Data Analytics	◆ Staff and Provider Training
📄 Network Development and Contracting	▲ Care Management/Care Coordination	🗨️ Specific information, referral, and customer service on BH clinical services	🗨️ Grievance and Appeal	⚡ Information Services	📁 Federal Block Grant Reporting
💰 Financial Planning, Analytics and Reporting	■ Crisis response system, including oversight of VOA	🗨️ Member Services	🕒 Quality Management	▶ Claims, Encounters and Supplemental Data Processing	* Contractor
🔄 Government and Community Liaison	□ Crisis Triage Administration		🕒 Credentialing		
♥ Provider Relations	△ Child Specialist		🗨️ Program Integrity; Fraud and Abuse		
	▽ Addiction Specialist				
	⬆ Tribal Liaison				



**Salish Behavioral Health Administrative Services Organization (Salish BHASO) is partnering with organizations throughout Clallam, Jefferson, and Kitsap Counties to place naloxone cabinets in the community.**

### General Information about this Initiative

- Naloxone cabinets will be placed in various community locations.
- Salish BHASO will work with partnering organizations to negotiate placement, maintenance, and access to sufficient naloxone to stock the cabinet.
- Salish BHASO will provide a full complement of naloxone kits upon delivery of the cabinet.
- Partners will be asked to provide limited monthly reports of naloxone kits dispensed.
- A naloxone cabinet locator map and additional resources will be available on the Salish BHASO website, accessible by scanning the QR code above.

### About the Cabinets

- Cabinets are available in various sizes, holding between 6 to 50 boxes of naloxone.
- Cabinets are standalone units. They do not require technology or access to electricity.
- Cabinets are open access. Individuals can take as many kits as needed.
- Each organization may decide to mount the cabinet indoors or outdoors.



*The cabinet pictured is 26" tall x 18" wide x 7" deep.*

### For additional information or questions, please contact

- Sam Agnew, SUDP, Harm Reduction Manager: 360-337-4664, [sagnew@kitsap.gov](mailto:sagnew@kitsap.gov)
- Kelsey Clary, R.E.A.L. Program Administrator: 360-271-5922, [kclary@kitsap.gov](mailto:kclary@kitsap.gov)



# Resilient Reentry Resources Reduces Recidivism

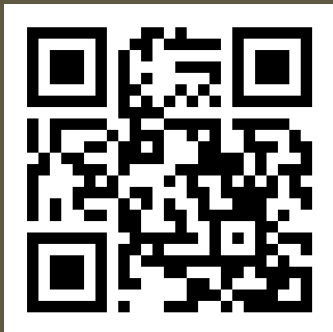
Friday  
**MAY 31**  
8:45a-2:00p



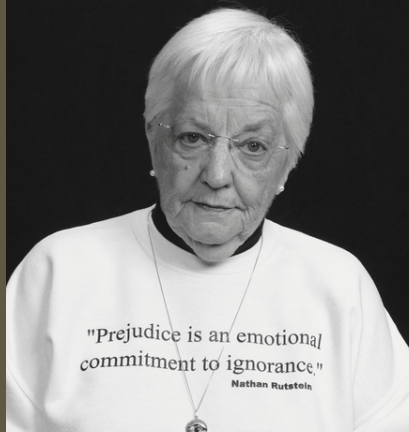
*Reentry simulation:  
An exercise in empathy*

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