SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION
ADVISORY BOARD MEETING

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

DATE: Friday, February 7, 2020

TIME: 10:00 AM – 12:00 PM

LOCATION: Council Chambers, Sequim Civic Center
152 W Cedar St, Sequim, WA 98382

AGENDA

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. Action Items
   a. Election of SBH-ASO Advisory Board Chair and Vice Chair
6. Informational Items
   a. Review of SBHO Executive & Advisory Board Meeting Notes (Attachment 6.a)
   b. SBH-ASO Advisory Board By-Laws (Attachment 6.b)
   c. SBH-ASO Advisory Board Current Membership and Recruitment
   d. SBH-ASO Staffing Update
   e. Update on Early Phase of Integrated Managed Care (IMC) Transition (Attachment 6.e.1, 6.e.2, 6.e.3, 6.e.4, 6.e.5)
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
BAART	A BayMark health services company, opioid treatment company
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)
DBHR	Division of Behavioral Health & Recovery
DCFS	Division of Child & Family Services
DCR	Designated Crisis Responder
DDA	Developmental Disabilities Administration
DEA	Drug Enforcement Agency
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
FYSPRT	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
SBHO	Salish Behavioral Health 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

Providing Behavioral Health Services in Clallam, Jefferson and Kitsap Counties

SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION ADVISORY BOARD MEETING

February 7, 2020

Action Items

A. ELECTION OF SBH-ASO ADVISORY BOARD CHAIR AND VICE CHAIR

Per the Salish BH-ASO Advisory Board By-laws, approved by the Executive Board on December 13, 2019, the chairperson and vice chairperson shall be elected by majority vote for a one-year term. Voting can occur either by secret ballot or, if dispensed by the Advisory Board, by open voting on the floor.

Informational Items

A. REVIEW OF SBHO EXECUTIVE & ADVISORY BOARD MEETING NOTES

Attached are the minutes from the November 1st, 2019 joint Executive and Advisory Board Meeting. These minutes were approved by the Executive Board at the December 13th, 2019 meeting. The notes are attached for your reference.

B. SBH-ASO ADVISORY BOARD BY-LAWS

The Salish BH-ASO Advisory Board By-laws are attached. The BH-ASO BHAB By-laws mirror the BHO BHAB By-laws with one notable change to the membership and representation. The Advisory Board Membership was reduced from seventeen (17) to eleven (11) members, with three (3) individuals representing each county, and two at-large Tribal representatives.

C. SBH-ASO ADVISORY BOARD ACTIVE MEMBERSHIP AND RECRUITMENT

As of January 1, 2020, the Advisory Board is comprised of the following active members:

- Clallam County: Sandy Goodwick and Janet Nickolaus
- Jefferson County: Anne Dean
- Kitsap County: Lois Hoell and Jon Stroup
- At-large Tribal Representatives: Jolene Sullivan and Roberta Charles

Staff will begin active recruitment for the remaining four (4) vacancies. At least two (2) of the remaining seats shall be filled by individuals with lived experience, parents or legal guardians of persons with lived experience or as a person in Recovery from a behavioral health disorder. Also, at least one (1) individual must represent law enforcement.

D. SBH-ASO STAFFING UPDATE

The reduction in staffing from the BHO to BHASO was the equivalent of three (3) full-time staff. Two SBHO staff were laid off and the vacant Administrative Support position has been eliminated.

Martha Crownover served as the BHO Compliance Officer and Resource Manager since March 2015. Ellie Carrithers served as the BHO Children's Manager since May 2018. Martha and Ellie's last day with SBHO was 1/2/20.

Staff has consolidated required roles and responsibilities into 9 positions:

- Stephanie Lewis, Administrator
- Jolene Kron, Deputy Administrator/Clinical Director
- Ileea Nehus, Utilization Manager and Privacy Officer
- Richelle Jordan, Quality Manager and Compliance Officer
- Elise Bowditch, Data and Quality Analyst
- Dani Repp, Information Services Manager
- Mavis Beach, Fiscal Analyst
- Sam Agnew, Clinical Care Manager
- Martiann Lewis, Clinical Care Manager and Tribal Liaison

E. UPDATE ON EARLY PHASE OF INTEGRATED MANAGED CARE TRANSITION

- SBH-ASO Operations

  Crisis System

  New Crisis System protocols began on 1/1/20. Full implementation of the new Salish Regional Crisis Line has gone smoothly. Local providers are expressing positive feedback about the new system. Volunteers of America (VOA) received 100 calls on 1/1/20 with 9 dispatches of Designated Crisis Responder Teams. SBH-ASO has also heard feedback regarding challenges experienced by some community partners regarding the new system. SBH-ASO staff are continuing community outreach work to ensure continued success.

  Utilization Management Program

  A new Utilization Management Program and was initiated in late December. SBH-ASO brought all Utilization Management work internally. On December 18th, SBH-ASO began full operations of its new Utilization Management portal which accepts electronic notification and authorization requests. There have been a few challenges with the new technology which have been quickly addressed. Some providers have expressed concern with the new system, noting it to be labor intensive. Staff will continue incorporate provider feedback as much as possible. However, the limited financial resources necessitate close oversight of all non-mandatory or involuntary treatment services.

  BHASO Operating Reserves

  On November 7th, HCA notified SBHO that the SBH-ASO would not be provided operating reserves. This was contrary to multiple previous communications dating back to early 2019. The correspondence (attached) between Salish BHO and HCA on the issue of SBH-ASO reserve funding is as follows:

  - November 7, 2019: Letter to SBHO from HCA
  - November 25, 2019: Letter to HCA from SBHO
  - December 17, 2019: Letter to SBHO from HCA
  - December 20, 2019: Letter to HCA from SBHO
  - January 3, 2020: Letter to SBHO from HCA

Staff will discuss how the lack of operating reserves effects day to day operations and local behavioral health providers.

- Provider Operations

Rapid Response Calls

In January, the HCA began facilitating "Rapid Response" calls on Mondays, Wednesdays and Fridays for the Salish region. The purpose of these calls is to respond to emerging systemic issues or questions needing immediate attention. Participants generally include: physical health providers, behavioral health providers, MCOs, OCH, BH-ASO and Tribal representatives. Some early challenges reported by Clallam County Providers included: erroneous primary care provider assignments for Medicaid enrollees and lack of MCO rosters being supplied to physical health providers. Kitsap Mental Health has reported challenges obtaining authorization for Crisis Triage/Stabilization services for Medicaid/Medicare or dually eligible clients. Peninsula Behavioral Health reported challenges with MCO prior authorization requirements for psychiatric medications. Staff requested and HCA agreed to continue these calls on at least a weekly basis in February. These calls are scheduled Wednesdays from 8:30-9:00am in February.

- Early Warning System (EWS)

The Early Warning System (EWS) is a mechanism developed by the HCA for monitoring how the transition to Integrated Managed Care is going in each region. The EWS is both a data and regular communication tool that provides rapid feedback and problem-solving, identifies issues that arise specifically from the transition to IMC, and enables collaborative resolution of those issues.

HCA will collect and report on a set of "standard indicators" for the EWS and regions can track additional measures. Salish's EWS has opted to track several additional measures. Staff will provide a brief review of HCA's standard and Salish's additional indications.

The HCA will facilitate monthly EWS Webinars beginning February 20th and concluding in June. Advisory Board member participation is welcomed.

MINUTES OF THE
SALISH BEHAVIORAL HEALTH ORGANIZATION
EXECUTIVE & ADVISORY BOARD

Friday, November 1, 2019
10:00 a.m. - 12:00 p.m.
Guy Cole Center,
202 North Blake, Sequim, WA 98382

CALL TO ORDER – Commissioner Mark Ozias, Chair, called the meeting to order at 10:09 a.m.

INTRODUCTIONS – Self introductions were conducted around the room.

ANNOUNCEMENTS – None.

OPPORTUNITY FOR PUBLIC TO ADDRESS THE BOARD ON AGENDA TOPICS - Commissioner Mark Ozias, Chair, thanks the advisory board for their attendance. No other comments.

APPROVAL of AGENDA - Request for reorganization to begin with Informational Items, followed by Action Items.

> **MOTION: Commissioner Robert Gelder moved to approve the agenda as submitted. Commissioner Greg Brotherton seconded the motion. Motion carried unanimously.**

APPROVAL of MINUTES

> **MOTION: Commissioner Greg Brotherton moved to approve the meeting notes as submitted for the June 21, 2019 and September 6, 2019 meetings. Commissioner Robert Gelder seconded the motion. Motion carried unanimously.**

INFORMATIONAL ITEMS

- **HCA READINESS REVIEW AND BH-ASO TRANSITION UPDATE**

  - On October 18th, the HCA sent Salish its Readiness Review Final Report which has been attached for the Board's review.
  - The HCA determined that Salish demonstrated readiness to implement the 2020 BH-ASO Contract.
  - Staff will discuss next steps for the region's transition to Integrated Managed Care and the operation of the SBH-ASO.
  - Discussion regarding documents from the Communication Workgroup regarding upcoming IMC changes to our region were discussed.
    - The 2 (two) handouts discussed: ½ sheet for Medicaid Enrollees and 2-page sheet for Providers.
    - The handouts provide information regarding two letters that will be sent to Medicaid enrollees:
      - (1) Letter sent by HCA on October 1, 2019: Notification of disenrollment with SBHO.

        - (2) Letter sent by HCA on December 1, 2019: MCO assignment letters.

    - The HCA number is located on flyers and included in letters. The number may be used for individuals to ask questions or make any changes to MCO assignment or primary care provider. MCO changes are allowed once a month.

    - Assignments of MCO's are generated by an algorithm.

- Three (3) upcoming events planned in Clallam. Two enrollment fairs are planned for early December which is intended for Medicaid enrollees. There is also a Clallam Managed Care event which is intended for professional audiences, but anyone may attend. HCA will present on IMC changes and early warning system, as well as a panel discussion for questions.

- Discussion of Tribal Affairs office to do a presentation for Tribal members regarding IMC.

- Handouts discussed and sample Medicaid enrollee notification letters , are available at the link, Box.com.

➢ **<u>2020 CRISIS SYSTEM UPDATE</u>**

- Staff have been convening Crisis Leadership Meetings since May 2019 to develop operational protocols for the SBH-ASO Crisis System. Once Volunteers of America (VOA) was deemed the successful Crisis Line bidder, they began to participate in these Crisis Leadership Meetings. Procedures are currently being developed and finalized.

- VOA has secured a new crisis line phone number on behalf of SBH-ASO. The new crisis line number will be released to the community starting November 18th with a full roll-out expected by January 1, 2020. Staff are currently working on a crisis line marketing plan.

- Staff are finalizing documents and will be providing resources to the community throughout November and December. Staff are working on coordinating meetings with numerous community groups to share this information across the 3 counties.

- KMHS will maintain the crisis line through the end of 2019 with the expectation that VOA will start officially on January 1, 2020.

- KMHS Crisis Line of the Peninsula's will automatically forward callers to VOA for the first 6 months in 2020, providing the new number and directly connect individuals to the VOA Regional Crisis Line.

- VOA will assist with coordinating dispatch of DCR's in our region.

➢ **<u>BAART UPDATE</u>**

- BAART continues to make steps toward opening their OTP clinics.

    - The Health Care Authority hosted a community forum on October 14th as one of the final steps towards state approval.

    - BAART is waiting for the final Federal DEA approval for Port Angeles and hopes to open mid to late November.

- The Bremerton facility is completing follow up items for the Pharmacy inspection and working to schedule the DEA inspection.
  - Bremerton is set to open 2-4 week following the opening of Port Angeles site.
- The building, program, and staff are ready and waiting for final decision from the state.
  - Currently staff are providing community outreach, preparation for opening, and staff training.
- BAART will conduct a soft opening initially and will formally notify of official open house for community providers and members.
- Policies and Procedures are in place and they hope to open shortly after Port Angeles.
- BAART is contracted by the SBHO currently to provide opportunity to any FDA approved OTP treatment modality, including Methadone, Suboxone, and Vivitrol.

- There are concerns on the part of BAART as they have been unable to secure contracts with the MCO's due to not yet having a license in place. MCO's have expressed verbal intention but are not in active conversation with BAART at this time. Staff have been working to facilitate connection between BAART and the MCO's who will serve our region.
  - To ensure treatment services are not disrupted during this transition, the HCA has reported that any SBHO contractor that is licensed and providing services, the MCO's are expected to contract with them.

ACTION ITEMS

➢ **SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION (SBH-ASO) POLICY AND PROCEDURES MANUAL**

- The SBH-ASO Policy and Procedure Manual is included for review and approval. The majority of policy and procedure language was pulled directly from the July 1, 2019 version of the Health Care Authority (HCA) BH-ASO Model Contract.
- "Map of System" Handouts were provided to all Board Members regarding IMC changes. (*Technical difficulties with projector, audience was not able to see slide*).
  - Reviewed roles and responsibilities for the MCO and SBH-ASO.
    - SBH-ASO will be responsible for entire crisis system: toll-free regional crisis hotline, mobile crisis outreach, and ITA services.
    - SBH-ASO will be responsible for limited non-crisis behavioral health services (MH and SUD treatment) for those at or below 220% poverty level and additional high-risk criteria.
    - SBH-ASO will be responsible for other funding sources, such as Jail Transition, CJTA, FYSPRT, DMA, and SABG/MHBG.
    - SBH-ASO will continue to provide Ombuds.

- SBH-ASO Code of Conduct policy (Policy Number CP304) and SBH-ASO Code of Conduct Attestation was handed out to board members to review.

MOTION: Commissioner Robert Gelder moved to approve the SBH-ASO Policy and Procedures Manual as submitted. Commissioner Greg Brotherton seconded the motion. Motion carried unanimously.

➢ JANUARY – JUNE 2020 BLOCK GRANT PLANS

- Staff has included the 2020 Mental Health Block Grant and Substance Abuse Block Grant Plans for the Board's review and approval. Staff has also included two tables which compare July- December 2019 Block Grant Plans to January-June 2020 Block Grant Plans. Staff will review this information in detail during the Board Meeting.

- Reviewed and discussed "June 2020 Block Grant Plans" Handouts were provided to all Board Members. (*Technical difficulties with projector, audience was not able to see slide*).

MOTION: Commissioner Robert Gelder moved to approve the June 2020 Block Grant Plans as submitted. Commissioner Greg Brotherton seconded the motion. Motion carried unanimously.

➢ SBH-ASO 2020 BUDGET

- Staff presented a preliminary SBH-ASO budget at the September Executive Board Meeting. Additional information from the Health Care Authority has resulted in further budget refinement. Several attachments have been included for review. Staff will provide a comprehensive budget presentation for the Board.

- Reviewed and discussed "SBH-ASO Budget" were provided to all Board Members. (*Technical difficulties with projector, audience was not able to see slides*).

- In early December 2019, the HCA will provide the 2020 SBH-ASO budget.

- Discussed reviewing quarterly to determine if any changes will need to be made.

MOTION: Commissioner Robert Gelder moved to approve the SBH-ASO 2020 Budget as submitted. Commissioner Greg Brotherton seconded the motion. Motion carried unanimously.

➢ SBH-ASO BEHAVIORAL HEALTH ADVISORY BOARD

- The SBH-ASO will maintain a Community Behavioral Health Advisory Board.

- Reviewed and discussed "SBH-ASO Behavioral Health Advisory Board" were provided to all Board Members. (*Technical difficulties with projector, audience was not able to see slides*).

- The contract language which outlines the Advisory Board requirements is attached to guide discussion. Staff recommends reducing the number of Advisory Board seats from seventeen (17) to eleven (11) with three (3) representatives per county and two (2) at-large Tribal representatives. Staff also recommends a meeting cadence of quarterly.

- These recommendations are driven by a need to contain administrative costs.

- Reviewed SBHO Advisory Board bylaws.

- Noted that Law Enforcement representation needed to be in compliance.

- Executive Board requested feedback from Advisory Board.
    - Requested to have the Advisory Board Members each attest to their interest.
    - Then, advertise for additional membership based on need
- Request to review drafted SBH-ASO by-laws on December 13th, 2019 Executive Board meeting to review or approve.

➢ **NOVEMBER 15TH EXECUTIVE BOARD MEETING**

- Due to the convening of the Executive Board on November 1st, staff recommends cancelling the November 15th Executive Board Meeting.
- Staff does not anticipate any items requiring the Board's action prior to the December Board Meeting.
- The December Executive Board Meeting is scheduled for December 13th to accommodate Board and staff holiday leave.

MOTION: Commissioner Robert Gelder moved to approve the cancelling of the November 15th Executive Board Meeting. Commissioner Greg Brotherton seconded the motion. Motion carried unanimously.

PUBLIC COMMENT

- None.
- Announcement by Doug Washburn brought a cake to celebrate the recent designation of the regional BH-ASO.

GOOD OF THE ORDER

➢ Thank you for the opportunity to go through the budget to review expectations in the upcoming year. Local foothold is much appreciated in the behavioral health system. We all have concerns about the future and the lives that are impacted by these changes. The entire SBHO has done everything possible and worked a high level to put us in this position.

➢ The next meeting for the Executive Board is December 13th, 2019 at 9:00 a.m.

ADJOURNMENT – Consensus for adjournment at 12:14 p.m.

ATTENDANCE

BOARD MEMBERS	STAFF	GUESTS
Present:	Stephanie Lewis, SBHO Admin	Ford Kessler, BOH
Executive Board Members	Jolene Kron, SBHO Deputy Admin	Natalie Gray, DBH
Commissioner Mark Ozias	Alexandra Hardy, Contracts	Joe Roszak, KMHS
Commissioner Robert Gelder	Martiann Lewis, SBHO Staff	Wendy Sisk, PBH
Commissioner Greg Brotherton		Megan Kelly, KMHS
Celeste Shoenthaler, Olympic Community of Health		Kim Yacklin, Clallam Human Services
Advisory Board Members		Andy Brastad, Clallam Human Services
Joe Stroup		Doug Washburn, Kitsap Human
Russ Hartman		Jessica Campbell, Dispute Resolution Center

Catharine Robinson		Ellen Epstein, RMH
Anne Dean		Tanya MacNeil, WEOS
Lois Heoll		Anna McEnery, Jefferson Public Health
		G'Nell Ashley, Reflections
Excused		
Janet Nicholaus		

NOTE: These meeting notes are not verbatim

SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION ADVISORY BOARD

BYLAWS

1. NAME

Salish Behavioral Heath 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. 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.

STATE OF WASHINGTON
HEALTH CARE AUTHORITY
626 8th Avenue, SE • P.O. Box 45502 • Olympia, Washington 98504-5502

November 7, 2019

Brian Cameron
Chief Executive Officer
Great Rivers Behavioral Health Organization
Post Office Box 1447
Chehalis, WA 98532

Mark Freedman
Administrator
Thurston-Mason Behavioral Health Organization
612 Woodland Square Loop SE, Suite 401
Lacey, WA 98503

Stephanie Lewis
Administrator
Salish Behavioral Health Organization
614 Division Street MS-23
Port Orchard, WA 98366

Dear Behavioral Health Administrative Service Organization Partners:

SUBJECT: Reserve Funding Status - Behavioral Health Administrative Service Organization 2020 Regions – Great Rivers, Salish & Thurston-Mason

The purpose of this letter is to advise the Behavioral Health Administrative Service Organizations (BH-ASOs) for Great Rivers, Salish, and Thurston-Mason regions that the Health Care Authority (HCA) does not have budget authority to allocate reserve funding to the 2020 BH-ASOs.

Per the operating budget proviso in Engrossed Substitute House Bill 1109, section 215:

> (30) The authority must require all behavioral health organizations transitioning to full integration to either spend down or return all reserves in accordance with contract requirements and federal and state law. Behavioral health organization reserves may not be used to pay for services to be provided beyond the end of a behavioral health organization's contract or for startup costs in full integration regions except as provided in this subsection. The authority must ensure that any increases in expenditures in behavioral health reserve spend-down plans are required for the operation of services during the contract period and do not result in overpayment to providers.
>
> If the nonfederal share of reserves returned during fiscal year 2020 exceeds $35,000,000, the authority shall use some of the amounts in excess of $35,000,000 to support the final regions transitioning to full integration of physical and behavioral health care. These amounts must be distributed proportionate to the population of each regional area covered. The maximum amount allowed per region is $3,175 per 1,000 residents. These

amounts must be used to provide a reserve for non-Medicaid services in the region to stabilize the new crisis services system.

The projected reserves returned to HCA during fiscal year 2020 will be less than $35,000,000. As such, HCA does not have the authority to fund a reserve balance. While HCA is in support of your funding needs, we are restricted by the enacted budget from doing so. Should HCA have had budgetary authority to fund a reserve balance, the estimated reserve funding would have resulted in approximately $420,000-$480,000 per BH-ASO, consistent with the proportionate population formula.

Decision Package Request

HCA submitted a decision package requesting additional funds for Involuntary Treatment Act court costs. In addition, HCA submitted a placeholder request to the Office of Financial Management for additional funding related to voluntary inpatient hospital costs. Pending sufficient data and information obtained from the BHOs and BH-ASOs, HCA will be able to further support and quantify this request. Should the legislature approve the request as submitted, these additional funds would be allocated for fiscal year 2020.

HCA is invested in hearing from each BH-ASO as to the projected challenges this may pose on its organization. HCA will be offering individual check-in calls in the coming days for further discussion.

If you have not responded to HCA's request for additional data and information on voluntary hospital costs, we urge you to do so. This information is critical to our decision package request.

For immediate questions or concerns, please contact Teresa Claycamp, Integrated Managed Care Program Manager, Medicaid Services Administration, by email teresa.claycamp@hca.wa.gov or telephone at 360-725-0862. Thank you.

Sincerely,

MaryAnne Lindeblad, BSN, MPH
Medicaid Director

By email

cc: Rashi Gupta, Senior Policy Advisor, Office of the Governor
Megan Atkinson, Chief Financial Officer, Financial Services Division, HCA
Jason McGill, Assistant Director, MPOI, HCA
Alice Lind, Clinical Nurse Specialist, MPOI, HCA
Teresa Claycamp, Integrated Managed Care Program Manager, MSA, HCA

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Jon Stroup

Tribal Representatives
Roberta Charles
Jolene Sullivan

November 22, 2019

Dear Ms. Lindeblad,

The purpose of this letter is to respond to your November 7th HCA Communication on the subject of "Reserve Funding Status." The letter notifies Salish BHO that "The projected reserves returned to HCA during fiscal year 2020 will be less than $35,000,000. As such, HCA does not have the authority to fund a reserve balance." ***The operating reserve balance that was expected and is necessary to support the Salish Behavioral Health Administrative Services Organization (SBH-ASO) is $921,051.***

This untimely notification that the HCA will not fund Reserves for on-time adopters, contrary to every expectation that has been created and around which we have been planning for over a year, will have devastating impacts on behavioral health providers and the citizens within Clallam, Jefferson and Kitsap Counties.

SBH-ASO regional behavioral health providers are already bracing for disrupted Medicaid reimbursement as a result of the IMC Transition based on the experiences of providers in other regions that have made this transition. Even providers in regions such as Southwest, which transitioned in April 2016, are still reporting delayed Medicaid payments from MCOs. To prepare for this change, providers have shifted financial and personnel resources to meet the administrative demands of Managed Care Organizations, thus shifting resources away from the provision of vital treatment services.

If SBH-ASO does not receive operating reserves, then the non-Medicaid revenue stream will also be disrupted and payments will be delayed to providers. Non-Medicaid provider payments are dependent upon revenue from the HCA to the SBH-ASO. The timeline for providers to receive vital funds for operations will be notably lengthened.

This unfortunate reality is only exacerbated by the fact that the availability of behavioral health services for the non-Medicaid or un/underinsured population in the Salish regional service area is already being drastically cut due to the HCA's allocation of 30% GFS funds to the MCOs. This 30% reallocation of GFS to the MCOs results in a $1.5 million-dollar shortfall for the non-Medicaid behavioral health continuum in the Salish Region. Specifically, funding for both mental health outpatient and mental health residential services will be cut by 80-90% for the non-Medicaid population.

If provider non-Medicaid payments are delayed (in addition to MCO Medicaid delays), providers may have to reduce staffing/personnel which will impact service delivery. The inability to pay and retain qualified staff will only contribute to present workforce shortages and challenges.

614 Division Street, MS-23 Port Orchard, WA 98366-4676 (360) 337-7050
FAX (360) 337-5721

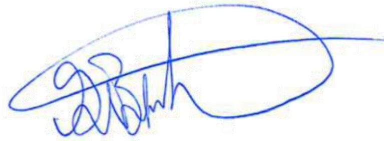
If or when the untimely flow for Medicaid and non-Medicaid funds is resolved, the damage to the service delivery system and our communities may be irreparable in our professional lifetimes. Please let that take a moment to sink in: ***If this issue is not resolved the damage to our behavioral health service delivery system and our communities will likely be irreparable in our professional lifetimes.*** This is not acceptable.

SBHO Leadership has been actively and transparently communicating concerns to the HCA for more than a year. SBHO has worked to be true partners in this transition and invested a great deal of time and resources towards: 1) Supporting providers in preparing for the transition to Integrated Managed Care, 2) Providing MCOs with valuable regional knowledge to reduce their burden and 3) Collaborating with HCA to address region specific challenges such as limited Managed Care penetration in Clallam County.

