



SALISH BEHAVIORAL HEALTH
ADMINISTRATIVE SERVICES ORGANIZATION
ADVISORY BOARD
MEETING

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

DATE: Friday, April 1, 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 February 4, 2022 (Attachment 5)
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)
8. Adjournment

ACRONYMS

ACH	Accountable Community of Health
ASAM	Criteria used to determine substance use disorder treatment
BHAB	Behavioral Health Advisory Board
BH-ASO	Behavioral Health Administrative Services Organization
BHO	Behavioral Health Organization, replaced the Regional Support Network
CAP	Corrective Action Plan
CMS	Center for Medicaid & Medicare Services (federal)
COVID-19	Coronavirus Disease 2019
DBHR	Division of Behavioral Health & Recovery
DCFS	Division of Child & Family Services
DCR	Designated Crisis Responder
DDA	Developmental Disabilities Administration
DSHS	Department of Social and Health Services
E&T	Evaluation and Treatment Center (i.e., AUI, YIU)
EBP	Evidence Based Practice
EPSDT	Early and Periodic Screening, Diagnosis and Treatment
EQRO	External Quality Review Organization
FIMC	Full Integration of Medicaid Services
FYSPT	Family, Youth and System Partner Round Table
HARPS	Housing and Recovery through Peer Services
HCA	Health Care Authority
HCS	Home and Community Services
HIPAA	Health Insurance Portability & Accountability Act
HRSA	Health and Rehabilitation Services Administration
IMD	Institutes for the Mentally Diseased
IS	Information Services
ITA	Involuntary Treatment Act
MAT	Medical Assisted Treatment
MCO	Managed Care Organization
MHBG	Mental Health Block Grant
MOU	Memorandum of Understanding
OCH	Olympic Community of Health
OPT	Opiate Treatment Program
OST	Opiate Substitution Treatment
PACT	Program of Assertive Community Treatment
PATH	Programs to Aid in the Transition from Homelessness
PIHP	Prepaid Inpatient Health Plans
PIP	Performance Improvement Project
P&P	Policies and Procedures
QUIC	Quality Improvement Committee
RCW	Revised Code Washington
RFP, RFQ	Requests for Proposal, Requests for Qualifications
SABG	Substance Abuse Block Grant
SAPT	Substance Abuse Prevention Treatment
SBH-ASO	Salish Behavioral Health Administrative Services Organization
SUD	Substance Use Disorder
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

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.