Despite our best efforts to work as partners with the HCA in this vital transformation, and despite recognizing the very real probability of the challenges we are now in fact facing, we find that our system is in fact being set up for failure rather than for success. Learning about this lack of ability to fund an operating reserve balance in mid-November, only weeks before we are set for transition and after months of repeated assurances from HCA, is not only unreasonable, it is unconscionable.

The SBHO and 3-Counties request that the HCA acknowledge the devastating impact of this shortfall and initiate communication with the legislature to develop an immediate solution. We will be advocating independently with our Legislators, but we cannot stress strongly enough the importance of finding a solution that will allow us to transition on-time with a funded reserve balance, as has been afforded every other region that has transitioned to-date.

Sincerely,



Mark Ozias	Robert Gelder	Greg Brotherton
Clallam County Commissioner	Kitsap County Commissioner	Jefferson County Commissioner

CC: HCA Director Sue Birch
Teresa Claycamp
Amber Leaders
Sen. Christine Rolfes
Sen. Emily Randall
Sen. Kevin Van De Wege
Rep. Steve Tharinger
Rep. Mike Chapman
Rep. Sherry Appleton
Rep. Drew Hansen
Rep. Jesse Young
Rep. Michelle Caldier
SBH-ASO Provider Network

STATE OF WASHINGTON
HEALTH CARE AUTHORITY
626 8th Avenue, SE • P.O. Box 45502 • Olympia, Washington 98504-5502

December 17, 2019

Mark Ozias
Clallam County Commissioner, District 1
223 East 4th Street, Suite 4
Port Angeles, Washington 98362-3000

Robert Gelder
Kitsap County Commissioner, District 1
614 Division Street, MS-4
Port Orchard, WA 98366

Greg Brotherton
Jefferson County Commissioner, District 3
1820 Jefferson Street
Port Townsend, WA 98368

Dear Commissioners,

SUBJECT: Reserve Funding - Salish Behavioral Health Administrative Services Organization

Thank you for your letter dated November 22, 2019, expressing concerns regarding the operating reserves for the Behavioral Health Administrative Services Organizations (BH-ASOs) in the biennial budget. The Health Care Authority (HCA) regrets that we do not have the budget authority to allocate reserve funding to the 2020 BH-ASOs. However, we understand the BH-ASO's concern regarding cash flow and propose the following:

1. Upon completion of signatures of a fully executed BH-ASO 2020 contract, HCA fiscal/budget team will release the monthly payment on or before January 2, 2020.

2. Upon completion of signatures of a fully executed BH-ASO 2020 contract, HCA fiscal/budget team will release all one-time payments on or before January 2, 2020.

3. In preparation of release of these payments, HCA contracts team reached out via email on 12/4/19 to the 2020 BH-ASOs to ensure systems are configured correctly to receive payment.

4. Historically, HCA payments were provided to BH-ASOs by the 10th of each month. Moving forward, HCA fiscal/budget team will release monthly payments to the 2020 BH-ASOs on or before the 1st of each month in an effort to ensure adequate cash flow.

HCA hopes these expedited payments will relieve part of the concerns regarding immediate and timely cash flow. HCA understands that without the funding of operating reserves, Salish BH-

ASO has concerns regarding permanent damage to the behavioral health service delivery system and is strongly advocating that the legislature funds operating reserves for the 2020 ASOs.

As a state agency, HCA is limited by budget appropriation. The operating budget proviso in Engrossed Substitute House Bill 1109, section 215 (30) does not provide HCA with the authority to fund a reserve balance. HCA would welcome dialogue to further discuss options to fund operating reserves for the 2020 ASO regions.

Please know that HCA recognizes and appreciates SBH-ASO as a strong partner. HCA is committed to providing ongoing technical assistance, support and partnership, in ensuring your success. Please contact Teresa Claycamp at teresa.claycamp@hca.wa.gov or 360-725-0862 with ongoing questions or concerns.

Sincerely,

MaryAnne Lindeblad, BSN, MPH
Medicaid Director

By email

cc: Senator Christine Rolfes, Washington State Senate
Senator Emily Randall, Washington State Senate
Senator Kevin Van De Wege, Washington State Senate
Representative Steve Tharinger, Washington State House of Representatives
Representative Mike Chapman, Washington State House of Representatives
Representative Sherry Appleton, Washington State House of Representatives
Representative Drew Hansen, Washington State House of Representatives
Representative Jesse Young, Washington State House of Representatives
Representative Michelle Caldier, Washington State House of Representatives
Amber Leaders, Senior Policy Advisor, BHI, Office of the Governor
Sue Birch, Director, HCA
Megan Atkinson, Chief Financial Officer, FS HCA
Jason McGill, Assistant Director, MPOI, HCA
Alice Lind, Clinical Nurse Specialist, MPOI, HCA
Teresa Claycamp, Integrated Managed Care Program Manager, MSA, HCA
Stephanie Lewis, Administrator, Salish Behavioral Health Organization

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Stephanie Lewis
Administrator

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Sally O'Callaghan
Jon Stroup

Tribal Representatives
Roberta Charles
Jolene Sullivan

December 20, 2019

Washington State Health Care Authority
MaryAnne Lindeblad - State Medicaid Director
Cherry Street Plaza
626 8th Avenue SE
Olympia, WA 98501

Dear Director Lindeblad,

Thank you for your letter dated December 17th, 2019, acknowledging the jeopardy the Salish communities have been placed in if the Salish BHASO is not afforded Operating Reserves. Salish BHASO appreciates the initial solutions introduced by HCA and will certainly be a good best practice in ensuring timely future payments. However, these initial solutions do not fully address the critical need to start the year with Operating Reserves and the risk to behavioral health providers and vulnerable citizens within the Salish community.

The BHASO has a contracted provider network that provides 24/7 Crisis Services. This network depends upon funding from the BHASO to staff these 24/7 operations. The BHASO is also required to pay for ITA Psychiatric Inpatient for non-Medicaid individuals and all ITA Court costs regardless of client's funding. The HCA's contract with Salish BHASO allows for small monthly payments to the BHASO. But, in any given month, the BHASO's expenses will fluctuate based upon Psychiatric Inpatient Costs, ITA Court Costs and other Crisis Service Utilization.

An additional challenge are terms with HCA's BHASO contract. One example includes the following contract term:

2.32.1 The Contractor understands and agrees that it is required to make some advance payments under this Contract prior to reimbursement from the state, and that the amount of such payments may vary on a month to month basis.

Twenty-five percent (25%) of the funds attached to Salish BHASO's contract are released after the BHASO pays its provider network for services. If the Salish BHASO is not afforded Operating Reserves, it will have to further restrict vital services within at least the first quarter of 2020 to the minimum contract required as there would not be sufficient capital to pay providers in advance of receiving payment from the HCA.

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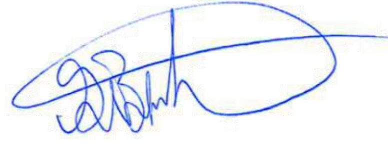
FAX (360) 337-5721

Operating reserves have been afforded to every other region that has transitioned to date to address this very untenable predicament. We request that the HCA continue to advocate to the Governor's office and work with legislative leaders and staff on a solution to fund a Salish BHASO Operating Reserve balance and seek approval to release those funds prior to January 1, 2020.

Sincerely,



Mark Ozias
Clallam County Commissioner

Robert Gelder
Kitsap County Commissioner

Greg Brotherton
Jefferson County Commissioner

CC: HCA Director Sue Birch
Teresa Claycamp
Amber Leaders
Sen. Christine Rolfes
Sen. Emily Randall
Sen. Kevin Van De Wege
Rep. Steve Tharinger
Rep. Mike Chapman
Rep. Sherry Appleton
Rep. Drew Hansen
Rep. Jesse Young
Rep. Michelle Caldier
SBH-ASO Provider Network

STATE OF WASHINGTON
HEALTH CARE AUTHORITY
626 8th Avenue, SE • P.O. Box 45502 • Olympia, Washington 98504-5502

January 3, 2020

Mark Ozias
Clallam County Commissioner
District 1
223 East 4th Street, Suite 4
Port Angeles, WA 98362-3000

Robert Gelder
Kitsap County Commissioner
District 1
614 Division Street, MS-4
Port Orchard, WA 98366

Greg Brotherton
Jefferson County Commissioner
District 3
1820 Jefferson Street
Port Townsend, WA 98368

Dear Commissioners:

SUBJECT: Salish Behavioral Health Administrative Services Organization Reserve Funding

Thank you for your letter of December 20, 2019, outlining the critical need for Salish Behavioral Health Administrative Services Organization (BH-ASO) to be afforded operating reserves. The Health Care Authority (HCA) both acknowledges and validates Salish BH-ASO's grave concerns regarding the lack of operating reserves and the impact this has. As promised, HCA released payments to the BH-ASOs on January 2, 2020 in an effort to proactively ensure cash flow. However, we continue to be constrained by the current budget appropriation and thus do not have the authorizing authority to appropriate operating reserves. HCA leadership has relayed your concerns to the Governor's Office via the Office of Financial Management. We sincerely regret that there is not more we are able to do.

HCA appreciates SBH-ASO's strong partnership and is committed to providing ongoing technical assistance, support, and partnership in ensuring your success. Please contact Teresa Claycamp, Project Manager, Managed Care Integration by telephone at 360-725-0862 or via email at teresa.claycamp@hca.wa.gov with ongoing questions or concerns.

Sincerely,

MaryAnne Lindeblad, BSN, MPH
Medicaid Director
Medicaid Services Administration

By email

cc: Senator Christine Rolfes, Washington State Senate
Senator Emily Randall, Washington State Senate
Senator Kevin Van De Wege, Washington State Senate
Representative Sherry Appleton, House of Representatives
Representative Michelle Caldier, House of Representatives
Representative Mike Chapman, House of Representatives
Representative Drew Hansen, House of Representatives
Representative Steve Tharinger, House of Representatives
Representative Jesse Young, House of Representatives
Sue Birch, Director, HCA
Amber Leaders, Senior Policy Advisor, Office of the Governor
Devon Nichols, Budget Assistant, OFM
Megan Atkinson, Chief Financial Officer, FSD, HCA
Jason McGill, Assistant Director, MPOI, HCA
Alice Lind, Clinical Nurse Specialist, MPOI, HCA
Teresa Claycamp, Integrated Managed Care Program Manager, MSA, HCA
Stephanie Lewis, Administrator, SBH-ASO

SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION ADVISORY BOARD MEETING

Providing Behavioral Health Services in Clallam, Jefferson and Kitsap Counties

DATE: **Friday, June 5, 2020**

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://zoom.us/j/91197105574

Meeting ID: 911 9710 5574

USE PHONE NUMBER and MEETING ID TO JOIN BY PHONE:

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

Meeting ID: 911 9710 5574

AGENDA

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 Notes (Attachment 5)
6. Action Items
   a. Election of SBH-ASO Advisory Board Chair and Vice Chair
   b. Approval of July-December 2020 Block Grant Plans (Attachments 6.b.1, 6.b.2, 6.b.3, 6.b.4, 6.b.5, 6.b.6)
   c. 2021 Block Grant Priorities
   d. Appointment of Request for Proposals (RFP) Review Subcommittee
7. Informational Items
   a. SBH-ASO Provider Update (Attachment 7.a)
   b. Statewide High-Level Analysis of Forecasted Behavioral Health Impacts from COVID-19 (Attachment 7.b)
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
BAART	A BayMark health services company, opioid treatment company
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
FYSPRT	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
SBHO	Salish Behavioral Health 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

Providing Behavioral Health Services in Clallam, Jefferson and Kitsap Counties

SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION ADVISORY BOARD MEETING

June 5, 2020

Action Items

A. ELECTION OF SBH-ASO ADVISORY BOARD CHAIR AND VICE CHAIR

Per the Salish BH-ASO Advisory Board By-laws, approved by the Executive Board on December 13, 2019, the chairperson and vice chairperson shall be elected by majority vote for a one-year term. Voting can occur either by secret ballot or, if dispensed by the Advisory Board, by open voting on the floor.

B. APPROVAL OF JULY-DECEMBER 2020 BLOCK GRANT PLANS

The July-December 2020 Mental Health Block Grant and Substance Abuse Block Grant Plans have been attached for review and approval. The plans have been updated to reflect mid-year budget adjustments that have been made. Staff will review the plans in detail with the Board.

C. 2021 BLOCK GRANT PRIORITIES

SBH-ASO Community Needs Survey

SBH-ASO released a survey to providers, stakeholders, and community partners to identify needs and priorities for 2021. Responses were received from mental health and substance use providers as well as legal services, housing provider, community member, and public health. There were clear trends related to the priorities of responses.

- *Mental Health Priorities:*

  1. Community Supports (skill building, case management, continuing care)
  2. Intensive supports (in-home stabilization, intensive case management)
  3. Out of Home (crisis stabilization, adult MH residential)

- *Substance Use Priorities:*

  1. Withdrawal management (acute and sub-acute)
  2. Engagement/Outreach/Assessments (Assessment, interim treatment, engagement and referral)
  3. Out of home (Residential treatment, crisis stabilization, withdrawal management)
  4. Transportation

It is interesting to note that the priorities identified by the Community Needs Survey and listed above, align with the required prioritization of services within the HCA/ASO Contract.

Staff solicits additional input from the Board; and ultimately, confirmation of 2021 Block Grant Priorities prior to the release of a Request for Proposal (RFP) in 2 weeks.

D. APPOINTMENT OF REQUESTS FOR PROPOSALS (RFP) REVIEW SUBCOMMITTEE

SBH-ASO did not release an RFP for services in 2020 in an attempt to manage and identify needs in the change from BHO to BH-ASO. With clearer identification of treatment needs in this new landscape and in an effort to better meet community needs, SBH-ASO is planning to release a Request for Proposal for services funded by Block Grants. The period of services would include January 1, 2021 through December 31, 2021. It will include outpatient services and supports for both Mental Health Block Grant (MHBG) and Substance Abuse Block Grant (SABG). Current contracted providers would be eligible to apply for funding based on priorities set forth by this committee.

SBH-ASO has developed a timeline for the RFP. Staff is planning to release the RFP in early July with a close date of August 4, 2020. Staff are seeking to convene a review committee from the Advisory Board. The Review Committee will need to be available to review the RFP for final release on or around June 19th via Zoom, be able to review and score all proposals between August 5th and August 19th, and be available to meet between August 19th and August 28th depending on committee availability to make final recommendations. The final recommendations will be presented to the Executive Board on September 18th. Staff requests an RFP Review Committee be identified today.

Informational Items

A. SBH-ASO PROVIDER UPDATE

The Salish Provider Network continues to be engaged and working diligently to provide services in this uncertain landscape. Some providers closed doors and suspended services in mid-March. Providers were faced with challenges related to the access of Personal Protective Equipment, strategizing how to serve individuals while not putting staff at risk, navigating privacy issues, among other issues. Each agency had to develop safety protocols for their respective agencies. This led to varied service access through the end of March. Salish BH-ASO developed and maintained the attached grid to track the changes for providers and the community.

SBH-ASO Crisis Teams have remained staffed. Statewide there has been a decrease in crisis contacts and ITA investigations. Washington State has allowed video involuntary treatment investigations as part of the COVID-19 response. Our region is prepared and has the ability to follow this protocol as needed. We have not yet had a video ITA evaluation in region. There has been no increase in calls to the Salish Regional Crisis Line at this time. Providers are starting to see an increase in tenor/tone on crisis contacts. Staff will continue to monitor and provide support as needed.

Washington Health Care Authority waivers were put in place to allow for continuity in services to include the use of telehealth/telemedicine services in lieu of face to face contact and direction on billing/coding. The U.S Department of Health and Human Services (HHS) released “Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency” which addressed HIPPA Privacy Restrictions that limited the type of technologies that could be used to deliver treatment services.

In mid-March, HCA began facilitating a weekly call for all providers to address areas of concern and answer direct questions related to COVID-19. In May, this call has reduced to every other week. Numerous guidance documents and FAQs have been provided by HCA for Providers. HCA also offered ZOOM platform accounts to providers to facilitate telehealth access. SBH-ASO Providers have been actively engaged in these conversations and processes.

All agencies in the Salish BH-ASO region are currently providing services through telehealth in combination with some face to face, outreach, etc. This started with phone calls to check in and manage individual needs. Many agencies are now providing their full array services through electronic platforms. This includes individual and group treatment, assessments, and case management. There are still significant limits on urinalysis, day treatment, and outreach services.

B. STATEWIDE HIGH-LEVEL ANALYSIS OF FORECASTED BEHAVIORAL HEALTH IMPACTS FROM COVID-19

State and Federal Health Officials are forecasting notable behavioral health impacts from the COVID-19 outbreak, as well as related government actions. Attached is a high-level summary released by the Washington State Department of Health in April and subsequently updated in mid-May. The attachment is the mid-May update. Salish Medical Director, Dr. Glenn Lippman, will present to the Board and further expand upon this high-level summary of forecasted physical and behavioral health impacts from the outbreak.

MINUTES OF THE
SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION
ADVISORY BOARD

Friday, February 7, 2020
10:00 a.m. - 12:00 p.m.
Sequim Civic Center, Council Chambers
152 W Cedar St, Sequim, WA 98382

CALL TO ORDER –Stephanie Lewis, SBH-ASO Administrator 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: Lois Hoell moved to approve the agenda as submitted. Sandy Goodwick seconded the motion. Motion failed due to lack of quorum.

ACTION ITEMS

- **ELECTION OF SBH-ASO ADVISORY BOARD CHAIR AND VICE CHAIR**

Per the Salish BH-ASO Advisory Board By-laws, approved by the Executive Board on December 13, 2019, the chairperson and vice chairperson shall be elected by majority vote for a one-year term. Voting can occur either by secret ballot or, if dispensed by the Advisory Board, by open voting on the floor. **No Action taken due to lack of quorum.**

INFORMATIONAL ITEMS

- **REVIEW OF SBHO EXECUTIVE & ADVISORY BOARD MEETING NOTES (ATTACHMENT 6.A)**

Attached are the minutes from the November 1st, 2019 joint Executive and Advisory Board Meeting. These minutes were approved by the Executive Board at the December 13th. The notes are attached for reference.

- **SBH-ASO ADVISORY BOARD BY-LAWS (ATTACHMENT 6.B)**

The Salish BH-ASO Advisory Board By-laws are attached. The BH-ASO BHAB By-laws mirror the BHO BHAB By-laws with one notable change to the membership and representation. The Advisory Board Membership was reduced from seventeen (17) to eleven (11) members, with three (3) individuals representing each county, and two at-large Tribal representatives.

A thank you was extended to the committee members for their willingness to volunteer for these positions. SBH-ASO Advisory Board welcome packets were provided to each of SBH-ASO Advisory Board members present. Each packet contains the following:

- SBH-ASO Advisory Board appointment letter and time frame of appointment. One member from each county was given a longer length of time than one year.

- SBH-ASO Advisory Board by-laws. Reviewed the smaller membership, from 17 members under the SBHO to 11 members as the SBH-ASO, with 3 representative members from each county and 2 Tribal members at large. Discussed rationale for this change was due in part to maintain costs and historically difficulties maintaining 4 seats within each County.

- SBH-ASO Advisory Board Meeting schedule. Noted the change from monthly under the SBHO to quarterly as the SBH-ASO. Reviewed the quarterly schedule. Discussed aligning meetings with the SBH-ASO Executive Board meeting schedule.

- Instructions for the Travel and Expense Form (i.e. TC-50).

- Discussed the SBH-ASO focus as more narrowed and we need to reduce costs.

- Responded to questions regarding responsibilities of Managed Care Organizations to have an advisory board. SBH-ASO has not seen the MCO contract requirements and therefore do not know of any advisory board requirement.

- Discussed how to address citizen concerns and accountability of the MCO's by inquiring through the SBH-ASO and/or HCA through the Salish Interlocal Leadership Structure (ILS).

➢ **<u>SBH-ASO ADVISORY BOARD CURRENT MEMBERSHIP AND RECRUITMENT</u>**

As of January 1, 2020, the Advisory Board is comprised of the following active members:

- Clallam County: Sandy Goodwick and Janet Nickolaus
- Jefferson County: Anne Dean
- Kitsap County: Lois Hoell and Jon Stroup
- At-large Tribal Representatives: Jolene Sullivan and Roberta Charles

Staff will begin active recruitment for the remaining four (4) vacancies. At least two (2) of the remaining seats shall be filled by individuals with lived experience, parents or legal guardians of persons with lived experience or as a person in Recovery from a behavioral health disorder. Also, at least one (1) individual must represent law enforcement.

- Noted that the SBH-ASO Advisory Board membership is currently greater than 51% with lived experience.

- There are 4 (four) seats to recruit for the SBH-ASO Advisory Board.

  - 1 for Clallam, 1 for Kitsap, and 2 for Jefferson.

  - Of those remaining seats, all need to be filled by those with lived experience and/or family experience.

  - One member needs to represent law enforcement.

    - Greatest urgency to fill Jefferson's 2 (two) seats as we do not have a quorum if the 1 (one) current SBH-ASO Advisory Board representative does not attend.

- Requested SBH-ASO Advisory Board members to direct questions to Stephanie.

- The SBH-ASO Advisory Board and guests discussed opportunities to seek memberships, such as Discovery Behavioral Health (DBH), Jefferson Sherriff Department and Port Townsend Police Department.

    - Reminded that the SBH-ASO Advisory boards members cannot be an individual who is an employee of a contractor the SBH-ASO.

➢ **SBH-ASO STAFFING UPDATE**

The reduction in staffing from the BHO to BHASO was the equivalent of three (3) full-time staff. Two SBHO staff were laid off and the vacant Administrative Support position has been eliminated.

Martha Crownover served as the BHO Compliance Officer and Resource Manager since March 2015. Ellie Carrithers served as the BHO Children's Manager since May 2018. Martha and Ellie's last day with SBHO was 1/2/20.

Staff has consolidated required roles and responsibilities into 9 positions:

- Stephanie Lewis, Administrator
- Jolene Kron, Deputy Administrator/Clinical Director
- Ileea Nehus, Utilization Manager and Privacy Officer
- Richelle Jordan, Quality and Compliance Manager
- Elise Bowditch, Data and Quality Analyst
- Dani Repp, Information Services Manager
- Mavis Beach, Fiscal Analyst
- Sam Agnew, Clinical Care Manager
- Martiann Lewis, Clinical Care Manager and Tribal Liaison

    - Reviewed the new roles and responsibilities and noted Jolene supervises the clinical staff.

➢ **UPDATE ON EARLY PHASE OF INTEGRATED MANAGED CARE (IMC) TRANSITION (ATTACHMENT 6.D.1, 6.D.2, 6.D.3, 6.D.4, 6.D.5)**

- SBH-ASO Operations

  Crisis System

  New Crisis System protocols began on 1/1/20. Full implementation of the new Salish Regional Crisis Line has gone smoothly. Local providers are expressing positive feedback about the new system. Volunteers of America (VOA) received 100 calls on 1/1/20 with 9 dispatches of Designated Crisis Responder Teams. SBH-ASO has also heard feedback regarding challenges experienced by some community partners regarding the new system. SBH-ASO staff are continuing community outreach work to ensure continued success.

- Notable changes in our operations and scope. BH-ASO focus is the regional crisis system and limited non-crisis services for under or non-insured individuals.
  - Reviewed media handouts for Salish Regional Crisis Line (1-page informational handout, business cards, and poster with tear off).
  - The Crisis Clinic of the Peninsula's closed their doors on December 31, 2019.
    - The Peninsula Crisis Clinic of the Peninsula's phone number will roll over for the first 6 months to the new line.
    - 2-1-1 has transitioned to United Way.
  - Reviewed Salish Regional Crisis Line calls:
    - The SBH-ASO projected 800 calls per month.
    - Total calls received for January 2020 was 1904.
      - Noted that January tends to be a higher call volume than other months.
  - Staff attended and presented at community meetings region wide to discuss the Salish Regional Crisis Line. Specifically, hospitals, jails, law enforcement, schools, etc.
  - Reviewed the foundation of the Salish Regional Crisis Line is that a crisis is defined by the individual.
  - Continue to communicate with providers and feedback from providers in our region is positive. They report the Salish Regional Crisis Line helps alleviate some of the workload on the crisis teams.
  - SBH-ASO Advisory board requested to review the Salish Regional Crisis Line usage by county and insurance at the next SBH-ASO Advisory Board meeting.
- Reviewed a question regarding members who need withdrawal management services and if a pre-authorization was needed. Discussed that emergent withdrawal management only requires a notification to SBH-ASO for those who fall below the 200% below poverty and do not have Medicaid. For those who have Medicaid, the assigned MCO may have a prior authorization and/or notification process. The Salish Regional Crisis Line and/or a regional provider can provide assistance.
- Discussion of access and/or exclusions from SUD services due to positive UDS.
  - Reviewed best practices to engage a person through the relapse and encouraged to utilize Bridges Behavioral Health Ombuds.
  - SBH-ASO offered to request Bridges Behavioral Health Ombuds to come to present regarding their services to assist in access.

Utilization Management Program

A new Utilization Management Program and was initiated in late December. SBH-ASO brought all Utilization Management work internally. On December 18th, SBH-ASO began full operations of its new Utilization Management portal which accepts electronic notification and authorization requests. There have been a few challenges with the new technology which have been quickly addressed. Some providers have expressed concern with the new system, noting it to be labor intensive. Staff will continue incorporate provider feedback as much as possible. However, the limited financial resources necessitate close oversight of all non-mandatory or involuntary treatment services.

- Discussed SBH-ASO request and notification process started in December 2019 and are managing internally with clinical staff.
    - Require prior authorization for outpatient services.
    - Focus on those with the most risk.
- Inquiry regarding whether the increased volume through the Salish Regional Crisis Line may be due in part to the change in available resources and authorization process for non-Medicaid. Reviewed that many providers are still providing services to non-Medicaid individuals regardless. Some providers can access their individual county 1/10th monies for support of the non-Medicaid services.
- Reminded the members and guests of the 30% General State Fund (GFS) carveout going to MCO's to serve Medicaid enrollees. This reduces resources available for the non-Medicaid population.
- Reviewed the process for developing allocations for non-Medicaid services by county and by 12 monthly allotments for the year.
- SBH-ASO will analyzethe utilization of notifications and authorizations, on quarterly basis, and adjust as needed.
- Noted that ITA are a required by law to pay for those services. If ITA notifications exceed the budget, then we will need to reduce the other budgets accordingly.
- SBH-ASO continues to take feedback from community regarding the UM process for authorizations.

BHASO Operating Reserves

On November 7th, HCA notified SBHO that the SBH-ASO would not be provided operating reserves. This was contrary to multiple previous communications dating back to early 2019. The correspondence (attached) between Salish BHO and HCA on the issue of SBH-ASO reserve funding is as follows:

- November 7, 2019: Letter to SBHO from HCA
- November 25, 2019: Letter to HCA from SBHO
- December 17, 2019: Letter to SBHO from HCA
- December 20, 2019: Letter to HCA from SBHO
- January 3, 2020: Letter to SBHO from HCA

Staff will discuss how the lack of operating reserves effects day to day operations and local behavioral health providers.

- Discussed HCA assured SBH-ASO its first ASO payment would be made on January 2, 2020, however, it was not received until January 6, 2020. As of today, February 7, 2020, the SBH-ASO has not received its February payment from HCA.
- Reviewed SBH-ASO Executive Board discussions to communicate a short-term solution to the legislature requesting HCA to pay Salish the remaining contract funds up front.
- Brad Banks, BH-ASO Lobbyist, is drafting a proviso to allow for operating reserves for the 3 (three) on-time regions (Great Rivers, Thurston-Mason, and Salish), roughly $900,000 dollars designated for the Salish BH-ASO.
    - Previous meetings with Senator Rolfes showed support for this proviso.
- Noted the Salish BH-ASO scope is more focused and budget has been reduced.

- Provider Operations

Rapid Response Calls

In January, the HCA began facilitating "Rapid Response" calls on Mondays, Wednesdays and Fridays for the Salish region. The purpose of these calls is to respond to emerging systemic issues or questions needing immediate attention. Participants generally include: physical health providers, behavioral health providers, MCOs, OCH, BH-ASO and Tribal representatives. Some early challenges reported by Clallam County Providers included: erroneous primary care provider assignments for Medicaid enrollees and lack of MCO rosters being supplied to physical health providers. Kitsap Mental Health has reported challenges obtaining authorization for Crisis Triage/Stabilization services for Medicaid/Medicare or dually eligible clients. Peninsula Behavioral Health reported challenges with MCO prior authorization requirements for psychiatric medications. Staff requested and HCA agreed to continue these calls on at least a weekly basis in February. These calls are scheduled Wednesdays from 8:30-9:00am in February.

- Recommended that if provider payment timeliness continues to be an issue, we will request for continued Rapid Response Calls.

- Early Warning System (EWS)

The Early Warning System (EWS) is a mechanism developed by the HCA for monitoring how the transition to Integrated Managed Care is going in each region. The EWS is both a data and regular communication tool that provides rapid feedback and problem-solving, identifies issues that arise specifically from the transition to IMC, and enables collaborative resolution of those issues.

HCA will collect and report on a set of "standard indicators" for the EWS and regions can track additional measures. Salish's EWS has opted to track several additional measures. Staff will provide a brief review of HCA's standard and Salish's additional indications.

The HCA will facilitate monthly EWS Webinars beginning February 20th and concluding in June. Advisory Board member participation is welcomed.

- Noted that most metrics are around the Medicaid population, however, the SBH-ASO and regional providers are more concerned about provider payment timeliness and members who do not have Medicaid.

- Reviewed Early Warning System Indicators List

- Reviewed that during the Rapid Response calls, Forks Hospital reported that Aberdeen hospital increased in ER department utilization.

- Discussed Technical Assistance Monitoring (TAM) as the next step in the SBH-ASO readiness process. The HCA has scheduled for April 28, 2020. The TAM will not result in any corrective action. It is to provide support and technical assistance.

PUBLIC COMMENT

- Natalie Gray, DBH, had two announcements:
  - Announced her departure from DBH sometime in March 2020. Announced that DBH have hired a new Executive Director who has experience from an IMC integrated region in WA state.
  - Joe Roszak, Wendy Sisk, and Natalie are meeting with MaryAnne Lindeblad later this month to discuss some of these issues due to funding concerns, specifically changes related to un- and under-insured.
- G'Nell Ashley, Reflections: Discussed HCA changes to encounters and billing submissions were made without any foreknowledge by providers. She appreciated the way in which the SBH-ASO articulates changes, such as the reduction in the new rates. She reported making successful changes with ReliaTrax, Electronic Health Record (EHR) for Reflections, and hired a new clinical supervisor to assist during these changes.

GOOD OF THE ORDER

- The next meeting for the Salish BH-ASO Advisory Board is June 5th, 2020 at 10:00 a.m.

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

ATTENDANCE

BOARD MEMBERS	STAFF	GUESTS
Present:	Stephanie Lewis, SBH-ASO Administrator	Johnny Watts, Clallam County Court
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	Andy Brastad, Clallam County Human Services
Anne Dean, SBH-ASO Advisory Board		Natalie Gray, DBH
		Michael Defilippo, DBH
		Mary Hancock, Ombuds

Excused		
Jolene Sullivan, SBH-ASO Advisory Board		
Jon Stroup, SBH-ASO Advisory Board		
Janet Nickolaus, SBH-ASO Advisory Board		

NOTE: These meeting notes are not verbatim.

Summary of Non-Medicaid Expenditures - July 1 - December 31, 2020

Mental Health Block Grant

		MHBG Allocations
Crisis Line	$70,000.00	
Crisis Response/Mobile Outreach	$578,000.00	
Total Crisis	**$648,000.00**	
Involuntary Psychiatric Inpatient	$840,000.00	
ITA Secure Withdrawal Management	$43,014.00	
ITA Court Costs	$163,746.00	
Total Involuntary	**$1,046,760.00**	
Crisis Stabilization/Triage	$150,750.00	
MH Residential	$142,350.00	
SUD Residential	$121,800.00	
SUD Withdrawal Management	$29,600.00	
Total Residential	**$444,500.00**	
MH Outpatient	$247,834.00	$160,000 of MHBG
SUD Outpatient (includes OTP)	$130,225.00	
Total Outpatient	**$378,059.00**	
PPW Childcare	$40,000.00	
PPW Housing Support	$35,000.00	
Transportation	$10,000.00	
Youth Treatment Supports	$45,000.00	
SUD Recovery Supports	**$130,000.00**	
CJTA	$236,340.00	
E&T Discharge Planners	$71,529.00	
Peer Bridger	$80,000.00	
ASO Enhancement Payments	$109,956.00	
Trueblood Misdemeanor Diversion	$72,000.00	
Jail Services	$57,834.00	
Behavioral Health Advisory Board	$19,998.00	
Community Education/Training	$9,000.00	$348 of MHBG
FYSPRT	$37,500.00	
OMBUDS	$22,500.00	
Interpreter Services	$2,000.00	$1,000 of MHBG
Cost Sharing	$50,000.00	$5,000 of MHBG
	$0.00	
Total Miscellaenous	**$768,657.00**	
BH-ASO Administration	$403,344.00	
BH-ASO Direct Support	$163,166.00	
BH-ASO Admin & Direct Support	**$566,510.00**	
Total Expenditures	**$3,982,486.00**	

Region:	Salish BHASO
Current Date:	5.22.20
Total MHBG Allocation:	$166,348 (for July 1, 2020-December 31,2020)
Contact Person:	Jolene Kron
Phone Number:	360-337-4832
Email:	jkron@co.kitsap.wa.us

Section 1
Proposed Plan Narratives

Needs Assessment	Describe what strengths, needs, and gaps were identified through a need's assessment of the geographic area of the region. To the extent available, include age, race/ethnicity, gender, and language barriers.
	Begin writing here *:* SBH-ASO employs muliple mechanisms to continuously evaluate the needs of the local community. Some examples include: On-going engagement with providers, SBH-ASO Behavioral Health Advisory Board, Annual Provider Monitoring, case reviews, peer reviews, client satisfaction surveys, Quality and Compliance Committee Activities, and the SBH-ASO Grievance System. These mechanisms provide additional data reflecting community strengths and needs specific to the geographic location. Information is also gathered through 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 communtiy and cross system partnerships. Gaps identified are 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.
Cultural Competence *	Provide a narrative summarizing how cultural competence overall, is incorporated within proposed projects. Identify what anticipated efforts will be taken to measure progress.
	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.
Children's Services	Describe how integrated system of care will be provided for children with SED with multiple needs, including: social services, educational services, juvenile services, and substance use disorder services.
	Begin writing here *:* SBH-ASO 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 partners with community entities including Children's Administration, Juvenile Justice, Substance Abuse treatment, Developmental Disabilities Administration and Special Education.

Public Comment/Local/ BH Advisory Board Involvement	Describe how integrated system of care will be provided for children with SED with multiple needs, including: social services, educational services, juvenile services, and substance use disorder services.
	Describe how you facilitated public comment from any person, behavioral health association, individuals in recovery, families, and local boards in the development of this MHBG Plan.Begin writing here *:* SBH-ASO provides a forum for public comment at each Executive and Advisory Board meeting. SBH-ASO providers identify needs, in part, based on community surveys. The SBH-ASO Advisory Board reviews community survey results. The final plan is then presented at the Advisory Board meeting to ensure access to community members. SBH-ASO staff engage with other regional behavioral health advisory boards and communtiy organizations to encourage feedback and facilitate identification of community needs.

Outreach Services	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.
	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 contracggtors provide outreach and facilitate access to The HARPS service team provices outreach in partnership with community stakeholders.

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
Prevention & Wellness – Activities that enhance the ability of persons diagnosed with SMI or SED, including their families, to effectively decrease their need for intensive mental health services:				$5,000.00
Screening, Brief Intervention and Referral to Treatment	*Begin writing here: Cost sharing to meet spenddown to facilitate on-going treatment; initial screening by Providers for submission to SBHASO UM for service package.*	0	15	Enter budget allocation to this proposed activity $5,000.00
Brief Motivational Interviews	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Parent Training	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Facilitated Referrals	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Relapse Prevention/ Wellness Recovery Support	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Warm Line: Please note that ALL costs that directly serve persons with SMI/SED and their families must be tracked.	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Outcomes and Performance Indicators: 80% of Inidividuals receiving screening will be enrolled in Medicaid upon meeting spenddown. Individuals will have access to treatment for the duration of the spenddown period.				
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:				$5,000.00
Assessment	*Begin writing here: Initial assessment for treatment services for individuals who present for assessment as Non-Medicaid and meeting low-income requirements. Individuals who may qualify for Medicaid will be referred for enrollment.*	0	30	Enter budget allocation to this proposed activity $5,000.00
Specialized Evaluations (Psychological and Neurological)	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Service Planning (including crisis planning)	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
	Begin writing here:			Enter budget allocation to this

Educational Programs		0	0	proposed activity $0.00
Outreach	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00

Outcomes and Performance Indicators: All individuals presenting for assessment without Medicaid and meeting low-income requirements will receive an assessment. Individuals will be referred to Medicaid as part of the assessment.

Outpatient Services – Outpatient therapy services for persons diagnosed with SMI or SED, including services to help their families to appropriately support them.				$70,000.00
Individual Evidenced-Based Therapies	*Begin writing here: Outpatient treatment services provided to Individuals as identified at assessment and as part of treatement plan. Provided as part of the package of services.*	1	15	Enter budget allocation to this proposed activity $0.00
Group Therapy	*Begin writing here: Group treatment services provided to Individuals as identified in assessment and treatment plan. Provided as part of the package of services.*	1	10	Enter budget allocation to this proposed activity $0.00
Family Therapy	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Multi-Family Counseling Therapy	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Consultation to Caregivers	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00

Outcomes and Performance Indicators: Individuals authorized for packages will receive services indicated by assessment and treatment plan.

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.				$5,000.00
Medication Management	*Begin writing here: Medication Management services provided to Individuals as identified at assessment and as part of treatement plan. Provided as part of the package of services.*	1	5	Enter budget allocation to this proposed activity $5,000.00
Pharmacotherapy	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
	Begin writing here:			Enter budget allocation to this

Laboratory Services		0	0	proposed activity $0.00
Outcomes and Performance Indicators: Individuals authorized for packages will receive services indicated by assessment and treatment plan.				
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.				$80,000.00
Parent/Caregiver Support	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Skill Building (social, daily living, cognitive)	*Begin writing here: services provided to Individuals as identified at assessment and as part of treatement plan. Provided as part of the package of services.*	0	20	Enter budget allocation to this proposed activity $24,000.00
Case Management	*Begin writing here:services provided to Individuals as identified at assessment and as part of treatement plan. Provided as part of the package of services.*	0	30	Enter budget allocation to this proposed activity $40,000.00
Continuing Care	*Begin writing here:services provided to Individuals as identified at assessment and as part of treatement plan. Provided as part of the package of services.*	0	15	Enter budget allocation to this proposed activity $16,000.00
Behavior Management	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Supported Employment	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Permanent Supported Housing	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Recovery Housing	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Therapeutic Mentoring	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Traditional Healing Services	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00

Outcomes and Performance Indicators: Individuals authorized for packages will receive services indicated by assessment and treatment plan.				
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	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Recovery Support Coaching	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Recovery Support Center Services	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Supports for Self-Directed Care	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Outcomes and Performance Indicators:				
Other Supports (Habilitative) – Unique direct services for persons diagnosed with SMI or SED, including services to assist their families to continue caring for them.				$1,000.00
Personal Care	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Respite	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Support Education	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Transportation	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Assisted Living Services	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00

Trained Behavioral Health Interpreters	*Begin writing here: Individuals presenting with need for interpreter services will have access.*	1	6	Enter budget allocation to this proposed activity $1,000.00
Interactive communication Technology Devices	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Outcomes and Performance Indicators: 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	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Intensive Home-Based Services	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Multi-Systemic Therapy	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Intensive Case Management	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Outcomes and Performance Indicators:				
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	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Adult Mental Health Residential	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Children’s Residential Mental Health Services	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00

Therapeutic Foster Care	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Outcomes and Performance Indicators:				
Acute Intensive Services – Acute intensive services requiring immediate intervention for persons diagnosed with SMI or SED.				$0.00
Mobile Crisis	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Peer-Based Crisis Services	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Urgent Care	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
23 Hour Observation Bed	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
24/7 Crisis Hotline Services	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Outcomes and Performance Indicators:				
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.				$348.00
Workforce Development/Conferences	*Limited funds to respond to Provider requests for training.*	0	0	Enter budget allocation to this proposed activity $348.00
Grand Total				**$166,348.00**

Summary of Non-Medicaid Expenditures - July 1 - December 31, 2020

Substance Abuse Block Grant

		SABG Allocations
Crisis Line	$70,000.00	$34,000 of SABG
Crisis Response/Mobile Outreach	$578,000.00	$173,400 of SABG
Total Crisis	**$648,000.00**	
Involuntary Psychiatric Inpatient	$840,000.00	
ITA Secure Withdrawal Management	$43,014.00	
ITA Court Costs	$163,746.00	
Total Involuntary	**$1,046,760.00**	
Crisis Stabilization/Triage	$150,750.00	$41,175 of SABG
MH Residential	$142,350.00	
SUD Residential	$121,800.00	$111,800 of SABG
SUD Withdrawal Management	$29,600.00	$24,600 of SABG
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MH Outpatient	$247,834.00	
SUD Outpatient (includes OTP)	$130,225.00	$117,625 of SABG
Total Outpatient	**$378,059.00**	
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Interpreter Services	$2,000.00	$1,000 of SABG
Cost Sharing	$50,000.00	$45,000 of SABG
	$0.00	
Total Miscellaenous	**$768,657.00**	
BH-ASO Administration	$403,344.00	
BH-ASO Direct Support	$163,166.00	
BH-ASO Admin & Direct Support	**$566,510.00**	
Total Expenditures	**$3,982,486.00**	

Region:	Salish BH-ASO
Current Date:	5.26.20
Total SABG Allocation:	$603,600 (July1, 2020-December 31, 2020)
Contact Person:	Jolene Kron
Phone Number:	360-337-4832
Email:	jkron@co.kitsap.wa.us

Section 1
Proposed Plan Narratives

Needs Assessment (required)	Describe what strengths, needs, and gaps were identified through a need's assessment of the geographic area of the region. To the extent available, include age, race/ethnicity, gender, and language barriers. ***Begin writing here*:** SBH-ASO employs muliple mechanisms to continuously evaluate the needs of the local community. Some examples include: On-going engagement with providers, SBH-ASO Behavioral Health Advisory Board Meetings, Annual Provider Monitoring, case reviews, peer reviews, client satisfaction surveys, Quality and Compliance Committee Activities, and the SBH-ASO Grievance System. These mechanisms provide additional data reflecting community strengths and needs specific to the geographic location. Information is also gathered through 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 communtiy and cross system partnerships. Gaps identified are 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, Engagement, transportation, and Out of Home
Cultural Competence (required)	Provide a narrative summarizing how cultural competence overall, is incorporated within proposed projects. Identify what anticipated efforts will be taken to measure progress. ***Begin writing here*:** Provide a narrative summarizing how cultural competence overall, is incorporated within proposed projects. Identify what anticipated efforts will be taken to measure progress. 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.
Continuing Education for Staff (required)	Describe how continuing education for employees of treatment facilities is expected to be implemented. ***Begin writing here*:** SBH-ASO has strong relationships with providers. SBH-ASO meets every other month with the provider network to share system-wide updates, problem 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 requirments. This is part of the Annual Monitoring Process.

Charitable Choice (required)	Provide a description of how faith-based organizations will be incorporated into your network and how referrals will be tracked.
	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. Any requests for faith based services will be tracked through our care management staff.
Coordination of Services (required)	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.
	Begin writing here *:* There are three coordination activities which will be critical to the long term success of the SBH-ASO, 1) coordination between SUD outpatient providers and mental health providers; 2) coordination between SUD outpatient providers and physical health care. This is an expectation of the SBH-ASO that all outpatient providers coordinate with primary care when appropriate; and 3) coordination of care for individuals receiving Medication Assisted Treatment. 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.
Public Comment/Local Board /BH Advisory Board Involvement (required)	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.
	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 Advisory Committees across our region to provide support and receive feedback regarding service gaps.
Program Compliance (required)	Provide a description of the strategies that will be used for monitoring program compliance with all SABG requirements.
	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.*

Recovery Support Services (optional)	Provide a description of how and what recovery support services will be made available to individuals in SUD treatment and their families.
	***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.
Cost Sharing (optional)	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.
	***Begin writing here**:* Cost-sharing is available for individuals identified to be on spenddown. This is verified upon the request for service and verifed in Provider 1. Funding will be provided according the to rate sheet up to the amount required to meet spenddown. This process is monitored as part of the Utilization Management program, through the billing/invoice process, and during Annual Monitoring.

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:				$173,400.00
*PPW Outreach (required)	*Begin writing here: Outreach and crisis intervention with Pregnant and Parenting Women*	25	*Begin writing here: Evidence of care coordination with referral sources to provide information on treatment and support services specific to PPW populations. Evidence of prioritization. 90% of individuals receive information.*	Enter budget allocation to this proposed activity $5,000.00
Outreach to Individuals Using Intravenous Drugs (IUID)	*Begin writing here: Outreach and crisis intervention with Individuals Using Intravenous Drugs (IUID)*	25	*Begin writing here:Evidence of care coordination with referral sources to provide information on treatment services specific to IUID populations. Evidence of prioritization. 90% of individuals receive referral and coordination.*	Enter budget allocation to this proposed activity $5,000.00
Brief Intervention	*Begin writing here: Brief intervention and crisis intervention services to individuals as part of the mobile crisis outreach service spectrum.*	70	*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.*	Enter budget allocation to this proposed activity $163,400.00
Drug Screening	*Begin writing here:*	0	*Begin writing here:*	Enter budget allocation to this proposed activity $0.00
*Tuberculosis Screening (required)	*Begin writing here: Tuberculosis screening services occur with every assessment completed. There is no additional cost outside of the assessment only or package service request.*	0	*Begin writing here:*	Enter budget allocation to this proposed activity $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.				$39,000.00
Assessment	*Begin writing here: Assessments are completed upon request for any individual presenting for services without Medicaid and meeting low-income requirements.*	5	*Begin writing here: Assessment completed for individuals presenting to services to determine treatment, support, or referral needs.*	Enter budget allocation to this proposed activity $5,000.00
*Engagement and Referral (required)	*Begin writing here: Providing engagment, triage and referral to services within the community upon contact.*	40	*Begin writing here: Evidence of engagement, referral, and care coordination as indicated by individual need.*	Enter budget allocation to this proposed activity $34,000.00
*Interim Services (required)	*Begin writing here: Addressed in Interim services in Recovery Supports section.*	5	*Begin writing here: Addressed in Interim services in Recovery Supports section.*	Enter budget allocation to this proposed activity $0.00
Educational Programs	*Begin writing here:*	0	*Begin writing here:*	Enter budget allocation to this proposed activity $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.				$112,625.00
Individual Therapy	*Begin writing here: Provide services for uninsured, under insured, low income individuals who are not eligible for Medicaid as part of service package.*	5	*Begin writing here: Evidence of treatment encounters appropriate to ASAM level of care as indicated by assessment and treatment plan.*	Enter budget allocation to this proposed activity $28,000.00
Group Therapy	*Begin writing here: Provide services for uninsured, under insured, low income individuals who are not eligible for Medicaid as part of service package.*	15	*Begin writing here: Evidence of treatment encounters appropriate to ASAM level of care as indicated by assessment and treatment plan.*	Enter budget allocation to this proposed activity $79,000.00
	Begin writing here:		*Begin writing here:*	Enter budget allocation to this

Family Therapy		0		proposed activity $0.00
Multi-Family Counseling Therapy	*Begin writing here:*	0	*Begin writing here:*	Enter budget allocation to this proposed activity $0.00
Medication Assisted Therapy (MAT) - Opioid Substitution Treatment	*Begin writing here: Provide services for uninsured, under insured, low income individuals who are not eligible for Medicaid.*	0	*Begin writing here: Evidence of treatment encounters appropriate to ASAM level of care as indicated by assessment and treatment plan.*	Enter budget allocation to this proposed activity $5,625.00
Community Support (Rehabilitative) – Consist of support and treatment services focused on enhancing independent functioning.				$0.00
Case Management	*Begin writing here:*	0	*Begin writing here:*	Enter budget allocation to this proposed activity $0.00
Recovery Housing	*Begin writing here:*	0	*Begin writing here:*	Enter budget allocation to this proposed activity $0.00
Supported Employment	*Begin writing here:*	0	*Begin writing here:*	Enter budget allocation to this proposed activity $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.				$20,000.00
PPW Housing Support Services	*Begin writing here: Housing support services in recovery house for women and children. Supportive case management services.*	18	*Begin writing here: Tracking treatment attendance, completion of treatment. Goal achievement as indicated in assessment and treatment plan.*	Enter budget allocation to this proposed activity $20,000.00
Supported Education	*Begin writing here:*	0	*Begin writing here:*	Enter budget allocation to this proposed activity $0.00
Housing Assistance	*Begin writing here:*	0	*Begin writing here:*	Enter budget allocation to this proposed activity $0.00
Spiritual/Faith-Based Support	*Begin writing here:*	0	*Begin writing here:*	Enter budget allocation to this proposed activity $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.				$5,000.00
*Therapeutic Intervention Services for Children (required)	*Begin writing here: For services to children in residential treatment facilities serving PPW.*	10	*Begin writing here: Tracking use of Therapeutic Intervention services with monthly reporting.*	Enter budget allocation to this proposed activity $5,000.00
Sobering Services	*Begin writing here:*	0	*Begin writing here:*	Enter budget allocation to this proposed activity $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.				$168,575.00
Sub-acute Withdrawal	*Begin writing here: Provide services for uninsured, under insured, low income individuals who are not eligible for Medicaid.*	0	*Begin writing here: Evidence of treatment encounters appropriate to ASAM level of care as indicated by assessment and treatment plan.*	Enter budget allocation to this proposed activity $15,600.00

Management				
Crisis Services Residential/ Stabilization	*Begin writing here: Provide services for uninsured, under insured, low income individuals who are not eligible for Medicaid.*	0	*Begin writing here: Evidence of treatment encounters meeting criteria for level of service.*	Enter budget allocation to this proposed activity $41,175.00
Intensive Inpatient Residential Treatment	*Begin writing here: Provide services for uninsured, under insured, low income individuals who are not eligible for Medicaid.*	0	*Begin writing here: Evidence of treatment encounters appropriate to ASAM level of care as indicated by assessment and treatment plan.*	Enter budget allocation to this proposed activity $111,800.00
Long Term Residential Treatment	*Begin writing here:*	0	*Begin writing here:*	Enter budget allocation to this proposed activity $0.00
Recovery House Residential Treatment	*Begin writing here:*	0	*Begin writing here:*	Enter budget allocation to this proposed activity $0.00
Involuntary Commitment	*Begin writing here:*	0	*Begin writing here:*	Enter budget allocation to this proposed activity $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.				$9,000.00
Acute Withdrawal Management	*Begin writing here: Provide services for uninsured, under insured, low income individuals who are not eligible for Medicaid.*	1	*Begin writing here: Evidence of treatment encounters appropriate to ASAM level of care as indicated by assessment and treatment plan.*	Enter budget allocation to this proposed activity $9,000.00
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.				$75,000.00
*Interim Services (required)	*Begin writing here: Provide cost sharing to support meeting spenddown to facilitate access to Medicaid and a full continuum of care. Provision of services for individuals on waitlist for access to treatment.*	10	*Begin writing here: Identification of spenddown via Provider 1 and coordination of payment to meet spenddown for those individuals. Individuals on waitlist for services are provided interim services to maintain engagement until access to services.*	Enter budget allocation to this proposed activity $45,000.00
*Transportation for PPW (required)	*Begin writing here: Provide individual bus ticket, bus passes, mileage reimbursement to aid in access to treatment.*	10	*Begin writing here: Tracked by individual bus ticket, bus passes, mileage reimbursement.*	Enter budget allocation to this proposed activity $1,500.00
Transportation	*Begin writing here: Provide individual bus ticket, bus passes, mileage reimbursement to aid in access to treatment.*	45	*Begin writing here: Tracked by individual bus ticket, bus passes, mileage reimbursement.*	Enter budget allocation to this proposed activity $8,500.00
*Childcare Services (required)	*Begin writing here: Provide childcare in a licensed on-site facility to increase access to treatment services.*	10	*Begin writing here: Track number of children accessing care and cost of program. Monthly report on usage.*	Enter budget allocation to this proposed activity $20,000.00
*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.				$1,000.00
Begin writing here: Interpreter services for individuals accessing services.				
Grand Total				**$603,600.00**

SALISH BHASO NETWORK COVID-19 SERVICE CHANGES 4.20.2020

Agency	Primary Contact	E-mail	Crisis Services	Facility status	Outpatient				Inpatient/Residential	Other Services	Comments
					Group	Individual	Assessments	Case Mgmt		UA/Day Txt	
Kitsap County											
Agape	Sara Marez-Fields	smarez-fields@agapekitsap.org	NA	Open; No client access	Telehealth	Telehealth/phone	Accepting new, telehealth	Peer by phone	PPW housing CM continues; Housing program closed	UA suspended; UA call in still active to track engagement; childcare on hold	
Cascadia	Lindsy Anderson	lindsy@bountifullife.org	NA	Open for services by phone or telehealth only		Telehealth	Yes	Yes		UA	UA's w/ screening + by appt only
KMHS	Joe Roszak; Megan Kelly	joer@kmhs.org ; megank@kmhs.org	Outreach to ED and limited community	Open		Telehealth	Walk in with screening	Telehealth	Adult E&T admits OPEN; Youth E&T closed; SUD Residential ADMITTING	Med staff providing services	Crisis Triage ADMITTING
KRC	Keith Winfield	KWinfield@co.kitsap.wa.us	NA	Open	Telehealth	Telehealth/telephone	Telehealth	Telehealth/phone	Admitting to WM and Residential with new screening criteria	No UA services	
PCHS	Jennifer Kreidler-Moss	jkreidler@pchsweb.org	NA	Open	No	In person/tele	In person/tele	In person/tele	NA	MAT in person and Telehealth	
WSTC	Ken Wilson	ken.wilson@wstcs.org	NA	Open as essential	Telehealth	Telehealth	Telehealth; telephone (jail); limited in-person	Telehealth	NA	UA full service.Televiewing of UA's at Bremerton site	Sober houses on stay home order; accepting applications with strict screening
PGST									NA		
Suquamish	Abby Purser	apurser@suquamish.nsn.us	NA	Closed until 5/4/2020	Full telehealth services	Telehealth	AI/AN only	Telehealth	NA	Phone support for current clients/website resources	
BAART OTP	Noel Webster	NWebster@baartprograms.com	NA	OPEN 3/31	Working on set up	in person	only for OTP clients	In person/tele	NA	UA full service	Currently operating on a waitlist. Have clients contact clinic at 360-228-7246 for information.
Jefferson County											
Discovery BH	Jim Novelli	jimn@discoverybh.org	Outreach limited due to safety	Limited access	On hold	Telehealth/phone	Telehealth/phone	Telehealth/phone/in-person		No day txt, outreach to day txt participants	Limits to law enforcement assists. Seeking to use Zoom telehealth option
Beacon of Hope	Ford Kessler	fordk@safeharborrecovery.org	NA	Closed to public	Telehealth/phone	Telehealth/phone	Working on tele-options	Telehealth/phone	NA	No UA's	Closed to public
Clallam County											
Cedar Grove	Gill Orr	Gill@cedargroves.com	Active Screening	Open, no waiting inside	In person 8 or less; telehealth; combination	Telehealth	Telehealth	In person/telehealth	NA		
OPG	Kristina Bullington	kristinaopgc@hotmail.com	NA	Open, no waiting inside	Telehealth only groups	in person and telehealth as needed	No walk-ins; in person, telehealth as needed	In person/telehealth	NA		
PBH	Wendy Sisk	wendys@peninsulabehavioral.org; kathys@peninsulabehavioral.org	Active; screening	Screening; satellite closed	No groups, day txt closed	Limited to critical; phone for others	Telehealth/phone	Telehealth/phone	No changes reported	Day treatment closed/offering bag lunches and some laundry facilities	No transportation
Reflections	G'Nell Ashley	gnell@rcsgpa.org	NA	Open	Telehealth	Telehealth	Telehealth/In person if warranted	Telehealth	Outreach continues	UA's Suspended- will evaluate daily/Clients will continue to call in each day	Our Crisis Interventionists will continue to provide services in the community (Detox, Jail, Hosp. etc.). We will continue to re-evaluate daily needs.
Specialty II and III	Sean Caudle	scaudle@specserv2.net	NA	NA	NA	NA	NA		scheduled admits only/ limited size groups w/ social distancing		
True star	Jody Jacobsen	JJacobsen@co.clallam.wa.us	Active; screening	Open	Yes, in person small groups	Yes, in person/telehealth	Yes, in person/telehealth	Yes, in person/telehealth	NA	Youth only; in detention	Using Telehealth as needed
WEOS	Tanya MacNeil	tanyam@forkshospital.org	Active Screening	10 or less, social distancing	Limited to less than 10 using social distancing.	Yes in person/phone	No change	Yes	NA	Day treatment closed until 4/8	Providing limited transportation
BAART	Rachel Anderson	RAnderson2@baartprograms.com	NA	Open	No groups	Yes	Yes			Continued dosing	Limiting access in lobby to 3 individuals
Jamestown	Rob Welch	rwelch@jamestowntribe.org	N/A	Open for telehealth- no face to face	N/A	Telehealth	Telehealth	Limited to phone.	NA	Food Bank	Using Telehealth as needed; no transportation services are currently provided.
Makah	Jenelle Strine	Jenelle.strine@ihs.gov	Screening for referral needs	Open for telehealth-no face to face	Telehealth	Telehealth/phone	Telehealth/phone	Telehealth/phone	NA	Reception forwarding calls to clinicians	Lands closed to non-community members
Hoh											
Quileute					Groups outside	Telehealth					Lands closed to most non-Tribal members
Lower Elwha	Kris Coppedge	Kristie.coppedge@Elwha.org	NA	Open	No Groups	Telehealth; face to face with precautions	Telehealth; face to face with precautions	Telehealth	NA	NA	
VOA	Pat Morris; Levi VanDyke	PMorris@voaww.org; LVanDyke@voaww.org	Crisis line staff in call center							Crisis staff in call center	non-essential staff working off site
Ombuds	Vivian Moorey	Vivian@kitsapdrc.org		Accepting calls						No face to face outreach	
Salish BHASO	Stephanie Lewis	sjlewis@co.kitsap.wa.us								All staff working off site	No disruption to services
	Jolene Kron	jkron@co.kitsap.wa.us									

Washington State Department of Health

Updated May 15, 2020

Statewide High-Level Analysis of Forecasted Behavioral Health Impacts from COVID-19

SUMMARY

Purpose

This document provides a brief overview of the potential statewide, behavioral health impacts from COVID-19. The intent of this document is to communicate the potential impacts of the outbreak to response planners and behavioral health organizations, public and private, so they can adequately prepare.

Bottom Line Up Front

- The COVID-19 pandemic is considered a 'natural disaster' and as such, this document is heavily informed by research on disaster recovery and response.
- The behavioral health impacts from the COVID-19 outbreak and related government actions have to-date caused a surge in behavioral health symptoms across the state, which is a trend likely to continue. This surge will present differently based on the stage of the pandemic, the effectiveness of the overall response effort, and the populations being impacted. A second or third pandemic wave will dramatically change this forecast, as outlined in the scenarios that follow. This forecast will be updated monthly to reflect changes in baseline data.
- Ongoing behavioral health impacts in Washington will likely be seen in phases, peaking around 6-9 months post initial-outbreak.[1,2] This will likely coincide with a potential second wave of infections, in a pattern consistent with previous pandemics.

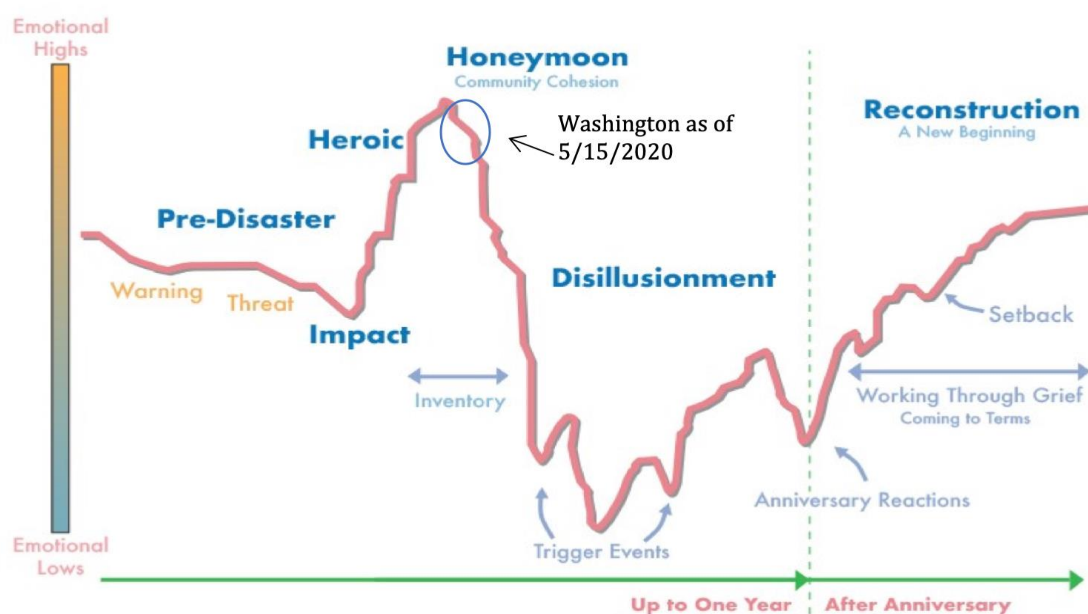


Figure 1. Reactions and Behavioral Symptoms in Disasters: SAMHSA
https://www.samhsa.gov/dtac/recovering-disasters/phases-disaster

Initial Forecast of Behavioral Health Symptoms (Without Additional Waves)

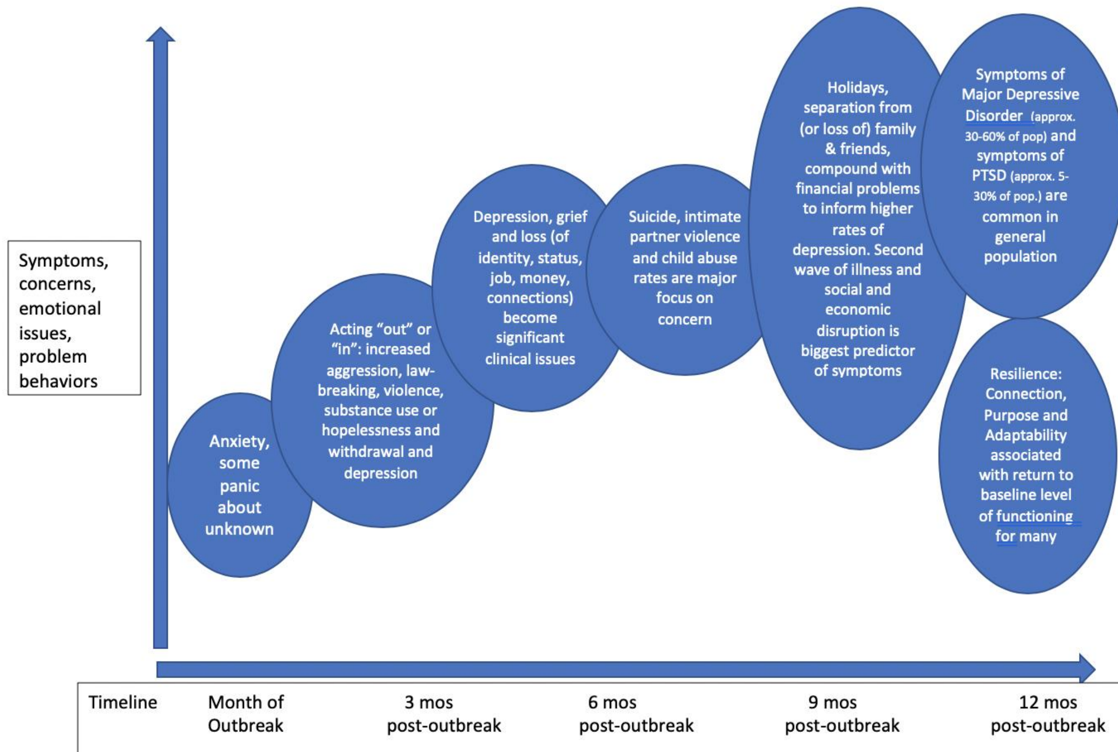


Figure 2.

- In Washington, the highest risk of suicide will likely occur between October and December 2020. This is consistent with known cycles of disaster response patterns. Seasonal affective disorder exacerbates mental health challenges at that time of year due to increased hours of darkness and inclement weather, as does the occurrence of winter holidays, which are often an emotionally and financially difficult time of year for many people.
- Outreach and support strategies need to be tailored based on the current phase of the incident and the target population. Resources exist to inform outreach and support strategies. Additional resources to support these efforts are currently under development.
- Efforts should focus on activating/augmenting existing community supports to increase social connections, which reduces behavioral health symptoms, and encouraging active coping skills among target audiences.
- An eventual return to baseline levels of functioning for **<u>many</u>** people should occur around 12-14 months post-initial outbreak, ***assuming that the potential second wave of the pandemic is stabilized by that time, in terms of both social and economic disruptions, and a sense of the "new normal" is underway.***

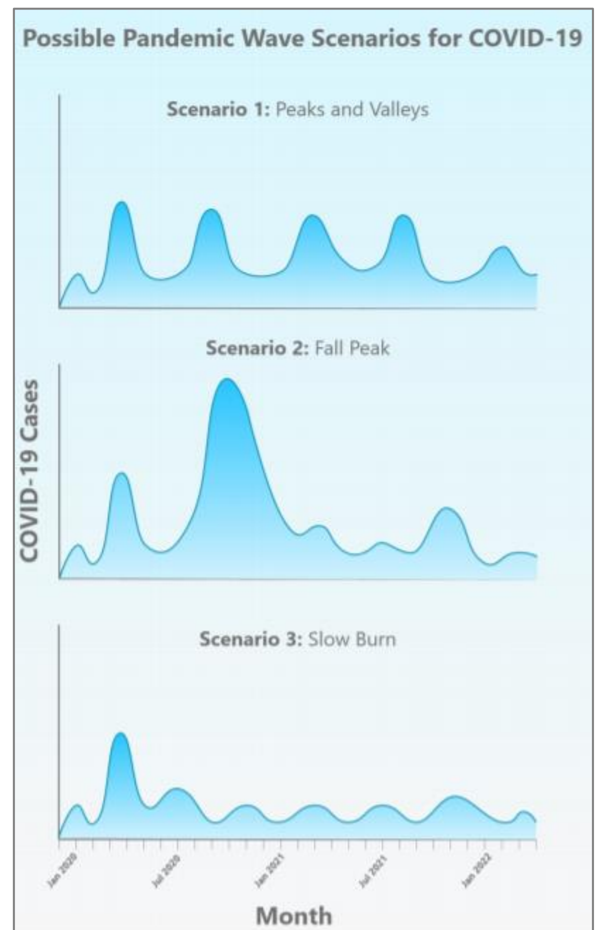
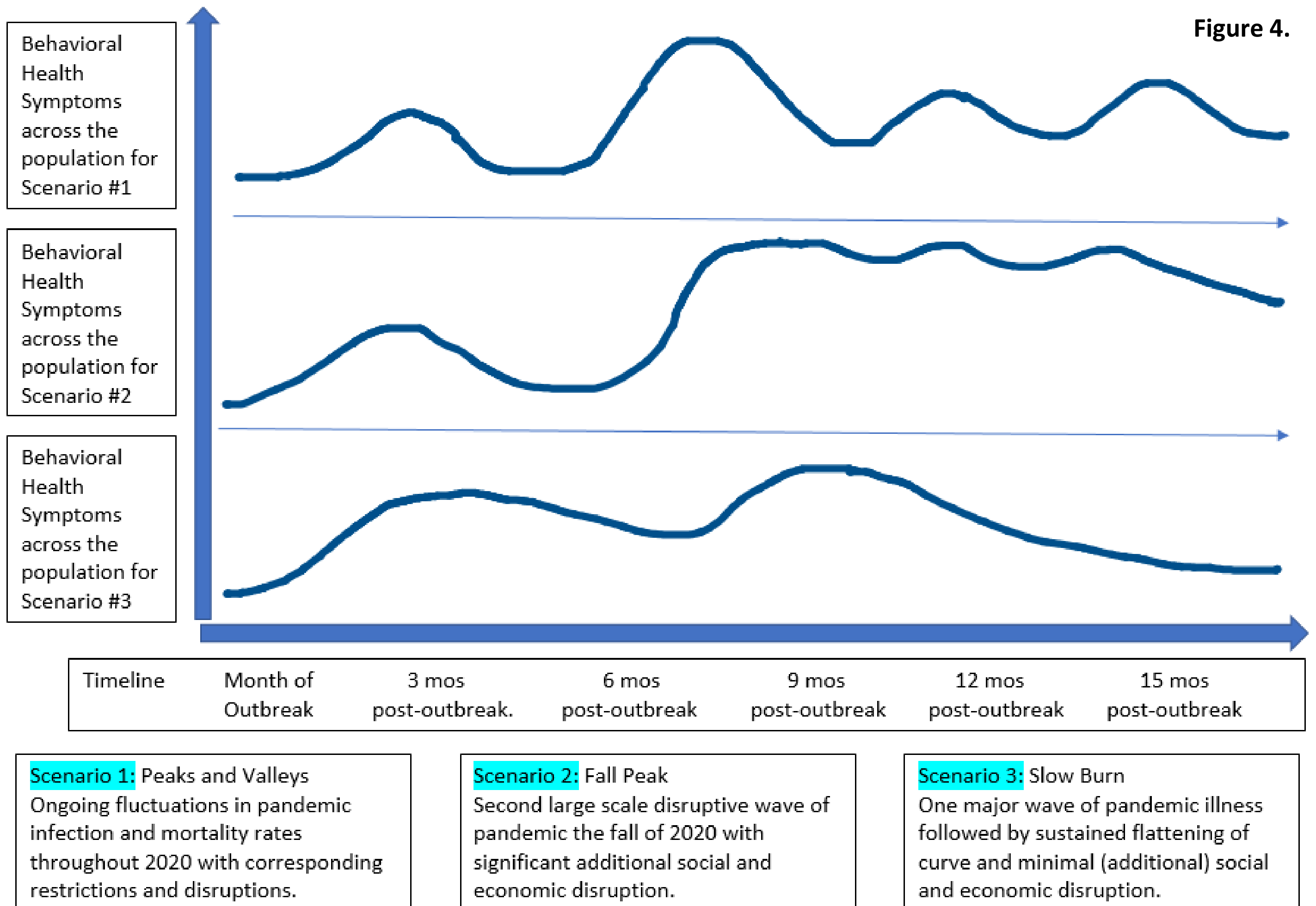


Figure 3.

- There are three different scenarios for the future of the COVID-19 pandemic as we move into summer and fall, some of which are consistent with what occurred during past influenza pandemics (see Figure 3).[3] The behavioral health symptom projections that follow are based on the different scenarios and their corresponding behavioral health impacts.

Forecasted Behavioral Health Symptoms, Based on COVID-19 Wave Scenarios



Key Things to Know

What sort of impacts are we expecting?

- Approximately 650,000 Washingtonians were receiving treatment for behavioral health needs prior to the COVID19 outbreak.
- Approximately 700,000 Washingtonians have mental health concerns, but were NOT receiving services prior to the outbreak.
- Approximately 10% to 33% of individuals experience symptoms of acute stress (such as negative thoughts, sadness, intrusive dreams or memories, avoidance, insomnia or hypersomnia, headaches & stomach aches) within one month after the impact phase of a disaster or critical incident. In Washington, for the Puget Sound area specifically, that timeline begins mid-March 2020.[4,5,6]
- While Only 4% to 6% of people typically develop symptoms of PTSD after a disaster (equivalent to 380,000 individuals in Washington), *this number can vary quite a bit depending on the type of disaster*, and is often higher amongst first responders and medical personnel if the disaster is more chronic, widespread, children are hurt or injured, and burnout is likely.[5,6,6]

- Rates of PTSD have been much higher (10-35%) in some places more directly impacted by a critical incident (NYC on 9/11).[7] We are anticipating that although rates of PTSD may not reach such critical levels in Washington State, **rates of depression are likely to be much higher (perhaps 30-60% of the general population, which is equivalent to 2.25 million to 4.5 million people in Washington State[7]) due to the chronic and ongoing social and economic disruption in people's lives as a result of the COVID-19 pandemic.** This is a much higher rate than is typical after a 'natural disaster' where there is a single impact point in time.
- A significant number of COVID-19 positive individuals require critical care, a trend consistent across China (7-26% of cases), Italy (5-12%), and the United States (5-12%).[8] Of those individual receiving critical care, up to 75% also require mechanical ventilation.[9,10] Current literature reports the prevalence rate of PTSD in patients post-mechanical ventilation is 10% to 30%.[11,12,13]
- For Washington State, where mortality rates are so strongly related to nursing homes, and the vast majority of people in the general population have not been directly threatened by the illness itself, behavioral health concerns are much more anchored in changes in lifestyle, fears about the unknown, financial worries, loss of income or livelihood, and loss of connection with others.
- **Impact of Unemployment:** Suicide rates are highly influenced by unemployment rates.[14,15,16] For every percentage point increase in unemployment rates (i.e., 1%), there is a 1.6% increase in suicide rates.[15] In Washington, approximately 1,283 people die from suicide annually. If unemployment rates increase by 5% (rates similar to the Great Recession in the late 2000's), that means we will see approximately 103 additional people die by suicide.[16] If unemployment increases by 20% (rates similar to the Great Depression in the 1930's), that's approximately 412 additional people who will die by suicide in Washington.
- **Approximately half of the individuals who experience a behavioral health diagnosis will develop a substance-related disorder, and vice versa.[17]**
  - As a result, we can expect substance-related symptoms and disorders to increase as behavioral health symptoms and disorders increase.
- During disasters, individuals may have difficulty accessing their prescribed medication, which could lead them to seek alternatives. Relatedly, quarantine policies mean that peer support groups for both substance-related disorders and behavioral health disorders are inaccessible via traditional means.
  - Healthcare providers should anticipate an increase in substance-use as a possible disaster reaction, and should suggest both healthy alternatives for coping, and sources of support.
- Based on population data for Washington, and known cycles of common psychological responses to disasters, **we can reasonably expect that between TWO to THREE MILLION Washingtonians will experience behavioral health symptoms over the next three to six months. Symptoms of depression will likely be the most common, followed by anxiety and acute stress.** These symptoms will likely be strong enough to cause significant distress or impairment for most people in this group.

What does this look like over time?

- **Behavioral health symptoms will likely present in phases:[1,2]**
  - We can reasonably expect that behavioral health symptoms including anxiety, trouble sleeping, stomach aches, and headaches will be consistent in the general population in the summer months of 2020.
  - Behavioral symptoms associated with "acting out" (aggression, law breaking, significantly increased domestic child abuse, intimate partner violence, and substance use) or "acting in" (voluntary isolation, non-participation, blunted emotional expression) are likely to increase from three to six months post-outbreak. Weekly surveys of state law enforcement agencies indicate that domestic violence offenses were up 17%, while other select offenses were down

25% (see Figure 5).*[18] However, these data only represent approximately 29% of law enforcement agencies and, based on data from previous disasters, it is likely that – even among reporting agencies – the true number of domestic violence cases is significantly higher.

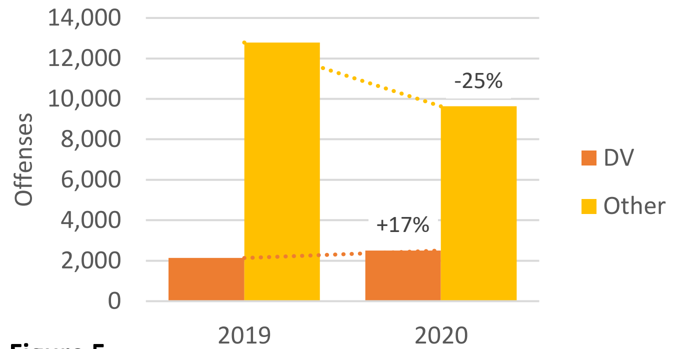


Figure 5.

- Depression rates and symptoms, along with suicides, are increasing dramatically at the current time with the potential of peaking in the fall and winter of 2020. For the general population, this is due to a particularly hard combination of:
  - The Disillusionment phase of disaster recovery (when people recognize that things will not be returning to the way they once were)
  - The season (holidays as well as limited daily sunlight)
  - Long term effects of financial losses or concerns on sense of hope
  - A second wave of illness resulting in large-scale social and economic disruption
- An eventual return to premorbid baseline levels of functioning by February or March 2021 is anticipated for many people, depending on the level of disruption caused by the potential for a second wave of illness in the fall of 2020 or winter of 2021.[1,2]

- In scenarios where multiple waves of pandemic occur (see scenarios 1 and 2 above), a "Trauma Cascade" is likely. For behavioral health, this means that the recurrence of a traumatic event (in this case, a second or third wave of significant illness and/or restriction) inhibits the natural ability of people to recover to baseline levels of functioning. Symptoms increase and are compounded rather than having an opportunity to be actively managed.

How do we begin preparing?

- Behavioral health systems, providers, and public messaging teams should be mindful of the following strategies to maximize the impact of their efforts:
  - Primary efforts for the next 3-6 months should be focused on activating community supports to increase social connections (and thus reducing behavioral health symptoms) and encouraging the development of ACTIVE coping skills amongst the general public to reduce symptoms of depression.
  - Communication about ***preparation*** necessary for multiple phases or waves of pandemic (the potential for additional school closures, social distancing measures, and restrictions in the fall) will help to reduce acute behavioral health symptoms for people when a second wave of illness occurs.
  - There should be a psychoeducational emphasis on the disaster response cycle so that people are informed about what they may expect, and they do not pathologize a normal response to an abnormal situation.
- The typical response to disaster is RESILIENCE, rather than disorder.[1,4] Resiliency can be increased by:[19]

*The number of law enforcement agencies submitting offense counts varies from week to week: April 6-12 (n=84), April 13-19 (n=80), April 20-26 (n=78), April 27-May 3 (n=80); among the 85 agencies that submitted counts for at least one week, 74 agencies submitted counts for all four weeks. In addition to counts of domestic violence, law enforcement agencies were only asked to submit counts of the following (select) offenses: Murder, assault, robbery, burglary, theft, destruction of property, weapons offenses, and animal cruelty.

    - Focus on developing social CONNECTIONS big or small
    - Reorienting and developing a sense of PURPOSE
    - Becoming adaptive and psychologically FLEXIBLE
    - Focusing on HOPE
- Resilience is something that can be intentionally taught, practiced, and developed for people across all age groups.
- Community support groups, lay volunteers, law enforcement, first responders, and all manner of social organizations and clubs are resources that can be developed to help reduce behavioral health symptoms for the general population, and should be leveraged to take pressure off depleted or unavailable professional medical and therapeutic resources throughout 2020.

Background Data and Analysis

Mental Illness, Behavioral Health Diagnoses, and Demographics

National prevalence rates for mental and behavioral health diagnoses[20,21]

Generalized Anxiety Disorder = approximately 1% of adolescents, 2.9% adults (6.06 million nationally)

Panic Attacks = 11.2% of adults (23.40 million)

Panic Disorder = approximately 2-3% of adolescents and adults (4.18 million)

Mood Disorders = approximately 9.7% of adults[21] (20.27 million)

Depression = 12.7% in WA, 41.1% of whom received mental health services[22]

Annual suicide rates = approximately 17 per 100,000[23]

Post-Traumatic Stress Disorder: 3.5% of adults nationally[20]

Substance-Related Disorder prevalence

National prevalence rates for substance-related disorders[20,21,24]

Alcohol Use Disorder = approximately 4.6% of adolescents, 8.5% of adults

Cannabis Use Disorder = approximately 2.3% of adolescents, 5% of young adults, and 0.8% of adults

Opioid Use Disorder = approximately 0.6% of adolescents, 1.1% of young adults, and 0.8% of adults

Population of WA: Approx. 7.5488 Million

Percentages with baseline Serious Mental Illness (2017 most recent):

Adults 18 and over = 5.3%[22] (or 400,044 people)

Young adults from 18-25 = 6.2%22 (or 29,014)

Percentage of adults 18 and over with ANY mental illness who received treatment in Washington (2017 most recent) = 45.6% (approximately 650,000 people or 8% of the total population of WA)[22]

Developed by Washington State Department of Health's Behavioral Health Strike Team, authored by:
Kira Mauseth, Ph.D.; Stacy Cecchet, Ph.D., ABPP., Matt Brickell, Psy.D, and Tona McGuire, Ph.D.

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SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION ADVISORY BOARD MEETING

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

DATE: **Friday, October 2, 2020**

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://zoom.us/j/95403097081?pwd=cXRmNEo0Tkxsc21uZHZIQ3dLZy94dz09

Meeting ID: 954 0309 7081 Passcode:042451

USE PHONE NUMBER and MEETING ID TO JOIN BY PHONE:

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

Meeting ID: 954 0309 7081

AGENDA

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 Notes for June 5, 2020 (Attachment 5)
6. Action Items
   a. Kitsap County SBH-ASO BH Advisory Board Applicant
7. Informational Items
   a. SBH-ASO Regional Provider Update (7.a)
   b. SBH-ASO 2020 Budget Update
   c. Update on Statewide Behavioral Health Forecast (7.c)
   d. Preliminary SBH-ASO 2021 Budget
   e. SBH-ASO 2021 SUD Request for Proposal Results (7.e)
   f. Early Warning System Workgroup and Development of New Regional IMC Forum
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
BAART	A BayMark health services company, opioid treatment company
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
FYSPRT	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
SBHO	Salish Behavioral Health 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

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION
ADVISORY BOARD MEETING

October 2, 2020

Action Items

A. KITSAP COUNTY SBH-ASO BH ADVISORY BOARD APPLICANT

On June 12, 2020, SBH-ASO received an application for appointment to the SBH-ASO Behavioral Health Advisory Board. The application is for the remaining Kitsap County seat. A brief summary of information shared by the applicant, Helen Havens, is outlined below for the Advisory Board's consideration.

Helen Havens has been a resident of Kitsap County since 1977. Helen has a bachelor's degree in psychology and extensive training in mental health treatment, addiction treatment, crisis intervention and client-centered treatment planning. Helen is now retired after working for many years as a co-occurring disorders therapist.

Helen has previously served on numerous committees including the Solid Waste Advisory Committee and the Transportation Advisory Committee. Helen currently serves on both the Kitsap Housing and Homelessness Coalition and Kitsap County Mental Health, Chemical Dependency and Therapeutic Court Citizen's Advisory Committee. Helen was appointed to the Kitsap County Mental Health, Chemical Dependency and Therapeutic Court Citizen's Advisory Committee in March of this year and serves to represent the Salish Behavioral Health Administrative Services Organization.

Informational Items

A. SBH-ASO REGIONAL PROVIDER UPDATE

Behavioral Health Service Delivery during COVID-19.

- Agencies are working diligently to safely provide behavioral health services within our communities. Telehealth is still the primary mode of service provision across many providers. Many agencies have also worked with HCA to access additional cell phones and minutes for client use, as well as, agency Zoom subscriptions to facilitate telehealth access. Staff are hearing reports from agencies that some individuals are starting to experience fatigue with remote options and seeking return to in-person treatment. Some providers are starting to experience a decrease in engagement via electronic platforms.

- Agencies have reported challenges with staff feeling uncomfortable reporting to work, requiring leave due to children at home, and out of work due to quarantine. There is a significant increase in staff stress across all providers as in many work arenas. In a field where staff burnout is not uncommon, the increased stress due to COVID has increased the need for staff support.

  Substance use disorder (SUD) treatment agencies are reporting an increase in SUD service request across all payors. One provider in Kitsap reported a nearly 25% increase across all payors.

  Requests and referrals for Crisis Outreach Services, in general, decreased briefly in March and April. In May, requests and referrals to local crisis teams began to increase and the volume of calls to the Regional Crisis Hotline notably increased.

Crisis System and Involuntary Treatment Update

- As noted above, the number of calls to the Regional Crisis Line significantly increased in May. Required call metrics for crisis line have continued to be a challenge. The volume of calls has slowly started to decrease since the month of May but has not returned to the lower volume that was previously forecasted. And, while the volume of calls is slowly decreasing, the length of call, or "talk time" has continued to increase. Staff increased this contractor's funding to support the increase in volume.

  Salish's Crisis Hotline contractor, Volunteers of America, reports challenges with staffing due to COVID call outs (due to illness, anxiety, and/or quarantine). With the increase in funding from SBH-ASO, VOA has hired new staff who are close completing training and going live on the hotline. They are also working on a cloud platform that will allow for individuals to work from home. Currently, call center staff are required to work on-site.

  Staff will review current crisis hotline metrics compared to contract requirements.

- Staff has seen an increase in Involuntary Psychiatric Inpatient Treatment stays since March 2020. There was a pause in April, presumed to be due to COVID. Then, there was a significant jump in the number of authorized bed days in May. Since May, the inpatient utilization has remained at that higher level. Providers report the acuity of symptoms in individuals they encounter is higher. This may be due to not accessing regular treatment, avoidance of hospital stays due to COVID, and families and the community not seeking assistance as early as they may have in the past.

  Staff will review involuntary treatment investigation data for January-June 2019 versus January-June 2020.

B. SBH-ASO 2020 BUDGET UPDATE

The initial SBH-ASO 2020 budget which was approved by the Executive Board in November 2019 included $1,300,000 for Involuntary Psychiatric Inpatient Treatment. The budget update approved by the Board in May, increased the budget for Involuntary Psychiatric Inpatient Treatment to $1,490,000 for the calendar year. Many Evaluation and Treatment Centers and Community Hospitals have not been following SBH-ASO's Utilization Management requirements and have not been submitting notification requests when serving a Salish BH-ASO individual at their facility. This has made it exceptionally difficult to monitor ITA Inpatient Treatment Utilization and Expenses. SBH-ASO is required to pay for Involuntary Treatment Services regardless of a facilities compliance with these standard requirements.

The SBH-ASO ITA Inpatient Authorized Bed Days as of the end of August were: January (145), February (136), March (170), April (75), May (208), June (245), and July (220). If Utilization continues steady at July's rate, the SBH-ASO could have as much as $2,200,000 in ITA Psychiatric Inpatient expenses for calendar year 2020.

Staff believes that the additional ITA Inpatient expenses can be covered this year without cutting additional behavioral health services in 2020. This can be accomplished by using the unspent HCA administrative allowances from January-June 2020 to pay for inpatient treatment costs. Due to allocating a portion of Salish's administrative expenses back to the SBHO for closeout activities, additional SBH-ASO Administrative Funds remain. SBH-ASO also reduced its administrative expenses beginning in September, by a reduction in force. One SBH-ASO staff member, Richelle Jordan, was laid off in August. Lastly, SBH-ASO will utilize $196,000 in January-June 2020 proviso funds to pay for Inpatient Treatment.

C. UPDATE ON STATEWIDE BEHAVIORAL HEALTH FORECAST

In August, Washington State Department of Health updated its report: *High-Level Analysis of Forecasted Behavioral Health Impacts from COVID-19.* This WA DOH analysis has been attached for the Board's reference. Staff will provide a brief summary of key takeaways, timelines and SBH-ASO efforts to respond to the concerning forecast.

D. PRELIMINARY SBH-ASO 2021 BUDGET

Staff created a preliminary 2021 budget based upon current funding allocations in SBH-ASO's contract with HCA. In order to prevent an SBH-ASO fiscal crisis related to continued increases in involuntary treatment costs, the SBH-ASO must refocus on its core responsibilities and mission when budgeting for 2021.

Per contract, SBH-ASO's core responsibilities include:

- Crisis Services (Crisis Hotline, Mobile Crisis Outreach and Involuntary Treatment Investigations)
- Involuntary Treatment (ITA Psychiatric Inpatient, ITA Withdrawal Management, and LRA Monitoring)
- Special Programs with dedicated funding (HARPS, FYSPRT, Peer Bridger's etc.)

In order to prepare for a likely surge in utilization of crisis services and involuntary treatment, additional funding must be budgeted for these expenses in 2021. After this adjustment, there is only $126,000 remaining for non-mandatory or discretionary services in 2021, and these funds are allocated by the 2021 Substance Use Disorder RFP, which is reviewed later in this agenda packet.

The preliminary 2021 budget planning process has been exceptionally difficult and results in additional cuts to non-mandatory services. These cuts must include: withdrawal management, substance use disorder residential, mental health residential, and facility-based crisis stabilization/triage services. In order to balance the 2021 budget, staff had to also reduce SBH-ASO's administrative/operating expenses, even though these expenses were already below the HCA contract limits.

Staff will discuss this process in greater detail and share other potential short-term grant opportunities that could temporarily fund some of the service cuts identified above.

E. SBH-ASO 2021 SUBSTANCE USE DISORDER REQUEST FOR PROPSAL

SBH-ASO released an RFP on July 1, 2020. The RFP encompassed youth and adult substance use disorder treatment and treatment supports for calendar year 2021. The initial funds available for allocation was $403,000. However, due to increasing non-Medicaid crisis and involuntary treatment expenses, staff reduced the funds available for allocation to $126,000.

Four Advisory Board Members volunteered to serve on the RFP Review Committee and the Advisory Board supported the Review Committee's recommendations serving as the entire Board's recommendations.

The SUD RFP Committee convened on the morning of September 4th. The committee included representation from all three counties. The committee reviewed the RFP requirements. The committee discussed the expected funding available and the revised funding available. The committee considered requests proposal scores, community needs, and funds available to meet those needs. The discussion focused on concerns about the quality of some proposals compared to others, utilization reported in the proposals, community need, and regional funding allocation.
Youth services were requested by only one provider. With the recommendation to fully fund the single youth services proposal, $13,700 of youth funding remains unallocated. All funds were allocated as indicated in the attached table.

The Advisory Board's recommendations were presented to the Executive Board on September 18th and the Executive Board unanimously approved awarding the funds per the Advisory Board's recommendations.

F. EARLY WARNING SYSTEM WORKGROUP AND DEVELOPMENT OF NEW REGIONAL IMC FORUM

The Early Warning System (EWS) Workgroup was a Health Care Authority required activity for BHOs and BH-ASOs. The purpose of the EWS was to create a process for identifying and resolving early system issues related to the transition to Integrated Managed Care (IMC). A steering committee was created in mid-2019 and included a diverse group of stakeholders. The EWS workgroup convened monthly, beginning in February and concluding in July. During each meeting, data and provider feedback was reviewed from the previous month.

General themes from EWS included: provider concerns about the timeliness of Managed Care Organization's responding to concerns about payment delays and/or incorrect payment amounts, provider concerns about percentage of claims being denied by MCOs and the overall increase in complexity and administrative burden under the IMC structure. At the conclusion of the EWS, many of these provider concerns remained.

In early August, staff reached out to its provider network to inquire about their interest in convening an Integrated Managed Care Problem Solving Forum. Staff suggested that Interlocal Leadership Structure, that was formed in late 2018 and had not convened since the end of 2019, could be restructured to meet this need. Providers expressed interest in convening a Regional IMC Problem Solving Forum. Staff has scheduled an initial virtual meeting with provider leadership for October 9th.

MINUTES OF THE
SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION
ADVISORY BOARD

Friday, June 5, 2020
10:00 a.m. - 12:00 p.m.
VIRTUAL ONLY

CALL TO ORDER –Stephanie Lewis, SBH-ASO Administrator 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 –

- G'Nell, Reflections, reported that the COVID-19 grid does not reflect the most updated current situation. SBH-ASO staff will update.

APPROVAL of AGENDA –

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

ACTION ITEMS

➢ **ELECTION OF SBH-ASO ADVISORY BOARD CHAIR AND VICE CHAIR**

Per the Salish BH-ASO Advisory Board By-laws, approved by the Executive Board on December 13, 2019, the chairperson and vice chairperson shall be elected by majority vote for a one-year term. Voting can occur either by secret ballot or, if dispensed by the Advisory Board, by open voting on the floor.

Solicited recommendations from group for each position. Lois Hoell offered to be the SBH-ASO Advisory Board Chair.

MOTION: The SBH-ASO Advisory Board unanimously moved to approve Lois Hoell as the SBH-ASO Advisory Board Chair as submitted. Jon Stroup seconded the motion. Motion carried unanimously.

Solicited recommendations for the SBH-ASO Advisory Board Vice Chair. Lois Hoell recommended Janet Nickolaus as the SBH-ASO Advisory Board Vice Chair.

MOTION: Lois Hoell moved to approve Janet Nickolaus as the SBH-ASO Advisory Board Vice Chair as submitted. Jon Stroup seconded the motion. Motion carried unanimously.

➢ **APPROVAL OF JULY-DECEMBER 2020 BLOCK GRANT PLANS**

The July-December 2020 Mental Health Block Grant and Substance Abuse Block Grant Plans have been attached for review and approval. The plans have been updated to reflect mid-year budget adjustments that have been made. Staff will review the plans in detail with the Board.

Reviewed Mental Health Block Grant Plan attachments (6.b.2 and 6.b.3). Reviewed process to

meet the requirement for a need's assessments. In attachment 6.b.2, cost-sharing was defined as referring to individuals who have exceeded incomes relative to their Medicaid. Compared to a deductible, if they are over the monthly allowed monies, they will have to pay that overage prior to accessing Medicaid funds. Discussed the impact on the individual to manage, as well as to the limits of care while on a spenddown comparatively.

MOTION: Janet Nickolaus moved to approve the July-December 2020 Mental Health Block Grant Plans. Sandy Goodwick seconded the motion. Motion carried unanimously.

Reviewed Substance Abuse Block Grant attachments (6.b.4 and 6.b.5). Reviewed process to meet the requirement for a need's assessments. Discussed requirement for transportation for individuals and their families. Cost-sharing was not available for SABG until July 1, 2020. Discussed in block grants staff support and retention would fall under proviso's outside of block grant funds. Asterisks in attachment 6.b.5 would be referenced as required, e.g. priority populations. Pregnant and parenting women (PPW) requirement is 10% of the support services. Up to 40% of local crisis triage services are related to a substance use disorder related treatment issue.

MOTION: Janet Nickolaus moved to approve the July-December 2020 Substance Abuse Block Grant Plans. Sandy Goodwick seconded the motion. Motion carried unanimously.

- **2021 BLOCK GRANT PRIORITIES**

  - SBH-ASO Community Needs Survey

    SBH-ASO released a survey to providers, stakeholders, and community partners to identify needs and priorities for 2021. Responses were received from mental health and substance use providers as well as legal services, housing provider, community member, and public health. There were clear trends related to the priorities of responses.

    - *Mental Health Priorities:*

      1. Community Supports (skill building, case management, continuing care)
      2. Intensive supports (in-home stabilization, intensive case management)
      3. Out of Home (crisis stabilization, adult MH residential)

    - *Substance Use Priorities:*

      1. Withdrawal management (acute and sub-acute)
      2. Engagement/Outreach/Assessments (Assessment, interim treatment, engagement and referral)
      3. Out of home (Residential treatment, crisis stabilization, withdrawal management)
      4. Transportation

    It is interesting to note that the priorities identified by the Community Needs Survey and listed above, align with the required prioritization of services within the HCA/ASO Contract.

    Staff solicits additional input from the Board; and ultimately, confirmation of 2021 Block Grant Priorities prior to the release of a Request for Proposal (RFP) in 2 weeks.

    Reviewed needs assessment survey process. Received responses from a diverse representative group which included, Mental Health providers, Substance Use providers, and

community providers (e.g. prosecuting attorney). Reviewed priorities of both mental health and substance use priorities.

Inquiry regarding housing supports and where it was referenced in the survey. Housing was not represented in response to housing or housing support. Reviewed possible other funding sources that have lessened the housing need such as Criminal Justice Treatment Account (CJTA) and Housing and Recovery through Peer Services (HARPS).

MOTION: Jon Stroup moved to approve the 2021 Block Grant Priorities. Janet Nickolaus seconded the motion. Motion carried unanimously.

- **APPOINTMENT OF REQUEST FOR PROPOSALS (RFP) REVIEW SUBCOMMITTEE**

SBH-ASO did not release an RFP for services in 2020 in an attempt to manage and identify needs in the change from BHO to BH-ASO. With clearer identification of treatment needs in this new landscape and in an effort to better meet community needs, SBH-ASO is planning to release a Request for Proposal for services funded by Block Grants. The period of services would include January 1, 2021 through December 31, 2021. It will include outpatient services and supports for both Mental Health Block Grant (MHBG) and Substance Abuse Block Grant (SABG). Current contracted providers would be eligible to apply for funding based on priorities set forth by this committee.

SBH-ASO has developed a timeline for the RFP. Staff is planning to release the RFP in early July with a close date of August 4, 2020. Staff are seeking to convene a review committee from the Advisory Board. The Review Committee will need to be available to review the RFP for final release on or around June 19th via Zoom, be able to review and score all proposals between August 5th and August 19th, and be available to meet between August 19th and August 28th depending on committee availability to make final recommendations. The final recommendations will be presented to the Executive Board on September 18th. Staff requests an RFP Review Committee be identified today.

Reviewed upcoming RFP to the region and requested, a minimum of 4 participants, SBH-ASO Advisory Board members to participate in the RFP sub-committee. Discussed timelines and commitments for members.

Timelines:
- June 19th-June 25th: Review of RFP pre-release; 2 hours estimated time of commitment.
- July 1st-August 4th: RFP in community; no estimated time commitment.
- August 5-August 19th: Review and scoring of proposals; 10-20 hours estimated time commitment.
- August 19th -August 25th: Meet (in-person or virtually) to review scores, make final recommendations; 2 hours estimated time of commitment.

Sandy Goodwick, Anne Dean, Janet Nickolaus, and Jon Stroup volunteered to participate in the sub-committee.

MOTION: Lois Hoell moved to approve the 2021 Block Grant Priorities. Jon Stroup seconded the motion. Motion carried unanimously.

INFORMATIONAL ITEMS

- **SBH-ASO PROVIDER UPDATE**

The Salish Provider Network continues to be engaged and working diligently to provide services in this uncertain landscape. Some providers closed doors and suspended services in mid-March. Providers were faced with challenges related to the access of Personal Protective Equipment, strategizing how to serve individuals while not putting staff at risk, navigating privacy issues, among other issues. Each agency had to develop safety protocols for their respective agencies. This led to varied service access through the end of March. Salish BH-ASO developed and maintained the attached grid to track the changes for providers and the community.

SBH-ASO Crisis Teams have remained staffed. Statewide there has been a decrease in crisis contacts and ITA investigations. Washington State has allowed video involuntary treatment investigations as part of the COVID-19 response. Our region is prepared and has the ability to follow this protocol as needed. We have not yet had a video ITA evaluation in region. There has been no increase in calls to the Salish Regional Crisis Line at this time. Providers are starting to see an increase in tenor/tone on crisis contacts. Staff will continue to monitor and provide support as needed.

Washington Health Care Authority waivers were put in place to allow for continuity in services to include the use of telehealth/telemedicine services in lieu of face to face contact and direction on billing/coding. The U.S Department of Health and Human Services (HHS) released “Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency” which addressed HIPPA Privacy Restrictions that limited the type of technologies that could be used to deliver treatment services.

In mid-March, HCA began facilitating a weekly call for all providers to address areas of concern and answer direct questions related to COVID-19. In May, this call has reduced to every other week. Numerous guidance documents and FAQs have been provided by HCA for Providers. HCA also offered ZOOM platform accounts to providers to facilitate telehealth access. SBH-ASO Providers have been actively engaged in these conversations and processes.

All agencies in the Salish BH-ASO region are currently providing services through telehealth in combination with some face to face, outreach, etc. This started with phone calls to check in and manage individual needs. Many agencies are now providing their full array services through electronic platforms. This includes individual and group treatment, assessments, and case management. There are still significant limits on urinalysis, day treatment, and outreach services.

Reviewed attachment 7.a. Dr. Glenn Lippman wanted to recognize Jolene Kron, SBH-ASO staff, for creating this attachment for community partners and other providers to understand how to access services within our region. Noting that the SBH-ASO was the first to create such a document to inform of changes to services during COVID-19.

- **STATEWIDE HIGH-LEVEL ANALYSIS OF FORECASTED BEHAVIORAL HEALTH IMPACTS FROM COVID-19**

State and Federal Health Officials are forecasting notable behavioral health impacts from the COVID-19 outbreak, as well as related government actions. Attached is a high-level summary released by the Washington State Department of Health in April and subsequently updated in mid-May. The attachment is the mid-May update. Salish Medical Director, Dr. Glenn Lippman, will present to the Board and further expand upon this high-level summary of forecasted physical and behavioral health impacts from the outbreak.

Reviewed attachment 7.b.

Discussed a local peaceful protest in Sequim and other gathering related to the racial discontent, and how this will affect the spread of COVID. If further questions, offered to share Dr. Glenn Lippman to follow up.

Shared that SBH-ASO is looking to offer a DOH approved Suicide Prevention training to our regional providers in July or August 2020. More details to be provided as we are currently soliciting presenters.

PUBLIC COMMENT

- Lois Hoell, SBH-ASO: Appreciated the SBH-ASO for the work put in to create the SBH-ASO Advisory Board packet and virtual meeting today.

GOOD OF THE ORDER

- The next meeting for the Salish BH-ASO Advisory Board is Friday, October 2, 2020 at 10:00 a.m.

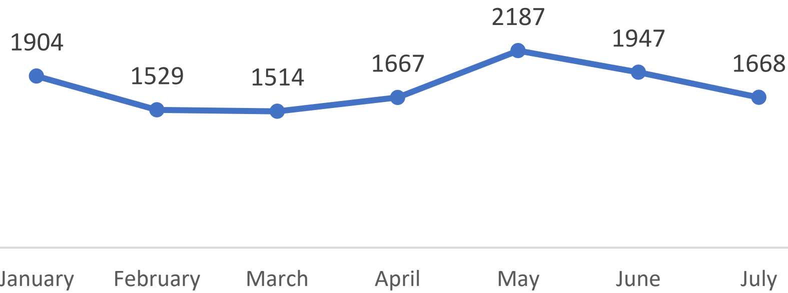
ADJOURNMENT – Consensus for adjournment at 12:07 p.m.

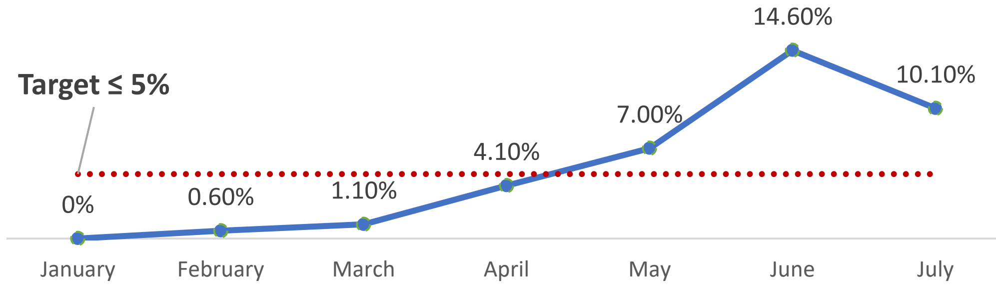
ATTENDANCE

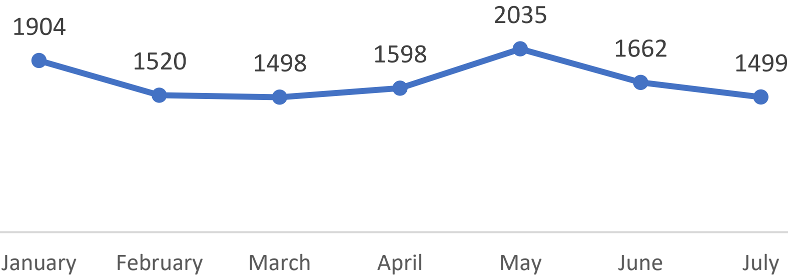
BOARD MEMBERS	STAFF	GUESTS
Present:	Stephanie Lewis, SBH-ASO Administrator	Colleen Bradley, PAVE
Lois Hoell, SBH-ASO Advisory Board	Jolene Kron, SBH-ASO Deputy Administrator/Clinical Director	G'Nell Ashley, Reflections
Sandy Goodwick, SBH-ASO Advisory Board	Doug Washburn, Human Services Director	Anna McEnery, Jefferson Public Health
Anne Dean, SBH-ASO Advisory Board	Martiann Lewis, SBH-ASO Care Manager	Gay Neal, Kitsap County
Janet Nickolaus, SBH-ASO Advisory Board	Dr. Glenn Lippman, SBH-ASO Medical Director	
Jolene Sullivan, SBH-ASO Advisory Board, Tribal Representative		
Jon Stroup, SBH-ASO Advisory Board		
Excused:		
None		

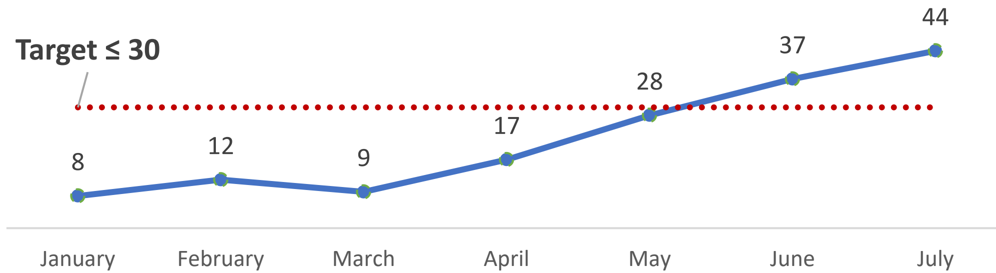
NOTE: These meeting notes are not verbatim.

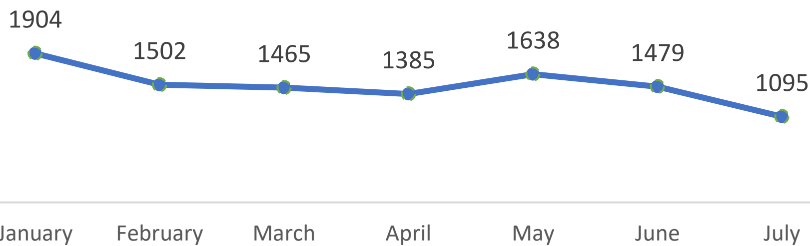
Salish BH-ASO Regional Crisis Line Call Data











Source: BH-ASO

AUGUST UPDATE

Statewide High-Level Analysis of Forecasted Behavioral Health Impacts from COVID-19

Purpose

This document provides a brief overview of the potential statewide behavioral health impacts from the COVID-19 pandemic. The intent of this document is to communicate potential behavioral health impacts to response planners and organizations or individuals who are responding to or helping to mitigate the behavioral health impacts of the COVID-19 pandemic.

Bottom Line Up Front

- The COVID-19 pandemic continues to strongly influence behavioral health symptoms and behaviors across the state due to its far-reaching medical, economic, social, and political consequences. This forecast is heavily informed by disaster research and response and the latest national and international data and findings specific to this pandemic. Updates will be made monthly to reflect changes in baseline data.
- Ongoing behavioral health impacts in Washington will likely be seen in phases (see Figure 1 and Figure 2), peaking around 6–9 months after the initial outbreak.[1,2] This will likely coincide with a potential increase in infections in the fall months when more people are indoors, which is a pattern consistent with previous pandemics.
- Washington is currently experiencing a slow extension of the first wave of the pandemic as represented by a continuous and steady increase in COVID-19 cases following the phased reopening that began in June 2020.
- Heading into the fall months of 2020, the behavioral health outcomes from COVID-19 for most people are related to experiences of social isolation, fears of the unknowns around further restrictions and economic losses, and stress and pressure related to the balance of childcare and work. However, this may change as COVID-19 cases continue to increase, increasing medical risks for greater numbers of people[3] and relapses related to addiction.[4,5,6]
- Experiences of social isolation are associated with increased behavioral health problems, such as depression, anxiety, mood disorders, psychological distress, post-traumatic stress disorder (PTSD), insomnia, fear, stigmatization, low self-esteem, and lack of self-control.[3]

DOH 820-097 August 2020

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

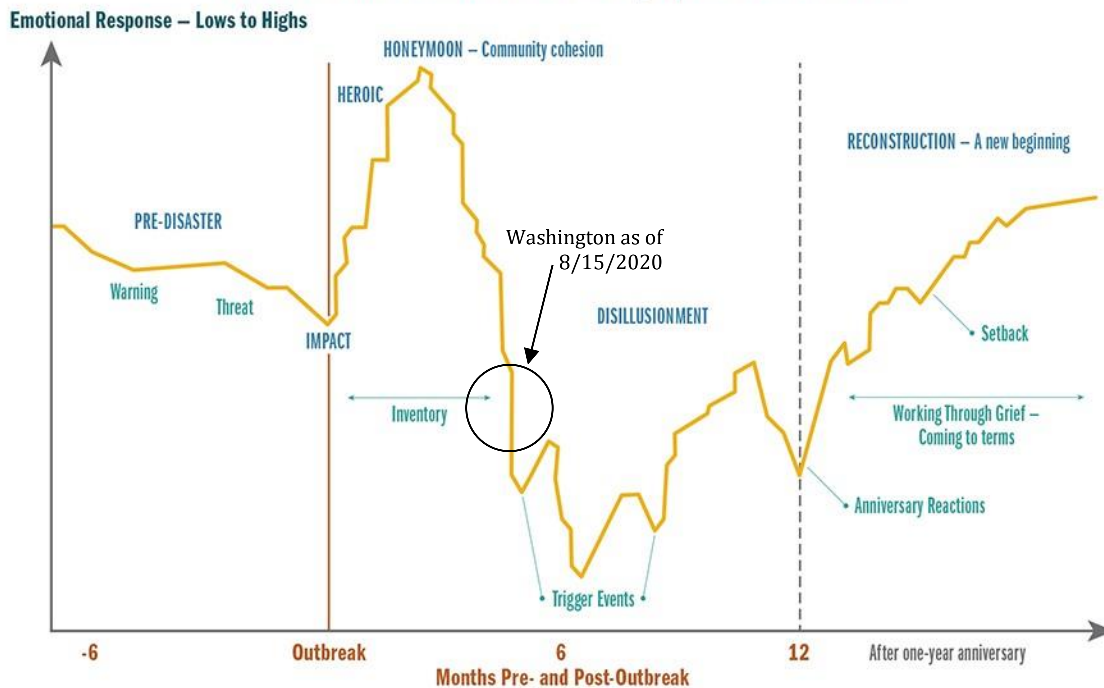


Figure 1: Phases of reactions and behavioral health symptoms in disasters.
Adapted from the Substance Abuse and Mental Health Services Administration (SAMHSA) [7]

Phase-Related Behavioral Health Considerations

Behavioral health symptoms will likely present in phases.[1,2] For each phase in the disaster response and recovery cycle, there are known corresponding behavioral health symptoms and experiences for many people in the affected community. As the COVID-19 pandemic is a natural disaster impacting us on a national level, **every individual and community is affected in some way.** The unique characteristics of this pandemic are trending towards depression as a significant behavioral health outcome in Washington. This may change dramatically if there is a drastic increase in the number of COVID-19 cases in September and October. In that case, increased symptoms of anxiety and post-traumatic stress disorder (PTSD) related to fears of illness or death from the virus will likely result.[8,9]

Certain populations, such as ethnic and racial minorities, disadvantaged groups, those of lower socioeconomic status, and essential workers, are experiencing disproportionately more significant behavioral health impacts.[10,11,12,13,14] Healthcare workers, law enforcement officers, educators, and people recovering from critical care may experience greater behavioral health impacts than the general population. The COVID-19 Behavioral Health Group Impact Reference Guide (DOH publication number 821-104) provides detailed information on how people in specific occupations and social roles are uniquely impacted.

The Disillusionment Phase of Disaster Response & Recovery

Moving into the *disillusionment phase* can be uncomfortable and challenging for communities. During this time, individuals, groups (non-profits and other organizations), and businesses are often confronted with the limitations of disaster assistance and support. Individuals and communities may feel abandoned as the gap between community needs and available

resources widens. As we move towards the fourth quarter of 2020, financial resources that were more plentiful in earlier phases may be limited or nonexistent.

Depression is one of the most common emotional responses heading into the disillusionment phase. In Washington, the beginning of this phase coincides with changes in seasonal conditions, as daylight hours become shorter and the weather worsens. The combination of these circumstances is likely to result in an increase in symptoms of seasonal affective disorder.[15]

In September, it is likely that socially disruptive behaviors will continue to be seen on a larger community scale as one expression of *emotional burnout* due to the length and pervasiveness of the pandemic, stressors related to economic pressures, and divisiveness among people and groups. Substance use will continue to be a problematic coping choice for many, with the potential for further increases moving into the late months of 2020.

Law enforcement is likely to continue seeing a disproportionate increase in violent crimes compared to this time period in 2019.[16] Sadness and grief or loss are the most common experiences for many individuals in the disillusionment phase. Law enforcement officers may see a higher number of calls related to suicide during this time.

If COVID-19 cases dramatically increase in the fall months, along with resulting significant social and economic disruption, one of the large-scale outcomes will likely include a *trauma cascade*. This is a situation in which parts of the disaster recovery cycle can be repeated or prolonged, during which people may have a reduced ability to emotionally recover from the disaster due to additional or ongoing impacts on their lives.[1,17,18]

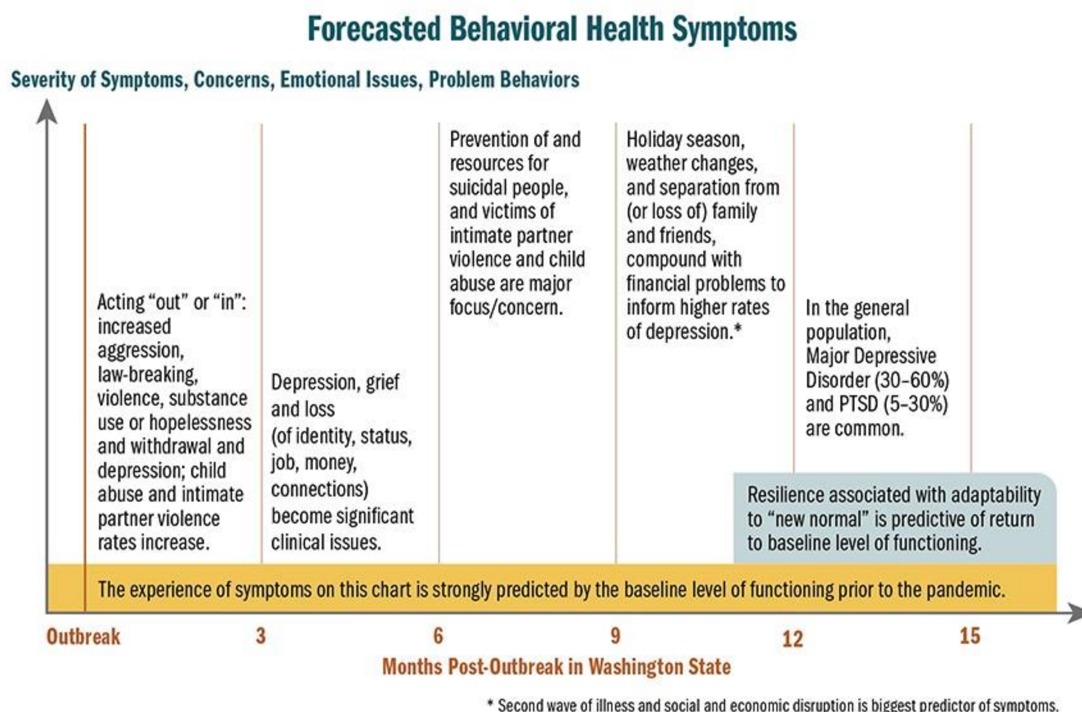


Figure 2: Forecasted behavioral health symptoms.

Specific Areas of Focus for August and September 2020

Children and Families

Resuming Academic Instruction: In-Person and Distance Learning

The decision around in-person or distance learning is difficult for parents and school districts alike. Both options present unique benefits and risks. Regardless of how instruction is delivered, children often struggle with their behavior, mood, and learning when they are in the middle of a disaster.

Common, short-term responses you might see in children include the following:[19,20,21]

- Difficulty paying attention, having a hard time focusing on schoolwork
- Trouble remembering what they learned, trouble remembering to complete tasks
- Too much energy, acting too silly
- Feeling really tired all of the time, having a hard time sleeping
- Stomachaches or headaches
- Being irritable, cranky, crying often, or having tantrums
- Blurting, having a hard time thinking before they act

Many parents and caregivers have very strong feelings about in-person versus distance learning. Despite disagreement about which method of learning is best, almost everyone is worried for their children's health, safety, and development during this time. When weighing the merits of each learning option for students, it is important for parents, caregivers, and schools to consider the ways in which the behavioral health of their children is being affected by the pandemic, and the impacts to their students' ability to learn, retain new information, and advance academically. Refer to the COVID-19 Behavioral Health Toolbox for Families for tips on how to navigate some of the emotional responses that families may experience during the COVID-19 pandemic. The toolbox provides general information about common emotional reactions of children, teens, and families during disasters. Families, parents, caregivers, and educators can use this information to help children, teens, and families recover from disasters and grow stronger.

Child Abuse

Child abuse and domestic violence increase significantly in post-disaster settings, such as the COVID-19 pandemic.[22,23] Traumatic brain injuries (TBIs) are the most common form of injury due to child abuse after a disaster. In a virtual learning setting, an abuser may be present during all interactions between the child and educator. This may change and limit opportunities to ask directly about abuse and neglect and to make inquiries into whether or not a child feels safe in the home. Typical cues that teachers may use to spot signs of abuse or neglect are often unavailable in a virtual environment.

Signs of child abuse that may be visible in a virtual setting may include the following:

- Abnormal levels of participation in online classes (e.g., being unusually vocal and disruptive, having difficulty paying attention, or being very withdrawn)
- Extremely flat or blunted emotional expression (e.g., not laughing or interacting appropriately to social cues with peers)
- Unusual degree of physical disarray (e.g., clothing is noticeably dirty, not properly fitted, or inappropriate for weather or age; hair or skin is noticeably dirty or unwashed)
- Observable bruising on face, head, neck, hands , wrists, shoulders, or arms

- Excessive sleepiness or lethargy (e.g., putting their head down, excessive yawning, difficulty concentrating, falling asleep during instruction)

Masks and Face Coverings

The spread of COVID-19 is causing many changes and disruptions to daily life. Children and families are navigating complex issues with school, childcare, emotion regulation, and behavior. Another significant change is the statewide mask mandate, requiring everyone age 2 years and older wear a mask or face covering when in a public space.[24] While some children won't have any trouble with it, other children may struggle with wearing a face covering. It's a new sensation, it can slip around, and it impacts their natural tendency to put things in their mouth.

Some ways to help a child adjust to mask wearing are to:

- Model the behavior yourself
- Engage children with making or decorating their own masks
- Have them wear the mask for brief periods of time to get used to them (i.e., while dancing to a favorite song)

Refer to the Helping kids to wear cloth face coverings article and infographic for more detailed information and ways to support younger children in wearing face coverings.

Parenting and Working from Home

Managing the variety of responsibilities and demands of working from home while also balancing childcare and self-care can be overwhelming and have significant negative effects on behavioral health for children, adolescents, and adults. As we move into the fall months and educational instruction resumes, families with parents and caregivers working from home should try to create a helpful structure in their daily schedule. Establishing a plan or daily schedule for everyone in the household can help create a sense of stability and comfort during a time when there are many unknowns. To the extent that is possible, recognizing that it may not be an option for many people, work areas should be separated from family or home areas with physical boundaries (e.g., doors, room dividers, a separate table) in order to help the brain mentally separate work from home.

Substance Use

Many individuals and communities are experiencing a significant lack of control over their personal and environmental circumstances in the current stage (6–7 months post-impact) of the pandemic. As we move further into the disillusionment stage, the need to manage distressing or difficult feelings related to stress and frustration may become problematic by manifesting in substance use for some. When individuals feel loss of control along with associated stress, worry, and fear, it is very common for those feelings to be expressed outwardly in the form of frustration and anger. These feelings are frequently managed with substance use.

Additionally, mixed messaging at the federal level, messaging from states, and varying degrees of media coverage related to COVID-19 risks and potential outcomes have created a high baseline level of uncertainty within many communities. For many people in Washington, it is likely that the summer months of 2020 will include a significant sense of frustration and higher rates of substance use than might otherwise typically be present. **Most, but not all, substance use issues will be an exacerbation of pre-existing problematic behavior**.[25] Given the extended period of unknowns, restrictions associated with the pandemic, and additional stressors

associated with the potential for multiple waves and subsequent disruption, substance use will likely surpass typical post-disaster levels.

Violence and Aggression

Hot weather is often correlated with an increase in physical violence and aggression.[26] Coupled with the potential for problematic substance use which tends to reduce impulse control, an increase in the number of physical assaults and property crimes is expected in the summer months as the weather gets warmer, including arson associated with aggression.

As individuals move into the *disillusionment phase*, they often experience several extreme stressors and significant negative events, such as fear of getting sick or loss of loved ones,[18,27] unemployment,[17,27] or property loss.[17,27,28] Individuals often feel powerlessness and a loss of control as a result of these acute experiences.[27,28] This leads individuals to direct their feelings (like anger, frustration, sadness, fear, and anxiety) either towards themselves by acting "in" or towards others by acting "out."[27,28,29] Both self-harm and interpersonal violence increase significantly after disasters.[27] This refers to how people are expressing themselves and their emotions in the context of a disaster response timeline, not expressions due to underlying causes or larger-scale social issues, which could also be drivers of behavior.

There is evidence that nationally, people's behaviors and emotions are intensified by the experience of COVID-19. They are acting in ways they normally wouldn't in circumstances without the stressors and impacts of the pandemic, which can **intensify** and **magnify** existing feelings of distress, anger, fear, and aggression. There have been significant increases in handgun sales. In Washington, the number of federal background checks for handgun sales was 61% higher in March–July 2020 than the number for the corresponding period in 2019.[30] This may present more risk for gun violence, including suicide.[31] **The most acting "out" behavior related to the COVID-19 pandemic is likely to continue until there is a significant decrease in the number of hot days and an increase in rainy or cooler days.**

Violence against women increases after every type of disaster or emergency.[32] Rates of intimate partner violence and child abuse have increased significantly in Washington. Weekly surveys of Washington law enforcement agencies indicate that domestic violence offenses remain elevated at levels 14% higher than those in 2019.[33] However, these data only represent 25–30% of law enforcement agencies any given week. Based on data from previous disasters, it is likely that–even among reporting agencies–the true number of domestic violence cases is significantly higher.

Social Connection, Travel, and Resilience Building

The continued development of *psychological resilience* (adaptability and flexibility, connection, purpose, and hope) in the summer months should be strongly encouraged. New opportunities to spend time outdoors with an increase in warm and pleasant weather should be leveraged when conditions allow. State health guidelines outline considerations for safe travel, and local health departments may also have guidelines. Encouraging people to engage in **healthy outdoor activities as a way of active coping is highly recommended when group size is limited appropriately, safe physical distancing can be maintained, and face coverings are worn**.

Continuing to reconnect and engage with loved ones and family members from whom many people have been separated should also be encouraged when these encounters can be done outdoors, at a safe physical distance, and with appropriate safety measures in place (e.g., hand washing and face coverings).

Community resilience is the capacity of individuals and households within a community to absorb, endure, and recover from the impacts of a disaster. Approximately 50% of Washington residents have one or two risk factors that can threaten resilience, including unemployment, being a single parent, lower socioeconomic brackets, or pre-existing medical conditions.[34] Resilience can be actively developed both on individual and community levels. Creative social connection, as part of resilience, can also be encouraged and developed. It can be amplified to increase social connection. This helps reduce behavioral health symptoms and encourages development of active coping skills for the population at large.

The typical long-term response to disaster is **resilience**, rather than disorder.[1,35] Resilience is something that can be intentionally taught, practiced, and developed for people across all age groups. Resilience can be increased by:[36]

- Becoming **adaptive** and psychologically **flexible.**
- Focusing on developing social **connections**, big or small.
- Reorienting and developing a sense of **purpose.**
- Focusing on **hope.**

Community support groups, lay volunteers, law enforcement, first responders, and social organizations and clubs are resources that can be developed to help reduce behavioral health symptoms for the general population. These should be leveraged to take pressure off of depleted or unavailable professional medical and therapeutic resources throughout 2020.

Specific Areas of Focus for Transition into September 2020

Medical and specialty providers, organizations, and facilities should attempt to develop resources and staffing to address behavioral health impacts of the pandemic. Support strategies need to be tailored based on the current phase of the incident and the target population.

There are a number of additional factors and considerations that impact behavioral health to take into account as fall approaches:

- Ending of some local (county and city) eviction moratoriums, unless deferred, may result in unstable housing and housing crises for people who have experienced unexpected decreases in income or unemployment.
- Ending of federal support programs (e.g., Payroll Protection Act, supply distribution) may cause communities to realize that there are substantial gaps between their needs and available resources.
- An eventual return to baseline levels of functioning for many people should occur around 14 months after the initial outbreak. **This is assuming that the rates of infection do not continue to significantly increase and that a sense of the new normal is underway.**
- In Washington, the highest risk of suicide will likely occur between October and December 2020. This is consistent with known cycles of disaster response patterns. Seasonal affective disorder worsens mental health challenges at this time of year due to increased hours of darkness and inclement weather. Winter holidays can also worsen mental health challenges for many people, as they are often an emotionally and financially difficult time of year.
- Given the current sociopolitical climate, election season will also likely have a strong impact on the behavioral health of Washingtonians.[37]

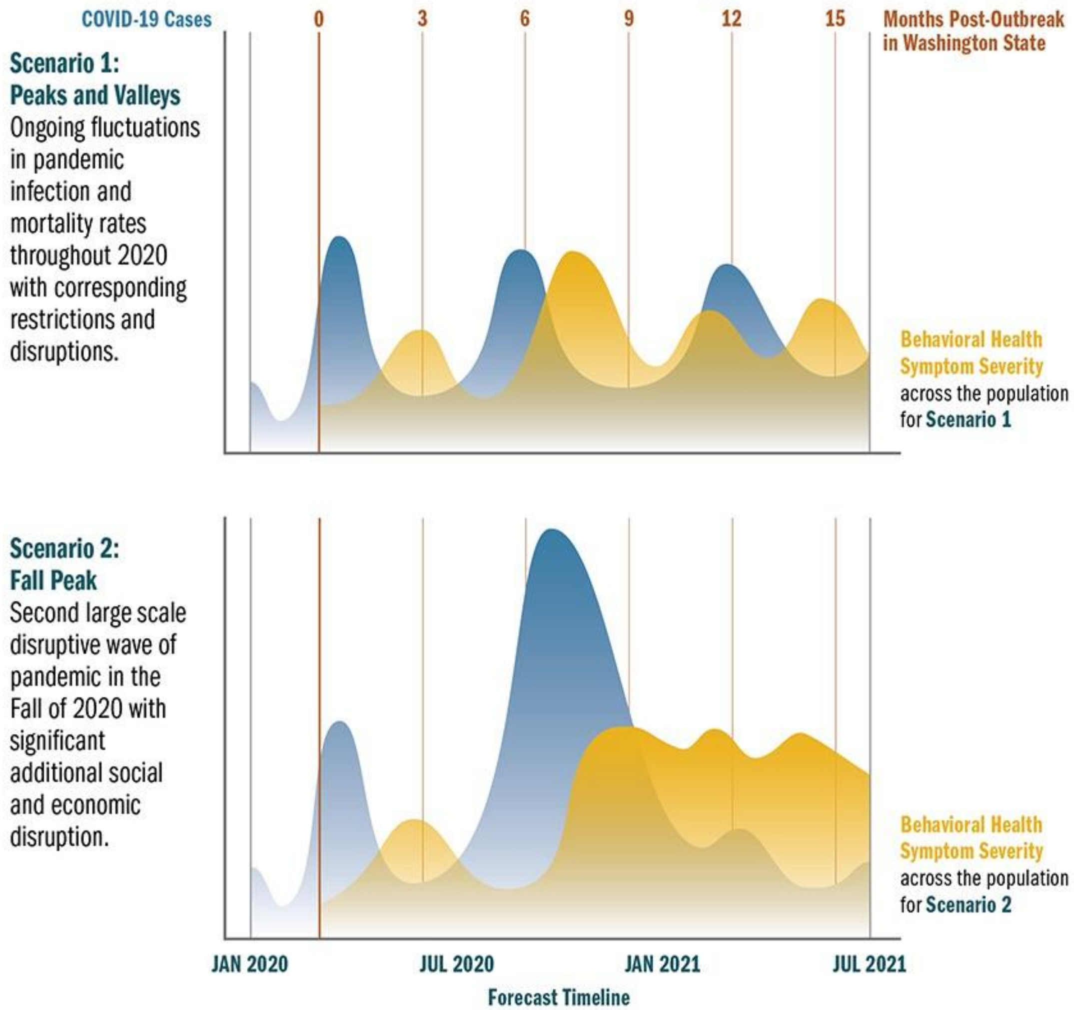


Figure 3: Possible pandemic wave scenarios for COVID-19 and forecasted behavioral health symptoms.

Key Things to Know

- Approximately 650,000 Washingtonians were receiving treatment for behavioral health needs prior to the COVID-19 outbreak.[38]
- Approximately 700,000 Washingtonians have mental health concerns, but were **not** receiving services prior to the outbreak.[38]
- While only 4–6% of people typically develop symptoms of PTSD after a disaster (equivalent to 380,000 individuals in Washington), **this number can vary quite a bit depending on the type of disaster. It is often higher among first responders and medical personnel if the disaster is more chronic, widespread, children are hurt or injured, and burnout is likely**.[39,40]
- Rates of PTSD have been much higher (10–35%) in some places more directly impacted by a critical incident.[41] Although rates of PTSD may not reach such critical levels in Washington, it is anticipated that **rates of depression are likely to be much higher (potentially 30–60% of the general population, which is equivalent to 2.25 million to 4.5 million people in Washington[41]) due to the chronic and ongoing social and economic disruption in people's lives as a result of the COVID-19 pandemic.** This is a much higher rate than typical after a natural disaster where there is a single impact point in time.
- If we are to experience an additional fall peak of illness as a function of this pandemic, significant behavioral health reactions or functional impairments may be experienced by approximately 45% of the population.[42,43]
- The most common symptoms of trauma in children and teens in the context of disaster recovery include eating too much or too little, difficulty sleeping, having bad dreams or nightmares, sleeping too much or too little, changes in behavior, and difficulty learning and remembering new things. It is also very common for children and youth of all ages to experience some regression, such as acting like they did as a younger child.[44]
- Suicide and drug overdose rates are both highly influenced by unemployment.[10,45,46,47] For every 1% increase in the unemployment rate, there is a corresponding 1.6% increase in the suicide rate[45] and an increase of one drug overdose death per 300,000 people.[46] In Washington, approximately 1,231 people die from suicide annually and 1,173 people die from drug overdose annually.
  - The unemployment rate in Washington was 9.8% in June 2020,[48] 5.5 percentage points higher than June 2019. If sustained, this could result in an additional 108 deaths annually by suicide and an additional 140 deaths annually by drug overdose.
- In the context of post-disaster recovery, individuals often utilize substances as a way to relieve psychological suffering. As such, disasters are linked to increased use of tobacco, cannabis, and alcohol.[49]
  - Prior to COVID-19, approximately 24% of individuals with mood disorders reported using alcohol or drugs to relieve symptoms, 10% of individuals with an anxiety disorder reported self-medicating with alcohol, 3% of individuals with an anxiety disorder reported self-medicating with alcohol and drugs, and 21% of individuals with PTSD reported using alcohol and other drugs to relieve their psychological symptoms.[49] **Due to the extended nature of a pandemic, it is likely that self-medication and use of substances of all types will increase significantly over the next 6–9 months.**
    - As compared to June 2019, cannabis tax collections for June 2020 were up 31%.[50] There has also been a corresponding rise in alcohol-related emergency department visits in 2020.[51]

- Given these increases, healthcare providers should suggest both healthy alternatives for coping and sources of support. For additional resources, visit DOH's Behavioral Health Resources & Recommendations webpage for providers.

- Based on population data for Washington and known cycles of common psychological responses to disasters, as well as the latest outcome data specific to COVID-19, **we can reasonably expect that approximately three million Washingtonians will experience clinically significant behavioral health symptoms over the next two to five months. Symptoms of depression will likely be the most common, followed by anxiety and acute stress.** These symptoms will likely be strong enough to cause significant distress or impairment for most people in this group.
  - Weekly survey data suggest that over 1.9 million Washington adults are experiencing symptoms of anxiety on at least most days, and over 1.4 million are experiencing symptoms of depression on at least most days (Figure 4).[52]

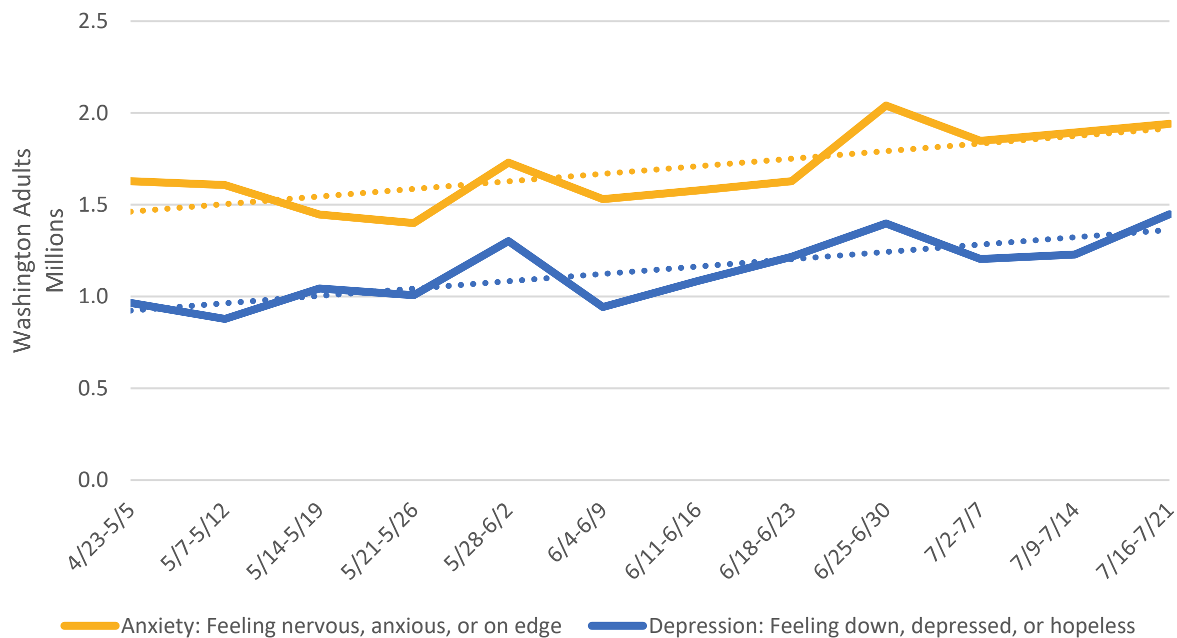


Figure 4: Estimated Washington adults experiencing symptoms of anxiety and depression at least most days, by week: April 23–July 21 (Source: U.S. Census Bureau)

- It is important to note that these numbers likely do not reflect the total number of individuals that will be able to seek and access services. Capacity building should include creative and flexible service provision, particularly within rural communities and underserved populations, with specific mindfulness around cost of services, access to technology (e.g., for telehealth), availability of services, and stigma related to behavioral health.
- An eventual return to pre-pandemic baseline levels of functioning by April or May 2021 is anticipated for many people. However, this is dependent on the level of disruption caused by a potentially dramatic increase in COVID-19 cases in the fall of 2020 or winter of 2021.[1,2]

Background Data and Analysis

National Prevalence Rates

Mental illness, behavioral health diagnoses, and demographics[53,54]

- Generalized anxiety disorder = approximately 1.0% of adolescents, 2.7% adults
- Panic attacks = 11.2% of adults
- Panic disorder = approximately 2–3% of adolescents and adults
- Mood disorders = approximately 9.7% of adults
- Depression = 10–20% of adults[55]
- Post-traumatic stress disorder (PTSD): 3.6% of adults[53]

National prevalence rates for substance-related disorders[53,54,56]

- Nicotine dependence = 11.0% of adults
- Alcohol use disorder = approximately 4.6% of adolescents, 8.5% of adults
- Cannabis use disorder = approximately 2.3% of adolescents, 5% of young adults, and 0.8% of adults
- Opioid use disorder = approximately 0.6% of adolescents, 1.1% of young adults, and 0.8% of adults

Washington Data

- Population: Approximately 7.6 million
- Percentages with baseline serious mental illness
  - Adults 18 and over = 5.3%[38] (or 400,044 people)
  - Young adults from 18–25 = 6.2%[38] (or 29,014 people)
- Percentage of adults 18 and over with any mental illness who received treatment: 45.6% (approximately 650,000 people or 8% of the total population of Washington)[38]
- Depression = 12.7% in Washington, 41.1% of whom received mental health services[38]
- Death rates[57]
  - Annual suicide rate = approximately 16.2 per 100,000
  - Annual drug overdose death rate = approximately 15.4 per 100,000

Acknowledgements

This document was developed by the Washington State Department of Health's Behavioral Health Strike Team for the COVID-19 response. The strike team is a group of clinical psychologists, psychiatrists, and therapists who are professionals in disaster relief and behavioral health. Lead authors from the strike team are Kira Mauseth, Ph.D. and Stacy Cecchet, Ph.D., ABPP. Other contributing authors include Tona McGuire, Ph.D., Nick Fradkin, MPH, MPA, Lareina La Flair, MPH, Ph.D., and Lindsay Gorgen.

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SBH-ASO SABG RFP Proposal Overview 9/2020

FUNDING	Orignal Allocation	Revised Allocation		Total by category
Total	$403,000	$126,000		
Adult	$285,000	$100,000	6 requests	$504,560.00
Youth	$100,000	$20,000	1 request	6,300.00
Transportation	$18,000	$6,000	4 requests	22,435.40

Adult Treatment Funding Allocation by County	
Clallam	30%
Jefferson	10%
Kitsap	60%

County	Agency	Priority	Program Description/Major Features	Number Served	Amount of Request	Cost per Unit	Agency Report of number served July-Dec 2019	Agency Report of number served Jan-Jun 2020	Number served per SBH-ASO Utilization Management Jan-Jun 20	Committee Recommendations
Kitsap										
	Agape	Adult	Un/Underinsured outpatient (1-9 hours per week)	30	$67,200.00	700/mo	**19**	6	32	$25,000.00
		Transportation	Bus and ferry	15	$1,252.50					$1,252.00
	Kitsap Recovery Center	Adult	Outpatient treatment to jailed (ASAM 1.0 and 2.1)	16/mo	$134,400.00	700/mo	**not provided**	1	3	$10,000.00
	West Sound Treatment Center	Adult	Outpatient 12-15 session per month	86	$199,125	750/mo	**112**	68	16	$25,000.00
		FTE Requests	Navigator, SABG Coordinator (Ineligible)		$48,936					$0.00
		Transportation			$18,000.00					$2,250.00
Clallam										
	Reflections	Adult	Outpatient treatment, assessment engagement	15/mo	$93,700.00	700/mo	**20**	23	46	$20,000.00
		Youth	Outpatient treatment, assessment engagement	1/mo	$6,300.00	700/mo				$6,300.00
	Peninsula Behavioral H	Adult	Outreach, assessment, case mangemetn, group	5/mo	$37,950.00	645.49/mo	*	*	*	$10,000.00
		Transportation			$779.40					$779.00
Jefferson										
	Beacon of Hope	Adults	Outreach, intake, jail population	36	$22,585.00	$83.65/hr	**41**	36	34	$10,000.00
		Adult	Treatment	10/mo	$84,000.00	$700/mo				
		Transportation			$2,404.00					$1,719.00
					$716,631.90					

Total to contract	**$112,300.00**
Remaining	$13,700
Total Available	$126,000.00

Providing Behavioral Health Services in Clallam, Jefferson and Kitsap Counties

SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION ADVISORY BOARD MEETING

DATE: **Friday, December 18, 2020**

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://zoom.us/j/95165461251

Meeting ID: 951 6546 1251

Passcode: 844454

USE PHONE NUMBER and MEETING ID TO JOIN BY PHONE:

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

Meeting ID: 951 6546 1251

AGENDA

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 Notes for October 2, 2020 (Attachment 5)
6. Action Items
   a. Approval of January-June 2021 Federal Block Grant Plans (Attachments 6.a.1 & 6.a.2)
7. Informational Items
   a. Bridges Ombuds Presentation
   b. Regional Provider Network Update
   c. Code of Conduct Attestation (Attachments 7.c.1 & 7.c.2)
   d. SBH-ASO Advisory Board Meeting Calendar
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
BAART	A BayMark health services company, opioid treatment company
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
FYSPRT	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
SBHO	Salish Behavioral Health 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

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION ADVISORY BOARD MEETING

December 18, 2020

Action Items

A. APPROVAL OF JANUARY-JUNE 2021 FEDERAL BLOCK GRANT PLANS

SBH-ASO is presenting updated Block Grant plans for January 1, 2021 through June 30, 2021. These are expected to be comparable for July 1, 2021 through December 31, 2021.

Mental Health Block Grant (MHBG): The MHBG plan provides funding for 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.

Substance Abuse Block Grant (SABG): The plan aligns funding in accordance with SBH-ASO budget. It also aligns with the final RFP allocations. Brief intervention includes mobile crisis response services, as well as community outreach in response to agency RFPs. Engagement and Referral includes crisis line funding, as well as agency RFP driven 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.

Staff will discuss the information above in greater detail.

Informational Items

A. BRIDGES OMBUDS PRESENTATION

Presentation by Bridges Ombuds Vivian Morey. Vivian will review Quarter 1 and Quarter 2 Ombuds contacts for 2020. She will discuss any trends and provide updates from the state Ombuds meetings.

B. REGIONAL PROVIDER NETWORK UPDATE

Telehealth is still the primary mode of service provision across the SBH-ASO provider network. Many agencies are providing limited in person services for specific populations or needs. Strategies have been very specific by agency. Some areas impacted include fewer in person intakes and continued limited access to group treatment. Kitsap Mental Health Services' Crisis Triage capacity decreased from 16 to 10 beds to enhance safety and physical distancing requirements. Agencies have reported COVID-19 related shutdowns and staff quarantines across the region. The agencies have been working with Public Health and managing these challenging situations.

Crisis agencies continue to provide services to our communities. The number of involuntary treatment evaluations and detentions continue to outpace the same time period in 2019. We have seen changes in the crisis leadership at Kitsap Mental Health Services, Peninsula Behavioral Health, and Discovery Behavioral Health. PBH and DBH have both hired new DCR supervisors to start in December. KMHS is still recruiting for the crisis supervisor role. These changes are not COVID related. SBH-ASO will continue to provide technical assistance through these transitions. Staff will discuss the information above in greater detail.

C. CODE OF CONDUCT ATTESTATION

The SBH-ASO is committed to ensuring that all staff, board members and volunteers conduct their SBH-ASO related activities professionally, ethically, and in compliance with all applicable state and federal statutes, regulations, and guidelines applicable to Federal Health Care programs and with all SBH-ASO Policies and Procedures.

In order to support this commitment, SBH-ASO requests that Board Members review and attest to the SBH-ASO Code of Conduct on an annual basis. The Code of Conduct has been included in the Board packet for review and discussion. Following the Board Meeting, staff will email the attached Code of Conduct Policy and Attestation to each Board Member for review and signature.

D. 2021 BHAB MEETING CALENDAR

In 2021, the SBH-ASO Executive Board is scheduled to meet every other month. Staff is recommending that the BHAB meeting quarterly and during a month that does not also have an Executive Board Meeting. The suggested schedule below also allows for one joint meeting with the Executive Board. Staff recommends the following schedule for BHAB Meetings in 2021:

1st Friday, February 5th

1st Friday, June 4th

3rd Friday, September 17th (Joint with Executive Board)

1st Friday, December 3rd

MINUTES OF THE
SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION
ADVISORY BOARD

Friday, October 2, 2020
10:00 a.m. - 12:00 p.m.
VIRTUAL ONLY

CALL TO ORDER –Lois Hoell, 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 –

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

APPROVAL OF JUNE 2, 2020 MINUTES

> **MOTION: Anne Dean moved to approve the June 2, 2020 minutes as submitted. Jon Stroup seconded the motion. Motion carried unanimously.**

ACTION ITEMS

- **KITSAP COUNTY SBH-ASO BH ADVISORY BOARD APPLICANT**

On June 12, 2020, SBH-ASO received an application for appointment to the SBH-ASO Behavioral Health Advisory Board. The application is for the remaining Kitsap County seat. A brief summary of information shared by the applicant, Helen Havens, is outlined below for the Advisory Board's consideration.

Helen Havens has been a resident of Kitsap County since 1977. Helen has a bachelor's degree in psychology and extensive training in mental health treatment, addiction treatment, crisis intervention and client-centered treatment planning. Helen is now retired after working for many years as a co-occurring disorders therapist.

Helen has previously served on numerous committees including the Solid Waste Advisory Committee and the Transportation Advisory Committee. Helen currently serves on both the Kitsap Housing and Homelessness Coalition and Kitsap County Mental Health, Chemical Dependency and Therapeutic Court Citizen's Advisory Committee. Helen was appointed to the Kitsap County Mental Health, Chemical Dependency and Therapeutic Court Citizen's Advisory Committee in March of this year and serves to represent the Salish Behavioral Health Administrative Services Organization.

Helen spoke of her interest and reasons for wanting to participate in the SBH-ASO BH Advisory Board. The current SBH-ASO BH Advisory Board members appreciated her activism and candor.

MOTION: Sandy Goodwick moved to approve Helen Havens as a Kitsap County SBH-ASO BH Advisory Board member as submitted. Anne Dean seconded the motion. Motion carried unanimously.

INFORMATIONAL ITEMS

- **SBH-ASO REGIONAL PROVIDER UPDATE**

Behavioral Health Service Delivery during COVID-19.

- Agencies are working diligently to safely provide behavioral health services within our communities. Telehealth is still the primary mode of service provision across many providers. Many agencies have also worked with HCA to access additional cell phones and minutes for client use, as well as, agency Zoom subscriptions to facilitate telehealth access. Staff are hearing reports from agencies that some individuals are starting to experience fatigue with remote options and seeking return to in-person treatment. Some providers are starting to experience a decrease in engagement via electronic platforms.

- Agencies have reported challenges with staff feeling uncomfortable reporting to work, requiring leave due to children at home, and out of work due to quarantine. There is a significant increase in staff stress across all providers as in many work arenas. In a field where staff burnout is not uncommon, the increased stress due to COVID has increased the need for staff support.

  Substance use disorder (SUD) treatment agencies are reporting an increase in SUD service request across all payors. One provider in Kitsap reported a nearly 25% increase across all payors.

  Requests and referrals for Crisis Outreach Services, in general, decreased briefly in March and April. In May, requests and referrals to local crisis teams began to increase and the volume of calls to the Regional Crisis Hotline notably increased.

Crisis System and Involuntary Treatment Update

- As noted above, the number of calls to the Regional Crisis Line significantly increased in May. Required call metrics for crisis line have continued to be a challenge. The volume of calls has slowly started to decrease since the month of May but has not returned to the lower volume that was previously forecasted. And, while the volume of calls is slowly decreasing, the length of call, or "talk time" has continued to increase. Staff increased this contractor's funding to support the increase in volume.

  Salish's Crisis Hotline contractor, Volunteers of America, reports challenges with staffing due to COVID call outs (due to illness, anxiety, and/or quarantine). With the increase in funding from SBH-ASO, VOA has hired new staff who are close completing training and going live on the hotline. They are also working on a cloud platform that will allow for individuals to work from home. Currently, call center staff are required to work on-site.
  Staff will review current crisis hotline metrics compared to contract requirements.

  Questions regarding call tracing and/or calling 9-1-1 response to concerns for safety, as well as those that result in ITA treatment. The SBH-ASO has not requested the call tracing and/or 9-1-1 requests. Since the Salish Regional Crisis Line (SRCL) provides dispatch, the regional crisis providers would be the one's to determine an ITA.

- Staff has seen an increase in Involuntary Psychiatric Inpatient Treatment stays since March 2020. There was a pause in April, presumed to be due to COVID. Then, there was a significant jump in the number of authorized bed days in May. Since May, the inpatient utilization has remained at that higher level. Providers report the acuity of symptoms in individuals they encounter is higher. This may be due to not accessing regular treatment, avoidance of hospital stays due to COVID, and families and the community not seeking assistance as early as they may have in the past.

  Staff will review involuntary treatment investigation data for January-June 2019 versus January-June 2020.

  Reviewed attachment 7.a.

  Discussion regarding the reasons why the involuntary treatment investigations are increasing. One of the reasons for this increase is due to COVID-19, such as required quarantine, increases in isolation, etc.

  Discussion from members regarding the need for support for trained peers to participate in crisis interventions, such as peer lead trainings or support in crisis situations.

➢ **SBH-ASO 2020 BUDGET UPDATE**

The initial SBH-ASO 2020 budget which was approved by the Executive Board in November 2019 included $1,300,000 for Involuntary Psychiatric Inpatient Treatment. The budget update approved by the Board in May, increased the budget for Involuntary Psychiatric Inpatient Treatment to $1,490,000 for the calendar year. Many Evaluation and Treatment Centers and Community Hospitals have not been following SBH-ASO's Utilization Management requirements and have not been submitting notification requests when serving a Salish BH-ASO individual at their facility. This has made it exceptionally difficult to monitor ITA Inpatient Treatment Utilization and Expenses. SBH-ASO is required to pay for Involuntary Treatment Services regardless of a facilities compliance with these standard requirements.

The SBH-ASO ITA Inpatient Authorized Bed Days as of the end of August were: January (145), February (136), March (170), April (75), May (208), June (245), and July (220). If Utilization continues steady at July's rate, the SBH-ASO could have as much as $2,200,000 in ITA Psychiatric Inpatient expenses for calendar year 2020.

Staff believes that the additional ITA Inpatient expenses can be covered this year without cutting additional behavioral health services in 2020. This can be accomplished by using the unspent HCA administrative allowances from January-June 2020 to pay for inpatient treatment costs. Due to allocating a portion of Salish's administrative expenses back to the SBHO for closeout activities, additional SBH-ASO Administrative Funds remain. SBH-ASO also reduced its administrative expenses beginning in September, by a reduction in force. One SBH-ASO staff member, Richelle Jordan, was laid off in August. Lastly, SBH-ASO will utilize $196,000 in January-June 2020 proviso funds to pay for Inpatient Treatment.

Discussion of individuals who have repeat stays or ways in which to capture the success of those individuals who have repeat stays. Reviewed that the data does indicate repeat stays for some individuals, as well as the barriers to access resources to reduce those repeat stays. There are currently fewer resources available for individuals without Medicaid or other insurance..

Ombuds asked how to assist individuals to access Medicaid when they have spenddowns that have been met due to medical expenses that exceed their spenddown. Discussion that DSHS processes these requests and due to COVID-19 there have slowed response. Participants discussed their personal experiences and offered suggestions. SBH-ASO staff will follow up with Ombuds to help provide comprehensive recommendations and ways in which they can support the Ombuds and client's needs.

Reviewed that across the state all ASO's are reporting an increase in all ITA stays.

Discussion regarding whether budget changes would be sufficient to cover the shortfall. Staff noted that this does cover the shortfall as far as currently projecting. Discussed the workload from reducing by one (1) staff within the SBH-ASO.

- **UPDATE ON STATEWIDE BEHAVIORAL HEALTH FORECAST (7.C)**

In August, Washington State Department of Health updated its report: *High-Level Analysis of Forecasted Behavioral Health Impacts from COVID-19.* This WA DOH analysis has been attached for the Board's reference. Staff will provide a brief summary of key takeaways, timelines and SBH-ASO efforts to respond to the concerning forecast.

Reviewed attachment 7.c.

Comment regarding how much the federal government has provided any support or direction towards COVID-19. WA DOH does indicate that the current political climate is affecting the progression of COVID-19 as well as the heightened symptomology.

Board member recommended a peer lead and evidence-based training, "Alternatives to Suicide," and may reduce inpatient utilization.

- **PRELIMINARY SBH-ASO 2021 BUDGET**

Staff created a preliminary 2021 budget based upon current funding allocations in SBH-ASO's contract with HCA. In order to prevent an SBH-ASO fiscal crisis related to continued increases in involuntary treatment costs, the SBH-ASO must refocus on its core responsibilities and mission when budgeting for 2021.

Per contract, SBH-ASO's core responsibilities include:

- Crisis Services (Crisis Hotline, Mobile Crisis Outreach and Involuntary Treatment Investigations)
- Involuntary Treatment (ITA Psychiatric Inpatient, ITA Withdrawal Management, and LRA Monitoring)
- Special Programs with dedicated funding (HARPS, FYSPRT, Peer Bridger's etc.)

In order to prepare for a likely surge in utilization of crisis services and involuntary treatment, additional funding must be budgeted for these expenses in 2021. After this adjustment, there is only $126,000 remaining for non-mandatory or discretionary services in 2021, and these funds are allocated by the 2021 Substance Use Disorder RFP, which is reviewed later in this agenda packet.

The preliminary 2021 budget planning process has been exceptionally difficult and results in additional cuts to non-mandatory services. These cuts must include: withdrawal management,

substance use disorder residential, mental health residential, and facility-based crisis stabilization/triage services. In order to balance the 2021 budget, staff had to also reduce SBH-ASO's administrative/operating expenses, even though these expenses were already below the HCA contract limits.

Staff will discuss this process in greater detail and share other potential short-term grant opportunities that could temporarily fund some of the service cuts identified above.

Discussion regarding research related to the impact of reducing the lower level services on the usage of higher-level services. Members asked how to advocate to increase funding to these lower level services. Referred to advocacy groups and reaching out to government officials.

- **SBH-ASO 2021 SUD REQUEST FOR PROPOSAL RESULTS (7.E)**

SBH-ASO released an RFP on July 1, 2020. The RFP encompassed youth and adult substance use disorder treatment and treatment supports for calendar year 2021. The initial funds available for allocation was $403,000. However, due to increasing non-Medicaid crisis and involuntary treatment expenses, staff reduced the funds available for allocation to $126,000.

Four Advisory Board Members volunteered to serve on the RFP Review Committee and the Advisory Board supported the Review Committee's recommendations serving as the entire Board's recommendations.

The SUD RFP Committee convened on the morning of September 4th. The committee included representation from all three counties. The committee reviewed the RFP requirements. The committee discussed the expected funding available and the revised funding available. The committee considered requests proposal scores, community needs, and funds available to meet those needs. The discussion focused on concerns about the quality of some proposals compared to others, utilization reported in the proposals, community need, and regional funding allocation.

Youth services were requested by only one provider. With the recommendation to fully fund the single youth services proposal, $13,700 of youth funding remains unallocated. All funds were allocated as indicated in the attached table.

The Advisory Board's recommendations were presented to the Executive Board on September 18th and the Executive Board unanimously approved awarding the funds per the Advisory Board's recommendations.

Reviewed attachment 7.e.

Appreciation was given to the committee participants from the SBH-ASO members.

The percentages by county for these services were determined by county population and need.

- **EARLY WARNING SYSTEM WORKGROUP AND DEVELOPMENT OF NEW REGIONAL IMC FORUM**

The Early Warning System (EWS) Workgroup was a Health Care Authority required activity for BHOs and BH-ASOs. The purpose of the EWS was to create a process for identifying and resolving early system issues related to the transition to Integrated Managed Care (IMC). A steering committee was created in mid-2019 and included a diverse group of stakeholders. The

EWS workgroup convened monthly, beginning in February and concluding in July. During each meeting, data and provider feedback was reviewed from the previous month.

General themes from EWS included: provider concerns about the timeliness of Managed Care Organization's responding to concerns about payment delays and/or incorrect payment amounts, provider concerns about percentage of claims being denied by MCOs and the overall increase in complexity and administrative burden under the IMC structure. At the conclusion of the EWS, many of these provider concerns remained.

In early August, staff reached out to its provider network to inquire about their interest in convening an Integrated Managed Care Problem Solving Forum. Staff suggested that Interlocal Leadership Structure, that was formed in late 2018 and had not convened since the end of 2019, could be restructured to meet this need. Providers expressed interest in convening a Regional IMC Problem Solving Forum. Staff has scheduled an initial virtual meeting with provider leadership for October 9th.

PUBLIC COMMENT

- Anne Dean, SBH-ASO BH Advisory Board, and other board members appreciate the SBH-ASO staff for the way in which they present information from a broad level to a smaller level that is helpful and easier to understand.
- Helen Havens, newly appointed SBH-ASO BH Advisory Board, empathized with the board and community providers. Noted appreciation for being a part of this board.

GOOD OF THE ORDER

- The next meeting for the Salish BH-ASO Advisory Board is Friday, December 4, 2020 at 10:00 a.m.

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

ATTENDANCE

BOARD MEMBERS	STAFF	GUESTS
Present:	Stephanie Lewis, SBH-ASO Administrator	Helen Havens
Lois Hoell, SBH-ASO Advisory Board	Jolene Kron, SBH-ASO Deputy Administrator/Clinical Director	Vivian Morey, DRC Ombuds
Sandy Goodwick, SBH-ASO Advisory Board	Doug Washburn, Human Services Director	Anna McEnery, Jefferson Public Health
Anne Dean, SBH-ASO Advisory Board	Martiann Lewis, SBH-ASO Care Manager	
Janet Nickolaus, SBH-ASO Advisory Board		
Jon Stroup, SBH-ASO Advisory Board		
Excused:		

Jolene Sullivan, SBH-ASO Advisory Board, Tribal Representative		

NOTE: These meeting notes are not verbatim.

Mental Health Block Grant: 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
Prevention & Wellness – Activities that enhance the ability of persons diagnosed with SMI or SED, including their families, to effectively decrease their need for intensive mental health services:				$0.00
Screening, Brief Intervention and Referral to Treatment	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Brief Motivational Interviews	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Parent Training	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Facilitated Referrals	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Relapse Prevention/ Wellness Recovery Support	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Warm Line: Please note that ALL costs that directly serve persons with SMI/SED and their families must be tracked.	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Outcomes and Performance Indicators:				
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	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Specialized Evaluations (Psychological and Neurological)	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00

Service Planning (including crisis planning)	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Educational Programs	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Outreach	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Outcomes and Performance Indicators:				
Outpatient Services – Outpatient therapy services for persons diagnosed with SMI or SED, including services to help their families to appropriately support them.				$0.00
Individual Evidenced-Based Therapies	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Group Therapy	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Family Therapy	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Multi-Family Counseling Therapy	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Consultation to Caregivers	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Outcomes and Performance Indicators:				

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	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Pharmacotherapy	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Laboratory Services	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Outcomes and Performance Indicators:				

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	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Skill Building (social, daily living, cognitive)	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Case Management	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Continuing Care	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Behavior Management	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Supported Employment	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00

Permanent Supported Housing	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Recovery Housing	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Therapeutic Mentoring	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Traditional Healing Services	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00

Outcomes and Performance Indicators:

Recovery Support Services – Support services that focus on improving the ability of persons diagnosed with SMI or SED to live a self-direct life, and strive to reach their full potential.				$0.00
Peer Support	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Recovery Support Coaching	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Recovery Support Center Services	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Supports for Self-Directed Care	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00

Outcomes and Performance Indicators:

Other Supports (Habilitative) – Unique direct services for persons diagnosed with SMI or SED, including services to assist their families to continue caring for them.				$500.00
Personal Care	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Respite	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Support Education	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Transportation	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Assisted Living Services	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Trained Behavioral Health Interpreters	*Begin writing here: Individuals presenting with need for interpreter services will have access.*	1	4	Enter budget allocation to this proposed activity $500.00
Interactive communication Technology Devices	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00

Outcomes and Performance Indicators: 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	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Intensive Home-Based	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00

Services				
Multi-Systemic Therapy	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Intensive Case Management	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Outcomes and Performance Indicators:				
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	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Adult Mental Health Residential	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Children's Residential Mental Health Services	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Therapeutic Foster Care	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
Outcomes and Performance Indicators:				
Acute Intensive Services – Acute intensive services requiring immediate intervention for persons diagnosed with SMI or SED.				$164,177.00
Mobile Crisis	*Begin writing here: Each inidicvidual within the Salish region will have access to Mobile Crisis Outreach services as needed.*	250	3000	Enter budget allocation to this proposed activity $116,677.00
	Begin writing here:			Enter budget allocation to this

Peer-Based Crisis Services		0	0	proposed activity $0.00
Urgent Care	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
23 Hour Observation Bed	*Begin writing here:*	0	0	Enter budget allocation to this proposed activity $0.00
24/7 Crisis Hotline Services	*Begin writing here: Each individual within the Salish region will have access to toll-free crisis line services and referral.*	70/month	700/month	Enter budget allocation to this proposed activity $47,500.00
Outcomes and Performance Indicators: Each individual within Salish region will havea 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.				$0.00
Workforce Development/Conferences	*Cost sharing*	0	0	Enter budget allocation to this proposed activity $0.00
Grand Total				**$164,677.00**

Substance Abuse Block Grant: 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:				$375,281.00
*PPW Outreach (required)	*Begin writing here: Outreach and crisis intervention with Pregnant and Parenting Women.*	12	*Begin writing here: Evidence of care coordination with referral sources to provide information on treatment and support services specific to PPW populations. Evidence of prioritization. 90% of individuals receive information.*	Enter budget allocation to this proposed activity $5,000.00
Outreach to Individuals Using Intravenous Drugs (IUID)	*Begin writing here:0*	0	*Begin writing here:0*	Enter budget allocation to this proposed activity $0.00
Brief Intervention	*Begin writing here: Brief intervention and crisis intervention services to individuals as part of the mobile crisis outreach service spectrum.*	250	*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.*	Enter budget allocation to this proposed activity $370,281.00
Drug Screening	*Begin writing here:*	0	*Begin writing here:*	Enter budget allocation to this proposed activity $0.00
*Tuberculosis Screening (required)	*Begin writing here: Tuberculosis screening services occur with every assessment completed. There is no additional cost outside of the assessment only or package service request.*	0	*Begin writing here: Screening is evidenced in 90% of reviewed files.*	Enter budget allocation to this proposed activity $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.				$43,550.00
Assessment	*Begin writing here: Assessments are completed upon request for any individual presenting for services without Medicaid and meeting low-income requirements.*	25	*Begin writing here: Assessments are completed upon request for any individual presenting for services without Medicaid and meeting low-income requirements.*	Enter budget allocation to this proposed activity $3,750.00
*Engagement and Referral (required)	*Begin writing here: Providing engagment, triage and referral to services within the community upon contact.*	200	*Begin writing here: Evidence of engagement, referral, and care coordination as indicated by individual need.*	Enter budget allocation to this proposed activity $39,275.00
*Interim Services (required)	*Begin writing here: Provision of services for individuals on waitlist for access to treatment.*	11	*Begin writing here: Provision of services for individuals on waitlist for access to treatment. Monitor for compliance with waitlist plicy and procedure.*	Enter budget allocation to this proposed activity $525.00
Educational Programs	*Begin writing here:*	0	*Begin writing here:*	Enter budget allocation to this proposed activity $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.				$44,450.00
Individual Therapy	*Begin writing here: Provide services for uninsured, under insured, low income individuals who are not eligible for Medicaid as part of service package.*	20	*Begin writing here: Evidence of treatment encounters appropriate to ASAM level of care as indicated by assessment and treatment plan.*	Enter budget allocation to this proposed activity $14,750.00

Group Therapy	*Begin writing here: Provide services for uninsured, under insured, low income individuals who are not eligible for Medicaid as part of service package.*	45	*Begin writing here: Evidence of treatment encounters appropriate to ASAM level of care as indicated by assessment and treatment plan.*	Enter budget allocation to this proposed activity $29,700.00
Family Therapy	*Begin writing here:*	0	*Begin writing here:*	Enter budget allocation to this proposed activity $0.00
Multi-Family Counseling Therapy	*Begin writing here:*	0	*Begin writing here:*	Enter budget allocation to this proposed activity $0.00
Medication Assisted Therapy (MAT) - Opioid Substitution Treatment	*Begin writing here:*	0	*Begin writing here:*	Enter budget allocation to this proposed activity $0.00
Community Support (Rehabilitative) – Consist of support and treatment services focused on enhancing independent functioning.				$0.00
Case Management	*Begin writing here:*	0	*Begin writing here:*	Enter budget allocation to this proposed activity $0.00
Recovery Housing	*Begin writing here:*	0	*Begin writing here:*	Enter budget allocation to this proposed activity $0.00
Supported Employment	*Begin writing here:*	0	*Begin writing here:*	Enter budget allocation to this proposed activity $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	*Begin writing here: Housing support services in recovery house for women and children. Supportive case management services.*	9	*Begin writing here: Tracking treatment attendance, completion of treatment. Goal achievement as indicated in assessment and treatment plan.*	Enter budget allocation to this proposed activity $25,000.00
Supported Education	*Begin writing here:*	0	*Begin writing here:*	Enter budget allocation to this proposed activity $0.00
Housing Assistance	*Begin writing here:*	0	*Begin writing here:*	Enter budget allocation to this proposed activity $0.00
Spiritual/Faith-Based Support	*Begin writing here:*	0	*Begin writing here:*	Enter budget allocation to this proposed activity $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.				$5,000.00
*Therapeutic Intervention	*Begin writing here: For services to children in residential treatment facilities serving PPW.*		*Begin writing here: Tracking use of Therapeutic Intervention services with monthly reporting.*	Enter budget allocation to this proposed activity

Therapeutic Intervention Services for Children (required)		10		$5,000.00
Sobering Services	*Begin writing here:*	0	*Begin writing here:*	Enter budget allocation to this proposed activity $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.				$0.00
Sub-acute Withdrawal Management	*Begin writing here:*	0	*Begin writing here:*	Enter budget allocation to this proposed activity $0.00
Crisis Services Residential/ Stabilization	*Begin writing here:*	0	*Begin writing here:*	Enter budget allocation to this proposed activity $0.00
Intensive Inpatient Residential Treatment	*Begin writing here:*	0	*Begin writing here:*	Enter budget allocation to this proposed activity $0.00
Long Term Residential Treatment	*Begin writing here:*	0	*Begin writing here:*	Enter budget allocation to this proposed activity $0.00
Recovery House Residential Treatment	*Begin writing here:*	0	*Begin writing here:*	Enter budget allocation to this proposed activity $0.00
Involuntary Commitment	*Begin writing here:*	0	*Begin writing here:*	Enter budget allocation to this proposed activity $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.				$78,030.00
Acute Withdrawal Management	*Begin writing here: Secure withdrawal management services.*	10	*Begin writing here:*	Enter budget allocation to this proposed activity $78,030.00
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.				$33,000.00
*Interim Services (required)	*Begin writing here: Addressed above in Interim services*	0	*Begin writing here: Addressed above in interim services.*	Enter budget allocation to this proposed activity $0.00
*Transportation for PPW (required)	*Begin writing here: Provide individual bus ticket, bus passes, mileage reimbursement to aid in access to treatment.*	10	*Begin writing here: Tracked by individual bus ticket, bus passes, mileage reimbursement.*	Enter budget allocation to this proposed activity $1,000.00
Transportation	*Begin writing here: Provide individual bus ticket, bus passes, mileage reimbursement to aid in access to treatment.*	30	*Begin writing here: Tracked by individual bus ticket, bus passes, mileage reimbursement.*	Enter budget allocation to this proposed activity $2,000.00

*Childcare Services (required)	*Begin writing here: Provide childcare in a licensed on-site facility to increase access to treatment services.*	25	*Begin writing here: Track number of children accessing care and cost of program. Monthly report on usage.*	Enter budget allocation to this proposed activity $30,000.00
*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.				$500.00
Begin writing here: Interpreter services for individuals accessing services.				
Grand Total				**$604,811.00**

SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: CODE OF CONDUCT	**Policy Number:** CP304
Effective Date: 1/1/2020	
Revision Dates:	
Reviewed Date:	
Executive Board Approval Dates:	

PURPOSE

The Salish Behavioral Health Administrative Services Organization (SBH-ASO) is dedicated to ensuring and continually improving the delivery of quality behavioral health care so that the individuals we serve may better manage their illness, achieve their personal goals, and live, work and participate in their community.

POLICY

The SBH-ASO is committed to ensuring that all staff and associates conduct their activities professionally, ethically, and in compliance with all applicable state and federal statutes, regulations, and guidelines applicable to Federal Health Care programs and with all SBH-ASO Policies and Procedures. We have a responsibility to each other and to the community as a whole to operate ethically and honestly.

This Code of Conduct serves to demonstrate the SBH-ASO's dedication to providing quality care to persons receiving services, and to submitting accurate claims for reimbursement to all payers. The SBH-ASO establishes this Code of Conduct to ensure that the SBH-ASO community, which includes employees (paid and volunteer) and board members, will know and understand expectation of behavior.

This Code is not meant to answer every question that might arise in daily activities; however, it does provide guidelines, direction, and resources that can be used to respond to matters and circumstances in the course of SBH-ASO duties. No set of guidelines, including these, can ever substitute for the sound judgment, common sense, and personal integrity required to meet the challenges of the job.

All SBH-ASO employees (paid and volunteer) and board members are responsible for understanding and adhering to this Code of Conduct. Inherent in this Code are the following principles by which all employees (paid and volunteer) and board members, as applicable, will abide:

Principle 1 - Legal Compliance and Ethical Business Practices

1.1 Business conducted complies with all relevant local, state, and federal laws, rules, and ordinances.
1.2 Business practices are conducted truthfully, fairly, and without deception.
1.3 Facilities and resources are used solely for the benefit of the SBH-ASO.
1.4 The SBH-ASO does not discriminate. The SBH-ASO believes in the fair and equitable treatment of Individuals, providers, employees (paid and volunteer), and board members.
1.5 SBH-ASO employees (paid and volunteer) and board members conduct all activities in accordance with the highest ethical standards.
1.6 SBH-ASO cooperates with government inquiries and investigations as required by law.

Principle 2 – Confidentiality

2.1 Employees (paid and volunteer) and board members abide by the Health Insurance Portability and Accountability Act ("HIPAA"), applicable policies and procedures, and 42 CFR Part 2. The confidentiality of all medically and clinically sensitive and personal and proprietary information is protected.
2.2 Proprietary information is protected and only shared with employees (paid and volunteer) and board members having a need to know such information to perform their job responsibilities.

Principle 3 - Avoid Real and Apparent Conflicts of Interest

3.1 All SBH-ASO employees (paid and volunteer) and board members are obligated to avoid situations or conduct that could influence (or appear to influence) objective decisions in the performance of assigned duties and responsibilities—or that could raise questions as to the honesty and integrity of SBH-ASO or negatively impact its reputation.
3.2 Business transactions with vendors, contractors, and other third parties shall be transacted free from offers or solicitation of gifts and favors or other improper inducements in exchange for influence or assistance in a transaction.

Principle 4 - Protection of Assets

4.1 All SBH-ASO employees (paid and volunteer) and board members will strive to preserve and protect the assets of SBH-ASO by making prudent and effective use of the SBH-ASO's resources and properly and accurately reporting its financial condition.

PROCEDURE

All employees (paid and volunteer) and board members are responsible to:

1. Know the existing laws, regulations, and ordinances relevant to the management of a multi-member government behavioral health system.
2. Know, articulate, and exude the SBH-ASO Mission Statement.
3. Conduct business in a professional manner that respects the rights and decisions of others, fosters cooperation and integration, respects diversity and is in the best interest of the SBH-ASO.
4. Professionally participate in the development, adoption, and adherence to relevant policies to be used in the management of the SBH-ASO.
5. Ensure the Individual's voice is heard and considered prior to making policy decisions.
6. Improve the public knowledge and perception of SBH-ASO and the SBH-ASO provider network.
7. This Code of Conduct Policy and Procedure, which clearly reflects the standards of conduct, will be reviewed on an annual basis and updated as necessary.
8. All SBH-ASO employees (paid and volunteer) and board members will review and attest to this Code of Conduct by signing an attestation annually.

MONITORING

1. Consequences for noncompliance by SBH-ASO employees (paid and volunteer) will rely on Kitsap County Personnel Policies and Procedures.
2. All parties are encouraged to suggest changes or additions to this Code. The Code augments, but does not limit, specific policies and procedures of the SBH-ASO.
3. Reports of any concerns may be made to a manager, supervisor, or to the Compliance Officer or Hotline.
4. Managers and supervisors are further required to report allegations reported to them and to report any known or suspected violations of any laws, acts, statutes or regulations that they discover in the performance of their supervisory duties. Reports can be made to the Compliance Officer or Hotline.
5. If you know of a violation but fail to report it, you could be considered a party to the violation.
6. Anyone who ever feels retaliated against for making a report should contact the Compliance Officer immediately.

Salish Behavioral Health Administrative Services Organization
Code of Conduct Attestation

Attestation/Affirmation for all Board Members and Employees (paid and volunteer):

I attest and affirm that I will strictly follow the policies and guidelines of the Code of Conduct of the Salish Behavioral Health Administrative Services Organization (SBH-ASO) as they apply to me. My observance of these policies and guidelines is a condition of my working with or participating in the SBH-ASO. I hereby acknowledge that I have received, on the date below, a copy of the SBH-ASO Code of Conduct Policy and Procedure CP304. I have read the document, understand its meaning, and agree to conduct myself in accordance with these policies and guidelines. I understand that violations of the Code of Conduct, or failure to take action mandated by this Code of Conduct are grounds for disciplinary action.

____
Signature

____
Print Name

____
Date